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**State/Territory Name: New York**

**State Plan Amendment (SPA) # 18-0039**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
26 Federal Plaza, Room 37-100  
New York, New York 10278



**New York Regional Operations**

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June 13, 2019

Donna Frescatore  
New York State Medicaid Director  
New York State Department of Health  
Office of Health Insurance Programs  
One Commerce Plaza, Suite 1211  
Albany, New York 12210

RE: State Plan Amendment NY – 18-0039

Dear Ms. Frescatore,

We have completed our review of the submission of New York's State Plan Amendment SPA 18-0039 for incorporation into the Medicaid State Plan with an effective date of July 1, 2018, proposed to reimburse these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such are 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.

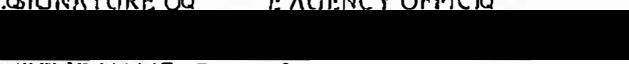
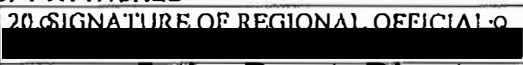
Enclosed is the copy of the approved SPA # 18-0039. If you have any questions, concerns or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.

Sincerely,



Nicole McKnight  
Acting Deputy Director  
New York Regional Operations Group

Enclosures: Form 179  
State Plan Pages

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL  FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: a 18-0039a	2. STATE a New York
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) a	
5. TYPE OF PLAN MATERIAL. (Check One): a  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE a July 1, 2018	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: a §1902(r)(5) of the Social Security Act and 42 CFR 447a		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 07/01/18-09/30/18 \$0 b. FFY 10/01/18-09/30/19 \$0a	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement: 3, 3b-36, 2(xii)(Q.1), 2(xii)(Q.2), 2(xii)(Q.3), 2(xii)(Q.4), 2(xii)(Q.5), 2(xii)(Q.6), 2(xii)(Q.7), 2(xii)(Q.8), 2(xii)(Q.9), 2(xii)(Q.10), 2(xii)(Q.11), 2(xii)(Q.12), 2(xii)(Q.13), 2(xii)(Q.14), 2(xii)(Q.15), 2(xii)(Q.16)  Attachment 3.1-B Supplement: 3, 3b-36, 2(xii)(Q.1), 2(xii)(Q.2), 2(xii)(Q.3), 2(xii)(Q.4), 2(xii)(Q.5), 2(xii)(Q.6), 2(xii)(Q.7), 2(xii)(Q.8), 2(xii)(Q.9), 2(xii)(Q.10), 2(xii)(Q.11), 2(xii)(Q.12), 2(xii)(Q.13), 2(xii)(Q.14), 2(xii)(Q.15), 2(xii)(Q.16)  Attachment 4.19-B: 1(a)(iii)(1), 1(a)(iii)(2)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): a  Attachment 3.1-A: 3 Attachment 3.1-B: 3	
10. SUBJECT OF AMENDMENT: a Early Intervention- Services (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT a <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED a <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL a			
12. SIGNATURE OF AGENCY OFFICIAL 		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: Donna Frescauro		14. TITLE: Medicaid Director Department of Health	
15. DATE SUBMITTED: SEP 27 2018		17. DATE RECEIVED: a	
17. DATE RECEIVED: a		18. DATE APPROVED: a JUNE 13, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: a JULY 01, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: a 	
21. TYPED NAME: a NICOLE MCKNIGHT		22. TITLE: a Acting Deputy Director New York Regional Operations	
23. REMARKS:			

New York  
2(xii)(Q)

**6.d(i). Early and Periodic Screening, Diagnostic and Treatment services (EPSDT).**

**Early Intervention Services**

"Early Intervention" Services are provided to children who have a developmental delay or disability and are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary.

These services must be:

- e Medically necessary and included in a Medicaid covered category in accordance with 1905(a), 1905(r)(5), 1903(c) of the Social Security Act;e
- Ordered or prescribed by a physician or other licensed practitioner acting within his or her scope of practice under New York State law;e
- Included in the child's Individualized Family Service Plan (IFSP);e
- Provided by qualified professionals working independently or employed by or under contract with an approved early intervention agency;e
- Furnished in accordance with all requirements of the State Medicaid Program and other pertinent state and federal laws and regulations, including those for provider qualifications, comparability of services, and the amount, duration and scope provisions;e ande
- Included in the state's plan or available under Early Periodic Screening, Diagnostic and Treatment (EPSDT) services.e

Services may be rendered in the setting in which the child's IFSP will be implemented, including but not limited to Article 28 facilities, approved preschools, daycare settings, in private practitioners' offices, and natural environments including homes or other community settings.

Collateral visits: Collateral services are services that are provided to the child/family (caregiver) or to the parent (caregiver) in accordance with the child's IFSP. Collateral services are reimbursed as early intervention services and are provided to a family member or significant other of a Medicaid-eligible member, regardless of the family member or significant other's eligibility for Medicaid, who has an interim or final individualized family service plan (IFSP). For purposes of this section, a significant other is a person who substitutes for the recipient's family, interacts regularly with the recipient, and affects directly the recipient's developmental status. Collateral services must be included in the child's and family's IFSP, and include psychological services, social work services, and special instruction services provided to infants and toddlers and/or their families/caregivers with an interim or final IFSP. Payment is available for collateral services furnished pursuant to an interim or final individualized family service plan and which are provided by a qualified professional working independently or employed by or under contract with and approved early intervention agency. Collateral services must relate to the medical treatment

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New York  
2(xii)(Q.1)

specified in the recipient's interim or final individualized family service plan and must be for the beneficiary's direct benefit. Persons who receive collateral services to support the child's development must be identified in the interim or final individualized family service plan.

Early Intervention services, limited to EPSDT, which are provided by qualified professionals employed by or under contract to an Early Intervention agency or approved by the State pursuant to an interim or final Individualized Family Service Plan (IFSP) include:

**1. Screening Services**

**Definition:** Screening is a process involving those instruments, procedures, family information and observations, and clinical observations used by qualified, state-approved early intervention providers to assess a child's developmental status to indicate what type of evaluation, if any, is warranted.

**Services:** Screening services are provided in accordance with 42 CFR section 440.130(b).e Screening services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Providers:** Screening services are provided by qualified licensed practitioners, within their scope of practice in accordance with New York State law. Practitioners of EPSDT EI screening services include:

New York State licensed and registered audiologists, qualified in accordance with 42 CFR Section 440.110(c)(3) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered occupational therapist qualified in accordance with 42CFR 440.110(b) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; or

A certified occupational therapy assistant "under the direction of" such a qualified licensed and registered occupational therapist, within his or her scope of practice under New York State Law,

New York State licensed and registered physical therapist qualified in accordance with 42 CFR 440.110(a) and with applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; or

A certified physical therapy assistant "under the direction of" such a qualified licensed and registered physical therapist, acting within his or her scope of practice under New York State Law.

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2(xii)(Q.2)**

New York State licensed and registered physicians, acting within his or her scope of practice under NYS law.

New York State licensed and registered psychologists, qualified in accordance with applicable state and federal laws and regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered speech-language pathologists, qualified in accordance with 42 CFR Section 440.110(c) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State law; or

A teacher certified to provide speech and language services, under the documented direction of such a qualified licensed and registered speech-language pathologist (ASHA certified or equivalent), acting within his or her scope of practice under New York State law.

A New York State licensed clinical social worker (LCSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or

A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above;

New York State certified teachers of special education, with master's degrees and certified by the New York State Education Department's Office of Teaching Initiatives.

**2. Evaluation Services**

**Definition:** Evaluation services are the procedures used by appropriately qualified, state-approved early intervention providers to determine a child's initial and continuing eligibility for early intervention services.

**Services:** Evaluation services determine the child's level of functioning and needs in the areas of cognitive, physical, communication, social or emotional, and adaptive development and include a health assessment including a physical examination, routine vision and hearing screening, and where appropriate, a neurological assessment. When indicated, evaluation services include diagnostic procedures and review of medical and other records to identify a diagnosed physical or mental condition with a high probability of resulting in developmental delay.

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**New York  
2(xii)(Q.3)**

Evaluation services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Providers:** Providers of EPSDT EI evaluation services include:e

New York State licensed and registered audiologists, qualified in accordance with 42 CFR Section 440.110(c)(3) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered occupational therapists qualified in accordance with 42CFR 440.110(b) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; or

A certified occupational therapy assistant "under the direction of" such a qualified licensed and registered occupational therapist, within his or her scope of practice under New York State Law.

New York State licensed and registered physical therapist qualified in accordance with 42 CFR 440.110(a) and with applicable state and federal laws and regulations, acting within his or here scope of practice under New York State Law; or

A certified physical therapy assistant "under the direction of" such a qualified licensed and registered physical therapist, acting within his or her scope of practice under New York State Law.

New York State licensed and registered physicians, acting within his or her scope of practice under NYS law.

New York State licensed and registered nurses qualified in accordance with applicable state and federal law and regulations, acting within his or her scope of practice.

New York State licensed and registered psychologists, qualified in accordance with applicable state and federal laws and regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered speech-language pathologists, qualified in accordance with 42 CFR Section 440.110(c) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State law; or

A teacher certified to provide speech and language services, under the documented direction of such a qualified licensed and registered speech-language pathologist (ASHA certified or equivalent), acting within his or her scope of practice under New York State law.

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**New York  
2(xii)(Q.4)**

A New York State licensed clinical social worker (LCSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or

A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above;

Licensed Mental Health Practitioners (Mental Health Counselors, Marriage and Family Therapists, Creative Arts Therapists, and Psychoanalysts,) acting within their scope of practice under New York State law.

New York State certified teachers of special education, with master's degrees and certified by the New York State Education Department's Office of Teaching Initiatives.

Teacher of Students with Disabilities (birth through grade 2) certified by the New York State Education Department's Office of Teaching Initiatives in the subject area of Early Childhood Education, for birth through grade 2, for students with disabilities.

Teachers of the Blind and Visually Impaired (Partially Sighted) certified by the New York State Education Department's Office of Teaching Initiatives in the subject area Blind and Visually Impaired, for pre-Kindergarten through Grade 12 (all grade levels).

Teachers of the Deaf and Hard of Hearing (Hearing Impaired) certified by the New York State Education Department's Office of Teaching Initiatives in the subject area Deaf and Hard of Hearing, for pre-Kindergarten through Grade 12 (all grade levels).

New York State registered certified dietitians/nutritionists who meet the education and experience requirements set forth by the New York State Education Department under applicable NYS law and regulations.

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New York  
2(xii)(Q.5)

**3. Audiology Services**

**Definition:** Audiological services as outlined in this section of the State Plan are available to Medicaid-eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Audiology services are provided in accordance with 42 CFR section 440.110 (c). Audiology services include services provided to an individual child and instruction provided to child's parent or caregiver when these contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law as appropriate. Covered services include services to identify, evaluate, and treat hearing loss, including identification of children with auditory impairment using at risk criteria and appropriate audiologic screening techniques; determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment; provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services; and, provision of services for prevention of hearing loss; and, determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

**Providers:** Audiology services must be provided by a New York State licensed and registered audiologist, qualified in accordance with 42 CFR Section 440.110(c)(3) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

**4. Nursing Services**

**Definition:** Nursing services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Nursing services are provided in accordance with 42 CFR section 440.70(b)(1). Nursing services include services provided to an individual child and instruction to the child's parent or caregiver when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician acting within his or her scope of practice under New York State law.

Nursing services include the promotion of health, prevention of illness, care of the ill and disabled people through the provision of services essential to the maintenance and restoration of health.

Nursing services may include:

- e Health assessments and evaluations;e
- e Medical treatments and procedures;e
- e Administering and/or monitoring medication, treatments or regimens needed by the child;e  
and
- e Consultation with licensed physicians, parents and other service / health care providers  
regarding the effects of medication.e

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**New York**  
**2(xii)(Q.6)**

**Providers:** Nursing services are provided by New York State licensed registered nurses qualified in accordance with applicable state and federal law and regulations, acting within his or her scope of practice; or a New York State licensed practical nurse qualified in accordance with applicable state and federal law and regulations, acting within his or her scope of practice under the direction of a licensed registered nurse, a physician, dentist or other licensed health care provider authorized under the Nurse Practice Act.

"Under the direction of" means that, with respect to each Medicaid beneficiary, the qualified clinician:

- e Sees the participant at the beginning of and periodically during the course of treatment;e
- e Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;e
- e Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;e
- e Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;e
- e Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice;e
- e Ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment ande
- e Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.e

**5. Nutrition Services**

**Definition:** Nutrition services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Nutrition services outlined in this section of the state plan are provided in accordance with 42 CFR section 440.130(c).

**Services:** Nutrition services include services provided to an individual child and instruction provided to the child's parent or caregiver when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Covered services include individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and, food habits and food preferences; developing and monitoring appropriate plans to address the nutritional needs of an eligible child; and, making referrals to appropriate community resources to carry out nutrition goals.

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New York  
2(xii)(Q.7)

**Providers:** Nutrition services are provided by qualified New York State registered certified dietitians/nutritionists acting within the scope of their profession.

**6. Occupational Therapy Services**

**Definition:** Occupational therapy services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Occupational therapy services are provided in accordance with 42 CFR section 440.110(b). Occupational therapy services include services provided to an individual child and instruction provided to the child's parent or caregiver, and services provided to children individually or in a group when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Covered services include services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include identification, assessment, and intervention; adaptation of the environment, and selection, design and fabrication of devices to facilitate development and promote the acquisition of functional skills; and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

**Providers:** Services must be provided by:

- e A New York State licensed and registered occupational therapist qualified in accordance with 42CFR 440.110(b) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; ore
- e A certified occupational therapy assistant "under the direction of" such a qualified licensed and registered occupational therapist, within his or her scope of practice under New York State Law.e

"Under the direction of" means that, with respect to each Medicaid beneficiary, the qualified therapist:

- e Sees the participant at the beginning of and periodically during the course of treatment;e
- e Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;e
- e Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;e

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2(xii)(Q.8)**

- e Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;e
- e Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice;e
- e Ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment ande
- e Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.e

**7. Physical Therapy Services**

**Definition:** Physical therapy services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Physical therapy services are provided in accordance with 42 CFR section 440.110(a). Physical therapy includes services provided to an individual child and instruction provided to the child's parent or caregiver, either individually or in a group, when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Covered services include services to address the promotion of sensory motor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation. These services include evaluation and assessment of infants and toddlers to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems

**Providers:** Services must be provided by:

- e A New York State licensed and registered physical therapist qualified in accordance with 42 CFR 440.110(a) and with applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; ore
- e A certified physical therapy assistant "under the direction of" such a qualified licensed and registered physical therapist, acting within his or her scope of practice under New York State Law.e

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New York  
2(xii)(Q.9)

"Under the direction of" means that, with respect to each Medicaid beneficiary, the qualified therapist:

- e Sees the participant at the beginning of and periodically during the course of treatment;e
- e Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;e
- e Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;e
- e Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;e
- e Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice;e
- e Ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment ande
- e Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.e

**8. Psychological Services**

**Definition:** Psychological services outlined in this section of the State Plan are provided in accordance with 42 CFR 440.60 and are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Providers:** Psychological services must be provided by a qualified licensed practitioner, within his or her scope of practice in accordance with New York State law. Services may be provided by:

- e A New York State licensed and registered psychiatrist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore
- e A New York State licensed and registered psychologist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore
- e A New York State licensed clinical social worker (LCSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore

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2(xii)(Q.10)**

- e A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above; ore
- e A New York State licensed Mental Health Counselor qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore
- e A New York State licensed Marriage and Family Therapist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore
- e A New York State licensed Psychoanalyst qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore
- e A New York State licensed Creative Arts Therapist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law.e

Supervision of the clinical social work services provided by the licensed master social worker, with respect to each Medicaid beneficiary, shall consist of contact between the licensed master social worker and supervisor during which:

- e The licensed master social worker appraises the supervisor of the diagnosis and treatment of each client;e
- e The licensed master social worker's cases are discussed;e
- e The supervisor provides the licensed master social worker with oversight and guidance in diagnosing and treating clients;e
- e The supervisor regularly reviews and evaluates the professional work of the licensed master social worker; ande
- e The supervisor provides at least two hours per month of in-person individual or group clinical supervision.e

The supervision shall be provided by a New York State licensed and registered psychiatrist, psychologist, or licensed clinical social worker. The supervisor shall be responsible for maintaining records of the client contact hours in diagnosis, psychotherapy and assessment-based treatment planning and supervision hours provided to the qualified individual.

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New York  
2(xii)(Q.11)

**9. Social Work Services**

**Definition:** Social work services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Social work services outlined in this section of the state plan are provided in accordance with 42 CFR 440.60(a).

**Providers:** Social work services must be provided by a qualified licensed practitioner, within his or her scope of practice in accordance with New York State law. Social work services may be provided by:

- A New York State licensed clinical social worker (LCSW) qualified in accordance applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or
- A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above.

Supervision of the clinical social work services provided by the licensed master social worker, with respect to each Medicaid beneficiary, shall consist of contact between the licensed master social worker and supervisor during which:

- The licensed master social worker apprises the supervisor of the diagnosis and treatment of each client;
- The licensed master social worker's cases are discussed;
- The supervisor provides the licensed master social worker with oversight and guidance in diagnosing and treating clients;
- The supervisor regularly reviews and evaluates the professional work of the licensed master social worker; and
- The supervisor provides at least two hours per month of in-person individual or group clinical supervision.

The supervision shall be provided by a New York State licensed and registered psychiatrist, psychologist, or licensed clinical social worker. The supervisor shall be responsible for maintaining records of the client contact hours in diagnosis, psychotherapy and assessment-based treatment planning and supervision hours provided to the qualified individual.

**10. Special Instruction/Developmental Services**

**Definition:** Special instruction services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

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**Services:** Special instruction services are provided in accordance with 42 CFR 440.130(c). Special instruction services include working with the child and family to correct deficits in motor development, physical growth and development, sensory perception and information processing, behavioral interactions, cognitive processes, and social interactions that are caused by medical, developmental, or other health-related concerns. Special instruction services include working directly with the child to enhance the child's development. Special instruction services are provided to an individual child and instruction provided to the child's parent or caregiver, and services provided to children and/or family in a group when such contacts directly benefit the developmental needs of the child as described in his or her treatment plan, the IFSP. Special instruction includes the design of environments and activities that extend the benefits of intervention/therapy into the child's daily routine and which promote the child's acquisition of skills in a variety of developmental areas, including motor development, physical growth and development, sensory perception and information processing; behavioral interactions; cognitive processes; and, social interactions.

Special instruction also includes the provision of instruction, information, and support to parents and primary caregivers in assisting them in planning and maintaining a daily therapeutic regime related to enhancing the child's developmental progress, including skills such as fine and gross motor, feeding, and other adaptive skills.

**Providers:** Special instruction services are provided by qualified individuals possessing the following certification issued by the State Education Department pursuant to State regulations; special education teachers, teachers of students with disabilities - birth to grade two, teachers of the blind and partially sighted, teachers of the blind and visually handicapped, teachers of the blind and visually impaired, and teachers of the deaf and hard of hearing, acting within the scope of practice of their professions.

**11. Speech-Language Pathology Services**

**Definition:** Speech-language pathology services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Speech-language pathology services are provided in accordance with 42 CFR section 440.110(c). Speech-language pathology services are provided to an individual child and instruction provided to the child's parent or caregiver, either individually or in a group, when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a speech-language pathologist, physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

These services include the identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional

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services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

**Providers:** Services must be provided by:

- e A licensed and registered speech-language pathologist qualified in accordance with 42e CFR Section 440.110(c) and applicable state and federal laws and regulations, actinge within his or her scope of practice under New York State law; ore
- e A teacher certified to provide speech and language services, under the documentede direction of such a qualified licensed and registered speech-language pathologist (ASHAe certified or equivalent), acting within his or her scope of practice under New York Statee law.e

“Under the Direction of” means that, with respect to each Medicaid beneficiary, the qualified therapist:

- e Sees the participant at the beginning of and periodically during the course of treatment;e
- e Is familiar with the treatment plan as recommended by the referring physician or othere licensed practitioner of the healing arts practicing under State Law;e
- e Has continued involvement in the care provided, and reviews the need for continuede services throughout treatment;e
- e Assumes professional responsibility for the services provided under his or her directione and monitors the need for continued services;e
- e Spends as much time as necessary directly supervising services to ensure beneficiaries aree receiving services in a safe and efficient manner in accordance with accepted standards;e
- e Ensures that individuals working under his or her direction have contact information toe permit him or her direct contact with the supervising therapist as necessary during thee course of treatment; ande
- e Keeps documentation supporting the supervision of services and ongoing involvement ine the treatment.e

**12. Medical Equipment and Appliances**

**Definition:** Medical equipment and appliances outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

Medical equipment and appliances are provided in accordance with 42 CFR section 440.70(b), and include medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place, other than a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Under the EPSDT EI benefit, such equipment is used to increase, maintain, or improve the functional capabilities of the child.

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**Services:** Assistive technology services are provided in accordance with 42 CFR sectiona 440.70(b) and 42 CFR section 441.57. Assistive technology services are services provided to an individual child and include instruction to the child's parent or caregiver when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP. Assistive technology services are services that directly assist a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include; the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the customary environment; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans; training or technical assistance for a child with disabilities or, if appropriate, that family; and, training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

**Providers:** Assistive technology services are provided by medical equipment and supply dealers, a clinics, hospitals, pharmacies, residential health facilities, and certified home health agencies enrolled in the medical assistance program as a medical equipment dealer. Assistive technology services may also be provided by state-licensed licensed audiologists, speech-language pathologists, physical therapists and assistants, occupational therapists and assistants, orientation and mobility specialists, physicians, practical nurses, registered nurses, and nurse practitioners and other individuals with licensure, certification, or registration in a professional medical, health-related, and/or developmental discipline, within the scope of their professions and to the extent authorized by their licenses.

### **13. Vision Services**

**Definition:** Vision services outlined in this section of the State Plan are available to Medicaida eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Vision services are provided in accordance with 42 CFR section 440.130(c).

**Services:** Vision services are provided to an individual child and include instruction provided toa the child's parent or caregiver, and services provided to children and/or family members in a group when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Vision services include evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities; professional services necessary for the treatment of visual functioning disorders; communication skills training, orientation and

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mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

**Providers:** Vision services are provided by certified low vision specialists, orientation and mobility specialists and vision rehabilitation therapists certified by the Academy for the Certification for Vision Rehabilitation and Education Professionals, state licensed physicians including ophthalmologists; and licensed optometrists, and orientation and mobility specialists, within the scope of their profession and to the extent authorized by their license or certification.

**14. Applied Behavioral Analysis (ABA) Services**

**Definition:** ABA services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. ABA services outlined in this section of the state plan are provided in accordance with 42 CFR 440.60(a).

**Providers:** ABA services must be provided by a qualified practitioner, within his or her scope of practice in accordance with New York State law. ABA services are provided by:

- e A licensed and registered behavior analyst qualified in accordance with applicable state and federal laws and regulations, acting within his or her scope of practice under New York State law, Education Law Article 167; or
- e A certified behavior analyst assistant, under the documented direction of such a qualified licensed and registered behavior analyst, acting within his or her scope of practice under New York State law, Education Law Article 167.e

"Under the Direction of" means that, with respect to each Medicaid beneficiary, the qualified therapist:

- e Sees the participant at the beginning of and periodically during the course of treatment;
- e Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State Law;
- e Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;
- e Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;
- e Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards;
- e Ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment; and
- e Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.

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**15. Transportation Services**

**Definition:** Transportation outlined in this section of the State Plan is available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Transportation for family members who are not Medicaid eligible is not considered non-emergency medical transportation but may be part of the cost of the service.

**Services:** Transportation delivered by the State's designated transportation provider pursuant to prior authorization by a municipal Early Intervention Official or Early Intervention Official Designee in the State or the City of New York must be included in the IFSP as recommended by the IFSP Team. Transportation arrangements must be identified in the IFSP.

Transportation is limited to those situations where the child and an accompanying parent or guardian receive transportation to obtain a Medicaid covered early intervention service other than transportation and both the Medicaid covered service and the need for transportation are included in the child's IFSP. Transportation can only be billed on a day that a Medicaid reimbursable service was delivered and may only be billed at the rate for each one-way trip.

**Providers:** Transportation services must be provided by a qualified, Medicaid-enrolled provider. Each one-way trip must be documented in accordance with Medicaid record keeping requirements in order to bill Medicaid. To receive payment for services provided to a Medicaid recipient, a vendor must be an enrolled Medicaid transportation provider authorized to provide transportation services on the date the services are rendered.

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12a. Prior authorization or dispensing validation is required for some prescription drugs. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. those non-prescription drugs contained on a list established by the New York State Commissioner of Health.
2. covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Sections 1902(a) (54) and 1927 (a) of the Act which are prescribed for a medically accepted indication. (As provided by Section 1927 (d) (2) of the Act certain outpatient drugs may be excluded from coverage).

12b. Prior approval is required for all dentures.

12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by the State Department of Health and identified for providers in the MMIS DME Provider Manual.

Prior approval is required for artificial eyes as specified in the MMIS Ophthalmic Provider Manual. Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.

12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Ophthalmic Provider Manual.

13a. Diagnostic Services (see 13.d Rehabilitative Services – Early Intervention).

13b. Screening Services (see 13.d Rehabilitative Services – Early Intervention).

13c. Preventive Services (see 13.d Rehabilitative Services – Early Intervention).

13d. Rehabilitative Services

[(1) Directly Observed Therapy (DOT) – Clients must be assessed as medically appropriate for DOT based upon the client’s risk of non-adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.]

Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679. Coverage of "off-site" services shall end effective December 31, 2015.

["Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

- |                       |   |  |
|-----------------------|---|--|
| 1. Screening          | 6. Occupational Therapy   | 11. Speech Pathology Services                          |
| 2. Evaluation         | 7. Physical Therapy   | 12. Assistive Technology Services                      |
| 3. Audiology          | 8. Psychological Services   | 13. Vision Services                                    |
| 4. Nursing            | 9. Social Work Services   | 14. Collateral contacts for all of the above services] |
| 5. Nutrition Services | 10. Anticipatory Guidance<br>(Special Instruction and Allied<br>Health Professional Assistance) |  |

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**13d. Rehabilitative Services (Continued)**

**Directly Observed Therapy (DOT)**

Directly Observed Therapy for Tuberculosis (TB/DOT) is the direct observation of oral ingestion of tuberculosis medications to assure patient adherence and tolerance with the prescribed medication regimen. Directly observed therapy is the standard of care for every individual with active tuberculosis and for some persons on treatment for latent TB infection. TB/DOT may be provided on an outpatient basis in a community setting (including the home) or on an inpatient basis.

**Services**

Outpatient TB/DOT involves the administering of medication and observation thereof, assessing any adverse reactions to the medications, and case follow up.

**Providers**

Servicing providers for TB/DOT include New York State licensed and registered professionals acting within their scope of practice: nurses (both Licensed Practical Nurses (LPN) and Registered Professional Nurses (RN)), nurse practitioners, physician assistants, and physicians, as well as non-licensed individuals specially trained to do DOT.

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**6.d(i). Early and Periodic Screening, Diagnostic and Treatment services (EPSDT).**

**Early Intervention Services**

"Early Intervention" Services are provided to children who have a developmental delay or disability and are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary.

These services must be:

- e Medically necessary and included in a Medicaid covered category in accordance with 1905(a), 1905(r)(5), 1903(c) of the Social Security Act;e
- e Ordered or prescribed by a physician or other licensed practitioner acting within his or her scope of practice under New York State law;e
- e Included in the child's Individualized Family Service Plan (IFSP);e
- e Provided by qualified professionals working independently or employed by or under contract with an approved early intervention agency;e
- e Furnished in accordance with all requirements of the State Medicaid Program and other pertinent state and federal laws and regulations, including those for provider qualifications, comparability of services, and the amount, duration and scope provisions;e and
- e Included in the state's plan or available under Early Periodic Screening, Diagnostic and Treatment (EPSDT) services.e

Services may be rendered in the setting in which the child's IFSP will be implemented, including but not limited to Article 28 facilities, approved preschools, daycare settings, in private practitioners' offices, and natural environments including homes or other community settings.

Collateral visits: Collateral services are services that are provided to the child/family (caregiver) or to the parent (caregiver) in accordance with the child's IFSP. Collateral services are reimbursed as early intervention services and are provided to a family member or significant other of a Medicaid-eligible member, regardless of the family member or significant other's eligibility for Medicaid, who has an interim or final individualized family service plan (IFSP). For purposes of this section, a significant other is a person who substitutes for the recipient's family, interacts regularly with the recipient, and affects directly the recipient's developmental status. Collateral services must be included in the child's and family's IFSP, and include psychological services, social work services, and special instruction services provided to infants and toddlers and/or their families/caregivers with an interim or final IFSP. Payment is available for collateral services furnished pursuant to an interim or final individualized family service plan and which are provided by a qualified professional working independently or employed by or under contract with and approved early intervention agency. Collateral services must relate to the medical treatment

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specified in the recipient's interim or final individualized family service plan and must be for the beneficiary's direct benefit. Persons who receive collateral services to support the child's development must be identified in the interim or final individualized family service plan.

Early Intervention services, limited to EPSDT, which are provided by qualified professionals employed by or under contract to an Early Intervention agency or approved by the State pursuant to an interim or final Individualized Family Service Plan (IFSP) include:

**1. Screening Services**

**Definition:** Screening is a process involving those instruments, procedures, family information and observations, and clinical observations used by qualified, state-approved early intervention providers to assess a child's developmental status to indicate what type of evaluation, if any, is warranted.

**Services:** Screening services are provided in accordance with 42 CFR section 440.130(b).a Screening services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Providers:** Screening services are provided by qualified licensed practitioners, within their scope of practice in accordance with New York State law. Practitioners of EPSDT EI screening services include:

New York State licensed and registered audiologists, qualified in accordance with 42 CFR Section 440.110(c)(3) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered occupational therapist qualified in accordance with 42CFR 440.110(b) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; or

A certified occupational therapy assistant "under the direction of" such a qualified licensed and registered occupational therapist, within his or her scope of practice under New York State Law.

New York State licensed and registered physical therapist qualified in accordance with 42 CFR 440.110(a) and with applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; or

A certified physical therapy assistant "under the direction of" such a qualified licensed and registered physical therapist, acting within his or her scope of practice under New York State Law.

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New York State licensed and registered physicians, acting within his or her scope of practice under NYS law.

New York State licensed and registered psychologists, qualified in accordance with applicable state and federal laws and regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered speech-language pathologists, qualified in accordance with 42 CFR Section 440.110(c) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State law; or

A teacher certified to provide speech and language services, under the documented direction of such a qualified licensed and registered speech-language pathologist (ASHA certified or equivalent), acting within his or her scope of practice under New York State law.

A New York State licensed clinical social worker (LCSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or

A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above;

New York State certified teachers of special education, with master's degrees and certified by the New York State Education Department's Office of Teaching Initiatives.

**2. Evaluation Services**

**Definition:** Evaluation services are the procedures used by appropriately qualified, state-approved early intervention providers to determine a child's initial and continuing eligibility for early intervention services.

**Services:** Evaluation services determine the child's level of functioning and needs in the areas of cognitive, physical, communication, social or emotional, and adaptive development and include a health assessment including a physical examination, routine vision and hearing screening, and where appropriate, a neurological assessment. When indicated, evaluation services include diagnostic procedures and review of medical and other records to identify a diagnosed physical or mental condition with a high probability of resulting in developmental delay.

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Evaluation services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Providers:** Providers of EPSDT EI evaluation services include:

New York State licensed and registered audiologists, qualified in accordance with 42 CFR Section 440.110(c)(3) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered occupational therapists qualified in accordance with 42CFR 440.110(b) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; or

A certified occupational therapy assistant "under the direction of" such a qualified licensed and registered occupational therapist, within his or her scope of practice under New York State Law.

New York State licensed and registered physical therapist qualified in accordance with 42 CFR 440.110(a) and with applicable state and federal laws and regulations, acting within his or here scope of practice under New York State Law; or

A certified physical therapy assistant "under the direction of" such a qualified licensed and registered physical therapist, acting within his or her scope of practice under New York State Law.

New York State licensed and registered physicians, acting within his or her scope of practice under NYS law.

New York State licensed and registered nurses qualified in accordance with applicable state and federal law and regulations, acting within his or her scope of practice.

New York State licensed and registered psychologists, qualified in accordance with applicable state and federal laws and regulations, acting within his or her scope of practice under NYS law.

New York State licensed and registered speech-language pathologists, qualified in accordance with 42 CFR Section 440.110(c) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State law; or

A teacher certified to provide speech and language services, under the documented direction of such a qualified licensed and registered speech-language pathologist (ASHA certified or equivalent), acting within his or her scope of practice under New York State law.

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A New York State licensed clinical social worker (LCSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or

A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above;

Licensed Mental Health Practitioners (Mental Health Counselors, Marriage and Family Therapists, Creative Arts Therapists, and Psychoanalysts,) acting within their scope of practice under New York State law.

New York State certified teachers of special education, with master's degrees and certified by the New York State Education Department's Office of Teaching Initiatives.

Teacher of Students with Disabilities (birth through grade 2) certified by the New York State Education Department's Office of Teaching Initiatives in the subject area of Early Childhood Education, for birth through grade 2, for students with disabilities.

Teachers of the Blind and Visually Impaired (Partially Sighted) certified by the New York State Education Department's Office of Teaching Initiatives in the subject area Blind and Visually Impaired, for pre-Kindergarten through Grade 12 (all grade levels).

Teachers of the Deaf and Hard of Hearing (Hearing Impaired) certified by the New York State Education Department's Office of Teaching Initiatives in the subject area Deaf and Hard of Hearing, for pre-Kindergarten through Grade 12 (all grade levels).

New York State registered certified dietitians/nutritionists who meet the education and experience requirements set forth by the New York State Education Department under applicable NYS law and regulations.

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**3. Audiology Services**

**Definition:** Audiological services as outlined in this section of the State Plan are available to Medicaid-eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Audiology services are provided in accordance with 42 CFR section 440.110 (c). Audiology services include services provided to an individual child and instruction provided to child's parent or caregiver when these contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law as appropriate. Covered services include services to identify, evaluate, and treat hearing loss, including identification of children with auditory impairment using at risk criteria and appropriate audiologic screening techniques; determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment; provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services; and, provision of services for prevention of hearing loss; and, determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

**Providers:** Audiology services must be provided by a New York State licensed and registered audiologist, qualified in accordance with 42 CFR Section 440.110(c)(3) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

**4. Nursing Services**

**Definition:** Nursing services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Nursing services are provided in accordance with 42 CFR section 440.70(b)(1). Nursing services include services provided to an individual child and instruction to the child's parent or caregiver when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician acting within his or her scope of practice under New York State law.

Nursing services include the promotion of health, prevention of illness, care of the ill and disabled people through the provision of services essential to the maintenance and restoration of health.

Nursing services may include:

- e Health assessments and evaluations;e
- e Medical treatments and procedures;e
- e Administering and/or monitoring medication, treatments or regimens needed by the child;e  
and
- e Consultation with licensed physicians, parents and other service / health care providers  
regarding the effects of medication.e

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**Providers:** Nursing services are provided by New York State licensed registered nurses qualified in accordance with applicable state and federal law and regulations, acting within his or her scope of practice; or a New York State licensed practical nurse qualified in accordance with applicable state and federal law and regulations, acting within his or her scope of practice under the direction of a licensed registered nurse, a physician, dentist or other licensed health care provider authorized under the Nurse Practice Act.

"Under the direction of" means that, with respect to each Medicaid beneficiary, the qualified clinician:

- a Sees the participant at the beginning of and periodically during the course of treatment;a
- a Is familiar with the treatment plan as recommended by the referring physician or other a licensed practitioner of the healing arts practicing under State law;a
- a Has continued involvement in the care provided, and reviews the need for continued services a throughout treatment;a
- a Assumes professional responsibility for the services provided under his or her direction and a monitors the need for continued services;a
- a Spends as much time as necessary directly supervising services to ensure beneficiaries are a receiving services in a safe and efficient manner in accordance with accepted standards of a practice;a
- a Ensures that individuals working under his or her direction have contact information to permit a him or her direct contact with the supervising therapist as necessary during the course of a treatment and a
- a Keeps documentation supporting the supervision of services and ongoing involvement in the a treatment.a

## **5. Nutrition Services**

**Definition:** Nutrition services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Nutrition services outlined in this section of the state plan are provided in accordance with 42 CFR section 440.130(c).

**Services:** Nutrition services include services provided to an individual child and instruction provided to the child's parent or caregiver when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Covered services include individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and, food habits and food preferences; developing and monitoring appropriate plans to address the nutritional needs of an eligible child; and, making referrals to appropriate community resources to carry out nutrition goals.

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**Providers:** Nutrition services are provided by qualified New York State registered certified dietitians/nutritionists acting within the scope of their profession.

**6. Occupational Therapy Services**

**Definition:** Occupational therapy services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Occupational therapy services are provided in accordance with 42 CFR section 440.110(b). Occupational therapy services include services provided to an individual child and instruction provided to the child's parent or caregiver, and services provided to children individually or in a group when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Covered services include services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include identification, assessment, and intervention; adaptation of the environment, and selection, design and fabrication of devices to facilitate development and promote the acquisition of functional skills; and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

**Providers:** Services must be provided by:

- A New York State licensed and registered occupational therapist qualified in accordance with 42CFR 440.110(b) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; or
- A certified occupational therapy assistant "under the direction of" such a qualified licensed and registered occupational therapist, within his or her scope of practice under New York State Law.

"Under the direction of" means that, with respect to each Medicaid beneficiary, the qualified therapist:

- Sees the participant at the beginning of and periodically during the course of treatment;
- Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;
- Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;

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- a Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;a
- a Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of a practice;a
- a Ensures that individuals working under his or her direction have contact information to permit a him or her direct contact with the supervising therapist as necessary during the course of a treatment and a
- a Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.a

**7. Physical Therapy Services**

**Definition:** Physical therapy services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Physical therapy services are provided in accordance with 42 CFR section 440.110(a). Physical therapy includes services provided to an individual child and instruction provided to the child's parent or caregiver, either individually or in a group, when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Covered services include services to address the promotion of sensory motor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation. These services include evaluation and assessment of infants and toddlers to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems

**Providers:** Services must be provided by:

- a A New York State licensed and registered physical therapist qualified in accordance with 42 CFR 440.110(a) and with applicable state and federal laws and regulations, acting within his or her scope of practice under New York State Law; ora
- a A certified physical therapy assistant "under the direction of" such a qualified licensed and a registered physical therapist, acting within his or her scope of practice under New York State Law.a

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"Under the direction of" means that, with respect to each Medicaid beneficiary, the qualified therapist:

- e Sees the participant at the beginning of and periodically during the course of treatment;e
- e Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;e
- e Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;e
- e Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;e
- e Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice;e
- e Ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment ande
- e Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.e

**8. Psychological Services**

**Definition:** Psychological services outlined in this section of the State Plan are provided in accordance with 42 CFR 440.60 and are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Providers:** Psychological services must be provided by a qualified licensed practitioner, within his or her scope of practice in accordance with New York State law. Services may be provided by:

- e A New York State licensed and registered psychiatrist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore
- e A New York State licensed and registered psychologist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore
- e A New York State licensed clinical social worker (LCSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; ore

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- e A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above; or
- e A New York State licensed Mental Health Counselor qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or
- e A New York State licensed Marriage and Family Therapist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or
- e A New York State licensed Psychoanalyst qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or
- e A New York State licensed Creative Arts Therapist qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law.

Supervision of the clinical social work services provided by the licensed master social worker, with respect to each Medicaid beneficiary, shall consist of contact between the licensed master social worker and supervisor during which:

- e The licensed master social worker apprises the supervisor of the diagnosis and treatment of each client;
- e The licensed master social worker's cases are discussed;
- e The supervisor provides the licensed master social worker with oversight and guidance in diagnosing and treating clients;
- e The supervisor regularly reviews and evaluates the professional work of the licensed master social worker; and
- e The supervisor provides at least two hours per month of in-person individual or group clinical supervision.

The supervision shall be provided by a New York State licensed and registered psychiatrist, psychologist, or licensed clinical social worker. The supervisor shall be responsible for maintaining records of the client contact hours in diagnosis, psychotherapy and assessment-based treatment planning and supervision hours provided to the qualified individual.

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**9. Social Work Services**

**Definition:** Social work services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Social work services outlined in this section of the state plan are provided in accordance with 42 CFR 440.60(a).

**Providers:** Social work services must be provided by a qualified licensed practitioner, within his or her scope of practice in accordance with New York State law. Social work services may be provided by:

- A New York State licensed clinical social worker (LCSW) qualified in accordance applicable state and federal law or regulations, acting within his or her scope of practice under New York State law; or
- A licensed master social worker (LMSW) qualified in accordance with applicable state and federal law or regulations, acting within his or her scope of practice under New York State law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above.

Supervision of the clinical social work services provided by the licensed master social worker, with respect to each Medicaid beneficiary, shall consist of contact between the licensed master social worker and supervisor during which:

- The licensed master social worker apprises the supervisor of the diagnosis and treatment of each client;
- The licensed master social worker's cases are discussed;
- The supervisor provides the licensed master social worker with oversight and guidance in diagnosing and treating clients;
- The supervisor regularly reviews and evaluates the professional work of the licensed master social worker; and
- The supervisor provides at least two hours per month of in-person individual or group clinical supervision.

The supervision shall be provided by a New York State licensed and registered psychiatrist, psychologist, or licensed clinical social worker. The supervisor shall be responsible for maintaining records of the client contact hours in diagnosis, psychotherapy and assessment-based treatment planning and supervision hours provided to the qualified individual.

**10. Special Instruction/Developmental Services**

**Definition:** Special instruction services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

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**Services:** Special instruction services are provided in accordance with 42 CFR 440.130(c). Special instruction services include working with the child and family to correct deficits in motor development, physical growth and development, sensory perception and information processing, behavioral interactions, cognitive processes, and social interactions that are caused by medical, developmental, or other health-related concerns. Special instruction services include working directly with the child to enhance the child's development. Special instruction services are provided to an individual child and instruction provided to the child's parent or caregiver, and services provided to children and/or family in a group when such contacts directly benefit the developmental needs of the child as described in his or her treatment plan, the IFSP. Special instruction includes the design of environments and activities that extend the benefits of intervention/therapy into the child's daily routine and which promote the child's acquisition of skills in a variety of developmental areas, including motor development, physical growth and development, sensory perception and information processing; behavioral interactions; cognitive processes; and, social interactions.

Special instruction also includes the provision of instruction, information, and support to parents and primary caregivers in assisting them in planning and maintaining a daily therapeutic regime related to enhancing the child's developmental progress, including skills such as fine and gross motor, feeding, and other adaptive skills.

**Providers:** Special instruction services are provided by qualified individuals possessing the following certification issued by the State Education Department pursuant to State regulations; special education teachers, teachers of students with disabilities - birth to grade two, teachers of the blind and partially sighted, teachers of the blind and visually handicapped, teachers of the blind and visually impaired, and teachers of the deaf and hard of hearing, acting within the scope of practice of their professions.

**11. Speech-Language Pathology Services**

**Definition:** Speech-language pathology services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

**Services:** Speech-language pathology services are provided in accordance with 42 CFR section 440.110(c). Speech-language pathology services are provided to an individual child and instruction provided to the child's parent or caregiver, either individually or in a group, when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, and pursuant to a written order or prescription from a speech-language pathologist, physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

These services include the identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional

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services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

**Providers:** Services must be provided by:

- e A licensed and registered speech-language pathologist qualified in accordance with 42e CFR Section 440.110(c) and applicable state and federal laws and regulations, acting within his or her scope of practice under New York State law; or
- e A teacher certified to provide speech and language services, under the documented direction of such a qualified licensed and registered speech-language pathologist (ASHAe certified or equivalent), acting within his or her scope of practice under New York State law.

"Under the Direction of" means that, with respect to each Medicaid beneficiary, the qualified therapist:

- e Sees the participant at the beginning of and periodically during the course of treatment;
- e Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State Law;
- e Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;
- e Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;
- e Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards;
- e Ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment; and
- e Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.

**12. Medical Equipment and Appliances**

**Definition:** Medical equipment and appliances outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary.

Medical equipment and appliances are provided in accordance with 42 CFR section 440.70(b), and include medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place, other than a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Under the EPSDT EI benefit, such equipment is used to increase, maintain, or improve the functional capabilities of the child.

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**Services:** Assistive technology services are provided in accordance with 42 CFR section 440.70(b) and 42 CFR section 441.57. Assistive technology services are services provided to an individual child and include instruction to the child's parent or caregiver when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP. Assistive technology services are services that directly assist a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include: the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the customary environment; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans; training or technical assistance for a child with disabilities or, if appropriate, that family; and, training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

**Providers:** Assistive technology services are provided by medical equipment and supply dealers, clinics, hospitals, pharmacies, residential health facilities, and certified home health agencies enrolled in the medical assistance program as a medical equipment dealer. Assistive technology services may also be provided by state-licensed licensed audiologists, speech-language pathologists, physical therapists and assistants, occupational therapists and assistants, orientation and mobility specialists, physicians, practical nurses, registered nurses, and nurse practitioners and other individuals with licensure, certification, or registration in a professional medical, health-related, and/or developmental discipline, within the scope of their professions and to the extent authorized by their licenses.

**13. Vision Services**

**Definition:** Vision services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Vision services are provided in accordance with 42 CFR section 440.130(c).

**Services:** Vision services are provided to an individual child and include instruction provided to the child's parent or caregiver, and services provided to children and/or family members in a group when such contacts directly benefit the needs of the child as described in his or her treatment plan, the IFSP, pursuant to a written order or prescription from a physician, physician assistant or nurse practitioner acting within his or her scope of practice under New York State law.

Vision services include evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities; professional services necessary for the treatment of visual functioning disorders; communication skills training, orientation and

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mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

**Providers:** Vision services are provided by certified low vision specialists, orientation and mobility specialists and vision rehabilitation therapists certified by the Academy for the Certification for Vision Rehabilitation and Education Professionals, state licensed physicians including ophthalmologists; and licensed optometrists, and orientation and mobility specialists, within the scope of their profession and to the extent authorized by their license or certification.

**14. Applied Behavioral Analysis (ABA) Services**

**Definition:** ABA services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. ABA services outlined in this section of the state plan are provided in accordance with 42 CFR 440.60(a).

**Providers:** ABA services must be provided by a qualified practitioner, within his or her scope of practice in accordance with New York State law. ABA services are provided by:

- e A licensed and registered behavior analyst qualified in accordance with applicable state and federal laws and regulations, acting within his or her scope of practice under New York State law, Education Law Article 167; or
- e A certified behavior analyst assistant, under the documented direction of such a qualified licensed and registered behavior analyst, acting within his or her scope of practice under New York State law, Education Law Article 167.e

"Under the Direction of" means that, with respect to each Medicaid beneficiary, the qualified therapist:

- e Sees the participant at the beginning of and periodically during the course of treatment;
- e Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State Law;
- e Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;
- e Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;
- e Spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards;
- e Ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment; and
- e Keeps documentation supporting the supervision of services and ongoing involvement in the treatment.

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**15. Transportation Services**

**Definition:** Transportation outlined in this section of the State Plan is available to Medicaid eligible beneficiaries who are eligible for Early and Periodic Screening Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. Transportation for family members who are not Medicaid eligible is not considered non-emergency medical transportation but may be part of the cost of the service.

**Services:** Transportation delivered by the State's designated transportation provider pursuant to prior authorization by a municipal Early Intervention Official or Early Intervention Official Designee in the State or the City of New York must be included in the IFSP as recommended by the IFSP Team. Transportation arrangements must be identified in the IFSP.

Transportation is limited to those situations where the child and an accompanying parent or guardian receive transportation to obtain a Medicaid covered early intervention service other than transportation and both the Medicaid covered service and the need for transportation are included in the child's IFSP. Transportation can only be billed on a day that a Medicaid reimbursable service was delivered and may only be billed at the rate for each one-way trip.

**Providers:** Transportation services must be provided by a qualified, Medicaid-enrolled provider. Each one-way trip must be documented in accordance with Medicaid record keeping requirements in order to bill Medicaid. To receive payment for services provided to a Medicaid recipient, a vendor must be an enrolled Medicaid transportation provider authorized to provide transportation services on the date the services are rendered.

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12a. Prior authorization or dispensing validation is required for some prescription drugs. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. those non-prescription drugs contained on a list established by the New York State Commissioner of Health.
2. covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Sections 1902(a) (54) and 1927 (a) of the Act which are prescribed for a medically accepted indication. (As provided by Section 1927 (d) (2) of the Act certain outpatient drugs may be excluded from coverage).

12b. Prior approval is required for all dentures.

12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by the State Department of Health and identified for providers in the MMIS DME Provider Manual.

Prior approval is required for artificial eyes as specified in the MMIS Ophthalmic Provider Manual. Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.

12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Ophthalmic Provider Manual.

13a. Diagnostic Services (see 13.d Rehabilitative Services – Early Intervention).

13b. Screening Services (see 13.d Rehabilitative Services – Early Intervention).

13c. Preventive Services (see 13.d Rehabilitative Services – Early Intervention).

13d. Rehabilitative Services

[(1) Directly Observed Therapy (DOT) – Clients must be assessed as medically appropriate for DOT based upon the client’s risk of non-adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.]

Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679. Coverage of "off-site" services shall end effective December 31, 2015.

["Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

- |                       |   |  |
|-----------------------|---|--|
| 1. Screening          | 6. Occupational Therapy   | 11. Speech Pathology Services                          |
| 2. Evaluation         | 7. Physical Therapy   | 12. Assistive Technology Services                      |
| 3. Audiology          | 8. Psychological Services   | 13. Vision Services                                    |
| 4. Nursing            | 9. Social Work Services   | 14. Collateral contacts for all of the above services] |
| 5. Nutrition Services | 10. Anticipatory Guidance<br>(Special Instruction and Allied<br>Health Professional Assistance) |  |



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**13d. Rehabilitative Services (Continued)**

**Directly Observed Therapy (DOT)**

Directly Observed Therapy for Tuberculosis (TB/DOT) is the direct observation of oral ingestion of tuberculosis medications to assure patient adherence and tolerance with the prescribed medication regimen. Directly observed therapy is the standard of care for every individual with active tuberculosis and for some persons on treatment for latent TB infection. TB/DOT may be provided on an outpatient basis in a community setting (including the home) or on an inpatient basis.

**Services**

Outpatient TB/DOT involves the administering of medication and observation thereof, assessing any adverse reactions to the medications, and case follow up.

**Providers**

Servicing providers for TB/DOT include New York State licensed and registered professionals acting within their scope of practice: nurses (both Licensed Practical Nurses (LPN) and Registered Professional Nurses (RN)), nurse practitioners, physician assistants, and physicians, as well as non-licensed individuals specially trained to do DOT.

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

**STATE: New York**

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

EPSDT services provided as Tuberculosis/Directly Observed Therapy (TB/DOT) Services

Effective for dates of service on or after July 1, 2018, payments for Tuberculosis Directly Observed Therapy (TB/DOT) shall be based on fees established by the Department of Health.

Reimbursement for TB/DOT therapy is at the following rates:

Upstate

Rate code 5317 (Level I) equal to \$33.92

Rate code 5318 (Level II) equal to \$82.58

Downstate

Rate code 5312 (Level I) equal to \$38.82

Rate code 5313 (Level II) equal to \$95.90

Please note that for Level I the Local Health Department (LHD) is serving TB patients for purposes other than DOT on a routine basis. Level II means the LHD is serving patients who would not otherwise be seen.

LHDs bill through their Diagnostic and Treatment Center category of service 0160.

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

**STATE: New York**

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

**EPSDT provided as EPSDT Early Intervention (EI) Services**

Early and periodic screening, diagnostic and treatment services (EPSDT) for individuals under 21 years of age, and treatment of conditions found.

EPSDT EI services are delivered by Department of Health-approved early intervention service providers in each county of the State or the City of New York and include the following Medicaid services as described in Item 6.d(i) of Section 3.1-A and 3.1-B of the Medicaid State Plan.

- 1) Screening Services, 2) Evaluation Services, 3) Audiology Services, 4) Nursinga Services, 5) Nutrition Services, 6) Occupational Therapy Services, 7) Physical Therapy Services, 8) Psychological Services, 9) Social Work Services, 10) Special Instruction/Developmental, Services, 11) Speech-Language Pathology Services, 12) Medical Equipment and Appliances, 13) Vision Services, 14) Applied Behavioral Analysis Services, 15) Transportation Services.

Fees established by the Department of Health and in effect on July 1, 2018 will be used to pay for EPSDT EI services furnished on or after July 1, 2018. The fees are available on the Department of Health’s website at the following links:

EPSDT EI Services (other than DME and transportation):  
[www.health.ny.gov/community/infants children/early\\_intervention/service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm)

EPSDT EI transportation services:  
[www.oms.nysed.gov/medicaid/resources/transportation\\_rates/sshspecial\\_trans\\_rates\\_august\\_5\\_2013.pdf](http://www.oms.nysed.gov/medicaid/resources/transportation_rates/sshspecial_trans_rates_august_5_2013.pdf)

Medical equipment and appliances are reimbursed in accordance with the methodology in place for Durable Medical Equipment on page 6(a)(viii) of the State Plan.

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