NEW YORK STATE OF OPPORTUNITY. 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

March 31, 2021

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #21-0003
Non-Institutional Services

Dear Mr. Scott:

The State requests approval of the enclosed amendment #21-0003 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective February 1, 2021 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

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

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on May 23, 2018, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact 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: 21 — 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
February 1, 2021

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 02/01/21-09/30/21 $ 0
b. FFY 10/01/21-09/30/22 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement: Pages 12.4, 12.5, 12.6, 12.7, 3b-40, 3b-41, 3b-42, 3b-43
Attachment 3.1-B Supplement: Pages 12.4, 12.5, 12.6, 12.7, 3b-40, 3b-41, 3b-42, 3b-43
Attachment 4.11-A: Page 10
Attachment 4.19-B: Pages 1(a)(ii)(a) , 1(a)(ii)(b), 1(a)(iii)(2.1).

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Attachment 4.11-A: Page 10

10. SUBJECT OF AMENDMENT

Preventive and Rehabilitative Residential Treatment (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 March 31, 2021

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

Instructions on Back

Appendix I
2021 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

13.c. Preventive Services - 42 CFR 440.130(c)

The following explanations apply to all Preventive Residential Treatment (PRT) services for children under the age of 21:

EPSDT Preventive Attestations: The State assures that all preventive services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that preventive services do not include any of the following:

A. Educational, vocational and job training services;
B. Room and board;
C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
E. Recreational and social activities; and
F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to PRT services under this State Plan and Other Limited Health Benefits under the State's 1915(b)(4) selective contracting waiver for an alternative fee schedule:

- The State assures that the provision of PRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the PRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive PRT services, condition receipt of preventive residential services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these PRT services.
- Providers of PRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for PRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

PRT provides community-based preventive residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The services should prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. PRT delivers preventive services to address the health issues identified on the treatment plan.

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Agencies providing PRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. PRT services are organized to provide treatment where the individuals reside . PRT may be provided in freestanding, nonhospital-based facilities. PRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of the PRT service:

A. Skill building to help the individual acquire, develop, and/or maintain skills to minimize behavioral symptoms and prevent progression associated with medical conditions and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:

- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling is designed to acquire, develop or maintain skills to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.

- Psycho-education and wellness education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education and operating within the scope of his or her practice as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW).

B. Nursing services and medication management – The PRT service must prevent disease, disability and other health conditions or their progression and will include twenty-four (24) hour medical availability when medically necessary. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health management ordered during medical appointments, urgent/emergency care or hospitalization and training to prevent the progression of chronic diseases, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the PRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the PRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing PRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care that the child may receive at school.

- Discharge Planning - The PRT must transition the child from PRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Service Coordination staff must be at least 21 years old, and have a high school diploma or equivalent certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing PRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). PRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing PRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

PRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific preventive services.

An agency providing PRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the PRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

13.d. Rehabilitative Services - 42 CFR 440.130(d)

The following explanations apply to all Rehabilitative Residential Treatment (RRT) services for children under the age of 21:

EPSDT Rehabilitative Attestations: The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that rehabilitative services do not include any of the following:

A. Educational, vocational and job training services;
B. Room and board;
C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
E. Recreational and social activities; and
F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to RRT services under this State Plan and Other Limited Health Benefits under the State's 1915(b)(4) selective contracting waiver for an alternative fee schedule:

- The State assures that the provision of RRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the RRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive RRT services, condition receipt of RRT services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these RRT services.
- Providers of RRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for RRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

RRT provides community-based rehabilitative residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

The treatment includes the medical or remedial services listed below, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level. RRT delivers rehabilitative services including psychiatric services, service coordination and skill-building. RRT must address the health issues identified on the treatment plan. Treatment will relate directly to restoring the child's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts or medically appropriate care).

Agencies providing RRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. RRT services are organized to provide treatment where the individuals reside. RRT may be provided in freestanding, nonhospital-based facilities. RRT may include nonhospital addiction treatment centers or other residential non-institutional settings. RRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of RRT service:

A. Developmentally-appropriate skill building to assist the individual to restore skills to minimize behavioral symptoms associated with medical conditions, behavioral health conditions, and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:

- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling and treatment are designed to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.

- Psycho-education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW) within the scope of his or her practice.

B. Nursing services and medication management – The RRT service must provide medical care to meet the needs of children with monitoring and twenty-four (24) hour medical availability, when appropriate, medically necessary and relevant within their scope of practice. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health care management ordered during medical appointments, urgent/emergency care or hospitalization and training regarding chronic conditions, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the RRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the RRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing RRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care the child may receive at school.

- Discharge Planning - The RRT must transition the child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing RRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). RRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing RRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

RRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitation services.

An agency providing RRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the RRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

13.c. Preventive Services - 42 CFR 440.130(c)

The following explanations apply to all Preventive Residential Treatment (PRT) services for children under the age of 21:

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D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
E. Recreational and social activities; and
F. Services that must be covered elsewhere in the New York Medicaid State Plan.

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- The State assures that the PRT services will not be used to restrict an individual's access to other services under the plan
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- Providers of PRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for PRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

PRT provides community-based preventive residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The services should prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. PRT delivers preventive services to address the health issues identified on the treatment plan.

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Agencies providing PRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. PRT services are organized to provide treatment where the individuals reside. PRT may be provided in freestanding, nonhospital-based facilities. PRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of the PRT service:

A. Skill building to help the individual acquire, develop, and/or maintain skills to minimize behavioral symptoms and prevent progression associated with medical conditions and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:

- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling is designed to acquire, develop or maintain skills to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.

- Psycho-education and wellness education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education and operating within the scope of his or her practice as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW).

B. Nursing services and medication management – The PRT service must prevent disease, disability and other health conditions or their progression and will include twenty-four (24) hour medical availability when medically necessary. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health management ordered during medical appointments, urgent/emergency care or hospitalization and training to prevent the progression of chronic diseases, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the PRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the PRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing PRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care that the child may receive at school.

- Discharge Planning - The PRT must transition the child from PRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Service Coordination staff must be at least 21 years old, and have a high school diploma or equivalent certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing PRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). PRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing PRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

PRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific preventive services.

An agency providing PRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the PRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

13.d. Rehabilitative Services - 42 CFR 440.130(d)

The following explanations apply to all Rehabilitative Residential Treatment (RRT) services for children under the age of 21:

EPSDT Rehabilitative Attestations: The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that rehabilitative services do not include any of the following:

A. Educational, vocational and job training services;
B. Room and board;
C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
E. Recreational and social activities; and
F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to RRT services under this State Plan and Other Limited Health Benefits for an alternative fee schedule:

- The State assures that the provision of RRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the RRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive RRT services, condition receipt of RRT services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these RRT services.
- Providers of RRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for RRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

RRT provides community-based rehabilitative residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

The treatment includes the medical or remedial services listed below, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level. RRT delivers rehabilitative services including psychiatric services, service coordination and skill-building. RRT must address the health issues identified on the treatment plan. Treatment will relate directly to restoring the child's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts or medically appropriate care).

Agencies providing RRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. RRT services are organized to provide treatment where the individuals reside. RRT may be provided in freestanding, nonhospital-based facilities. RRT may include nonhospital addiction treatment centers or other residential non-institutional settings. RRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of RRT service:

A. Developmentally-appropriate skill building to assist the individual to restore skills to minimize behavioral symptoms associated with medical conditions, behavioral health conditions, and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:

- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling and treatment are designed to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.

- Psycho-education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW) within the scope of his or her practice.

B. Nursing services and medication management – The RRT service must provide medical care to meet the needs of children with monitoring and twenty-four (24) hour medical availability, when appropriate, medically necessary and relevant within their scope of practice. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health care management ordered during medical appointments, urgent/emergency care or hospitalization and training regarding chronic conditions, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the RRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the RRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing RRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care the child may receive at school.

- Discharge Planning - The RRT must transition the child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing RRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). RRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing RRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

RRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitation services.

An agency providing RRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the RRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

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[DEPARTMENT OF SOCIAL SERVICES

Citation: 18 NYCRR, SOCIAL SERVICES, VOLUME B
Chapter II Regulations of the Department of Social Services
Subchapter C Social Services
Article 2 Family and Children Services

Part
428 Standards for Uniform Case Records and Child Service Plans

Article 3 Child Care Agencies

Part
441 General
442 Institutions
443 Certified and Approved Foster Family Boarding Homes-Agency Procedure for Certification, Approval and Supervision
444 Requirements for Licensed, Certified and Approved Foster Family Boarding Homes
447 Agency Boarding Homes
448 Group Homes
449 Supervised Independent Living
451 Group Emergency Foster Care

Article 5 Operating Certificates - Children's Facilities

Part
476 General
477 Issuance of Operating Certificates

Article 6 Certificates of Incorporation: Miscellaneous Corporate Matters

Part
481 General
482 Approval of Certificates of Incorporation
483 Miscellaneous
484 Development and Improvement of Community Facilities]

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

Preventive Residential Treatment (PRT) and Rehabilitative Residential Treatment (RRT) (EPSDT only)

Effective as of February 1, 2021, reimbursement for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive residential treatment (PRT) services as described in Attachment 3.1-A, Item 4b,13.c and Attachment 3.1-B, Item 4b,13.c and rehabilitative residential treatment (RRT) as described in Attachment 3.1-A, Item 13.d and Attachment 3.1-B, Item 13.d provided on or after that date will be paid based upon a Medicaid per diem statewide fee schedule established by the State of New York Department of Health as outlined below. EPSDT PRT and RRT service providers meeting State and federal standards will be paid a per diem fee consistent with the published fee schedule applicable to the facility type and acuity level of the child. The fees reimburse providers to provide the three required components and indirect costs associated with those components of the service to each of the levels of care by facility type. Children will receive care at different levels of care based upon their needs. Providers will provide different intensity and frequency of interventions based on patient's current condition and needs according to the levels of care and facility type outlined by the State.

The final year fee schedule (Year 4 for 2024) was set using BLS wage data for the estimated treatment staffing at each residential level and estimated employee related expenses. The estimates were based on State staff recommendations, provider focus group responses and the average cost report data for each level of care. The final fee schedule also includes an allowance for supplies, staff travel, and overhead related to treatment based on marketed-based estimates of providing this service by the average provider. The CPI trend rate was applied to inflate the fee schedule from the present to 2024. The fee schedule was established by dividing the total annual modeled provider costs by the estimated annual billable per diem units.

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The Fee Schedule is as follows:

Provider Type	2021 EPSDT PRT/RRT Fee	2022 EPSDT PRT/RRT Fee	2023 EPSDT PRT/RRT Fee	2024 EPSDT PRT/RRT Fee
ABH	$ 27.43	$ 27.99	$ 28.57	$ 29.15
Diagnostic	$ 100.76	$ 102.82	$ 104.93	$ 107.08
FBH	$ 12.36	$ 12.62	$ 12.87	$ 13.14
GH	$ 27.43	$ 27.99	$ 28.57	$ 29.15
GR	$ 45.23	$ 46.16	$ 47.10	$ 48.07
Hard/Place	$ 78.37	$ 79.97	$ 81.61	$ 83.29
Inst	$ 49.36	$ 50.38	$ 51.41	$ 52.46
Maternity	$ 27.43	$ 27.99	$ 28.57	$ 29.15
Medically Fragile	$ 54.20	$ 55.31	$ 56.44	$ 57.60
Other NC	$ 39.72	$ 40.53	$ 41.36	$ 42.21
Raise the Age	$ 78.37	$ 79.97	$ 81.61	$ 83.29
SILP	$ 27.43	$ 27.99	$ 28.57	$ 29.15
Special Needs	$ 39.72	$ 40.53	$ 41.36	$ 42.21
Special Other	$ 78.37	$ 79.97	$ 81.61	$ 83.29
Therapeutic	$ 34.73	$ 35.44	$ 36.17	$ 36.91

Agencies whose current rates are higher than the fee schedule, and who require a glide path to the Fee Schedule will follow the methodology below:

	February 2021 EPSDT PRT/RRT Glide Path Fee	July 2021 EPSDT PRT/RRT Glide Path Fee	2022 EPSDT PRT/RRT Glide Path Fee	2023 EPSDT PRT/RRT Glide Path Fee	2024 EPSDT PRT/RRT Glide Path Fee
Current Rate	100%	75%	50%	25%	0%
Future Rate	0%	25%	50%	75%	100%

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private providers and the fee schedule. All years of rates are published on the Department of Health website at:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/cfc/

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

Effective as of February 1, 2021, reimbursement for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services listed below and provided by providers with a 29-I license as described in Attachment 3.1-A, Item 4b and Attachment 3.1-B, Item 4b will be paid based upon a Medicaid fee schedule established by the State of New York Department of Health for the following services:

- Alcohol and/or Drug Screening, Testing, Treatment, 15 min unit, Upstate and Downstate rates
- Developmental Test Administration, 15 min unit, Upstate and Downstate rates
- Psychotherapy (Individual and Family), 15 min unit, Upstate and Downstate rates
- Psychotherapy Group, 15 min unit, Upstate and Downstate rates
- Neuropsychological Testing/Evaluation Services, 15 min unit, Upstate and Downstate rates
- Psychiatric Diagnostic Examination, 15 min unit, Upstate and Downstate rates
- Office Visit, 15 min unit, Upstate and Downstate rates
- Smoking Cessation treatment, 15 min unit, Upstate and Downstate rates
- ECG, per occurrence, statewide rate
- Screening-Developmental/Emotional/Behavioral, per occurrence, Upstate and Downstate rates
- Hearing and Evaluation of Speech, 15 min unit, statewide rate
- Lab Services, statewide rate, see 29-I Health Facility Laboratory Fee Schedule for complete list of waived laboratory services and pricing

Payments are made in accordance with a fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedules are the same for both governmental and private providers of these services, which are included under physician, other licensed practitioner, clinic and laboratory services. The agency's fee schedule was set as of February 1, 2021 and is effective for services provided on or after that date. These services are already covered under the State Plan with multiple fee schedules. All fees are published on the Department of Health website at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm

Appendix II
2021 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #21-0003

This amendment proposes to revise the State Plan to establish and authorize payment for Preventive and Rehabilitative Residential Treatment (PRT and RRT) services. This State plan amendment replaces the former Voluntary Foster Care per diem reimbursement. The February 1, 2021 effective date for the PRT and RRT services begins the transition of the foster care population to 29i services under the Public Health Law. The transition of the foster care population into managed care under the State's proposed children's 1115 Waiver amendment will be effective July 2021. The PRT and RRT services will reimburse providers for Medicaid services that Managed Care Plans will otherwise not contract for (e.g., nursing staff). PRT and RRT will provide community-based preventive residential supports under the supervision and oversight of a practitioner of the healing arts including Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. The service components of PRT and RRT are: Skill building, nursing supports and medication management, Medicaid Service Coordination, and Medicaid Treatment Planning and discharge planning.

Appendix III
2021 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

SPA 21-0003

Authorizing Provisions (21-0003)
PHL 29-I

§ 2999-gg. Voluntary foster care agency health facilities. 1. In order for an authorized agency that is approved by the office of children and family services to care for or board out children, to provide limited health-related services as defined in regulations of the department either directly or indirectly through a contract arrangement, such agency shall obtain, in accordance with a schedule developed by the department in conjunction with the office of children and family services, a license issued by the commissioner in conjunction with the office of children and family services to provide such services. Such schedule shall require that all such authorized agencies operating on January first, two thousand nineteen obtain the license required by this section no later than January first, two thousand nineteen. Such licenses shall be issued in accordance with the standards set forth in this article and the regulations of the department which shall, at a minimum, specify: mandated health services, which shall include, but not be limited to, nursing and behavioral health services; general physical environment requirements; minimum health and safety procedures; record management requirements; quality management activities; and managed care liaison, fiscal and billing activities. In determining the criteria for licensure, regulations shall take into account the size and type of each program, and shall be reasonably related to the provision of medical services. Provided however, that a license pursuant to this section shall not be required if such authorized agency is otherwise authorized to provide the required limited-health-related services to foster children under a license issued pursuant to article twenty-eight of this chapter or article thirty-one of the mental hygiene law. For the purposes of this section, the term authorized agency shall be an authorized agency as defined in paragraph (a) of subdivision ten of section three hundred seventy-one of the social services law.

2. Such license shall not be issued unless it is determined that the equipment, personnel, rules, standards of care and services are fit and adequate, and that the health-related services will be provided in the manner required by this article and the rules and regulations thereunder.

3. The commissioner and the commissioner of the office of children and family services shall enter into a memorandum of agreement for the purposes of administering the requirements of this section.

4. Proceedings involving the issuance of licenses for health-related services to authorized agencies:

(a) A license for health-related services under this article may be revoked, suspended, limited, annulled or denied by the commissioner, in consultation with the office of children and family services, if an authorized agency is determined to have failed to comply with the provisions of this article or the rules and regulations promulgated thereunder. No action taken against a license under this subdivision shall affect an authorized agency's license to care for or board children unless the commissioner of the office of children and family services determines, pursuant to the regulations of such office, that the existing circumstances make it necessary to limit, suspend or revoke the authority of the authorized agency to care for or board children.

(b) No such license shall be revoked, suspended, limited, annulled or denied without a hearing. However, a license may be temporarily

suspended or limited without a hearing for a period not in excess of thirty days upon written notice that the continuation of health-related services places the public health or safety of the recipients in imminent danger.

(c) The commissioner shall fix a time and place for the hearing. A copy of the charges, together with the notice of the time and place of the hearing, shall be served in person or mailed by registered or certified mail to the authorized agency at least twenty-one days before the date fixed for the hearing. The authorized agency shall file with the department not less than eight days prior to the hearing, a written answer to the charges.

(d) All orders or determinations hereunder shall be subject to review as provided in article seventy-eight of the civil practice law and rules. Application for such review must be made within sixty days after service in person or by registered or certified mail of a copy of the order or determination upon the applicant or agency.

Appendix IV
2021 Title XIX State Plan
First Quarter Amendment
Public Notice

after June 1, 2018 and ending no later than March 31, 2019, for Health Homes that are designated to serve children only, or for a Health Home that is designated to serve children in 44 counties and adults in one, in an amount that does not exceed $4 million.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018-19 is $25 million.

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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2019, the Medicaid State Plan will be amended to establish and authorize payment for Preventive Residential Treatment (PRT) services. This State plan amendment replaces the former Voluntary Foster Care per diem reimbursement. The July 1, 2019 effective date for the PRT services coincides with the transition of the foster care population to managed care under the State's proposed children's 1115 Waiver amendment. The PRT services will reimburse providers for Medicaid services that Managed Care Plans will otherwise not contract for (e.g., nursing staff). PRT will provide community-based preventive residential supports under the supervision and oversight of a practitioner of the healing arts including Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. Skill building, nursing supports and medication management, Medicaid Service Coordination, and Medicaid Treatment Planning and discharge planning.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019-2020 is $7.5 million.

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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
F-2017-1156
Date of Issuance – May 23, 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-2017-1156RJMarineShorelineStabilization.pdf

In F-2017-1156, or the "RJ Marine Associates Shoreline Stabilization", the applicant – Augusta Withington – is proposing to install a steel sheet pile face sea wall with tie backs. The proposed seawall will be 7 feet in height from the river bottom and 65 feet in length. The proposed sea wall will have a 6 inch to 8 inch concrete cap. In addition, the applicant proposes to backfill behind the proposed sea wall. The project is located at 690 Riverside Drive in the Village of Clayton, Jefferson County, New York on the St. Lawrence River. The stated purpose of the project is to "prevent flooding and erosion".

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, June 7, 2018.

Comments should be addressed to the Consistency Review Unit, Department of State, Planning, Development and 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

Appendix V
2021 Title XIX State Plan
First Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #21-0003

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 funds the State's Medicaid Global Cap. 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: Preventive Residential and Rehabilitative Residential Treatment payments are not subject to UPL requirements.

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

   Response: We are unaware of any requirement under current federal law or regulation that limits individual provider's payments to their actual costs.

ACA Assurances:

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

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

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

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

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

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

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

   Response: 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.