



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

December 30, 2025

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #25-0069
Non-Institutional Services

Dear Director Miller:

The State requests approval of the enclosed amendment #25-0069 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2025 (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 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 September 24, 2025, 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 5 — 0 0 6 9

2. STATE

N Y3. 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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(29) Medication Assisted Treatment (MAT)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 10/01/25-09/30/26 \$ 0b. FFY 10/01/26-09/30/27 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A: MAT 1905 Template: Page 13
Attachment 3.1-A: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1
(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)
Attachment 3.1-B: MAT 1905 Template: Page 12
Attachment 3.1-B: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1
(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-A: MAT 1905 Template: Pages 8, 8.1, 8.1
(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)
Attachment 3.1-B: MAT 1905 Template: Pages 8, 8.1, 8.1
(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)

9. SUBJECT OF AMENDMENT

Medication Assisted Treatment (MAT) Continuation

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 30, 2025

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 25-0069

Attachment A

Annotated Pages

Annotated Page:

Attachment 3.1-A Pages: 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f)

Attachment 3.1-B Pages: 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f)

New York
8

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

Citation: ~~3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)~~

~~1905(a)(29) X MAT as described and limited in Supplement 3b-37 to Attachment 3.1 A.~~

~~ATTACHMENT 3.1 A identifies the medical and remedial services provided to the
categorically needy.~~

TN #25-0069 Approval Date _____

Supersedes TN #20-0077 Effective Date October 1, 2025

New York
8.1

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)~~

~~i. General Assurance~~

~~MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet
the medical necessity criteria for receipt of the service for the period beginning October
1, 2020, and ending September 30, 2025.~~

~~ii. Assurances~~

~~a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of
the forms of these drugs for MAT that are approved under section 505 of the Federal
Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed
under section 351 of the Public Health Service Act (42 U.S.C. 262).~~

~~b. The state assures that Methadone for MAT is provided by Opioid Treatment
Programs that meet the requirements in 42 C.F.R. Part 8.~~

~~c. The state assures coverage of all current and future formulations of drugs prescribed
or administered for MAT that are approved for the treatment of OUD under section
505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all current and
future formulations of biological drugs prescribed or administered for MAT that are
licensed for the treatment of OUD under section 351 of the Public Health Service Act
(42 U.S.C. 262), including all formulations of Naltrexone, Buprenorphine, and
Methadone prescribed or administered for MAT.~~

~~iii. Service Package~~

~~The state covers the following counseling services and behavioral health therapies as
part of MAT.~~

~~a) Please set forth each service and components of each service (if applicable),
along with a description of each service and component service.~~

~~From October 1, 2020 through September 30, 2025, the state assures that MAT to treat
OUD as defined in section 1905(cc)(1) of the Social Security Act (the Act) is covered
exclusively under section 1905(a)(29) of the Act. Service Components include:~~

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

Effective Date October 1, 2025

New York
8.1(d)

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)~~

<p>Credentialed Alcoholism and Substance Abuse Counselor (CASAC); cont'd</p>	<p>• an Associate's Degree in a Human Services field for 1,000 hours experience;</p> <ul style="list-style-type: none"> • Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling. Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan • Pass International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors
<p>Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T)</p>	<p>Provisionally credentialed by operating under their scope of practice under state law for a period of five years to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Must satisfy the below to obtain a trainee certificate:</p> <ul style="list-style-type: none"> • 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.
<p>Certified Recovery Peer Advocate (CRPA)</p>	<p>A self-identified consumer in recovery from mental illness and/or substance use disorder working under the supervision of a licensed or credentialed practitioner working within their scope of practice under state law. The CRPA furnishes services as identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency, and meets OASAS regulatory standards for education, work experience and training:</p> <ul style="list-style-type: none"> • Hold a high school diploma or jurisdictionally certified high school equivalency. • Completion of education, training, and supervision specific to the performance domains identified in the Recovery Coach Job Task Analysis Report including <ul style="list-style-type: none"> • 46 hours, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. • 25 hours of supervision in providing peer recovery support. • Complete 500 hours of peer role experience providing peer recovery support.

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

New York
8.1(e)

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)~~

Certified Recovery Peer Advocate (CRPA), cont'd	<ul style="list-style-type: none"> • Pass the NYCB/IC&RC Peer Advocate Exam. • Complete 20 hours of continuing education earned every two years, including six hours in Ethics.
Non-Credentialed Counselors	<p>Meet education, experiential and training requirements:</p> <ul style="list-style-type: none"> • Education <ul style="list-style-type: none"> • minimum of HS Diploma or GED; and • a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors; the Commission of Rehabilitation Counselor Certification; the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; OR • Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full time, paid work experience in an activities program in a health care setting; • Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the Addictions, at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR • background check. <p>Be furnishing services in an entity certified under new York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.</p>

~~iv. Utilization Controls~~

~~_____X_____ The state has drug utilization controls in place. (Check each of the following that apply)~~

- ~~_____X_____ Generic first policy~~
~~_____X_____ Preferred drug lists~~
~~_____X_____ Clinical criteria~~
~~_____X_____ Quantity limits~~

~~_____ The state does not have drug utilization controls]~~

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

Effective Date October 1, 2025

New York
8

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy (Continued)~~

~~1905(a)(29) X MAT as described and limited in Supplement 3b-37 to Attachment 3.1-B.~~

~~ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.~~

TN #25-0069 Approval Date _____

Supersedes TN #20-0077 Effective Date October 1, 2025

New York
8.1

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)~~

~~i. General Assurance~~

~~MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.~~

~~ii. Assurances~~

~~a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).~~

~~b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.~~

~~c. The state assures coverage of all current and future formulations of drugs prescribed or administered for MAT that are approved for the treatment of OUD under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all current and future formulations of biological drugs prescribed or administered for MAT that are licensed for the treatment of OUD under section 351 of the Public Health Service Act (42 U.S.C. 262), including all formulations of Naltrexone, Buprenorphine, and Methadone prescribed or administered for MAT.~~

~~iii. Service Package~~

~~The state covers the following counseling services and behavioral health therapies as part of MAT.~~

~~a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.~~

~~From October 1, 2020 through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(cc)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:~~

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

Effective Date October 1, 2025

Effective Date October 1, 2025

8.1 (d)

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Needy (continued)~~

Credentialed Alcoholism and Substance Abuse Counselor (CASAC); cont'd	<ul style="list-style-type: none"> —an Associate's Degree in a Human Services field for 1,000 hours experience; —Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling. Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan —Pass International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors
Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T)	<p>Provisionally credentialed by operating under their scope of practice under state law for a period of five years to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Must satisfy the below to obtain a trainee certificate:</p> <ul style="list-style-type: none"> —350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.
Certified Recovery Peer Advocate (CRPA)	<p>A self-identified consumer in recovery from mental illness and/or substance use disorder working under the supervision of a licensed or credentialed practitioner working within their scope of practice under state law. The CRPA furnishes services as identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency, and meets OASAS regulatory standards for education, work experience and training:</p> <ul style="list-style-type: none"> —Hold a high school diploma or jurisdictionally-certified high school equivalency. —Completion of education, training, and supervision specific to the performance domains identified in the Recovery Coach Job Task Analysis Report including <ul style="list-style-type: none"> • 46 hours, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. • 25 hours of supervision in providing peer recovery support. —Complete 500 hours of peer role experience providing peer recovery support.

TN #25-0069

Approval Date

Supersedes TN #20-0077

Effective Date October 1, 2025

8.1 (e)

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Needy (continued)~~

<p>Certified Recovery Peer Advocate (CRPA), cont'd</p>	<ul style="list-style-type: none"> ● Pass the NYCB/IC&RC Peer Advocate Exam. ● Complete 20 hours of continuing education earned every two years, including six hours in Ethics.
<p>Non-Credentialed Counselors</p>	<p>Meet education, experiential and training requirements:</p> <ul style="list-style-type: none"> ● Education <ul style="list-style-type: none"> ○ minimum of HS Diploma or GED; and ○ a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors; the Commission of Rehabilitation Counselor Certification; the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; OR ○ Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting. ● Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the Addictions; at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR ● background check. <p>Be furnishing services in an entity certified under new York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.</p>

~~iv. Utilization Controls~~

~~_____X_____~~ The state has drug utilization controls in place. (Check each of the following that apply)

- ~~X~~ Generic first policy
- ~~X~~ Preferred drug lists
- ~~X~~ Clinical criteria
- ~~X~~ Quantity limits

~~_____ The state does not have drug utilization controls]~~

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

New York
8.1(f)

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)~~

~~v. Limitations~~

~~Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.~~

~~NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters.~~

~~The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs. MAT drugs and biologicals are included in the following Drug Utilization Management programs:~~

- ~~1. Brand Less Than Generic Program—This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.~~
- ~~2. Preferred Drug Program—This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.~~
- ~~3. Drug Utilization Review—This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols and computer technology and data processing to assist in the management of data~~

~~The Preferred Drug Program and the Brand Less Than Program is referenced on the NY SPA page 2(b) Attachment 3.1A and 3.1B section 12a. The Drug Utilization Review program is referenced on the NY SPA page 74 attachment 1.1 section 4.26.~~

~~No more than one medication management may be billed per day.~~

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

Appendix I
2025 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in Supplement 3b-37 to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

Approval Date _____

Supersedes TN NEW

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: [Please describe in the text fields as indicated below.]

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Effective October 1, 2020, the state assures that MAT to treat Opioid Use Disorder (OUD) as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:

1. Assessment - The purpose of the assessment is to provide sufficient information for problem identification, opioid use disorder treatment, or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

2. Service Planning - Clinical treatment plan development –The treatment plan for opioid use disorder treatment services must be patient-centered and developed in collaboration with the patient and patients' family/collaterals, where appropriate.

3. Counseling/Therapy - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

**State Plan under Title XIX of the Social Security Act
State/Territory: New York**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

treatment; skill development for coping with and managing symptoms and behaviors associated with opioid use disorder, such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

4. Peer Support - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.

5. Medication Management – Psychotropic and other medication management as permitted under State Law; Medication Assisted Treatment (MAT) when medically necessary, including the direct administration of medication.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

All individual practitioners and providers may provide any component of the Medication Assisted Treatment services consistent with State law and practice as noted below:

1. Assessment services may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor, or a credentialed alcoholism and substance abuse counselor – trainee.

2. Service Planning may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, a credentialed alcoholism and substance abuse counselor – trainee, Certified Recovery Peer Advocate, or unlicensed un-credentialed staff that are under the supervision of a qualified health professional.

3. Counseling/Therapy may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, credentialed alcoholism and substance abuse counselor – trainees, or unlicensed uncredentialed staff that are under the supervision of a qualified health professional.

4. Peer Support may be provided by a Certified Recovery Peer Advocate.

5. Medication Management may only be provided by physicians, psychiatrists, nurse practitioners, physician assistants, and registered nurses as permitted under state law.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and OASAS approved guidelines and certifications.

- Licensed Master Social Workers, Licensed Clinical Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Psychoanalysts, Registered Nurses, Licensed Creative Arts Therapists, Licensed Practical Nurses, Nurse Practitioners, Physicians, and Psychologists are licensed by New York Education Department to furnish services within their scope of practice in accordance with state law.

- Credentialed Alcoholism and Substance Abuse Counselors are credentialed by OASAS, working within an entity certified pursuant to state law and operating under their scope of practice under state law. Including: 1. a minimum of 6,000 hours of documented supervised experience, including provision of direct services in an approved OASAS work setting or substitute Master's Degree in a Human Services field for 4,000 hours experience; Bachelor's Degree in a Human Services field for 2,000 hours experience; an Associate's Degree in a Human Services field for 1,000 hours experience; 2. Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan; 3. Pass International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

- Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T) are provisionally credentialed by operating under their scope of practice under state law for a period of five years

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable.

However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three-year extension may be requested. The candidate must satisfy the following to obtain a trainee certificate: 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

- Certified Recovery Peer Advocate (CRPA) is a self-identified consumer in recovery from mental illness and/or substance use disorder to furnish services within an entity certified pursuant to state law and under supervision of a licensed or credentialed practitioner within their scope of practice as identified in the patient's **treatment/recovery plan, working under the direction of an OASAS certified agency**, and meets the following OASAS regulatory standards for education, work experience and training: 1. Completion of education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report. 2. Hold a high school diploma or jurisdictionally certified high school equivalency. 3. 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. 4. Complete 500 hours of volunteer service; 5. Receive 25 hours of supervision specific to the domains.

Supervision must be provided by an organization's documented and qualified supervisory staff per job description. 6. Pass the NYCB/IC&RC Peer Advocate Exam. 7. Complete 20 hours of continuing education earned every two years, including six hours in ethics. 8. Employment by and providing services within an OASAS Certified Program.

- Non-Credentialed Counselors must meet education, experiential and training requirements, including: 1. Education a. minimum of HS Diploma or GED; and i. a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors, the Commission of Rehabilitation Counselor Certification, the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; OR ii. Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting; 2. Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

Additions: at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR; 3. A background check. 4. Be furnishing services in an entity certified under New York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____

Supersedes TN #20-0077 Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- ☒ The state has drug utilization controls in place. (Check each of the following that apply)
- ☒ Generic first policy
 - ☒ Preferred drug lists
 - ☒ Clinical criteria
 - ☒ Quantity limits
- ☐ The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

Click or tap here to enter text.

NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters.
The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs.
MAT drugs and biologicals are included in the following Drug Utilization Management programs:

1. Brand Less Than Generic Program - This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.
2. Preferred Drug Program - This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.
3. Drug Utilization Review - This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

Section 1905(a)(29) Medication Assisted Treatment (MAT)

and computer technology and data processing to assist in the management of data regarding the prescribing of medicines and the dispensing of prescriptions over periods of time.

No more than one medication management may be billed per day.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

New York
8.1(g)

Reserved

~~1905(a)(29) Medication Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)~~

~~PRA Disclosure Statement—This information is being collected to assist the Centers for
Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and
Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state
Medicaid plans to provide coverage of Medication Assisted Treatment (MAT) for all Medicaid
enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020,
and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying
information obtained will be kept private to the extent of the law. An agency may not conduct
or sponsor, and a person is not required to respond to, a collection of information unless it
displays a currently valid Office of Management and Budget (OMB) control number. The OMB
control number for this project is 0938-1148 (CMS 10398 # 60). Public burden for all of the
collection of information requirements under this control number is estimated to take about 80
hours per response. Send comments regarding this burden estimate or any other aspect of this
collection of information, including suggestions for reducing this burden, to CMS, 7500 Security
Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05,
Baltimore, Maryland 21244-1850.~~

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-B Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in 3b-37 to Attachment 3.1-B.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN NEW Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: [Please describe in the text fields as indicated below.]

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Effective October 1, 2020, the state assures that MAT to treat Opioid Use Disorder (OUD) as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:

1. Assessment - The purpose of the assessment is to provide sufficient information for problem identification, opioid use disorder treatment, or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
2. Service Planning - Clinical treatment plan development –The treatment plan for opioid use disorder treatment services must be patient-centered and developed in collaboration with the patient and patients' family/collaterals, where appropriate.
3. Counseling/Therapy - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

treatment; skill development for coping with and managing symptoms and behaviors associated with opioid use disorder, such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

4. Peer Support - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.

5. Medication Management – Psychotropic and other medication management as permitted under State Law; Medication Assisted Treatment (MAT) when medically necessary, including the direct administration of medication.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

The below individual practitioners and providers may provide any component of Medication Assisted Treatment services consistent with State law and practice as noted below:

1. Assessment services may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor, or a credentialed alcoholism and substance abuse counselor – trainee.

2. Service Planning may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, a credentialed alcoholism and substance abuse counselor – trainee, Certified Recovery Peer Advocate, or unlicensed un-credentialed staff that are under the supervision of a qualified health professional.

3. Counseling/Therapy may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, credentialed alcoholism and substance abuse counselor – trainees, or unlicensed uncredentialed staff that are under the supervision of a qualified health professional.

4. Peer Support may be provided by a Certified Recovery Peer Advocate.

5. Medication Management may only be provided by physicians, psychiatrists, nurse practitioners, physician assistants, and registered nurses as permitted under state law.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and OASAS approved guidelines and certifications.

- Licensed Master Social Workers, Licensed Clinical Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Psychoanalysts, Registered Nurses, Licensed Creative Arts Therapists, Licensed Practical Nurses, Nurse Practitioners, Physicians, and Psychologists are licensed by New York Education Department to furnish services within their scope of practice in accordance with state law.

- Credentialed Alcoholism and Substance Abuse Counselors are credentialed by OASAS, working within an entity certified pursuant to state law and operating under their scope of practice under state law. Including: 1. a minimum of 6,000 hours of documented supervised experience including provision of direct services in an approved OASAS work setting or substitute Master's Degree in a Human Services field for 4,000 hours experience; Bachelor's Degree in a Human Services field for 2,000 hours experience; an Associate's Degree in a Human Services field for 1,000 hours experience; 2. Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience or education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan; 3. Pass International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

- Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T) are provisionally credentialed by operating under their scope of practice under state law for a period of five years

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three-year extension may be requested. The candidate must satisfy the following to obtain a trainee certificate: 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

- Certified Recovery Peer Advocate (CRPA) is a self-identified consumer in recovery from mental illness and/or substance use disorder to furnish services within an entity certified pursuant to state law and under supervision of a licensed or credentialed practitioner within their scope of practice as **identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency**, and meets the following OASAS regulatory standards for education, work experience and training: 1. Completion of education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report. 2. Hold a high school diploma or jurisdictionally certified high school equivalency. 3. 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. 4. Complete 500 hours of volunteer service; 5. Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's **documented and qualified supervisory staff** per job description. 6. Pass the NYCB/IC&RC Peer Advocate Exam. 7. Complete 20 hours of continuing education earned every two years, including six hours in ethics. 8. Employment by and providing services within an OASAS Certified Program.

- Non-Credentialed Counselors must meet education, experiential and training requirements, including: 1. Education a. minimum of HS Diploma or GED; and i. a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors, the Commission of Rehabilitation Counselor Certification, the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; OR ii. Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting; 2. Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Additions: at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR; 3. A background check. 4. Be furnishing services in an entity certified under New York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- ☒ The state has drug utilization controls in place. (Check each of the following that apply)
- ☒ Generic first policy
 - ☒ Preferred drug lists
 - ☒ Clinical criteria
 - ☒ Quantity limits
- ☐ The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

Click or tap here to enter text.

NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters.
The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs.
MAT drugs and biologicals are included in the following Drug Utilization Management programs:

1. Brand Less Than Generic Program - This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.
2. Preferred Drug Program - This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.
3. Drug Utilization Review - This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date _____
Supersedes TN #20-0077 Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

and computer technology and data processing to assist in the management of data regarding the prescribing of medicines and the dispensing of prescriptions over periods of time.

The Preferred Drug Program and the Brand Less Than Generic Program is referenced on the NY SPA page 2(b) Attachment 3.1A and 3.1B section 12a. The Drug Utilization Review program is referenced on the NY SPA page 74 attachment 1.1 section 4.26.

No more than one medication management may be billed per day.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

Approval Date _____

Supersedes TN #20-0077

Effective Date October 1, 2025

Appendix II
2025 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #25-0069

This State Plan Amendment proposes to remove the September 30, 2025, expiration date from the existing State Plan to continue the mandatory Medication Assisted Treatment (MAT) benefit to comply with federal statute.

Appendix III
2025 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

SPA 25-0069

Consolidated Appropriations Act, 2024

Subtitle B--Medicaid

**SEC. 201. REQUIREMENT FOR STATE MEDICAID PLANS TO PROVIDE COVERAGE
FOR MEDICATION-ASSISTED TREATMENT.**

(a) In General.--Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended--

(1) in subsection (a)(29), by striking ``for the period beginning October 1, 2020, and ending September 30, 2025," and inserting ``beginning on October 1, 2020,"; and

(2) <<NOTE: Certification.>> in subsection (ee)(2), by striking ``for the period specified in such paragraph, if before the beginning of such period the State certifies to the satisfaction of the Secretary" and inserting ``if such State certifies, not less than every 5 years and to the satisfaction of the Secretary,".

(b) Conforming Amendment.--Section 1006(b)(4)(A) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (42 U.S.C. 1396a note) is amended by striking ``, and before October 1, 2025".

Appendix IV
2025 Title XIX State Plan
Fourth Quarter Amendment
Public Notice

services that are not experimental or investigational; together with prescription drugs, which shall be limited to federal food and drug administration approved medications and subject to Medicaid program coverage requirements.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is \$4.6 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, spa-inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with section 1927 of the Social Security Act and 42 CFR Part 10. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2025, this proposal would modify the existing State Plan by reimbursing select inpatient drugs identified on a carve out list at the existing lower of methodology, in accordance with New York Social Services Law 367-a(9). The carve out list will ensure supplemental and federal rebates are obtainable from any eligible claim for the drugs listed.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment for state fiscal year 2025-2026. The estimated net aggregate decrease in gross Medicaid expenditures attributable to this proposed amendment for state fiscal year 2026-2027 is (\$4 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, 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 institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

Institutional Services

Effective on or after October 1, 2025, the Medication Assisted Treatment (MAT) benefit will continue to be a mandatory benefit to comply with federal statute by removing the September 30, 2025, discontinuation date.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

Non-Institutional Services

Effective on or after October 1, 2025, the Medication Assisted Treatment (MAT) benefit will continue to be a mandatory benefit to comply with federal statute by removing the September 30, 2025, discontinuation date.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

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, 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 long term care services to comply with Section 2808-f of Public Health Law. The following changes are proposed:

Long Term Care

The following is a clarification to the March 26, 2025, noticed provision to establish a demonstration program for aging adults with medical fragility.

With clarification to a July 1, 2025, effective date, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is now \$44.7 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, 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 Institutional Services and Non-Institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after October 1, 2025, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following three Hospitals:

- Mary Imogene Bassett Hospital with aggregate payment amounts totaling up to \$11,824,784 for the period October 1, 2025, through March 31, 2026, \$11,824,784 for the period of April 1, 2026, through March 31, 2027, \$11,824,784 for the period of April 1, 2027, through March 31, 2028.

- Calvary Hospital, Inc with aggregate payment amounts totaling up to \$4,600,000 for the period October 1, 2025, through March 31, 2026, \$4,600,000 for the period of April 1, 2026, through March 31, 2027, \$4,600,000 for the period of April 1, 2027, through March 31, 2028.

- Community Memorial Hospital, Inc with aggregate payment amounts totaling up to \$6,026,241 for the period October 1, 2025, through March 31, 2026, \$5,060,023 for the period of April 1, 2026, through March 31, 2027, \$3,513,736 for the period of April 1, 2027, through March 31, 2028.

Non - Institutional Services

Effective on or after October 1, 2025, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following three Hospitals:

- North Country Family Health Center, Inc with aggregate payment amounts totaling up to \$621,365 for the period October 1, 2025, through March 31, 2026, \$496,007 for the period of April 1, 2026, through March 31, 2027, \$251,506 for the period of April 1, 2027, through March 31, 2028.

- Richmond University Medical Center with aggregate payment amounts totaling up to \$6,656,002 for the period October 1, 2025, through March 31, 2026, \$2,450,000 for the period of April 1, 2026, through March 31, 2027, \$500,000 for the period of April 1, 2027, through March 31, 2028.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026, 2026-2027 and 2027-2028 is \$29,728,392, \$24,430,814 and \$20,690,026 respectively.

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

Appendix V
2025 Title XIX State Plan
Fourth Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #25-0069

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.

		4/1/25 – 3/31/26	
Payment Type	Non-Federal Share Funding	Non-Federal	Gross
Normal Per Diem	General Fund; Special Revenue Funds; County Contribution	\$1.0B	\$2.0B

- 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 Medicaid 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. Special Revenue Funds:

- 1) Health Care Reform Act (HCRA) Resource Fund: as authorized in section 92-dd of New York State Finance Law and was established in 1996, pursuant to New York State Public Health Law 2807-j. HCRA resources include:
 - Surcharge on net patient service revenues for specified provider types including Comprehensive Diagnostic and Treatment Centers, Ambulatory Surgery Centers, and Outpatient Hospital Services.
 - The rate for commercial payors is 9.63 percent.
 - The rate for governmental payors, including Medicaid, is 7.04 percent.
 - Federal payors, including Medicare, are exempt from the surcharge.

- 2) Health Facility Cash Assessment Program (HFCAP) Fund: Pursuant to New York State Public Health Law 2807-d HFCAP requires New York State designated providers to pay an assessment on cash operating receipts on a monthly basis. The assessment is 0.35% for Article 28 General Hospitals.

NOTE: New York's Health Care taxes are either broad based and uniform (as in all HFCAP assessments except for the Personal Care Provider Cash Assessment) or have a specific exemption known as the "D'Amato provision (Federal PHL section 105-33 4722 (c))" which allows the HCRA surcharges to exist in their current format. The single tax which has been determined by the State to be an impermissible provider tax is the HFCAP charge on Personal Care Providers. The State does not claim any Federal dollars for the surcharge collected in this manner in order to comply with all Federal provider tax rules.

C. 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	\$5.378B
Suffolk County	\$256M
Nassau County	\$241M
Westchester County	\$223M
Erie County	\$216M
Rest of State (53 Counties)	\$1.320B
Total	\$7.634B

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 authorized 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 outpatient UPL demonstration utilizes a cost-to-payment methodology to estimate the upper payment limit for each class of providers. The Medicaid payments under this State Plan Amendment will be included in the 2025 outpatient UPL when it is revised and re-submitted to CMS.

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.