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State/Territory Name: New York

State Plan Amendment (SPA) #: 20-0001

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
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

March 12, 2020

Donna Frescatore
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #20-0001 was approved on February 26, 2020, for adoption into the State Medicaid Plan with an effective date of January 1, 2020. This SPA authorizes behavioral health kids-crisis intervention and youth peer support services.

Enclosed are copies of the approved SPA # 20-0001. If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov at (212) 616-2503.



James G. Scott, Director
Division of Program Operations

TRANSMITTAL AND TICE F APPROVAL F STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER _____ 0 _ 0 0 0 1 _____	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 020
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION § 1902(a) of the Social Security Act and 42 CFR 7	7. FEDERAL BUDGET IMPACT a. FFY 01/01/20-09/30/20 \$ 5,137.00 b. FFY 10/01/20-09/30/21 \$ 9, 3
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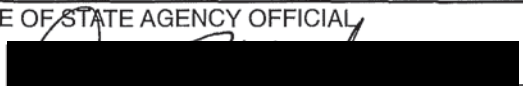
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Supplement: 3b-13 3b-14, 3b-15, 3b-16, 3b-17 3b-18, 3b-19, 3b-26, 3b-27, 3b-28, 3b-29 Attachment 3.1B Supplement: 3b-13 3b-14, 3b-15, 3b-16, 3b-17 3b-18, 3b-19, 3b-26, 3b-27 3b-28, 3b-29 Attachment 4.19-B: 1(a)(i),1(a)(iii)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1A Supplement: 3b-13 3b-14, 3b-15, 3b-16, 3b-17 3b-18, 3b-19 3b-26, 3b-27 3b-28, 3b-29 Attachment 3.1B Supplement: 3b-13 3b-14, 3b-15, 3b-16, 3b-17 3b-18, 3b-19, 3b-26, 3b-27 3b-28, 3b-29 Attachment 4.19-B:1(a)(i),1(a)(iii)
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10. SUBJECT OF AMENDMENT

EPSDT Expansion for Behavioral Health Kids-Crisis Intervention and Youth Peer Support (FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

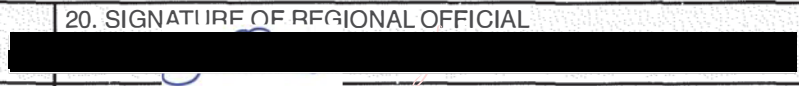
GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL  1 TYPED NAME E Donna Frescatore	16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
14. TITLE Medicaid Director, Department of Health	15. DATE SUBMITTED December 27, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12/27/2019	18. DATE APPROVED 02/26/2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G . Scott	22. TITLE Director , Division of Program Operations

23. REMARKS

New York
3b-13

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services

1905(a) (13)
42 CFR 440.130(d)

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support
- Family Peer Support

Assurances:

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

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

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

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or

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New York
3b-14

[Reserved]

Rehabilitative Services: EPSDT only (Continued)**Crisis Intervention (Continued):****Description (Continued):**

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. CI includes developing crisis diversion plans, safety plans or relapse prevention plans, providing support during and after a crisis and connecting an individual with identified supports and linkages to community services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of resolving and/or stabilizing the crisis episode and diverting an emergency room visit and/or inpatient admission, when appropriate

CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically competent, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home. All services including family or collaterals are for the direct benefit of the beneficiary.

The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; and Licensed Mental Health Counselor.

Practitioner qualifications: Crisis Intervention Professionals (CI Professionals) are practitioners possessing a license or authority under State licensure law by the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. CI Professionals include one of the following individuals licensed in NYS: Physician (MD), including Psychiatrist and Addictionologist/ Addiction Specialist; Nurse Practitioner; Registered Nurse;/ Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; and Licensed Creative Arts Therapist. Note: A Licensed psychologist is a professional who is currently licensed as a psychologist by the New York State Education Department or possesses a permit from the New York State Education Department and who possesses a doctoral degree in psychology, or an individual who has obtained at least a master's degree in psychology who works in a Federal, State, county or municipally operated clinic. Such master's degree level psychologists may use the title "psychologist," may be considered professional staff, but may not be assigned supervisory responsibility. (14 CRR-NY XIII 599) Any reference to supervision by a CI Professional excludes these Master's level psychologists who may not supervise under this authority.

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Effective Date 01/01/2020

New York
3b-15
[Reserved]**13d. Rehabilitative Services: EPSDT only (Continued)**
Crisis Intervention (Continued):
Provider Qualifications (Continued):

Crisis Intervention Staff (CI Staff) include practitioners who are at least 18 years of age and have a high school diploma, high school equivalency, or State Education Commencement Credential (e.g. Career Development and Occupational Studies Commencement Credential (CDOS) and the Skills and Achievement Commencement Credential (SACC)) with one of the following:

- Two years of work experience in children's mental health, addiction, or foster care,
- A student, intern, or other practitioner with a permit practicing under the supervision of a licensed CI Professional within a DOH approved New York State Education Department program to obtain experience required for licensure,
- A Licensed Practical Nurse,
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC), or
- Qualified Peer Specialist who has 'lived experience' as an individual with emotional, behavioral or co-occurring disorders or as a parent/primary caregiver with a child having emotional, behavioral or co-occurring disorders. The educational requirement can be waived by DOH or its designee if the individual has demonstrated competencies and has relevant life experience sufficient for the peer certification, and credentialed as one of the following:
 - Family Peer Advocate who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. The practitioner completes the certification's required hours of continuing education annually and renews their credential every two years. An FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional family peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. The practitioner completes the certification's required hours of continuing education annually and renews their credential every two years.
 - Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes the certification's required hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - A practitioner who has completed the required training and has a current certification from the New York State Peer Specialist Certification Board.

CI staff are eligible to provide crisis intervention services within their scope of practice when under supervision of a CI Professional. CI staff including Qualified Peer Specialists may accompany a CI Professional providing a mobile crisis and may also assist with developing, crisis diversion plans, safety plans or relapse prevention plans, provide support during and after a crisis and assist with connecting an individual with identified supports and linkages to community services.

New York
3b-16
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Practitioner qualifications (Continued):

Crisis Intervention Training: All CI Professionals and CI Staff are required to have training on the administration of Naloxone (Narcan) and have training to provide crisis intervention in a manner that is trauma informed and culturally and linguistically competent.

Supervisor Qualifications: The supervisor is a qualified CI Professional and must provide regularly scheduled supervision for CI Professionals and CI Staff including peer specialists. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse (RN), or Nurse Practitioner operating within the scope of their practice, with at least 2- years of work experience. The supervisor must practice within the State health practice laws and ensure that CI Professionals and CI Staff are supervised as required under state law.

Provider Agency Qualifications: CI Professionals and CI Staff must work within a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide the crisis services referenced in the definition.

Service Modalities

Crisis Intervention includes two modalities:

- Mobile Crisis is a face-to-face intervention typically comprised of mobile two-person response teams that includes telephonic triage and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. The service is available with 24 hours a day, 7 days a week and 365 days a year with capacity to respond immediately or within three hours of determination of need.

Mobile Crisis is provided by two team members, for programmatic or safety purposes unless otherwise determined through triage. One member of a two-person mobile crisis intervention team must be a CI Professional and have experience with crisis intervention service delivery. If determined through triage that only one team member is needed to respond, an experienced CI Professional must respond to a mental health crisis. Similarly, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may respond to a Substance Use Disorder crisis with a licensed practitioner available via phone. A Qualified Peer Specialist or other CI Staff member may not respond alone, except for the CASAC as noted. Mobile Crisis may include any of the following components, which are defined below:

- Mental Health and Substance use Disorder Assessment by a CI Professional or CASAC,
- Service Planning by a CI Professional or CI Staff member.
- Individual and Family Counseling by a CI Professional or CASAC,
- Care Coordination by a CI Professional or CI Staff member.
- Peer/Family Support by a Qualified Peer Specialist.

New York
3b-17

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Stabilization/Residential Supports

Short-term Crisis Stabilization/Residential Supports is a voluntary non-hospital, non-IMD sub-acute crisis intervention provided for up to 28 days to stabilize and resolve the crisis episode, with 24-hour supervision.

Short-term Crisis Stabilization/Residential Supports is staffed using CI Professionals and CI Staff to meet the high need of children experiencing a crisis through a multidisciplinary team that focus on crisis stabilization and well-coordinated transitions into services that align with the on-going needs of the individual. Crisis Stabilization/Residential Supports may include any of the following components, which are defined below:

- Mental Health and Substance use Disorder Assessment by a CI Professional or CASAC,
- Service Planning by a CI Professional or CI staff member.
- Individual and Family Counseling by a CI Professional or CASAC,
- Care Coordination by a CI Professional or CI staff member.
- Peer/Family Support by a Qualified Peer Specialist.

Service Components

Mobile crisis and residential supports modalities include the following service components:

Mental Health and Substance Abuse Services Assessment includes: both initial and on-going assessments to determine the need for further evaluation, and to make treatment recommendations and/or referral to other health and/or behavioral health services as clinically indicated. The expectation is that the assessment includes, but may not be limited to:

- Risk of harm to self or others, current mental status, current and recent history of substance use, assessment of intoxication and potential for serious withdrawal;
- History of psychiatric treatment and medical stability;
- Prescribed medications, including medical, psychiatric and medication assisted treatments for substance use
- Presenting problem and review of immediate needs; and
- Identification of supports.

Qualifications: A CI Professional or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) supervised by a CI Professional with 2 years of work experience.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention Components:

Service Planning includes:

- Developing a crisis diversion plan, safety plan or crisis relapse prevention plan;
- Connecting an individual with identified supports and linkages to community services including referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care,
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD such as 24/7 open access centers, respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder (SUD) inpatient hospitalization.

Qualifications: A CI Professional or CI Staff member supervised by a qualified CI Professional with 2 years of work experience may perform Service Planning.

Individual and Family Counseling includes:

- Alleviating psychiatric or substance use symptoms, maintaining stabilization following a crisis episode, and preventing escalation of BH symptoms.
- Consulting with psychiatric prescribers and urgent psychopharmacology intervention, as needed.
- Resolving conflict, de-escalating crises and monitoring high-risk behavior.

Qualifications: A CI Professional or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may provide Individual and Family Counseling. A CI Staff member may also support a CI Professional providing Individual and Family Counseling during and after a crisis. The team is supervised by a qualified CI Professional with 2 years of work experience.

New York
3b-19

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued)
Components (Continued)

Care Coordination includes:

- Involvement of identified family and friends to resolve the individual's crisis
- Follow up and documentation of follow up with child and family/caregiver within 24 hours of initial contact/response and up to 14 days post contact/response.
- Facilitation of engagement in outpatient BH services, care coordination, medical health or basic needs related to the original crisis service;
- Confirmation with service providers of connections to care and support to the recipient in the community while he or she is awaiting initiation or resumption of services;
- Contact with the individual's existing primary care and BH treatment providers, adult or children's Single Point of Access (SPOA) where applicable, and and/or care coordinator of the developed crisis plan;
- Contact with the individual's natural support network with consent;
- Referral and engagement/re-engagement with health homes and appropriate BH community and certified peer services to avoid more restrictive levels of treatment, and
- Follow-up with the individual and the individual's family/support network to confirm enrollment in care coordination, outpatient treatment, or other community services has occurred or is scheduled.

Qualifications: A CI Professional or CASAC may perform any aspect of Care Coordination. A CI Staff member may assist with connecting an individual with identified supports and linkages to community services under Care Coordination. The team is supervised by a qualified CI Professional with 2 years of work experience.

Peer/Family Peer Supports include:

- Crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider including engagement;
- Assistance with developing crisis diversion plans or relapse prevention plans; and
- Assistance with the identification of natural supports and access to community services during and after a crisis.

Qualifications: Qualified Peer Specialist supervised by a qualified CI Professional with 2 years of work experience.

New York
3b-26

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support:

Description: Youth support services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

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New York
3b-27
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support: (Continued)

Youth Peer Support is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner.

Youth Peer Support may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPS is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person with emotional, behavioral or co-occurring disorders
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Credentialed as one of the following:
 - Youth Peer Advocate who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes 20 hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. Annually the practitioner completes 20 hours of continuing education and renews their credential every two years.

New York
3b-28

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support (Continued):
Practitioner qualifications (Continued):

Supervisor Qualifications: The clinical supervision of YPS using a supervisor meeting the supervisory requirements below may be provided by a staff member or through a contract with another organization. Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs and be capable of training staff regarding these issues. Youth Peer Advocate Supervisors will be:

- 1) A credentialed YPA with three years of direct Youth Peer Support (YPS) service experience with access to clinical consultation as needed OR
- 2) A credentialed Family Peer Advocate (FPA) with 3 years of experience providing Family Peer Support Services (FPSS) who has been trained in YPS services and the role of the YPAs OR
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 who has training in YPS services and the role of YPAs including: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), or New York State Education Department approved Master's level social worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician, Registered Professional Nurse, Nurse Practitioner or an individual having a master's or bachelor's degree in a human services related field, an individual with an associate's degree in a human services related field and three years' experience in human services; an individual with a high school degree and five years' experience in human services; or other professional disciplines which receive the written approval of the Office of Mental Health.

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Supersedes TN #18-0053 _____

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Effective Date 01/01/2020 _____

New York
3b-29

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support (Continued):

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

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid Youth Peer Support will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

New York
3b-13

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services

1905(a) (13)
42 CFR 440.130(d)

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

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Rehabilitative Services Description

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- Crisis Intervention
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- Psychosocial Rehabilitation
- Youth Peer Support
- Family Peer Support

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The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

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

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or

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[Reserved]

Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Description (Continued):

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. CI includes developing crisis diversion plans, safety plans or relapse prevention plans, providing support during and after a crisis and connecting an individual with identified supports and linkages to community services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of resolving and/or stabilizing the crisis episode and diverting an emergency room visit and/or inpatient admission, when appropriate

CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically competent, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home. All services including family or collaterals are for the direct benefit of the beneficiary.

The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; and Licensed Mental Health Counselor.

Practitioner qualifications: Crisis Intervention Professionals (CI Professionals) are practitioners possessing a license or authority under State licensure law by the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. CI Professionals include one of the following individuals licensed in NYS: Physician (MD), including Psychiatrist and Addictionologist/ Addiction Specialist; Nurse Practitioner; Registered Nurse/; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; and Licensed Creative Arts Therapist. Note: A Licensed psychologist is a professional who is currently licensed as a psychologist by the New York State Education Department or possesses a permit from the New York State Education Department and who possesses a doctoral degree in psychology, or an individual who has obtained at least a master's degree in psychology who works in a Federal, State, county or municipally operated clinic. Such master's degree level psychologists may use the title "psychologist," may be considered professional staff, but may not be assigned supervisory responsibility. (14 CRR-NY XIII 599) Any reference to supervision by a CI Professional excludes these Master's level psychologists who may not supervise under this authority.

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13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Provider Qualifications (Continued):

Crisis Intervention Staff (CI Staff) include practitioners who are at least 18 years of age and have a high school diploma, high school equivalency, or State Education Commencement Credential (e.g. Career Development and Occupational Studies Commencement Credential (CDOS) and the Skills and Achievement Commencement Credential (SACC)) with one of the following:

- Two years of work experience in children’s mental health, addiction, or foster care,
- A student, intern, or other practitioner with a permit practicing under the supervision of a licensed CI Professional within a DOH approved New York State Education Department program to obtain experience required for licensure,
- A Licensed Practical Nurse,
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC), or
- Qualified Peer Specialist who has ‘lived experience’ as an individual with emotional, behavioral or co-occurring disorders or as a parent/primary caregiver with a child having emotional, behavioral or co-occurring disorders. The educational requirement can be waived by DOH or its designee if the individual has demonstrated competencies and has relevant life experience sufficient for the peer certification, and credentialed as one of the following:
 - Family Peer Advocate who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years. An FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional family peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years.
 - Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes the certification’s required hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - A practitioner who has completed the required training and has a current certification from the New York State Peer Specialist Certification Board.

CI staff are eligible to provide crisis intervention services within their scope of practice when under supervision of a CI Professional. CI staff including Qualified Peer Specialists may accompany a CI Professional providing a mobile crisis and may also assist with developing, crisis diversion plans, safety plans or relapse prevention plans, provide support during and after a crisis and assist with connecting an individual with identified supports and linkages to community services.

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13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Intervention Training: All CI Professionals and CI Staff are required to have training on the administration of Naloxone (Narcan) and have training to provide crisis intervention in a manner that is trauma informed and culturally and linguistically competent.

Supervisor Qualifications: The supervisor is a qualified CI Professional and must provide regularly scheduled supervision for CI Professionals and CI Staff including peer specialists. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse (RN), or Nurse Practitioner operating within the scope of their practice, with at least 2- years of work experience. The supervisor must practice within the State health practice laws and ensure that CI Professionals and CI Staff are supervised as required under state law.

Provider Agency Qualifications: CI Professionals and CI Staff must work within a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide the crisis services referenced in the definition.

Service Modalities

Crisis Intervention includes two modalities:

- Mobile Crisis is a face-to-face intervention typically comprised of mobile two-person response teams that includes telephonic triage and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. The service is available with 24 hours a day, 7 days a week and 365 days a year with capacity to respond immediately or within three hours of determination of need.

Mobile Crisis is provided by two team members, for programmatic or safety purposes unless otherwise determined through triage. One member of a two-person mobile crisis intervention team must be a CI Professional and have experience with crisis intervention service delivery. If determined through triage that only one team member is needed to respond, an experienced CI Professional must respond to a mental health crisis. Similarly, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may respond to a Substance Use Disorder crisis with a licensed practitioner available via phone. A Qualified Peer Specialist or other CI Staff member may not respond alone, except for the CASAC as noted. Mobile Crisis may include any of the following components, which are defined below:

- Mental Health and Substance use Disorder Assessment by a CI Professional or CASAC,
- Service Planning by a CI Professional or CI Staff member,
- Individual and Family Counseling by a CI Professional or CASAC,
- Care Coordination by a CI Professional or CI Staff member.
- Peer/Family Support by a Qualified Peer Specialist.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Stabilization/Residential Supports

Short-term Crisis Stabilization/Residential Supports is a voluntary non-hospital, non-IMD sub-acute crisis intervention provided for up to 28 days to stabilize and resolve the crisis episode, with 24-hour supervision.

Short-term Crisis Stabilization/Residential Supports is staffed using CI Professionals and CI Staff to meet the high need of children experiencing a crisis through a multidisciplinary team that focus on crisis stabilization and well-coordinated transitions into services that align with the on-going needs of the individual. Crisis Stabilization/Residential Supports may include any of the following components, which are defined below:

- Mental Health and Substance use Disorder Assessment by a CI Professional or CASAC,
- Service Planning by a CI Professional or CI staff member.
- Individual and Family Counseling by a CI Professional or CASAC,
- Care Coordination by a CI Professional or CI staff member.
- Peer/Family Support by a Qualified Peer Specialist.

Service Components

Mobile crisis and residential supports modalities include the following service components:

Mental Health and Substance Abuse Services Assessment includes: both initial and on-going assessments to determine the need for further evaluation, and to make treatment recommendations and/or referral to other health and/or behavioral health services as clinically indicated. The expectation is that the assessment includes, but may not be limited to:

- Risk of harm to self or others, current mental status, current and recent history of substance use, assessment of intoxication and potential for serious withdrawal;
- History of psychiatric treatment and medical stability;
- Prescribed medications, including medical, psychiatric and medication assisted treatments for substance use
- Presenting problem and review of immediate needs; and
- Identification of supports.

Qualifications: A CI Professional or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) supervised by a CI Professional with 2 years of work experience.

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13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention Components:

Service Planning includes:

- Developing a crisis diversion plan, safety plan or crisis relapse prevention plan;
- Connecting an individual with identified supports and linkages to community services including referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care,
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD such as 24/7 open access centers, respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder (SUD) inpatient hospitalization.

Qualifications: A CI Professional or CI Staff member supervised by a qualified CI Professional with 2 years of work experience may perform Service Planning.

Individual and Family Counseling includes:

- Alleviating psychiatric or substance use symptoms, maintaining stabilization following a crisis episode, and preventing escalation of BH symptoms.
- Consulting with psychiatric prescribers and urgent psychopharmacology intervention, as needed.
- Resolving conflict, de-escalating crises and monitoring high-risk behavior.

Qualifications: A CI Professional or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may provide Individual and Family Counseling. A CI Staff member may also support a CI Professional providing Individual and Family Counseling during and after a crisis. The team is supervised by a qualified CI Professional with 2 years of work experience.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued)
Components (Continued)

Care Coordination includes:

- Involvement of identified family and friends to resolve the individual's crisis
- Follow up and documentation of follow up with child and family/caregiver within 24 hours of initial contact/response and up to 14 days post contact/response.
- Facilitation of engagement in outpatient BH services, care coordination, medical health or basic needs related to the original crisis service;
- Confirmation with service providers of connections to care and support to the recipient in the community while he or she is awaiting initiation or resumption of services;
- Contact with the individual's existing primary care and BH treatment providers, adult or children's Single Point of Access (SPOA) where applicable, and and/or care coordinator of the developed crisis plan;
- Contact with the individual's natural support network with consent;
- Referral and engagement/re-engagement with health homes and appropriate BH community and certified peer services to avoid more restrictive levels of treatment, and
- Follow-up with the individual and the individual's family/support network to confirm enrollment in care coordination, outpatient treatment, or other community services has occurred or is scheduled.

Qualifications: A CI Professional or CASAC may perform any aspect of Care Coordination. A CI Staff member may assist with connecting an individual with identified supports and linkages to community services under Care Coordination. The team is supervised by a qualified CI Professional with 2 years of work experience.

Peer/Family Peer Supports include:

- Crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider including engagement;
- Assistance with developing crisis diversion plans or relapse prevention plans; and
- Assistance with the identification of natural supports and access to community services during and after a crisis.

Qualifications: Qualified Peer Specialist supervised by a qualified CI Professional with 2 years of work experience.

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13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support:

Description: Youth support services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support: (Continued)

Youth Peer Support is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner.

Youth Peer Support may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPS is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person with emotional, behavioral or co-occurring disorders
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Credentialed as one of the following:
 - Youth Peer Advocate who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes 20 hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. Annually the practitioner completes 20 hours of continuing education and renews their credential every two years.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support (Continued):
Practitioner qualifications (Continued):

Supervisor Qualifications: The clinical supervision of YPS using a supervisor meeting the supervisory requirements below may be provided by a staff member or through a contract with another organization. Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs and be capable of training staff regarding these issues. Youth Peer Advocate Supervisors will be:

- 1) A credentialed YPA with three years of direct Youth Peer Support (YPS) service experience with access to clinical consultation as needed OR
- 2) A credentialed Family Peer Advocate (FPA) with 3 years of experience providing Family Peer Support Services (FPSS) who has been trained in YPS services and the role of the YPAs OR
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 who has training in YPS services and the role of YPAs including: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), or New York State Education Department approved Master's level social worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician, Registered Professional Nurse, Nurse Practitioner or an individual having a master's or bachelor's degree in a human services related field, an individual with an associate's degree in a human services related field and three years' experience in human services; an individual with a high school degree and five years' experience in human services; or other professional disciplines which receive the written approval of the Office of Mental Health.

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13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support (Continued):

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

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid Youth Peer Support will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

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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

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

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

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency’s rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency’s rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency’s rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

Crisis Intervention Rates

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2019-12-19_child-family_rate_summary.pdf

Family Peer Supports Services and Youth Peer Supports Rates

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

Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates

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

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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

Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

Crisis Intervention Rates

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2019-12-19_child-family_rate_summary.pdf

Family Peer Supports Services and Youth Peer Supports Rates

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

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

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

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

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