



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

December 28, 2023

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 #23-0094
Non-Institutional Services

Dear Mr. Scott:

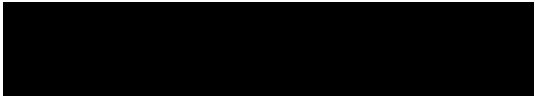
The State requests approval of the enclosed amendment #23-0094 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective November 1, 2023 (Appendix I). This amendment is being submitted based on enacted State Regulations. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with 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 State Regulations 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 October 25, 2023, 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,


Amir Bassiri
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 3 — 0 0 9 4

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(6), 1905(a)(4)(B), 1905(a)(13), 1905(r)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 11/01/23-09/30/24 \$ 278,685
b. FFY 10/01/24-09/30/25 \$ 557,701

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

3.1-A Supplemental Pages: 2(xv)(1), 2(xv)(1a), 2(xv)(1a)(i), 3b-20, 3b-21, 3b-21(a), 3b-22, 3b-23, 3b-24
3.1-A Supplemental Pages: 2(xv)(1), 2(xv)(1a), 2(xv)(1a)(i), 3b-20, 3b-21, 3b-21(a), 3b-22, 3b-23, 3b-24

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

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

3.1-A Supplemental Pages: 2(xv)(1), 3b-20, 3b-21, 3b-22, 3b-23, 3b-24
3.1-A Supplemental Pages: 2(xv)(1), 3b-20, 3b-21, 3b-22, 3b-23, 3b-24

9. SUBJECT OF AMENDMENT

Evidence-Based Practices in Other Licensed Practitioner (OLP) and Rehab Svc (CFTSS)

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED December 28, 2023

15. 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 CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

SPA 23-0094

Attachment A

Annotated page(s):

Attachment 3.1-A Supplement: Page 3b-20

Attachment 3.1-B Supplement: Page 3b-20

New York
3b-20

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

~~Program Name: Community Psychiatric Support and Treatment (CPST)~~

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

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

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

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

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

TN #23-0094 _____

Approval Date _____

Supersedes TN #19-0003 _____

Effective Date November 1, 2023 _____

Appendix I
2023 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

New York
2(xv)(1)

**1905(a)(6) Medical Care, or any Other Type of Remedial Care
1905(a)(4)(B) and 1905(r) EPSDT**

6.d(i). **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law.

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

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

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

- Licensed Master Social Worker (LMSW)

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

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

Non-physician licensed behavioral health practitioners (NP-LBHPs) will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, ~~designations~~, authorization, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

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

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

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR § 435.1010;
- E. services to individuals residing in institutions for mental diseases as describe in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

TN #23-0094

Approval Date _____

Supersedes TN #22-0077

Effective Date November 1, 2023

New York
2(xv)(1a)

1905(a)(6) Medical Care, or any Other Type of Remedial Care
1905(a)(4)(B) and 1905(r) EPSDT
Other Licensed Practitioners (EPSDT only) (Continued)

Evidence-Based Practices

The following evidence-based practices are provided under Other Licensed Practitioners (EPSDT only):

- Parent-Child Interaction Therapy (PCIT)
- Functional Family Therapy (FFT)

Parent-Child Interaction Therapy (PCIT)

Description: Parent-Child Interaction Therapy (PCIT) is an evidence-based practice targeted to children ages 2.5 to 7 years with disruptive behaviors. Both parent/caregiver and child participate in treatment sessions to promote positive relationships. PCIT involves Child-Directed Interaction (CDI) focusing on enhancing the relationship and Parent-Directed Interactions (PDI) improving child compliance. Therapists talk to parent/caregiver during the parent/caregiver and child sessions via an electronic communications system or the use of two-way mirrors in a clinic setting.

Practitioner Qualifications: The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide PCIT under the scope of their professional license if they provide proof of certification using the PCIT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide PCIT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for PCIT under Other Licensed Practitioners (EPDST only) and required to maintain PCIT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering PCIT must be affiliated with an agency authorized by the State.

Functional Family Therapy (FFT)

Description: Functional Family Therapy (FFT) is an evidenced-based practice targeted to youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

TN #23-0094

Approval Date _____

Supersedes TN NEW

Effective Date November 1, 2023

New York
2(xv)(1a)(i)

1905(a)(6) Medical Care, or any Other Type of Remedial Care

1905(a)(4)(B) and 1905(r) EPSDT

Other Licensed Practitioners (EPSDT only) (Continued)

Functional Family Therapy (FFT) (continued)

Practitioner Qualifications: The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide FFT under the scope of their professional license if they provide proof of certification using the FFT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide FFT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist.

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under Other Licensed Practitioners (EPDST) and maintain FFT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

TN #23-0094

Supersedes TN NEW

Approval Date _____

Effective Date November 1, 2023

New York
3b-20**1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services****13d. Rehabilitative Services: EPSDT only (Continued)****Program Name: Community Psychiatric Support and Treatment (CPST)**

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

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

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

Practitioners with a master's degree level in social work, psychology, or in related human services plus one year of applicable experience may perform any of the activities under CPST listed above without any exclusions. If providing an Evidence Based Practice being delivered and designated by the State, an individual must have a qualified degree level as determined by the State in social work, psychology, or in a related human services field plus applicable experience may perform any of the activities under CPST listed above without any exclusions.

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

TN #23-0094

Approval Date _____

Supersedes TN #19-0003Effective Date November 1, 2023

New York
3b-21

1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services

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

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

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

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

Service Planning (Strengths-based treatment planning):

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

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

TN #23-0094

Approval Date _____

Supersedes TN #20-0018

Effective Date November 1, 2023

New York
3b-21(a)

1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services

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

Evidence-based Practices

The following evidence-based practices are provided under Community Psychiatric Support and Treatment (CPST):

- Functional Family Therapy (FFT)

Functional Family Therapy (FFT)

Description: Functional Family Therapy (FFT) is an evidenced-based practice for youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

Practitioner Qualifications: Staff must have a qualifying degree level in social work, psychology, or in related human services field, plus applicable experience. Any child-serving agency that seeks to provide FFT must be certified as providing and maintaining FFT in fidelity with the model by the FFT developers and authorized by the New York State EBP Review Team.

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under CPST and maintain FFT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

TN #23-0094

Supersedes TN NEW

Approval Date _____

Effective Date November 1, 2023

**New York
3b-22**

1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services

13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):

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

Individual Counseling/Therapy (Crisis Avoidance):

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

Individual Counseling/Therapy (Rehabilitative Supports):

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

Practitioner qualifications:

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

TN #23-0094

Approval Date _____

Supersedes TN #20-0018

Effective Date November 1, 2023

New York
3b-24

1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services

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

Crisis Intervention (Intermediate term crisis management):

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

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State OR~~ a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

Rehabilitative Services: EPSDT only

Program Name: Psychosocial Rehabilitation

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

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

TN #23-0094

Approval Date _____

Supersedes TN #20-0018

Effective Date November 1, 2023

New York
2(xv)(1a)

1905(a)(6) Medical Care, or any Other Type of Remedial Care
1905(a)(4)(B) and 1905(r) EPSDT
Other Licensed Practitioners (EPSDT only) (Continued)

Evidence-Based Practices

The following evidence-based practices are provided under Other Licensed Practitioners (EPSDT only):

- Parent-Child Interaction Therapy (PCIT)
- Functional Family Therapy (FFT)

Parent-Child Interaction Therapy (PCIT)

Description: Parent-Child Interaction Therapy (PCIT) is an evidence-based practice targeted to children ages 2.5 to 7 years with disruptive behaviors. Both parent/caregiver and child participate in treatment sessions to promote positive relationships. PCIT involves Child-Directed Interaction (CDI) focusing on enhancing the relationship and Parent-Directed Interactions (PDI) improving child compliance. Therapists talk to parent/caregiver during the parent/caregiver and child sessions via an electronic communications system or the use of two-way mirrors in a clinic setting.

Practitioner Qualifications: The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide PCIT under the scope of their professional license if they provide proof of certification using the PCIT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide PCIT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for PCIT under Other Licensed Practitioners (EPSDT only) and required to maintain PCIT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering PCIT must be affiliated with an agency authorized by the State.

Functional Family Therapy (FFT)

Description: Functional Family Therapy (FFT) is an evidenced-based practice targeted to youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

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New York
2(xv)(1a)(i)

1905(a)(6) Medical Care, or any Other Type of Remedial Care
1905(a)(4)(B) and 1905(r) EPSDT
Other Licensed Practitioners (EPSDT only) (Continued)

Functional Family Therapy (FFT) (continued)

Practitioner Qualifications: The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide FFT under the scope of their professional license if they provide proof of certification using the FFT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide FFT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist.

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under Other Licensed Practitioners (EPDST) and maintain FFT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

TN #23-0094
Supersedes TN NEW

Approval Date _____
Effective Date November 1, 2023

New York
3b-20

1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services

13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST)

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

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

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

Practitioners with a master's degree level in social work, psychology, or in related human services plus one year of applicable experience may perform any of the activities under CPST listed above without any exclusions. If providing an Evidence Based Practice being delivered and designated by the State, an individual must have a qualified degree level as determined by the State in social work, psychology, or in a related human services field plus applicable experience may perform any of the activities under CPST listed above without any exclusions.

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

TN #23-0094

Approval Date _____

Supersedes TN #19-0003

Effective Date November 1, 2023

New York
3b-21(a)

1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services

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

Evidence-based Practices

The following evidence-based practices are provided under Community Psychiatric Support and Treatment (CPST):

- Functional Family Therapy (FFT)

Functional Family Therapy (FFT)

Description: Functional Family Therapy (FFT) is an evidenced-based practice for youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

Practitioner Qualifications: Staff must have a qualifying degree level in social work, psychology, or in related human services field, plus applicable experience. Any child-serving agency that seeks to provide FFT must be certified as providing and maintaining FFT in fidelity with the model by the FFT developers and authorized by the New York State EBP Review Team.

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under CPST and maintain FFT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

TN #23-0094

Supersedes TN NEW

Approval Date _____

Effective Date November 1, 2023

**New York
3b-24**

1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services

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

Crisis Intervention (Intermediate term crisis management):

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

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State~~ OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation**

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

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

TN #23-0094

Approval Date _____

Supersedes TN #20-0018

Effective Date November 1, 2023

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF
CARE
1905(a)(6) Medical Care, or Any Other Type of Remedial 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.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/23, new rates were created to implement Evidenced Based Practices reimbursement, including: Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT).

All Other Licensed Practitioner rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf

TN #23-0094

Approval Date _____

Supersedes TN #23-0090

Effective Date November 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

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 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.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/23, Evidenced Based Practices are added to the fee schedule including: Family Functional Therapy (FFT).

All Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Family Peer Support Services, Crisis, Intervention and Youth Peer Supports and Training rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf

TN #23-0094

Supersedes TN #23-0090

Approval Date

Effective Date November 1, 2023

Appendix II
2023 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #23-0094

Effective November 1, 2023, this State Plan Amendment proposes to authorize payment for Evidence-Based Practices (EBPs) provided to children/youth referred and eligible for Children and Family Treatment and Support Services (CFTSS) by agencies designated in Other Licensed Practitioner (OLP) and/or Community Psychiatric Supports and Treatment (CPST) by the New York State designation process that have completed the EBP training and certification process. The State has identified Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT) as reimbursable EBPs under CFTSS.

Appendix III
2023 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

SPA 23-0094

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

Effective Date

01/03/2018

505.38 Children's Behavioral Health and Health Services.

(a) *Purpose*: This section promotes the expansion of health and behavioral health services for children/youth under 21 years of age. The New York State Department of Health (DOH), the New York State Office of Mental Health (OMH), the New York State Office of Alcoholism and Substance Abuse Services (OASAS), and the New York State Office of Children and Family Services (OCFS) (the "State Agencies") shall designate licensed, certified or approved providers to deliver specifically defined services under the Medicaid program.

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

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

- (i) Interrupt and/or ameliorate the crisis experience
- (ii) Include an assessment that is culturally and linguistically sensitive
- (iii) Result in immediate crisis resolution and de-escalation
- (iv) Develop a crisis plan

(2) *Other Licensed Practitioner*:

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

(ii) Individual Staff Qualifications

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

- (1) licensed psychoanalysts;
- (2) licensed clinical social workers (LCSWs);
- (3) licensed marriage and family therapists; and
- (4) licensed mental health counselors.

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

(3) *Community Psychiatric Support and Treatment (CPST)*: CPST services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the child's/youth's individualized treatment plan. CPST is designed to provide community-based services to children or youth and their families or caregivers who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows

for delivery of services within a variety of permissible settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. This includes the implementation of Evidence Based Practices with approval by the State Agencies.

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

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

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

(c) *Provider Qualifications*:

(1) Any child serving agency or agency with children's behavioral health and health experience must have the necessary licensure, certification, designation, or approval from DOH, OMH, OASAS, or OCFS to provide the services authorized by this section.

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

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

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

(5) Any organization seeking to provide any service authorized by this regulation and to serve the general population needing substance use disorder services must be certified, designated or

authorized to do so by OASAS in addition to obtaining the licensure, certification, designation, or approval described in paragraph (1) of this subdivision.

(d) *Designation of Providers:*

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

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

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

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

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

(iv) Be a fiscally viable agency;

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

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

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

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

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

(e) Rescinding a designation.

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

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

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

Statutory Authority

Public Health Law, Section 201 and Social Services Law, Sections 363-a and 365-a

Volume

VOLUME C (Title 18)

**Appendix IV
2023 Title XIX State Plan
Fourth Quarter Amendment
Public Notice**

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for November 2023 will be conducted on November 15 and November 16 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

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

PUBLIC NOTICE

Deferred Compensation Board

Pursuant to the provisions of 9 NYCRR, Section 9003.2, authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning Wednesday, October 25, 2023, is soliciting proposals from Public Accounting Firms to conduct audits of the Deferred Compensation Plan for Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the request for proposals may be obtained from: Tara Anderson, Procurement Coordinator, at: tara.anderson@nysdcp.com (518) 473-6619 or on the Board's website: www.deferredcompboard.ny.gov. All proposals must be received no later than 5:00 p.m. EST on Wednesday, December 6, 2023.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with 18 NYCRR 505.38. The following changes are proposed:

Non-Institutional Services

Effective on or after November 1, 2023, the Medicaid State Plan will be amended to authorize payment for Evidence-Based Practices (EBPs) provided to children/youth referred and eligible for Children and Family Treatment and Support Services by agencies designated by the New York State designation process that have completed the EBP training and certification process.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2023-2024 is \$115,569.00.

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, New York 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State
F-2023-0723

Date of Issuance – October 25, 2023

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

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

In F-2023-0723, Verizon New York, Inc. is proposing to install an underground fiber optic line using Horizontal Directional Drill (HDD). Verizon intends to utilize HDD to install replacement underground communications cable/fiber under the Harlem River between East 120th Street in Manhattan and Randall's Island Park on Randall's Island.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/10/f-2023-0723.pdf> or at <https://dos.ny.gov/public-notices>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 9, 2023.

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

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

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2023-0450 Matter of Michael D. Crockett, 3 Pine Knoll Drive, Rochester, NY 14624, for a variance concerning safety requirements, including fire separation distance. Involved is an accessory structure located at Three Pine Knoll Drive, Town of Chili, County of Monroe, State of New York.

2023-0457 Matter of Cambrian Apartments, LLC, 2130 Brookview Road, Castleton on Hudson, NY, 12033, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1057-1059 Gillespie Street, City of Schenectady, County of Schenectady, State of New York.

2023-0476 Matter of RF Investment, LLC, 15 Wicks Path, Com-mack, NY, 11725, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1104 Union Street, City of Schenectady, County of Schenectady, State of New York.

2023-0514 Matter of T.Y. Lin International, Engineering & Architecture, P.C., 255 East Avenue, Rochester, NY, 14604, for a variance concerning safety requirements, including fire apparatus access roads. Involved is a residential development known as the Villas at Brandon Woods, located at Wood Trace and Etna Trails, Town of Sweden, County of Monroe, State of New York.

2023-0518 Matter of KMK Global Enterprises, LLC, P.O. Box 1126, Clifton Park, NY, 12065, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 617 Bluff Avenue, City of Schenectady, County of Schenectady, State of New York.

2023-0519 Matter of 1023 Park Ave, LLC, 21 Pinecrest Drive, Niskayuna, NY, 12309, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1023 Park Ave, City of Schenectady, County of Schenectady, State of New York.

2023-0522 Matter of Gurcharan Singh, 2117 Hamburg Street, Schenectady, NY, 12304, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1100 Union Street, City of Schenectady, County of Schenectady, State of New York.

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2023-0515 In the matter of David Giglio of Paulsie Properties LLC, 13 Hopper Street, Utica, NY, for a variance concerning life safety issues for required cellar ceiling fire proofing under Chapter 61-B of the Consolidated Laws of New York, the Multiple Residence Law located at 514 Jefferson Avenue, City of Utica, County of Onieda, State of New York.

PUBLIC NOTICE

Department of State

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2023-0523 Matter of Margarete Souza, 280 Bay Drive, Mas-sapequa, NY 11758, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 144 Park Avenue; Village of Lindenhurst, NY County of Suffolk, State of New York.

2023-0528 Matter of Precision Home Inspection of America, Leon Jaworowski, Six Glover Circle, Lynbrook, NY 11565, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 41 Cedar Road; Village of Malverne, NY County of Nassau, State of New York.

PUBLIC NOTICE

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2023-0529 in the Matter of Diamond Properties, LLC, Jay Black,

Appendix V
2023 Title XIX State Plan
Fourth Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #23-0094

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.

- 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 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 receive and retain 100 percent of total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

- 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 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 government 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: The Non-Federal share Medicaid provider payment is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program.

Payment Type	Non-Federal Share Funding	11/1/23 – 3/31/24	
		Non-Federal	Gross
Normal Per Diem	General Fund; County Contribution	\$57,784	\$115,569

A. **General Fund:** Revenue resources for the State’s General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries). Medicaid expenditures from the State’s General Fund are authorized from Department of Health Medicaid.

- 1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulation. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State’s General Fund to offset Medicaid costs.

In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

B. Additional Resources for Non-Federal Share Funding:

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State “capped” the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

However, in State Fiscal Year 2013 New York State provided additional relief to Localities by reducing local contributions annual growth from three percent to zero over a three-year period. Beginning in State Fiscal Year 2016, counties began paying a fixed cost in perpetuity as follows:

Entity	Annual Amount
New York City	\$5.200B
Suffolk County	\$226M
Nassau County	\$217M
Westchester County	\$204M
Erie County	\$194M
Rest of State (53 Counties)	\$1.187B
Total	\$7.228B

By eliminating the growth in localities Medicaid costs, the State has statutorily capped total Statewide County Medicaid expenditures at 2015 levels. All additional county Medicaid costs are funded by the State through State funding as described above. DOH provides annual letters to counties providing weekly contributions. Contributions are deposited directly into State escrow account and used to offset 'total' State share Medicaid funding.

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above.

- 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 Medicaid payments under this State Plan Amendment are not supplemental 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. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

Response: The Medicaid payments authorized under this State Plan Amendment do not impact the UPL demonstrations.

- 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: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

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 complies 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.