



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Mr. Ray Halbritter
Nation Representative
Oneida Indian Nation
528 Patrick Road
Verona, NY 13478

Dear Mr. Halbritter:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

https://www.health.ny.gov/regulations/state_plans/tribal/

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower
US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Chief Sidney Hill
Onondaga Nation Territory –
Administration
Hemlock Road, Box 319-B
Nedrow, NY 13120

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Bryan Polite
Council of Trustees Chairman
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Polite:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Chief Roger Hill, Council Chairman
Tonawanda Seneca Indian Nation
Administration Office
7027 Meadville Road
Basom, NY 14013

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Office of Health Insurance Programs

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NYSDOH American Indian Health Program



Department of Health

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Chief Leo Henry, Clerk
Tuscarora Indian Nation
2006 Mount Hope Road
Lewiston, NY 14092

Dear Chief Henry:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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Michele Hamel
NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Chief Kenneth Patterson
Tuscarora Indian Nation
1967 Upper Mountain Road
Lewiston, NY 14092

Dear Chief Patterson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Chief Harry Wallace
Unkechaug Indian Territory
207 Poospatuck Lane
Mastic, NY 11950

Dear Chief Wallace:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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NYSDOH American Indian Health Program



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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Mr. Clint Halftown
Nation Representative
Cayuga Nation
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Halftown:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Acting Medicaid Director
Office of Health Insurance Programs

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Chief Ronald Lafrance, Jr.
Saint Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Dear Chief Lafrance:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Chief Beverly Cook
St. Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Dear Chief Cook:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Latasha Austin
Keeper of Records
Unkechaug Indian Territory
P.O. 86
Mastic, NY 11950

Dear Ms. Austin:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Eugene E. Cuffee II
Sachem
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Cuffee:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Tim Twoguns
Nation Representative
Cayuga Nation
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Twoguns:

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Gary Wheeler
Nation Representative
Cayuga Nation
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Wheeler:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Maurice A. John Sr.
President
Seneca Nation of Indians
P.O. Box 231
Salamanca, NY 14779

Dear Mr. John Sr.:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 15, 2022

Melissa Oakes
Executive Director
American Indian Community House
39 Eldridge Street, 4th Floor
New York, NY 10002

Dear Ms. Oakes:

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SUMMARY
SPA #22-0026

This State Plan Amendment proposes to expand access to crisis intervention services previously available to children and populations under the 1115 waiver only under the State Plan. This State Plan Amendment also authorizes crisis intervention services provided in crisis stabilization centers to both adults and children under the State Plan.

DRAFT

New York
3b-13

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

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]

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.]

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.]

TN #22-0026 Approval Date _____
Supersedes TN #20-0001 Effective Date April 1, 2022

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.]

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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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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.]

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

Item 13d. Rehabilitative Services:
Outpatient and Residential Crisis Intervention Services

The State provides coverage for this benefit as defined at 42 CFR 440.130(d).

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.

Outpatient and Residential Crisis Intervention Services Description:

Outpatient and Residential Crisis Intervention (CI) Services are provided to individuals who are identified as experiencing an acute psychological or emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of the individual and those involved (e.g., collateral, provider, community member) to effectively resolve.

CI services are 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; 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 Creative Arts Therapists; Licensed Mental Health Counselor; and Licensed Occupational Therapist.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

CI services are designed to interrupt and ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in timely crisis resolution and de-escalation, and development of a crisis plan. The goals of CI services are engagement in services, symptom reduction, stabilization, restoring individuals to a previous level of functioning, and developing the coping mechanisms to minimize or prevent the crisis in the future. CI services are provided in multiple modalities as described herein, and include 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 or stabilizing the crisis episode and diverting an emergency room visit or inpatient admission, if appropriate.

CI services include engagement with the individual adult or child/youth or other identified collateral supports (e.g., family, friends, or activated community resources) that is culturally and linguistically competent, person-centered, and trauma-informed to determine level of safety, risk, and to plan for the next level of services. For children and youth, CI services include family-focused engagement, where "family" may include 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 other collaterals are for the direct benefit of the beneficiary.

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 behavioral health conditions. CI Professionals include the following individuals licensed or permitted in NYS: Physician, including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; 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; Licensed Creative Arts Therapist, Licensed Behavioral Analyst, and Occupational Therapist who meet the qualifications set forth in 42 C.F.R. 440.110(b)(2).

For individuals age 21 and over, CI Professionals also include Certified Psychiatric Rehabilitation Practitioners certified by the Psychiatric Rehabilitation Association, Certified Rehabilitation Counselors certified by the Commission on Rehabilitation Counselor Certification, Therapeutic Recreation Therapists certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association, and Counselors certified by and currently registered with the National Board for Certified Counselors.

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Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

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 program or services. Such master's degree-level psychologists may use the title "psychologist," and may be considered professional staff, but may not be assigned supervisory responsibility. Any reference to supervision by a CI Professional excludes these Master's level psychologists who may not supervise CI services.

Crisis Intervention Staff (CI Staff) include practitioners who are at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma, high school equivalency, or State Education Commencement Credential. Individuals without a Bachelor's degree must also meet one or more of the following qualifications:

- For CI services for adults, possess 1-3 years of experience working with individuals with serious mental illness or substance use disorders; or for CI services for children/youth, two years of work experience in children's mental health, addiction, or foster care;
- A student or intern within a DOH-approved New York State Education Department program;
- Licensed Practical Nurse;
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or
- Individuals with lived-experience as an individual with emotional, behavioral, addiction, or co-occurring disorders or as a parent/primary caregiver of a child with emotional, behavioral, addiction, or co-occurring disorders and who are not qualified peers. DOH or its designee may also waive the education requirement for these individuals to provide services as CI Staff.

CI Services are also provided by qualified peers who are individuals with lived experience as an individual with emotional, behavioral, addiction, or co-occurring disorders or as a parent/primary caregiver of a child with emotional, behavioral, addiction, or co-occurring disorders and who are certified or credentialed as follows:

- Credentialed or Provisionally Credentialed Family Peer Advocate (FPA) who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. Credentialed FPAs complete the certification's required hours of continuing education annually and renew their credential every two years. A FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the full credential.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

- Certified or Provisionally Certified Recovery Peer Advocate (CRPA) 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.
- Credentialed or Provisionally Credentialed Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services State approved training for YPAs, work-related experience, and provided evidence of supervision. Credentialed YPAs complete the certification's required hours of continuing education and renew their credential every two years. A YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the full credential.
- Certified Peer Specialist who has completed the required training and has a current or provisional certification as a Peer Specialist from the New York State Peer Specialist Certification Board.

CI staff are eligible to provide CI services within their applicable scope of practice and under supervision of a CI Professional as provided herein. Only CI professionals and CASACs may conduct assessments. Qualified peers provide peer and family peer support services under the supervision of competent mental health professionals as provided herein.

Supervisor Qualifications: The supervisor is a qualified CI Professional, including 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, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. For purposes of peer and family peer support services, competent mental health professionals include CI professionals, CASACs, other CI Staff with a master's degree in a human services field, and qualified peers with at least three years of direct experience providing peer or family peer services. Experienced FPAs may supervise YPAs upon completion of State approved Youth Peer Support training. Supervisors shall provide regularly scheduled supervision for CI Staff and qualified peers.

Provider Agency Qualifications: For Mobile CI services for children/youth, CI Professionals and 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. For Mobile CI services for adults, CI professional and Staff must work in an agency licensed, certified, designated, or approved by OMH or OASAS. For Crisis Stabilization CI Services for adults and children/youth, CI Professionals and Staff shall work within OMH and OASAS programs licensed pursuant to Article 36 of the Mental Hygiene Law. For Residential CI Services for adults and children/youth, CI Professionals and Staff shall work within crisis residential programs licensed or certified by OMH or OASAS.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Crisis Intervention Training: All CI Professionals, CI Staff, and qualified peers are required to have training on the administration of opioid antagonists and trauma-informed care, de-escalation strategies, harm reduction, and culturally and linguistically competent service provision.

CI Service Modalities

Crisis Intervention includes five modalities: Mobile Crisis, Crisis Stabilization, Children's Crisis Residence, Residential Crisis Support for adults, and Intensive Residential Crisis for adults.

1. Mobile Crisis Intervention is provided by a multidisciplinary team of CI Professionals, CI Staff, and qualified peers that includes telephonic triage and mobile or telephonic follow-up and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services, or socializes. Mobile Crisis Intervention is available 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 Services may be provided by telehealth consistent with state guidance.

Mobile Crisis Intervention services are typically provided by response teams comprised of two team members, unless otherwise determined through triage. One member of a two-person response team must be a CI Professional. If determined through triage that only one team member is needed to respond, either a CI Professional or a CI staff member with a Master's degree may respond alone with a licensed practitioner available via telehealth and a CASAC may respond alone to an individual experiencing a substance use disorder crisis with a licensed practitioner available via telehealth. After an initial Mobile Crisis Intervention service is provided, CI Staff with a Bachelor's degree can respond alone in a follow-up visit to provide service planning, safety planning, and care coordination services, and qualified peers may respond alone to provide peer/family support services. CI staff and qualified peers may also accompany a CI Professional or other qualified CI Staff to assist with de-escalation or other service components.

Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Individual and Family Counseling
- Care Coordination; and
- Peer/Family Peer Support

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

2. Crisis Stabilization provides urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis. CI Services are provided on-site by Crisis Stabilization Centers licensed by the New York State Offices of Mental Health and Addiction Services and Supports pursuant to Article 36 of the New York State Mental Hygiene Law that employ or contract with qualified CI Professionals, CI Staff and qualified peers.

Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Individual and Family Counseling
- Care Coordination
- Peer/Family Peer Support
- Medication Therapy
- Medication Management and Training
- Medication Assisted Treatment (MAT); and
- Mild to Moderate Detoxification Services

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Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

3. Children's Crisis Residence is a short-term, voluntary, non-IMD, sub-acute crisis intervention modality for children under age 21 to stabilize a child's psychiatric or other behavioral health crisis symptoms and restore the child to a level of functioning and stability that supports their transition back to the community and to prevent or reduce future crises. Children's Crisis Residences provide 24-hour monitoring and supervision, as well as treatment and support services in Crisis Residential facilities licensed by the New York State Office of Mental Health or certified by the NYS Office of Addiction Services and Supports that employ qualified CI Professionals and CI Staff. Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessment
- Service Planning
- Crisis/Safety Planning
- Individual, Family, Group Counseling
- Care Coordination
- Health Screening
- Medication Monitoring
- Medication Management and Training
- Psychiatric Crisis Rehabilitation and Skills Training
- Family Psychoeducation and Support
- Medication Assisted Treatment; and
- Mild to Moderate Detoxification Services

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

4. Intensive Residential Crisis is a short-term, voluntary, non-IMD, sub-acute crisis intervention modality for individuals aged 21 and over who are experiencing an acute escalation of behavioral health symptoms or who are at imminent risk for loss of functional abilities and may raise safety concerns for themselves and others without intensive residential services. CI Services provided in this modality provide 24-hour monitoring and supervision and intensive treatment and support services to stabilize and address an individual's psychiatric symptoms in Crisis Residential facilities licensed by the New York State Office of Mental Health or certified by the NYS Office of Addiction Services and Supports that employ or contract with qualified CI Professionals, CI Staff and qualified peers.

Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Individual, Family, and Group Counseling
- Care Coordination
- Peer Support
- Medication Therapy
- Medication Monitoring
- Medication Management and Training
- Psychiatric Crisis Rehabilitation and Skills Training
- Co-occurring Disorder Treatment
- Medication Assisted Treatment; and
- Mild to Moderate Detoxification Services

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

5. Residential Crisis Support is a short-term, voluntary, non-IMD, sub-acute crisis intervention modality for individuals aged 21 and older to stabilize crisis symptoms, address the cause of the crisis, and avert or delay the need for acute psychiatric inpatient hospitalization or emergency services. Residential Crisis Support is appropriate for individuals who are experiencing challenges in daily life that create risk for an escalation of psychiatric symptoms or a period of acute stress significantly impairing their ability to cope with normal life circumstances. CI Services provided in this modality provide respite, 24-hour supervision, and treatment and support services in Crisis Residential facilities licensed by the New York State Office of Mental Health or certified by the NYS Office of Addiction Services and Supports that employ or contract with qualified CI Professionals, CI Staff and qualified peers.

Crisis Intervention Services Components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Care Coordination
- Peer Support
- Medication Monitoring
- Medication Management and Training
- Psychiatric Crisis Rehabilitation and Skills Training
- Medication Assisted Treatment; and
- Mild to Moderate Detoxification Services

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Service Components

Crisis intervention Services provided in the modalities described above include the following:

Mental Health and Substance Use Assessments

Service Description: Assessment services, including initial and on-going assessments to determine the need for further evaluation and to make treatment recommendations and referral to other health or behavioral health services as clinically indicated. Assessments may include:

- 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 and medical treatment;
- Prescribed medications, including medical, psychiatric and medication for substance use disorders;
- 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.

Service Planning

Service Description: With the active involvement of the individual where developmentally appropriate or an individual's family members or other collaterals as necessary for the benefit of the beneficiary, services include:

- Developing, reviewing and modifying a care plan to address the mental health and substance use disorder treatment and support needs of the individual;
- 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; and
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD services such as open access centers and centers of opioid treatment innovation (COTI), respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder inpatient hospitalization.

Qualifications: A CI Professional or CI Staff member supervised by a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Crisis/Safety Planning

Services description: A service planning and rehabilitative skills training service to assist individuals to effectively avoid or respond to mental health and substance use crises by identifying triggers that risk their remaining in the community or that result in functional impairments. Services assist the individual or family members, or other collaterals as necessary for the benefit of the beneficiary, with identifying a potential psychiatric or personal crisis, developing a crisis management, safety or wellness plan to assist individuals to prevent relapse, identify early warning signs of decompensation, and cope or seek supports to restore stability and functioning.

Qualifications: A CI Professional or CI Staff member supervised by a CI Professional.

Individual, Family, and Group Counseling

Services description: Services include psychotherapy and psychosocial rehabilitation counseling services to remediate psychiatric or substance use symptoms, resolve conflict, de-escalate crises, monitor for and address high-risk behaviors, maintain stabilization following a crisis episode, and prevent escalation of behavioral health symptoms. Services also include clinical consultation with psychiatric prescribers and urgent psychopharmacology intervention, as needed. Crisis intervention services provided in crisis residences also include group counseling.

Qualifications: A CI Professional or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may provide Individual, Family and Group Counseling. A CI Staff member may assist a CI Professional providing Individual, Family and Group Counseling during and after a crisis.

Medication Therapy

Service description: Medication Therapy Services include prescribing and administering medication and monitoring the effects and side effects of the medication on an individual's mental and physical health. Services include the process of determining the medication to be utilized during the course of treatment or reviewing the appropriateness of an existing medication regimen.

Qualifications: Prescribing medications, monitoring the effects of medications, evaluating target symptom response to medications is provided by a Physician, Nurse practitioner, or Physician's assistant. Preparing, administering and monitoring the injection of intramuscular medications is provided by a Physician, Nurse practitioner, Physician's assistant, Registered professional nurse or Licensed practical nurse.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Medication Monitoring

Service description: Medication Monitoring Services include appropriate storage, recordkeeping, monitoring, and supervision associated with the use of medication. Medication Monitoring Services may also include reviewing of the appropriateness of an existing medication regimen with the prescribing clinician.

Qualifications: A CI Professional.

Medication Assisted Treatment (MAT)

Service description: Services include the evidence-based use of FDA approved medications in combination with counseling and behavioral therapies to comprehensively address and ameliorate the symptoms of substance use disorders. Reimbursement for medications to treat Opioid Use Disorder is covered under the MAT for OUD benefit and medications to treat other addiction disorders is covered under the Medicaid pharmacy benefit.

Qualifications: A CI Professional in compliance with state and federal laws regarding the prescribing of FDA approved medications to treat substance use disorders or CI Staff member under the supervision of a CI Professional.

Mild to Moderate Detoxification Services

Service description: Services include a withdrawal and stabilization regimen to reduce the amount of an addictive substance on which a person is physiologically dependent or to provide reasonable control of active withdrawal symptoms including with the use of FDA approved medications to treat substance use disorders.

Qualifications: A CI Professional in compliance with state and federal laws regarding the prescribing of FDA approved medications to treat substance use disorders or CI Staff member under the supervision of a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Care Coordination

Service description: Services include:

- Involvement of an individual's natural support network, including identified family and friends to resolve the individual's crisis;
- Follow up and documentation of follow up with the individual and family/caregiver in the case of a child, after the initial contact or response.
- Referral to and facilitation of engagement in outpatient behavioral services, care coordination, medical, health or basic needs related to the original crisis service and other crisis intervention services, if appropriate;
- Confirmation with Medicaid 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 behavioral health treatment providers, other entities responsible for services or housing referrals, or care coordinator of the developed crisis plan;
- Referral and engagement or re-engagement with health homes and appropriate behavioral health 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 Medicaid community services has occurred or is scheduled.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Peer/Family Peer Support

Service description: Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use or behavioral challenges in their home, school, placement, or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional.

Qualifications: Services are provided by certified or provisionally certified Peer Specialists, certified or provisionally certified Recovery Peer Advocates, or credentialed or provisionally credentialed Family Peer Advocates and Youth Peer Advocates under supervision as described in this section.

Psychiatric Crisis Rehabilitation and Skills Training

Service description: Psychiatric Crisis Rehabilitation and Skills Training services are psychosocial rehabilitation and skills training services, including therapeutic communication and interactions to maintain stabilization following a crisis episode and prevent escalation of symptoms, including the proactive involvement of identified family or other collaterals identified by the individual to resolve the crisis. For children, services provide guidance and training in behavior intervention techniques and practice of skills to increase the child's capacity to manage their behavior from everyday life situations to acute emotional stress. Services assist in identifying internal or external stressors and developing coping strategies to address them.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Family Psychoeducation and Support

Service description: Family Psychoeducation and Support Services are psychoeducation and skills training services to maintain or facilitate positive relationships with family members and promote skills needed for success in the discharge living environment and to assist families in supporting a child's return to the community, such as implementation of a safety plan, and skills for eliciting positive interactions among family members. Services may involve the facilitation of home visiting and linkages for the family with local community services such as peer support.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

Co-occurring Disorder Treatment

Service description: A psychosocial rehabilitation service to assist individuals recognize and address alcohol and substance use disorders through education and evidence-based practices such as motivational interviewing, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. Services also include skills training to identify and manage the symptoms of co-occurring disorders and enable more active participation in social networks and recovery groups.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

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

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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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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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.]

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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.]

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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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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.]

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

Item 13d. Rehabilitative Services:
Outpatient and Residential Crisis Intervention Services

The State provides coverage for this benefit as defined at 42 CFR 440.130(d).

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.

Outpatient and Residential Crisis Intervention Services Description:

Outpatient and Residential Crisis Intervention (CI) Services are provided to individuals who are identified as experiencing an acute psychological or emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of the individual and those involved (e.g., collateral, provider, community member) to effectively resolve.

CI services are 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; 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 Creative Arts Therapists; Licensed Mental Health Counselor; and Licensed Occupational Therapist.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

CI services are designed to interrupt and ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in timely crisis resolution and de-escalation, and development of a crisis plan. The goals of CI services are engagement in services, symptom reduction, stabilization, restoring individuals to a previous level of functioning, and developing the coping mechanisms to minimize or prevent the crisis in the future. CI services are provided in multiple modalities as described herein, and include 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 or stabilizing the crisis episode and diverting an emergency room visit or inpatient admission, if appropriate.

CI services include engagement with the individual adult or child/youth or other identified collateral supports (e.g., family, friends, or activated community resources) that is culturally and linguistically competent, person-centered, and trauma-informed to determine level of safety, risk, and to plan for the next level of services. For children and youth, CI services include family-focused engagement, where "family" may include 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 other collaterals are for the direct benefit of the beneficiary.

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 behavioral health conditions. CI Professionals include the following individuals licensed or permitted in NYS: Physician, including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; 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; Licensed Creative Arts Therapist, Licensed Behavioral Analyst, and Occupational Therapist who meet the qualifications set forth in 42 C.F.R. 440.110(b)(2).

For individuals age 21 and over, CI Professionals also include Certified Psychiatric Rehabilitation Practitioners certified by the Psychiatric Rehabilitation Association, Certified Rehabilitation Counselors certified by the Commission on Rehabilitation Counselor Certification, Therapeutic Recreation Therapists certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association, and Counselors certified by and currently registered with the National Board for Certified Counselors.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

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 program or services. Such master's degree-level psychologists may use the title "psychologist," and may be considered professional staff, but may not be assigned supervisory responsibility. Any reference to supervision by a CI Professional excludes these Master's level psychologists who may not supervise CI services.

Crisis Intervention Staff (CI Staff) include practitioners who are at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma, high school equivalency, or State Education Commencement Credential. Individuals without a Bachelor's degree must also meet one or more of the following qualifications:

- For CI services for adults, possess 1-3 years of experience working with individuals with serious mental illness or substance use disorders; or for CI services for children/youth, two years of work experience in children's mental health, addiction, or foster care;
- A student or intern within a DOH-approved New York State Education Department program;
- Licensed Practical Nurse;
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or
- Individuals with lived-experience as an individual with emotional, behavioral, addiction, or co-occurring disorders or as a parent/primary caregiver of a child with emotional, behavioral, addiction, or co-occurring disorders and who are not qualified peers. DOH or its designee may also waive the education requirement for these individuals to provide services as CI Staff.

CI Services are also provided by qualified peers who are individuals with lived experience as an individual with emotional, behavioral, addiction, or co-occurring disorders or as a parent/primary caregiver of a child with emotional, behavioral, addiction, or co-occurring disorders and who are certified or credentialed as follows:

- Credentialed or Provisionally Credentialed Family Peer Advocate (FPA) who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. Credentialed FPAs complete the certification's required hours of continuing education annually and renew their credential every two years. A FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the full credential.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

- Certified or Provisionally Certified Recovery Peer Advocate (CRPA) 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.
- Credentialed or Provisionally Credentialed Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services State approved training for YPAs, work-related experience, and provided evidence of supervision. Credentialed YPAs complete the certification's required hours of continuing education and renew their credential every two years. A YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the full credential.
- Certified Peer Specialist who has completed the required training and has a current or provisional certification as a Peer Specialist from the New York State Peer Specialist Certification Board.

CI staff are eligible to provide CI services within their applicable scope of practice and under supervision of a CI Professional as provided herein. Only CI professionals and CASACs may conduct assessments. Qualified peers provide peer and family peer support services under the supervision of competent mental health professionals as provided herein.

Supervisor Qualifications: The supervisor is a qualified CI Professional, including 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, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. For purposes of peer and family peer support services, competent mental health professionals include CI professionals, CASACs, other CI Staff with a master's degree in a human services field, and qualified peers with at least three years of direct experience providing peer or family peer services. Experienced FPAs may supervise YPAs upon completion of State approved Youth Peer Support training. Supervisors shall provide regularly scheduled supervision for CI Staff and qualified peers.

Provider Agency Qualifications: For Mobile CI services for children/youth, CI Professionals and 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. For Mobile CI services for adults, CI professional and Staff must work in an agency licensed, certified, designated, or approved by OMH or OASAS. For Crisis Stabilization CI Services for adults and children/youth, CI Professionals and Staff shall work within OMH and OASAS programs licensed pursuant to Article 36 of the Mental Hygiene Law. For Residential CI Services for adults and children/youth, CI Professionals and Staff shall work within crisis residential programs licensed or certified by OMH or OASAS.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Crisis Intervention Training: All CI Professionals, CI Staff, and qualified peers are required to have training on the administration of opioid antagonists and trauma-informed care, de-escalation strategies, harm reduction, and culturally and linguistically competent service provision.

CI Service Modalities

Crisis Intervention includes five modalities: Mobile Crisis, Crisis Stabilization, Children's Crisis Residence, Residential Crisis Support for adults, and Intensive Residential Crisis for adults.

1. Mobile Crisis Intervention is provided by a multidisciplinary team of CI Professionals, CI Staff, and qualified peers that includes telephonic triage and mobile or telephonic follow-up and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services, or socializes. Mobile Crisis Intervention is available 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 Services may be provided by telehealth consistent with state guidance.

Mobile Crisis Intervention services are typically provided by response teams comprised of two team members, unless otherwise determined through triage. One member of a two-person response team must be a CI Professional. If determined through triage that only one team member is needed to respond, either a CI Professional or a CI staff member with a Master's degree may respond alone with a licensed practitioner available via telehealth and a CASAC may respond alone to an individual experiencing a substance use disorder crisis with a licensed practitioner available via telehealth. After an initial Mobile Crisis Intervention service is provided, CI Staff with a Bachelor's degree can respond alone in a follow-up visit to provide service planning, safety planning, and care coordination services, and qualified peers may respond alone to provide peer/family support services. CI staff and qualified peers may also accompany a CI Professional or other qualified CI Staff to assist with de-escalation or other service components.

Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Individual and Family Counseling
- Care Coordination; and
- Peer/Family Peer Support

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

2. Crisis Stabilization provides urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis. CI Services are provided on-site by Crisis Stabilization Centers licensed by the New York State Offices of Mental Health and Addiction Services and Supports pursuant to Article 36 of the New York State Mental Hygiene Law that employ or contract with qualified CI Professionals, CI Staff and qualified peers.

Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Individual and Family Counseling
- Care Coordination
- Peer/Family Peer Support
- Medication Therapy
- Medication Management and Training
- Medication Assisted Treatment (MAT); and
- Mild to Moderate Detoxification Services

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

3. Children's Crisis Residence is a short-term, voluntary, non-IMD, sub-acute crisis intervention modality for children under age 21 to stabilize a child's psychiatric or other behavioral health crisis symptoms and restore the child to a level of functioning and stability that supports their transition back to the community and to prevent or reduce future crises. Children's Crisis Residences provide 24-hour monitoring and supervision, as well as treatment and support services in Crisis Residential facilities licensed by the New York State Office of Mental Health or certified by the NYS Office of Addiction Services and Supports that employ qualified CI Professionals and CI Staff. Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessment
- Service Planning
- Crisis/Safety Planning
- Individual, Family, Group Counseling
- Care Coordination
- Health Screening
- Medication Monitoring
- Medication Management and Training
- Psychiatric Crisis Rehabilitation and Skills Training
- Family Psychoeducation and Support
- Medication Assisted Treatment; and
- Mild to Moderate Detoxification Services

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

4. Intensive Residential Crisis is a short-term, voluntary, non-IMD, sub-acute crisis intervention modality for individuals aged 21 and over who are experiencing an acute escalation of behavioral health symptoms or who are at imminent risk for loss of functional abilities and may raise safety concerns for themselves and others without intensive residential services. CI Services provided in this modality provide 24-hour monitoring and supervision and intensive treatment and support services to stabilize and address an individual's psychiatric symptoms in Crisis Residential facilities licensed by the New York State Office of Mental Health or certified by the NYS Office of Addiction Services and Supports that employ or contract with qualified CI Professionals, CI Staff and qualified peers.

Crisis Intervention Services components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Individual, Family, and Group Counseling
- Care Coordination
- Peer Support
- Medication Therapy
- Medication Monitoring
- Medication Management and Training
- Psychiatric Crisis Rehabilitation and Skills Training
- Co-occurring Disorder Treatment
- Medication Assisted Treatment; and
- Mild to Moderate Detoxification Services

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

5. Residential Crisis Support is a short-term, voluntary, non-IMD, sub-acute crisis intervention modality for individuals aged 21 and older to stabilize crisis symptoms, address the cause of the crisis, and avert or delay the need for acute psychiatric inpatient hospitalization or emergency services. Residential Crisis Support is appropriate for individuals who are experiencing challenges in daily life that create risk for an escalation of psychiatric symptoms or a period of acute stress significantly impairing their ability to cope with normal life circumstances. CI Services provided in this modality provide respite, 24-hour supervision, and treatment and support services in Crisis Residential facilities licensed by the New York State Office of Mental Health or certified by the NYS Office of Addiction Services and Supports that employ or contract with qualified CI Professionals, CI Staff and qualified peers.

Crisis Intervention Services Components provided in this modality include the following, as further defined below:

- Mental Health and Substance Use Assessments
- Service Planning
- Crisis/Safety Planning
- Care Coordination
- Peer Support
- Medication Monitoring
- Medication Management and Training
- Psychiatric Crisis Rehabilitation and Skills Training
- Medication Assisted Treatment; and
- Mild to Moderate Detoxification Services

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Service Components

Crisis intervention Services provided in the modalities described above include the following:

Mental Health and Substance Use Assessments

Service Description: Assessment services, including initial and on-going assessments to determine the need for further evaluation and to make treatment recommendations and referral to other health or behavioral health services as clinically indicated. Assessments may include:

- 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 and medical treatment;
- Prescribed medications, including medical, psychiatric and medication for substance use disorders;
- 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.

Service Planning

Service Description: With the active involvement of the individual where developmentally appropriate or an individual's family members or other collaterals as necessary for the benefit of the beneficiary, services include:

- Developing, reviewing and modifying a care plan to address the mental health and substance use disorder treatment and support needs of the individual;
- 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; and
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD services such as open access centers and centers of opioid treatment innovation (COTI), respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder inpatient hospitalization.

Qualifications: A CI Professional or CI Staff member supervised by a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Crisis/Safety Planning

Services description: A service planning and rehabilitative skills training service to assist individuals to effectively avoid or respond to mental health and substance use crises by identifying triggers that risk their remaining in the community or that result in functional impairments. Services assist the individual or family members, or other collaterals as necessary for the benefit of the beneficiary, with identifying a potential psychiatric or personal crisis, developing a crisis management, safety or wellness plan to assist individuals to prevent relapse, identify early warning signs of decompensation, and cope or seek supports to restore stability and functioning.

Qualifications: A CI Professional or CI Staff member supervised by a CI Professional.

Individual, Family, and Group Counseling

Services description: Services include psychotherapy and psychosocial rehabilitation counseling services to remediate psychiatric or substance use symptoms, resolve conflict, de-escalate crises, monitor for and address high-risk behaviors, maintain stabilization following a crisis episode, and prevent escalation of behavioral health symptoms. Services also include clinical consultation with psychiatric prescribers and urgent psychopharmacology intervention, as needed. Crisis intervention services provided in crisis residences also include group counseling.

Qualifications: A CI Professional or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may provide Individual, Family and Group Counseling. A CI Staff member may assist a CI Professional providing Individual, Family and Group Counseling during and after a crisis.

Medication Therapy

Service description: Medication Therapy Services include prescribing and administering medication and monitoring the effects and side effects of the medication on an individual's mental and physical health. Services include the process of determining the medication to be utilized during the course of treatment or reviewing the appropriateness of an existing medication regimen.

Qualifications: Prescribing medications, monitoring the effects of medications, evaluating target symptom response to medications is provided by a Physician, Nurse practitioner, or Physician's assistant. Preparing, administering and monitoring the injection of intramuscular medications is provided by a Physician, Nurse practitioner, Physician's assistant, Registered professional nurse or Licensed practical nurse.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Medication Monitoring

Service description: Medication Monitoring Services include appropriate storage, recordkeeping, monitoring, and supervision associated with the use of medication. Medication Monitoring Services may also include reviewing of the appropriateness of an existing medication regimen with the prescribing clinician.

Qualifications: A CI Professional.

Medication Assisted Treatment (MAT)

Service description: Services include the evidence-based use of FDA approved medications in combination with counseling and behavioral therapies to comprehensively address and ameliorate the symptoms of substance use disorders. Reimbursement for medications to treat Opioid Use Disorder is covered under the MAT for OUD benefit and medications to treat other addiction disorders is covered under the Medicaid pharmacy benefit.

Qualifications: A CI Professional in compliance with state and federal laws regarding the prescribing of FDA approved medications to treat substance use disorders or CI Staff member under the supervision of a CI Professional.

Mild to Moderate Detoxification Services

Service description: Services include a withdrawal and stabilization regimen to reduce the amount of an addictive substance on which a person is physiologically dependent or to provide reasonable control of active withdrawal symptoms including with the use of FDA approved medications to treat substance use disorders.

Qualifications: A CI Professional in compliance with state and federal laws regarding the prescribing of FDA approved medications to treat substance use disorders or CI Staff member under the supervision of a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Care Coordination

Service description: Services include:

- Involvement of an individual's natural support network, including identified family and friends to resolve the individual's crisis;
- Follow up and documentation of follow up with the individual and family/caregiver in the case of a child, after the initial contact or response.
- Referral to and facilitation of engagement in outpatient behavioral services, care coordination, medical, health or basic needs related to the original crisis service and other crisis intervention services, if appropriate;
- Confirmation with Medicaid 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 behavioral health treatment providers, other entities responsible for services or housing referrals, or care coordinator of the developed crisis plan;
- Referral and engagement or re-engagement with health homes and appropriate behavioral health 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 Medicaid community services has occurred or is scheduled.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Peer/Family Peer Support

Service description: Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use or behavioral challenges in their home, school, placement, or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional.

Qualifications: Services are provided by certified or provisionally certified Peer Specialists, certified or provisionally certified Recovery Peer Advocates, or credentialed or provisionally credentialed Family Peer Advocates and Youth Peer Advocates under supervision as described in this section.

Psychiatric Crisis Rehabilitation and Skills Training

Service description: Psychiatric Crisis Rehabilitation and Skills Training services are psychosocial rehabilitation and skills training services, including therapeutic communication and interactions to maintain stabilization following a crisis episode and prevent escalation of symptoms, including the proactive involvement of identified family or other collaterals identified by the individual to resolve the crisis. For children, services provide guidance and training in behavior intervention techniques and practice of skills to increase the child's capacity to manage their behavior from everyday life situations to acute emotional stress. Services assist in identifying internal or external stressors and developing coping strategies to address them.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

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

Item 13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services (continued):

Family Psychoeducation and Support

Service description: Family Psychoeducation and Support Services are psychoeducation and skills training services to maintain or facilitate positive relationships with family members and promote skills needed for success in the discharge living environment and to assist families in supporting a child's return to the community, such as implementation of a safety plan, and skills for eliciting positive interactions among family members. Services may involve the facilitation of home visiting and linkages for the family with local community services such as peer support.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

Co-occurring Disorder Treatment

Service description: A psychosocial rehabilitation service to assist individuals recognize and address alcohol and substance use disorders through education and evidence-based practices such as motivational interviewing, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. Services also include skills training to identify and manage the symptoms of co-occurring disorders and enable more active participation in social networks and recovery groups.

Qualifications: CI Professional or CI Staff member under the supervision of a CI Professional.

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

13d. Rehabilitative Services:

Outpatient and Residential Crisis Intervention Services

42 CFR 440.130(d)

1905(a)(13)

Reimbursement for Outpatient and Residential Crisis Intervention 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. Provider agency rates were set as of April 1, 2022, for Outpatient and Residential Crisis Intervention Services and are effective for these services provided on or after that date. All rates are published on the Office of Mental Health website:

Mobile Crisis Intervention Services:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_mobile_telephonic.xlsx

Crisis Residential Services:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_residential.xlsx

Crisis Stabilization Services:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_stabilization.xlsx

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

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

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

TN # 22-0026
Supersedes TN # New

Approval Date _____
Effective Date April 1, 2022

PUBLIC NOTICE**Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional and long-term care services to comply with statutory provisions. The following changes are proposed:

All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

Non-Institutional Services

Effective on or after April 1, 2022, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2022, through March 31, 2023, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2022, through March 31, 2023, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. "Applied behavior analysis" or "ABA" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts's Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

Institutional Services

Effective on or after April 1, 2022, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2022 through March 31, 2023, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2022, through March 31, 2023, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

Long Term Care Services

Effective on or after April 1, 2022, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCf will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data. Payments to eligible RHCf's may be added to rates of payment or made as aggregate payments.

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

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in

each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99
Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State
Notice of Review of Request for
Brownfield Opportunity Area
Conformance Determination
Project: Alvista Rise
Location: 147-25 94th Avenue
Jamaica Brownfield Opportunity Area
City of New York, Queens County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Jamaica Brownfield Opportunity Area, in the Bronx, on April 15, 2015. The designation of the Jamaica Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

Pursuant to New York State Tax Law, Article 1, Section 21, the eligible taxpayer(s) of a project site located in a designated Brownfield Opportunity Area may apply for an increase in the allowable tangible property tax credit component of the brownfield redevelopment tax credit if the Secretary of State determines that the project conforms to the goals and priorities established in the Nomination for a designated Brownfield Opportunity Area.

On October 5, 2021, J2 Owner LLC submitted a request for the Secretary of State to determine whether the project Alvista Rise, located at 147-25 94th Avenue, Queens, NY, which will be located within the designated Jamaica Brownfield Opportunity Area, conform to the goals and priorities identified in the Nomination that was prepared for the designated Jamaica Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: https://dos.ny.gov/system/files/documents/2022/03/application_147-25_94th-avenue_jamaica.pdf

Comments must be submitted no later than April 30th, 2022, either by mail to: Kevin Garrett, Department of State, Office of Planning and Development, 123 William St., #20-163, New York, NY 10038, or by email to: kevin.garrett@dos.ny.gov

PUBLIC NOTICE

Department of State
Notice of Review of Request for
Brownfield Opportunity Area
Conformance Determination
Project: The Arches
Location: Port Morris Harlem Riverfront
Brownfield Opportunity Area
City of New York, Bronx County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Port Morris Harlem Riverfront Brownfield Opportunity Area, in the Bronx, on April 9, 2015. The designation of the Port Morris Harlem Riverfront Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

Pursuant to New York State Tax Law, Article 1, Section 21, the eligible taxpayer(s) of a project site located in a designated Brownfield Opportunity Area may apply for an increase in the allowable tangible property tax credit component of the brownfield redevelopment tax credit if the Secretary of State determines that the project conforms to the goals and priorities established in the Nomination for a designated Brownfield Opportunity Area.

On July 30, 2021, Deegan 135 Realty LLC submitted a request for the Secretary of State to determine whether The Arches Project, which will be located within the designated Port Morris Harlem Riverfront Brownfield Opportunity Area, conform to the goals and priorities identified in the Nomination that was prepared for the designated Port Morris Harlem Riverfront Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: <https://dos.ny.gov/system/files/documents/2022/03/2021-07-30-final-boa-conformance-application-with-attachments-for-deegan-135-realty-llc.pdf>

Comments must be submitted no later than March 30th, 2022, either by mail to: Kevin Garrett, Department of State, Office of Planning and Development, 123 William St., #20-163, New York, NY 10038, or by email to: kevin.garrett@dos.ny.gov

PUBLIC NOTICE

Department of State
F-2022-0058, F-2022-0130 through F-2022-0140
Date of Issuance – March 30, 2022

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

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

In F-2022-0058, F-2022-0130, F-2022-0131, F-2022-0132, F-2022-0133, F-2022-0134, F-2022-0135, F-2022-0136, F-2022-0137, F-2022-0138, F-2022-0139, and F-2022-0140, the consultant, Andrew Baird at First Coastal Corp., is proposing a living shoreline along twelve contiguous properties. The shoreline design will contain the following parts: a 12' wide emergent rock sill ranging from 40' to 65' long consisting of approx. 110 cubic yards of stone per property to be placed 58 feet seaward of the rock core dune; 94 cubic yards of clean sand fill landward of rock sill per property; 750 square feet of spartina planting 12" O.C. per property; a rock-core dune of 45 cubic yards of toe stone and fill stone per property for 6 of the homes; additional 18"

SUMMARY
SPA #22-0066

This State Plan Amendment proposes to apply a one percent (1%) increase to the operating component of most Medicaid rates under the State's Non-Institutional State Plan section 4.19-B for dates of service on and after April 1, 2022.

DRAFT

**New York
A (7.8)**

Across the Board Medicaid Rate Increase

- (1) For dates of services on and after April 1, 2022, the operating component of Medicaid rates of reimbursement for services specified in paragraph (2) of this Attachment will be increased by one percent (1%).
- (2) Services included in this Attachment applicable to paragraph (1) are as follows:
- a) Physician Services.
 - b) Statewide Patient Centered Medical Home – Physicians and/or Nurse Practitioners, Statewide Patient Centered Medical Home – Hospital Based Clinics and Statewide Centered Medical Home – Freestanding Clinics.
 - c) Advanced Primary Care – Physicians and/or Nurse Practitioners, Advanced Primary Care – Hospital Based Clinics and Advanced Primary Care – Freestanding Clinics.
 - d) Adirondack Medical Home Multipayor Program for physicians, nurse practitioners, hospital-based clinics and freestanding clinics.
 - e) Dental Services, Podiatrists, Optometrists, Chiropractor's Services, Nurse Midwives, Nurse Practitioners and Clinical Psychologists.
 - f) Tuberculosis Directly Observed Therapy (TB/DOT).
 - g) Early Intervention – EPSDT.
 - h) Applied Behavior Analysis.
 - i) Exempt Acute Care Children's Hospitals.
 - j) Ordered Ambulatory Services (specific services performed by a hospital on an ambulatory basis upon order of a qualified physician, physician's assistant, dentist or podiatrist to test, diagnosis or treat a recipient or specimen taken from a recipient).
 - k) Ordered Ambulatory Services (specific services performed by a free-standing clinic on an ambulatory basis upon order of a qualified physician, physician's assistant, dentist or podiatrist to test, diagnosis or treat a recipient or specimen taken from a recipient).

TN #22-0066

Approval Date _____

Supersedes TN NEW

Effective Date April 1, 2022

**New York
A (7.9)**

- l) Adult Day Health Care Services for persons with HIV/AIDS and Other High-Need Populations Diagnosis and Treatment Centers.
- m) Hospital-Based APG Base Rate Table.
- n) Freestanding Clinic and Ambulatory Surgery Center APG Base Rate Table
- o) Laboratory Services.
- p) Home Health Services/Certified Home Health Agencies (including services to patients diagnosed with AIDS).
- q) Private Duty Nursing - Services Provided to Medically Fragile Children.
- r) Home Telehealth Services.
- s) Assisted Living Programs.
- t) Pharmacists and Pharmacy Interns as Immunizers and Diabetes Self-Management Training.
- u) Private Duty Nursing - Services Provided to Medically Fragile Children and Nursing Services (Limited).
- v) Physical Therapy and Occupational Therapy
- w) Eyeglasses and Other Visual Services, Hearing Aid Supplies and Services and Prosthetic and Orthotic Appliances.
- x) Medical Supplies/Orthopedic footwear.
- y) Durable Medical Equipment.
- z) Medical/Surgical Supplies.
- aa) General Formula.

TN #22-0066

Approval Date _____

Supersedes TN NEW

Effective Date April 1, 2022

New York
A (7.10)

- bb) Transportation.
- cc) Personal Care Services and Personal Care Services (Limited).
- dd) Hospice.
- ee) Adult Day Health Care in Residential Health Care Facilities.
- ff) Harm Reduction Services.
- gg) Preferred Physician and Childrens Program.
- hh) Medicaid Obstetrical and Maternal Services (MOMS).
- ii) Child Teen Health Program.
- jj) Early and Periodic Screening, Diagnostic and Treatment Services.
- kk) National Diabetes Prevention Program (NDPP).
- ll) Early and Periodic Screening, DTC (Foster Care).
- mm) Services for Pregnant Women.
- nn) Case Management Services – Target Group G.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional and long-term care services to comply with statutory provisions. The following changes are proposed:

All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

Non-Institutional Services

Effective on or after April 1, 2022, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2022, through March 31, 2023, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2022, through March 31, 2023, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

SUMMARY
SPA #22-0083

This State Plan Amendment proposes to increase the pharmacy professional dispensing fee by 1%.

DRAFT

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional and long-term care services to comply with statutory provisions. The following changes are proposed:

All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

Non-Institutional Services

Effective on or after April 1, 2022, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

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

For state fiscal year beginning April 1, 2022, through March 31, 2023, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.