

## Table of Contents

**State/Territory Name: New York**

**State Plan Amendment (SPA) # 17-0001**

This file contains the following documents in the order listed:

1. Approval Letter
2. CMS 179
3. Approved SPA pages



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS**

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DMCHO: VH: SPA NY- 17-0001

November 16, 2017

Jason Helgeson  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP- 1211)  
Albany, New York 12237

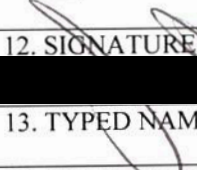

Dear Mr. Helgeson:

We have completed our review of the submission of New York's State Plan Amendment (SPA) 17-0001 for incorporation into the Medicaid State Plan with an effective date of July 1, 2018. This SPA proposes to revise provision of Early & Periodic Screening Diagnostic & Treatment Services (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21.

Enclosed are copies of the approved SPA # 17-0001. If you have any questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.

  
Ricardo Holligan  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Cc: R. Weaver  
A. Smilow  
M. Tankersley  
P. La Venia  
R. Bass  
R. Peralta  
M. Levesque

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>17-0001</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2018</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1905(r)(5) of the Social Security Act and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 07/01/18-09/30/18 \$ <b>1,061.96</b> b. FFY 10/01/18-09/30/19 \$ <b>6,708.10</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1A: 3</b> <b>Attachment 3.1A Supplement: 2(xv)(1)</b> <b>Attachment 3.1B: 3</b> <b>Attachment 3.1B Supplement: 2(xv)(1)</b> <b>Attachment 4.19-B: 1(a)(i); 1(a)(ii)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 3.1A: 3</b> <b>Attachment 3.1B: 3</b>	
10. SUBJECT OF AMENDMENT: <b>EPSDT Expansion for Behavioral Health Kids-Other Licensed Practitioner (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health</b> <b>Division of Finance and Rate Setting</b> <b>99 Washington Ave – One Commerce Plaza</b> <b>Suite 1432</b> <b>Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director</b> <b>Department of Health</b>			
15. DATE SUBMITTED: <b>DEC 30 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>NOVEMBER 16, 2017</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JULY 01, 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>RICARDO HOLLIGAN</b>		22. TITLE: <b>ACTING, ASSOCIATE REGIONAL ADMINISTRATOR</b> <b>DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**STATE: New York**

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

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

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates is the same for both governmental and private providers. The agency’s rates were set as of July 1,2018 and are effective for services provided on or after that date. All rates are published on the Department of Health website:

[www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/proposed\\_spa.htm](http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm).

**TN #** #17-0001

**Approval Date** 11/16/2017

**Supersedes TN #** New

**Effective Date** 07/01/2018

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**STATE: New York**

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

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

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

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

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

**TN #**   #17-0001  

**Approval Date**   11/16/2017  

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**Effective Date**   07/01/2018

## New York

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

**b. Optometrists' services.**

Provided:             No limitations             With limitations \*

**c. Chiropractors' services. (EPSDT only.)**

Provided:             No limitations             With limitations \*

Not Provided.

**d. Other practitioners' services.**

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

Not Provided.

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

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

Not Provided.

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

Provided:             No limitations             With limitations \*

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

Provided:             No limitations             With limitations \*

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

Provided:             No limitations             With limitations \*

\* Description provided on attachment.

TN #17-0001  
Supersedes TN #94-11

Approval Date 11/16/2017  
Effective Date 07/01/2018

New York  
2(xv)(1)

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

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

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

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

- Licensed Master Social Worker (LMSW)

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

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

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

**Assurances:**

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

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

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

TN # #17-0001  
Supersedes TN # NEW

Approval Date 11/16/2017  
Effective Date 07/01/2018

New York  
3

State/Territory: New York

AMOUNT DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practices as defined by State law.

a. Podiatrists' Services

Provided:       No limitations       With limitations\*

b. Optometrists' Services

Provided:       No limitations       With limitations\*

c. Chiropractors' Services

Provided:       No limitations       With limitations\*

d. Other Practitioners' Services

Provided:       No limitations       With limitations\*

e. Other Licensed Practitioner Services (EPSDT only)

Provided:       No limitations       With limitations\*

7. Home Health Services

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

Provided:       No limitations       With limitations\*

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

Provided:       No limitations       With limitations\*

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

Provided:       No limitations       With limitations\*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or social rehabilitation facility.

Provided       No limitations       With limitations

\*Description provided on attachment.

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New York  
2(xv)(1)

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