programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, and/or in community based settings.

6. Psychological Evaluations

Definition: Psychological evaluations outlined in this section of the State Plan are available to Medicaid-eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42CFR Section 440.50(a) and 42CFR Section 440.60(a).

Psychological evaluations provided by or through a school district[; a Section 4201 school]; a county in the State or the City of New York must have a referral from a physician, physician assistant, or nurse practitioner acting within his or her scope of practice under New York State law or an appropriate school official or other voluntary health or social agency and must be provided to a child by a qualified practitioner. Psychological evaluations must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). If a psychological evaluation is used to identify a child's health related needs as part of the IEP process, the evaluation is eligible for Medicaid coverage once the evaluation is reflected in the child's IEP.

Services: Medically necessary EPSDT services are health care, diagnostic services, treatments, and other measures to correct or ameliorate physical defects, mental illnesses, and other disabilities.

Psychological evaluations include but are not limited to:

- Administering psychological tests and other assessment procedures;
- Interpreting testing and assessment results, and
- Evaluating a Medicaid recipient for the purpose of determining the needs for specific psychological, health or related services.

Providers: Psychological evaluations must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.60 or 42 CFR Section 440.50(a) and other applicable state and federal laws and regulations. Psychological evaluation services may only be provided by a professional whose credentials are comparable to those of providers who are able to provide psychological evaluation services in the community.

New York
1

NEW YORK STATE – TITLE XIX STATE PLAN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY GROUPS: all

NOTE: By prior approval, when indicated below, is meant that prior approval/authorization of the local professional director and/or the local social services commissioner is required for that service.

1. Inpatient care, services and supplies in a general hospital shall, in the case of a person admitted to such a facility on a Friday or Saturday, be deemed to include only those inpatient days beginning with and following the Sunday after such date of admission, unless such care, services and supplies are furnished for an actual medical emergency or pre-operative care for surgery as provided in paragraph (d) of subdivision five of section 363a of the Social Services Law, or are furnished because of the necessity of emergency or urgent surgery for the alleviation of severe pain or the necessity for immediate diagnosis or treatment of conditions which threaten disability or death if not promptly diagnosed or treated; provided, however, inpatient days of a general hospital admission beginning on a Friday or a Saturday shall be included commencing with the day of admission in a general hospital which the commissioner or his designee has found to be rendering and which continues to render full service on a seven day a week basis which determination shall be made after taking into consideration such factors as the routine availability of operating room services, diagnostic services and consultants, laboratory services, radiological services, pharmacy services, staff patterns consistent with full services and such other factors as the commissioner or his designee deems necessary and appropriate.

   Inpatient care, services and supplies in a general hospital shall not include care, services and supplies furnished to patients for certain uncomplicated procedures which may be performed on an outpatient basis in accordance with regulations of the commissioner of health, unless the person or body designated by such commissioner determines that the medical condition of the individual patient requires that the procedure be performed on an inpatient basis.

   1. Limits other than medical necessity are not applicable to EPSDT recipients in accord with 1905 (r) 3.
   2. We have received the State plan and reviewed it and determined that we are in compliance with EPSDT requirements.

New York
1(a)

2a. **Outpatient Hospital Services**

Outpatient Hospital Services provided by hospitals licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law are in accordance with 42 CFR § 440.20(a) title Outpatient Hospital Services. Such services include Clinic Treatment Services, Partial Hospitalization, Continuing Day Treatment, and Day Treatment Services for Children, as set forth in item 9a of the Supplement to Attachment 3.1-A of the Plan.

New York
1(a)(i)

2a. **Outpatient Hospital Services (continued)**

Outpatient Hospital Services provided by hospitals licensed pursuant to Article 28 of the Public Health Law are in accordance with 42 CFR § 440.20(a) title Outpatient Hospital Services. Effective January 1, 2015, such services include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-B of the Plan.

4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments shall not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

4d.i. **Face-to-Face Counseling Services**
4d.ii. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective October 1, 2013, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be modified to include a maximum of two quit attempts per 12 months, which will include a maximum of four face-to-face counseling sessions per quit attempt.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.

5a. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Collaborative Care Services: Effective January 1, 2015, Physician services shall include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-B of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.

6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

New York
[Page] 2.1

6a. Medicaid does not cover routine hygienic care of the feet in the absence of pathology.

Payment for podiatry services will be made for services provided to Medicaid eligibles under twenty-one years of age under the EPSDT program and only by written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. Effective September 1, 2012, payment for podiatry services will include services provided to Medicaid recipients age 21 and older with a diagnosis of diabetes mellitus and only with a written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision in the State Plan.

Only a qualified podiatrist, per 18 NYCRR Section 505.12(a)(1), who is licensed and currently registered to practice podiatry in New York State by the State Education Department, can provide podiatry services.

Such podiatry care and services may only be provided upon written referral by a physician, physician's assistant, nurse practitioner or nurse midwife, per their individual scope of practice consistent with New York State Education Law and the rules of the Commissioner of Education.

Nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities**,** and Article 28 or Article 31 inpatient facilities and certified clinics which include foot care services in the rate established for medical care for Medicaid recipients will continue to receive payments for these services through their rates. Additionally, Medicaid will continue to pay for medically necessary items and supplies (e.g., prescription drugs) for all recipients when ordered by a private practicing podiatrist.

In the office setting, a podiatrist may only provide a limited number of clinical laboratory tests. Podiatrists are informed of the specific clinical laboratory tests they may perform, in their office setting, in the MIS Podiatrists Manual. A podiatrist may only provide radiological services which are within the scope of podiatric practice. Amputation and bunion surgery may be performed by a podiatrist in a hospital setting.

New York
2(xii)(A)

4b. Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT).

School Supportive Health Services and Pre-School Supportive Health Services

School Supportive Health Services (SSHS) and Pre-School Supportive Health Services (PSSHS) are services provided by or through a school district[, a Section 4201 school], a county in the State, or New York City to children with disabilities, who attend public or State Education Department approved schools or preschools. The services must be:

- medically necessary and included in a Medicaid covered category in accordance with 1905(a), 1905 (r)(5), 1903(c) of the Social Security Act;
- ordered or prescribed by a physician or other licensed practitioner acting within his or her scope of practice under New York State Law;
- included in the child's Individualized Education Program (IEP);
- provided by qualified professionals under contract with or employed by a school district[, a Section 4201 school,] <u>or</u> a county in the State or the City of New York;
- furnished in accordance with all requirements of the State Medicaid Program and other pertinent state and federal laws and regulations; including those for provider qualifications, comparability of services, and the amount, duration and scope of provisions; and
- included in the state's plan or available under Early Periodic Screening, Diagnostic and Treatment (EPSDT) services.

Effective September 1,2009, the services covered by the SSHS and PSSHS Program for Medicaid eligible children under the age of 21 who are eligible for Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) include medically necessary physical therapy services, occupational therapy services, speech therapy services, psychological counseling, skilled nursing services, psychological evaluations, medical evaluations, medical specialist evaluations, audiological evaluations, and special transportation within the limits of EPSDT services. A school district[, Section 4201 school], a county in the State, and New York City must be enrolled as a Medicaid provider in order to bill Medicaid.

1. Physical Therapy Services

Definition: Physical therapy services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary. <u>These services are provided in accordance with 42 CFR 440.110(a).</u>

New York
2(xii)(B)

Services: Physical therapy services provided by or through; a school district[: a Section 4201 school]; a county in the State or the City of New York, must have a written order or prescription from a physician, physician assistant, or nurse practitioner who is acting within the scope of his or her practice under NYS law and must be provided to a child by or under the direction of a qualified physical therapist. Physical therapy services must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). These services include any necessary supplies and equipment utilized during the therapy session.

Medically necessary EPSDT services are health care, diagnostic services, treatments and other measures necessary to correct or ameliorate physical defects, mental illnesses, and other disabilities.

Physical therapy services include but are not limited to:

- Identification of children with physical therapy needs;
- Evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services;
- Provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems;
- Obtaining, interpreting, and integrating information appropriate to program planning;
- Diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices, and
- The performance and interpretation of tests and measurements to assist pathopsychological, pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.

Physical therapy services may be provided in an individual or group setting.

Providers: Services must be provided by:

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

New York
2(xii)(C)

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

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

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Educational Services (BOCES) programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, at home and/or in community based settings.

2. Occupational Therapy Services

Definition: Occupational therapy services as outlined in this section of the State Plan are available to Medicaid eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42 CFR 440.110(b).

Services: Occupational therapy services provided by or through; a school district[; a Section 4201 school]; a county in the State or the City of New York must have a written order or prescription from a physician, physician assistant, or nurse practitioner who is acting within the

scope of his or her practice under New York State Law and must be provided to a child by or under the direction of a qualified occupational therapist. Occupational therapy services must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). These services include any necessary supplies and equipment utilized during the therapy session.

Medically necessary EPSDT services are health care, diagnostic services, treatments, and other measures necessary to correct or ameliorate physical defects, mental illnesses, and other disabilities.

Occupational therapy services include but are not limited to:

- Identification of children with occupational therapy needs;
- Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services;
- Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation;
- Preventing through early intervention initial or further impairment or loss of function; and
- Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximal physical and mental functioning of the student in daily life tasks.

Occupational therapy services may be provided in an individual or group setting.

Providers: Services must be provided by:

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

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

- sees the participant at the beginning of and periodically during the course of treatment;

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

Services may be rendered in the settings in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Education Services (BOCES) programs, approved preschool programs, public schools, approved private schools, 4201 schools, state operated schools, in private practitioner's offices, at home and/or in community based settings.

3. Speech Therapy Services

Definition: Speech therapy services as outlined in this section of the State Plan are available to Medicaid eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42 CFR 440.110(c).

Services: Speech therapy services provided by or through: a school district[; a section 4201 school]; a county in the State or the City of New York must have a written order or prescription from a physician, physician assistant, nurse practitioner, or a speech-language pathologist who is acting within his or her scope of practice under New York State law and must be provided to a child by or under the direction of a qualified speech-language pathologist. Speech therapy services must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE).

Medically necessary EPSDT services are health care, diagnostic services, treatments and other measures to correct or ameliorate physical defects, mental illnesses, and other disabilities.

New York
2(xii)(F)

Speech therapy services include but are not limited to:

- Identification of children with speech disorders;
- Diagnosis and appraisal of specific speech disorders;
- Referral for medical or other professional attention as necessary for the habilitation of speech disorders;
- Provision of speech or language services for the habilitation or prevention of communicative disorders;
- Evaluation and application of principles, methods and procedures of measurement, prediction, diagnosis, testing, counseling, consultation, rehabilitation and instruction, related to development of disorders of speech, voice, and/or language, and;
- Preventing, ameliorating or modifying speech disorder conditions in children and/or groups of children.

Speech therapy services may be provided in an individual or group setting.

Providers: Services must be provided by:

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

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

- sees the participant at the beginning of and periodically during the course of treatment;
- is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;
- has continued involvement in the care provided; and reviews the need for continued services throughout treatment;
- assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;

- spends as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice;
- ensures that individuals working under his or her direction have contact information to permit him or her direct contact with the supervising therapist as necessary during the course of treatment; and
- keeps documentation supporting the supervision of services and ongoing involvement in the treatment.

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Educational Services (BOCES) programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, at home and/or in community based settings.

4. Psychological Counseling

Definition: Psychological counseling services outlined in this section of the State Plan are available to Medicaid-eligible beneficiaries under 21 years of age who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42 CFR Section 440.60(a) and 440.50(a)(2).

Services: Psychological counseling provided by or through a school district[; a Section 4201 school]; a county in the State or City of New York must have a referral from a physician, physician assistant, or nurse practitioner who is acting within the scope of his or her practice under NYS law or an appropriate school official or other voluntary health or social agency and must be provided to a child by or under the direction of a qualified practitioner. Psychological counseling services must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE).

Medically necessary EPSDT services are health care, diagnostic services, treatments and other measures to correct or ameliorate physical defects, mental illnesses, and other disabilities.

Psychological counseling services include:

- treatment services using a variety of techniques to assist the child in ameliorating behavior and emotional problems that are severe enough to require treatment.

Psychological counseling services may be provided in an individual or group setting.

New York
2(xii)(H)

Providers: Psychological counseling services must be provided by a qualified practitioner, within his or her scope of practice in accordance with New York State Law and with the qualification requirements of 42 CFR Section 440.60(a) and 440.50(a)(2) and with other applicable state and federal laws or regulations. Psychological counseling services may only be provided by a professional whose credentials are comparable to those of providers who are able to provide psychological counseling services within the community.

Services may be provided by:

- a New York State licensed and registered psychiatrist qualified in accordance with 42 CFR Section 440.50(a) and other applicable state and federal law or regulations, acting within his or her scope of practice under New York State Law;
- a New York State licensed and registered psychologist qualified in accordance with 42 CFR Section 440.60(a) and other applicable state and federal law or regulations acting within his or her scope of practice under New York State Law;
- a New York State licensed clinical social worker (LCSW), qualified in accordance 42 CFR Section 440.60(a) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law; or
- a licensed master social worker (LMSW), qualified in accordance with 42 CFR Section 440.60(a) and other applicable state and federal law or regulations, acting within his or her scope of practice under New York State Law, under the supervision of such a qualified licensed clinical social worker, a qualified licensed and registered psychologist, or a qualified licensed and registered psychiatrist as described above.

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

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

New York
2(xii)(I)

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Educational Services (BOCES) programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, at home and/or in community based settings.

5. Skilled Nursing

Definition: Skilled nursing services outlined in this section of the State Plan are available to Medicaid eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42 CFR 440.60(a).

Services: Skilled nursing services provided by or through: a school district[; a Section 4201 school]; a county in the State or the City of New York, must have a written order or prescription from a physician, physician assistant, or nurse practitioner acting within his or her scope of practice under New York State law and must be provided to a child by a registered nurse acting within his or her scope of practice under New York State law, or by a NYS licensed practical nurse acting within his or her scope of practice under New York State law "under the direction of" a NYS licensed and registered nurse or licensed physician, dentist or other licensed health care provider authorized under the Nurse Practice Act. Skilled nursing services must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE) when there is a specific need based on a medical condition of the child.

Medically necessary EPSDT services health care, diagnostic services, treatments and other measures necessary to correct ameliorate physical defects, mental illnesses and other disabilities.

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

- health assessments and evaluations;
- medical treatments and procedures;
- administering and/or monitoring medication needed by the student during school hours; and
- consultation with licensed physicians, parents and staff regarding the effects of medication.

New York
2(xii)(J)

Providers: Skilled nursing services must be provided by:

- a New York State licensed registered nurse qualified in accordance with the requirements at 42 CFR 440.60(a) and other applicable state and federal law and regulations, acting within his or her scope of practice; or
- a New York State licensed practical nurse qualified in accordance with 42 CFR 440.60(a) and other applicable state and federal law or regulations, acting within his or her scope of practice "under the direction of" a licensed registered nurse, a physician, dentist or other licensed health care provider authorized under the Nurse Practice Act.

"Under the direction of" means that the licensed registered nurse, physician or other licensed health care provider authorized under the Nurse Practice Act:

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

Services may be provided by:

- a New York State licensed and registered nurse; or
- a New York State licensed practical nurse, under the direction of a New York State licensed and registered nurse, or licensed physician, dentist or other licensed health care practitioner legally authorized under the Nurse Practice Act.

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Educational Services (BOCES)

programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, and/or in community based settings.

6. Psychological Evaluations

Definition: Psychological evaluations outlined in this section of the State Plan are available to Medicaid-eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42CFR Section 440.50(a) and 42CFR Section 440.60(a).

Psychological evaluations provided by or through a school district[; a Section 4201 school]; a county in the State or the City of New York must have a referral from a physician, physician assistant, or a nurse practitioner acting within his or her scope of practice under New York State law or an appropriate school official or other voluntary health or social agency and must be provided to a child by a qualified practitioner. Psychological evaluations must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). If a psychological evaluation is used to identify a child's health related needs as part of the IEP process, the evaluation is eligible for Medicaid coverage once the evaluation is reflected in the child's IEP.

Services: Medically necessary EPSDT services are health care, diagnostic services, treatments, and other measures to correct or ameliorate physical defects, mental illnesses, and other disabilities.

Psychological evaluations include but are not limited to:

- Administering psychological tests and other assessment procedures;
- Interpreting testing and assessment results, and
- Evaluating a Medicaid recipient for the purpose of determining the needs for specific psychological, health or related services.

Providers: Psychological evaluations must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.60 or 42 CFR Section 440.50(a) and other applicable state and federal laws and regulations. Psychological evaluation services may only be provided by a professional whose credentials are comparable to those of providers who are able to provide psychological evaluation services in the community.

New York
2(xii)(L)

Services may be provided by:

- a New York State licensed and registered psychiatrist, qualified in accordance with 42 CFR Section 440.50(a) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law; or
- a New York State licensed and registered psychologist, qualified in accordance with 42 CFR Section 440.60(a) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Education Services (BOCES) programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, and/or in community based settings.

7. Medical Evaluations

Definition: Medical evaluations outlined in this section of the State Plan are available to Medicaid-eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42CFR Section 440.50(a), 440.60(a), and 440.166(a).

Services: Medically necessary EPSDT services are health care, diagnostic services, treatments, and other measures to correct or ameliorate physical defects, mental illnesses and other disabilities.

Medical evaluations provided by or through: a school district[; a Section 4201 school]; a county in the State or the City of New York must be performed by a physician, physician assistant, or nurse practitioner acting within the scope of his or her practice under New York State law. A medical evaluation must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). If a medical evaluation is used to identify a child's health related needs as a part of the IEP process, the evaluation is eligible for Medicaid coverage once the evaluation is reflected in the child's IEP.

A medical evaluation is the recording of:

- chief complaints;
- present illness;

- past medical history;
- personal history and social history;
- a system review;
- a complete physical evaluation;
- ordering of appropriate diagnostic tests and procedures, and
- recommended plan of treatment.

Providers: A medical evaluation must be provided by a New York State licensed and registered, physician, physician assistant, or nurse practitioner qualified in accordance with 42 CFR Section 440.50(a), 440.60(a) and 440.166(a) and other applicable state and federal laws and regulations, acting within his or her scope of practice under NYS law.

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Educational Services (BOCES) programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's officers, and/or in community based settings.

8. Medical Specialist Evaluations

Definition: Medical specialist evaluations outlined in this section of the State plan are available to Medicaid-eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42CFR Section 440.50(a), 440.60(a), and 440.166(a).

Services: Medically necessary EPSDT services are health care, diagnostic services, treatments, and other measures to correct and ameliorate physical defects, mental illnesses, and other disabilities.

Medical specialist evaluations provided by or through: a school district[; a Section 4201 school]; a county in the State or the City of New York must be provided by a New York State licensed and registered physician, physician assistant, or nurse practitioner specialist acting within his or her scope of practice and related area of specialization. A medical specialist evaluation must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). If a medical specialist evaluation is used to identify a child's health related needs as part of the IEP process, the evaluation is eligible for Medicaid coverage once the evaluation is reflected in the child's IEP.

New York
2(xii)(N)

A medical specialist evaluation is:

- an examination of the affected bodily area or organ system and other symptomatic or related organ systems;
- the ordering of appropriate diagnostic tests and procedures, and
- the reviewing of the results and reporting on the tests and procedures.

Providers: A medical specialist evaluation must be provided by a qualified New York State licensed and registered physician, physician assistant, or nurse practitioner specialist practicing in the related area of specialization within his or her scope of practice under NYS law, in accordance with 42 CFR Section 440.50(a), 440.60(a), and 440.166(a) and other applicable state and federal laws and regulations.

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Educational Services (BOCES) programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, and/or in community based settings.

9. Audiological Evaluations

Definition: Audiological evaluations as outlined in this section of the State Plan are available to Medicaid-eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary. These services are provided in accordance with 42 CFR Section 440.60(a) and 42CFR Section 440.110(c)(3).

Services: Audiological evaluations provided by or through: a school district[; a Section 4201 school]; a county in the State or the City of New York must have a written order from a physician, physician assistant, or nurse practitioner who is acting within the scope of his or her practice under NYS law and provided to a child by a qualified practitioner. An audiological evaluation must be included in the IEP as recommended by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). If an audiological evaluation is used to identify a child's health related needs as part of the IEP process, the evaluation is eligible for Medicaid coverage once the evaluation is reflected in the child's IEP.

Medically necessary EPSDT services are health care, diagnostic services, treatments, and other measures to correct and ameliorate physical defects, mental illnesses, and other disabilities.

New York
2(xii)(O)

Medically necessary audiology services include but are not limited to:

- Identification of children with hearing loss;
- Determination of the range, nature and degree of hearing loss, including the referral for medical or other professional attention for the amelioration of hearing; and
- Determination of the child's need for group and individual amplification.

An audiological evaluation is the determination of the range, nature and degree of the hearing loss including:

- measurement of hearing acuity;
- tests related to air and bone conduction;
- speech reception threshold;
- speech discrimination;
- conformity evaluations;
- pure tone audiometry.

Providers: Audiology evaluation services must be provided by a New York State licensed and registered audiologist, qualified in accordance with 42 CFR Section 440.60(a) and 42 CFR Section 440.110 (c)(3) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law.

Services may be rendered in the setting in which the child's IEP will be implemented, including but not limited to Article 28 facilities, Board of Cooperative Educational Services (BOCES) programs, approved preschool programs, public schools, approved private schools, Section 4201 schools, state operated schools, in private practitioner's offices, and/or in community based settings.

10. Special Transportation

Definition: Special transportation outlined in this section of the State Plan is available to Medicaid-eligible beneficiaries under 21 years of age, who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and for whom services are medically necessary.

Medically necessary EPSDT services are health care, diagnostic services, treatments, and other measures to correct and ameliorate physical defects, mental illnesses, and other disabilities.

New York
2(xii)(P)

Services: Special transportation provided by or through a school district[; a section 4201 school]; a county in the State or the City of New York must be included in the IEP as recommended by the Committee on Special Education (CSE) , or the Committee on Preschool Special Education (CPSE). Special transportation arrangements must be identified in the IEP.

Special transportation is provided when a child requires specialized transportation equipment, supports or services because of his/her disability as cited in 34 CFR 300.34 (c) (16) (iii).

Special transportation is limited to those situations where the child receives transportation to obtain a Medicaid covered service (other than transportation), and both the Medicaid covered service and the need for special transportation are included in the child's IEP. Special transportation can only be billed on a day that a Medicaid reimbursable service was delivered and may only be billed at the rate for each one way trip.

Providers: Special transportation services must be provided by a qualified Medicaid provider. Attendance documentation (bus logs) is required in order to bill Medicaid. In order to receive payment for services provided to a Medicaid recipient, a vendor must be lawfully authorized to provide transportation services on the date the services are rendered.

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

Early Intervention Services

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

These services must be:

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

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

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

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

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

1. Screening Services

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

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

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

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

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

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

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

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

New York
2(xii)(Q.2)

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

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

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

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

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

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

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

2. Evaluation Services

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

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

New York
2(xii)(Q.3)

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

Providers: Providers of EPSDT EI evaluation services include:

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

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

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

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

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

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

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

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

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

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

New York
2(xii)(Q.4)

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

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

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

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

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

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

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

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

New York
2(xii)(Q.5)

3. Audiology Services

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

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

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

4. Nursing Services

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

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

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

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

New York
2(xii)(Q.6)

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

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

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

5. Nutrition Services

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

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

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

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

6. Occupational Therapy Services

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

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

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

Providers: Services must be provided by:

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

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

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

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

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

7. Physical Therapy Services

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

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

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

Providers: Services must be provided by:

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

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

New York
2(xii)(Q.9)

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

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

8. Psychological Services

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

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

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

New York
2(xii)(Q.10)

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

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

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

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

9. Social Work Services

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

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

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

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

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

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

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

10. Special Instruction/Developmental Services

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

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

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

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

11. Speech-Language Pathology Services

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

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

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

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

Providers: Services must be provided by:

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

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

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

12. Medical Equipment and Appliances

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

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

New York
2(xii)(Q.14)

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

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

13. Vision Services

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

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

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

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

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

14. Applied Behavioral Analysis (ABA) Services

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

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

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

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

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

15. Transportation Services

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

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

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

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

New York
2(xiv)

6b. Prior approval is required for orthoptic training.

6c. Chiropractor services. Provision of chiropractic services shall be limited to EPSDT recipients by medical necessity. Services shall be provided to the extent that such services result from the referral of the recipient's physician or primary care clinic.

6d. Clinical psychologists. Provision of clinical psychology services shall require referral by:

1. The patient's personal physician or medical resource, such as a clinic, acting as the patient's physician;
2. the medical director in an industrial concern;
3. an appropriate school official;
4. an official or voluntary health or social agency.

6d. **Other Practitioner Services** (Continued)

Pharmacists as Immunizers

1. Reimbursement will be provided to pharmacies for vaccines and anaphylaxis agents administered by certified pharmacists within the scope of their practice.

2. Service setting
   Services will be provided by a certified pharmacist in a pharmacy or in other locations where mass immunization may take place, such as retail stores/outlets, assisted living centers, and health fairs.

3. Provider qualifications
   Pharmacists must be currently licensed, registered and certified by the NYS Department of Education Board of Pharmacy to administer immunizations.

Diabetes Self-Management Training by Pharmacists

1. Reimbursement will be provided to pharmacies for Diabetes Self-Management Training (DSMT) when provided by licensed pharmacists within the scope of their practice.

2. Service setting: Services will be provided by a licensed pharmacist in a pharmacy that is accredited by a CMS approved national accreditation organization (NAO), such as the American Diabetes Association (ADA), the American Association of Diabetes Educators (AADE), or Indian Health Services (IHS).

3. Provider qualifications: Pharmacists must be currently licensed and registered by the NYS Department of Education Board of Pharmacy. Pharmacies must be accredited by a CMS approved national accreditation organization.

4. Coverage parameters: A beneficiary with newly diagnosed diabetes or a beneficiary with diabetes who has a medically complex condition will be allowed up to 10 hours of Diabetes Self-Management Training (DSMT) during a continuous 6-month period. A beneficiary with diabetes who is medically stable may receive up to 1 hour of DSMT in a continuous 6-month period.

New York
2(xv)

6d. Nurse Practitioners' Services

New York State covers all nurse practitioner specialties recognized under State Law with no limitations.

[Reserved]

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

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

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

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

- Licensed Master Social Worker (LMSW)

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

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
Non-physician licensed behavioral health practitioners (NP-LBHPs)will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

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

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

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

6.d(i). Other Licensed Practitioners (EPSDT only).

Applied Behavior Analysis
In accordance with 42 CFR 440.60(a), the following licensed providers are covered within their scope of practice as defined by state law: Licensed Behavior Analyst (LBA). Effective on or after October 1, 2019, Medical assistance shall include applied behavior analysis where such service is provided by a Licensed Behavior Analyst (LBA) or under the supervision of an LBA.

New York
2(a)

[6b. Prior approval is required for orthoptic training.

6c. Chiropractor services.

Provision of chiropractic services shall be limited to EPSDT recipients by medical necessity. Services shall be provided to the extent that such services result from the referral of the recipient's physician or primary care clinic.

6d. Clinical psychologists.

Provision of clinical psychology services shall require referral by:

1. the patient's personal physician or medical resource, such as a clinic, acting as the patient's physician;
2. the medical director in an industrial concern;
3. an appropriate school official;
4. an official or voluntary health or social agency.]

7a. Home care services are medically necessary services (physician order required) provided by a Certified Home Health Agency (CHHA) to individuals, regardless of residence, in the home and community. Such services include both part time and intermittent skilled health care [and long-term] nursing and home health aide services. Home (health) care services include nursing, home health aide, physical therapy, occupational therapy, and speech therapy. [Patients must be assessed as being appropriate for intermittent or part-time nursing services ordered by a physician pursuant to a written plan of care provided by a home health agency upon admission to an Assisted Living Program (ALP), no later than 45 days from the date of admission, and at least once during each subsequent six month period. The social services district must review the assessment and prior authorize the service].

Providers of home (health) care services must possess a valid certificate of approval issued pursuant to the provisions of Article 36 or the Public Health Law, be certified in accordance with certified home health agency, long term home health care program and AIDS home care program certification and authorization and provide services in accordance with minimum standards.

Home (health) care services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist and speech pathologist.

Registered professional nurse shall mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

The State assures the provision of Home Health services will be provided in accordance with 42 CFR 440.70.

New York
2(a)(i)

7b. Home Health aide will mean a person who carries out health care tasks under the supervision of a registered nurse or licensed therapist and who may also provide assistance with personal hygiene, housekeeping and other related supportive tasks to a patient with health care needs in his/her home. Home health aides will have successfully completed a basic training program in home health aide services or an equivalent exam approved by the Department and possess written evidence of such completion.

Certified home health agencies (CHHA) may provide home health services pursuant to the requirements of 42 CFR 440.70(b)(2). Home health services may be provided to income and/or medically eligible participants in home and community based settings, which could be the individual's home.

New York
2(a)(ii)

AIDS home health care services providers qualifications are provided pursuant to Article 36 of the PHL.

The [S]state assures the provision of AIDS home care services will be provided in accordance with 42 CFR 440.70 (for the provision of home health services).

New York
2(a)(ii)(A)

Home Telehealth Services

Beginning on October 1, 2007, the Commissioner of Health is authorized to establish fees to reimburse the cost of home telehealth services provided by a certified home health agency, including those that provide AIDS home care services.

The Commissioner shall reimburse for telehealth services if such services are provided only in connection with federal Food and Drug Administration approved and interoperable devices, which are incorporated as part of the patient's plan of care.

The purpose of providing telehealth services shall be to assist in the effective monitoring and management of patients whose medical, functional, and/or environmental needs can be appropriately and cost-effectively met at home through the application of telehealth intervention.

Reimbursement for home telehealth services is to be provided for Medicaid patients with conditions or clinical circumstances associated with the need for frequent monitoring, and/or the need for frequent physician, skilled nursing or acute care services, and where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits or acute long term care facility admissions. Conditions or clinical circumstances shall include, but not limited to, congestive heart failure, diabetes, chronic pulmonary obstructive disease, wound care, polypharmacy, mental or behavioral problems limiting self-management, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding.

New York
2(a)(ii)(B)

Telehealth Services – Remote Patient Monitoring

Effective on or after [June 1, 2016] April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth services provided by remote patient monitoring.

The purpose of providing telehealth remote patient monitoring services is to assist in the effective monitoring and management of patients whose medical needs can be appropriately and cost-effectively met at home through the application of telehealth intervention.

Telehealth remote patient monitoring services use synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an "originating site"; this information is then transmitted to a provider at a "distant site" for use in treatment and management of unstable/ uncontrolled medical conditions that require frequent monitoring. Such conditions include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, poly pharmacy, mental or behavioral problems and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding. Telehealth remote patient monitoring services [may be provided] will be ordered by a [facility licensed under Article 28 of Public Health Law or by a] physician, nurse practitioner, or a midwife [, or physician assistant who has examined the patient and] with whom the patient has a[n established,] substantial and ongoing relationship. [Payment for remote patient monitoring while receiving home health services through a Certified Home Health Agency (CHHA) is pursuant to public health law 3614 section (3-c) (a-d).] Telehealth remote patient monitoring services are based on medical necessity and should be discontinued when the patient's condition is determined to be stable/controlled.

[The Commissioner will reimburse for telehealth remote patient monitoring services if such services are provided with federal Food and Drug Administration approved interoperable devices, which are incorporated as part of a patient's plan of care.]

All services delivered via telehealth remote patient monitoring must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by remote patient monitoring, including the actual transmission of health care data and any other electronic information/records.

Telehealth Services – Store and Forward

Effective on or after [June 1, 2016] April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth store and forward technology.

Telehealth store and forward technology is the asynchronous, secure electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a [qualified physician, nurse practitioner, midwife, or physician assistant,] provider at an originating site to a consulting [physician] provider at a distant site.

[Telehealth store and forward technology may be utilized in the specialty areas of dermatology, ophthalmology and other disciplines, as determined by the Commissioner.]

Reimbursement for telehealth store and forward services is to be provided for Medicaid patients with conditions or clinical circumstances where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits.

[The Commissioner shall reimburse for services, specifically telehealth store and forward technology, if such services are provided with federal Food and Drug Administration approved interoperable devices, which are incorporated as part of a patient's plan of care.]

All services delivered via telehealth store and forward technology must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by store and forward technology, including the actual transmission of health care data and any other electronic information/records.

New York
2(a)(iii)

7c. Certain specialty items require prior approval. These items are identified for equipment dealers in the MMIS DME Provider Manual. Prior approval is required for most repairs to durable medical equipment. Personal Emergency Response Services (PERS) are provided according to [LDSS] Local Social Services District (LSSD) written authorization for recipients of personal care services and home health services ordered by a physician pursuant to a written plan of care.

7d. Physical therapist shall mean a person who is licensed by and currently registered with the New York State Education Department or who has been issued a valid limited permit by that Department. The state assures the provision of physical therapy services will be provided in accordance with 42 CFR 440.110 (a)(2)(i) and 440.110(a)(2)(ii).

Occupational therapist shall mean a person who is registered with the American Occupational Therapy Association, or either a graduate of a program in occupational therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association or a graduate of a curriculum in occupational therapy which is recognized by the World Federation of Occupational Therapists and is eligible for a registration with the American Occupational Therapy Association. The state assures the provision of occupational therapy services will be provided in accordance with 42 CFR 440.110 (b)(2)(i) and 440.110 (b)(2)(ii).

Speech pathologist shall mean a person who is licensed as required by Article 159 of the New York State Education Law. The state assures the provision of speech therapy services will be provided in accordance with 42 CFR 440.110 (c)(2).

8. Private Duty Nursing (PDN) is medically necessary nursing services, ordered by and in accordance with a written physician's treatment plan, provided in a person's home on a continuous basis normally considered beyond such nursing services available from a Certified Home Health Agency (CHHA) or intermittent nursing services normally provided through a CHHA but which are unavailable. Prior approval is required for private duty nursing services either in a person's home or in a hospital except in an urgent situation in which the attending physician may order the services for no more than two nursing days.

Care and services of a private duty nurse will be provided only if they are in accordance with the regulations of the Department of Health.

New York
2(a)(iv)

Service providers who provide private duty nursing include a Licensed Home Care Services Agency's (LHCSA) registered nurses (RN) or licensed practical nurses (LPN) enrolled on an independent practitioner basis.

Nurses providing PDN must possess a license to practice in the State of New York and be currently registered by the New York State Education Department (NYSED). In addition, nurses providing an appropriate attestation regarding their training and ability to care for medically fragile children may receive a Specialty code on their file entitling them to increased reimbursement for the provision of such care.

The [S]state assures that the provision of PDN will be provided in accordance with 42 CFR 440.80.

9. Clinic services provided in Article 28 clinics are in accordance with 42 CFR §440.90 titled clinic services. Requirements for physicians supervision comply with the [S]state Medicaid Manual, §4320B titled Physician Direction Requirement.

Collaborative Care Services: Freestanding Clinics

Effective January 1, 2015, Freestanding Clinics licensed pursuant to Article 28 of the Public Health Law will provide Collaborative Care Services for purposes of providing integrated physical and mental health care to patients diagnosed with mental illness. Freestanding Clinics must obtain prior approval from the New York State Department of Health and the New York State Office of Mental Health to furnish Collaborative Care Services. Collaborative Care Services include screening, diagnostic, preventative and therapeutic services to treat the symptoms of mental illness.

Collaborative Care Services include a minimum of one clinical contact between the Collaborative Care Manager and the patient per month, and the completion of the screening tool for the patient's specific mental illness diagnosis specified by the New York State Office of Mental Health. The clinical contact with the Collaborative Care Manager may be by phone or in person. Collaborative Care Services also include a minimum of at least one face-to-face contact between a licensed provider and the patient once every three months.

A patient is limited to 12 months of Collaborative Care Services, which are not required to be consecutive. With the prior approval of the New York State Office of Mental Health, a patient may receive an additional 12 months of Collaborative Care Services, which are not required to be consecutive.

New York
2(a)(v)

9a. Clinic Services provided in Article 31 clinics licensed by the New York State Office of Mental Health (OMH) are in accordance with 42 CFR § 440.90 title clinic services. Such services include Clinic Treatment Services, Partial Hospitalization, Continuing Day Treatment, and Day Treatment Services for Children. Any limitations on the amount, duration or scope of these services may be exceeded based on medical necessity for Medicaid beneficiaries under the age of 21.

OMH-licensed clinic services are provided under the direction of a physician in accordance with 42 CFR § 440.90 and comply with § 4320B of the State Medicaid Manual. A physician must see the patient at least once, approve the patient's treatment plan, and periodically review the need for continued care. The physician assumes professional responsibility for the services provided and assures that the services are medically appropriate and provided in a safe and efficient manner in accordance with accepted medical standards. The physician may be either an employee of the OMH-licensed clinic service provider or affiliated with the provider. OMH-licensed clinic service providers choosing to utilize affiliated physicians must enter into a contractual agreement or some other type of formal arrangement obligating the physician to supervise the care provided to the OMH-licensed clinic service provider's patients.

1. Clinic Treatment Services

Clinic Treatment Services are preventive, diagnostic, therapeutic, and rehabilitative mental health services. Clinic Treatment Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis. Medically necessary Clinic Treatment Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Clinic Treatment Services include: Initial Assessment; Psychiatric Assessment; Psychotherapy; Psychotropic Medication Treatment; Injectable Psychotropic Administration and Monitoring; Crisis Intervention; Complex Care Management; Developmental Testing, Psychological Testing; Psychiatric Consultation; Health Physical; Health Monitoring; Smoking Cessation Treatment; and Screening, Brief Intervention, and Referral to Treatment.

2. Partial Hospitalization Services

Partial Hospitalization Services are preventive, diagnostic, therapeutic, and rehabilitative intensive mental health services which are designed to stabilize and ameliorate acute symptoms and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay within a medically supervised program. Partial Hospitalization Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary Partial Hospitalization Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Partial Hospitalization Services include: Health Screening and Referral; Preadmission

Screening; Symptom Management; Medication Therapy; Medication Skill-Building; Verbal Therapy; Rehabilitation Readiness Assessment and Development; Crisis Intervention Services; Functional Skill Development; Clinical Support Services; and Discharge Planning Services.

Partial Hospitalization services are provided in preadmission visits for individuals prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may also be provided to collaterals, who are members of the individual's family or household, or others who regularly interact with the individual and are directly affected by or can affect the individual's condition and are identified in the treatment plan as having a role in the individual's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary. Collateral and group collateral visits are limited to two hours per day.

Other limitations on amount and duration of Partial Hospitalization Services include:

i. Reimbursement is limited to no more than 180 hours per course of treatment. A course of treatment shall not exceed six calendar weeks, unless during the course of treatment the recipient is admitted to an inpatient psychiatric facility. Such course of treatment may be extended to include the number of days of inpatient treatment, up to a maximum of 30 days. Partial Hospitalization Services provided during crisis, collateral or group collateral visits do not count towards the 180 hour maximum.
ii. Reimbursement is limited to 360 hours per calendar year. Services provided during crisis, collateral or group collateral visits do not count towards the 360 hour maximum.
iii. Reimbursement is limited to one visit, including preadmission visits (of up to 7 hours) and one individual or group collateral visit (of up to 2 hours) per individual per day. Additional Partial Hospitalization Services may be provided on the same day during a crisis visit.

3. Continuing Day Treatment Services

Continuing Day Treatment Services are mental health preventive, diagnostic, therapeutic, and rehabilitative services. Continuing Day Treatment Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary Continuing Day Treatment Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Continuing Day

Treatment Services include: Health Screening and Referral; Preadmission Screening; Symptom Management; Medication Therapy; Medication Skill-Building; Verbal therapy; Rehabilitation Readiness Assessment and Development; Crisis Intervention Services; Functional Skill Development; Clinical Support services; and, Discharge Planning Services.

Continuing Day Treatment Preadmission Screening services are provided in preadmission visits for individuals prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may be provided to collaterals, who are members of the individual's family or household, or others who regularly interact with the individual and are directly affected by or can affect the individual's condition and are identified in the treatment plan as having a role in the individual's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary.

Other limitations on amount and duration of Continuing Day Treatment Services include:

i. Reimbursement is limited to one visit, including preadmission visits and one individual or group collateral visit per recipient per day. Additional Continuing Day Treatment Services may be provided on the same day during a crisis visit.
ii. Continuing Day Treatment services are not reimbursable if an individual is concurrently receiving Clinic Treatment Services, except where either:
    a. an individual is in transition from Clinic Treatment Services to Continuing Day Treatment Services, in which case reimbursement is permitted for a maximum of three Continuing Day Treatment preadmission visits; or
    b. an individual is enrolled in Clinic Treatment Services solely for the purpose of Clozapine Medication Therapy.

4. Day Treatment Services for Children

Day Treatment Services for Children are preventive, diagnostic, therapeutic, and rehabilitative mental health services designed to stabilize children's adjustment to educational settings, prepare children for return to educational settings, and transition children to educational settings. Medicaid reimbursement is not available for educational activities, which are the sole responsibility of the school district of the child's residence. Day Treatment Services for Children may be provided in free-standing clinics located within schools. Medically necessary Day Treatment Services for Children include: Medication Therapy; Verbal Therapy; Crisis

Intervention Services; Clinical Support Services; Task and Skill Development; Social Skill Development; Recreational Rehabilitation Services; and Discharge Planning Services.

Day Treatment Services for Children are provided in preadmission visits for children prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may also be provided to collaterals, who are members of the child's family or household, or others who regularly interact with the child and are directly affected by or can affect the child's condition and are identified in the treatment plan as having a role in the child's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary.

Other limitations on amount and duration of Day Treatment Services for Children include:

i. Reimbursement is limited to one visit, including preadmission visits and one collateral visit per child per day. Additional Day Treatment Services for Children may be provided on the same day during a crisis visit.
ii. Day Treatment Services for Children are not reimbursable if a child is concurrently receiving Clinic Treatment Services, except where either:
    a. a child is in transition from Clinic Treatment Services to Day Treatment Services for Children, in which case reimbursement is permitted for a maximum of three Day Treatment Services for Children preadmission visits; or
    b. a child is enrolled in Clinic Treatment Services solely for the purpose of Clozapine Medication Therapy.

New York
2(b)

12a. Prior authorization or dispensing validation is required for some prescription drugs. The State has established a preferred drug program with prior authorization for drugs not included on the preferred drug list. The prior authorization complies with the requirements of Section 1927(d)(5) of the Social Security Act and provides for a 24-hour turnaround by either telephone or other telecommunications device from receipt of request and provides for a 72-hour supply of drugs in emergency circumstances. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health. Prior authorization is required for a generic equivalent of a brand name drug, including a generic equivalent that is on the preferred drug list or the clinical drug review program, when the net cost of the brand name drug, after consideration of all rebates, is less than the cost of the generic equivalent.

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

1. Outpatient drugs of any manufacturer which has entered into and complies with a rebate agreement under Sections 1902(a)(54) and 1927(a) of the Act with the Centers for Medicare and Medicaid Services (CMS) which are prescribed for a medically accepted indication. All drugs covered by the National Drug Rebate Agreements remain available to Medicaid beneficiaries, although some may require prior authorization. Drugs for the treatment of erectile dysfunction, as set forth in 42 U.S.C. §1396r-8(d)(2)(K), are not a covered service, on and after April 1, 2006, unless such drugs are used to treat conditions other than sexual or erectile dysfunction and these uses have been approved by the Food and Drug Administration.

2. Supplemental Rebate Programs

   The State is in compliance with Section 1927 of the Social Security Act. The State has the following policies for the Supplemental Rebate Programs for the Medicaid population.

   a) CMS has authorized the State of New York to enter into the National Medicaid Pooling Initiative (NMPI) for drugs provided to Medicaid beneficiaries. The NMPI Supplemental Rebate Agreement (SRA) and the Amendment to the SRA submitted to CMS on March 30, 2006 have been authorized for pharmaceutical manufacturers' existing agreements through their current expiration dates. The updated NMPI SRA submitted to CMS on June 30, 2013 has been authorized for renewal and new agreements with pharmaceutical manufacturers for drugs provided to Medicaid beneficiaries.

   b) CMS has authorized the State of New York to enter into Medicaid State-specific Supplemental Rebate Agreement directly with manufacturers to receive supplemental rebates of covered outpatient drugs for Medicaid beneficiaries. The State-specific Supplemental Rebate Agreement was submitted to CMS on [March 31, 2010] December 31, 2014 and has been authorized by CMS.

New York
2(b.1)

c) The prior authorization process complies with the requirements of Section 1927 of the Social Security Act and provides for a 24-hour turn-around response by either telephone or telecommunications device from the receipt of a prior authorization request. In emergency situations, providers may dispense a 72-hour supply of medications.

d) The terms of the supplemental rebate programs apply only to covered outpatient drugs for which the State is eligible for federal financial participation. Supplemental rebates received by the State in excess of those required under the National Drug Rebate Program will be shared with the Federal Government on the same percentage basis as applied under the National Drug Rebate Agreement.

e) Any Supplemental Rebate Agreement not authorized by CMS will be submitted to CMS for authorization.

f) All drugs covered by the programs will comply with the provisions of the national drug rebate agreement.

3. Any changes to the NMPI Supplemental Rebate Agreement must be submitted to CMS for authorization. Any changes to the State-specific Supplemental Rebate Agreement NY State holds directly with the manufacturer must be submitted to CMS for authorization.

4. As provided by the Act, a new drug manufactured by a company which has entered into a rebate agreement may be covered subject to prior approval, unless the drug is subject to the allowable exclusion categories provided by the Act.

5. As specified in Section 1927(b)(3)(D) of the Act, notwithstanding any other provisions of law, rebate information disclosed by a manufacturer shall not be disclosed by the state for purposes other than rebate invoicing and verification.

6. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

7. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit–Part D.

☒ **The following excluded drugs are covered:**

- ☐ (a) agents when used for anorexia, weight loss, weight gain
- ☒ (b) agents when used to promote fertility: Some – bromocriptine, clomiphene citrate, letrozole, and tamoxifen only.
- ☒ (c) agents when used for the symptomatic relief cough and colds: Some - benzonatate only
- ☒ (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Some - select B Vitamins (niacin, pyridoxine, thiamine, cyanocobalamin); Folic Acid; Vitamin K; Vitamin D (ergocalciferol, cholecalciferol); Iron (including polysaccharide iron complex); Iodine
- ☒ (e) nonprescription drugs: Some - select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products, minerals and vitamin combinations
- ☐ (f) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

New York
2(c.1)

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

https://www.emedny.org/info/formfile.aspx

13c. Preventive Services

New York State Medicaid covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing, when provided in a practitioner's office.

Preventive Services specified in section 4106 of the Affordable Care Act are all available under the State Plan and are covered under the physician, other practitioner, nurse-midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B.

The State will maintain documentation supporting expenditures claimed for these Preventive Services and ensure that coverage and billing codes comply with any changes made to the USPSTF or ACIP recommendations.

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

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

- Licensed Clinical Social Worker (LCSW)

NP-LBHPs also includes the following individuals who practice psychotherapy services:

- *Licensed Master Social Worker (LMSW)*;
- *Applied Behavioral Sciences Specialist (ABSS)* – An Applied Behavioral Sciences Specialist (ABSS) with a Master's degree in a clinical and/or treatment field of psychology from an accredited institution and/or a NYS license in Mental Health Counseling, who has training in assessment techniques and behavioral program development.
  - **Supervision requirement:** Services delivered by an ABSS must be performed under the supervision of a NYS Licensed Psychologist in accordance with the supervisory functions described in the scope of practice in state law. Services delivered by an ABSS will be billed under the NPI of the supervising Licensed Psychologist who is ultimately responsible for services rendered. Services delivered by an LMSW must be performed under the supervision of a NYS Licensed Psychologist or LCSW in accordance with the supervisory functions described in the scope of practice in state law. Services delivered by an LMSW will be billed under the NPI of the supervising Licensed Psychologist or LCSW (whichever is applicable), who is ultimately responsible for services rendered.

Limitations: Services cannot duplicate services available through other State Plan options and must be prior authorized. An annual prior authorization for a maximum of 50 visits for psychotherapy service will be granted based upon attestation of medical necessity by a qualified billing provider. Further visits beyond the initial 50 visits can be prior authorized upon the State's review and approval of documentation supporting medical necessity.

13c. Preventive Services

National Diabetes Prevention Program (NDPP)

For dates of service on or after July 1, 2019, Medicaid will begin covering diabetes prevention services as outlined in the Centers for Disease Control and Prevention (CDC)-recognized National Diabetes Prevention Program (NDPP). The NDPP is an evidence-based, educational and support program designed to assist at-risk individuals from developing Type 2 diabetes. Diabetes services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c) and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent diabetes, prolong life, and promote the physical and mental health of the beneficiary.

The CDC grants NDPP recognition only to organizational entities. Therefore, only organizations that have achieved CDC recognition can be enrolled in Medicaid as an NDPP provider. Individuals who wish to participate in the Medicaid NDPP program may do so as a trained "Lifestyle Coach" once they meet the standards and guidelines specified in the CDC's Diabetes Prevention Recognition Program (DPRP). Only the organizations that are enrolled in Medicaid as NDPP providers may bill for NDPP services. The CDC-recognized organization will supervise Lifestyle Coaches and must ensure that the individual Lifestyle Coaches providing NDPP services on behalf of the organization have been formally trained and have complied with the requirements outlined by the CDC.

A Lifestyle Coach may be a physician, non-physician practitioner, or an unlicensed person who has received formal training on a CDC-approved curriculum for at least 12 hours and is recognized as having met the NDPP requirements specified in the CDC's Diabetes Prevention Recognition Program (DPRP) standards and guidelines.

Lifestyle Coaches will work with Medicaid members to provide them with a practical understanding of the positive impacts of healthier, sustained dietary habits; increased physical activity; and behavior change strategies for weight control; and will offer the following services with the goal to prevent Type 2 diabetes:

- Counseling related to long-term dietary change, increased physical activity, and behavior change strategies for weight control;
- Counseling and skill building to facilitate the knowledge, skill, and ability necessary to prevent the onset of Type 2 diabetes; and
- Nutritional counseling.

13d. Harm Reduction Services

Harm reduction services represent a fully integrated client-oriented approach to care. Such services are remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. The role of the harm reduction service is to ensure that clients obtain needed services at the appropriate time by assessing and reducing any barriers to accessing these programs. Harm reduction services begin immediately as service needs are assessed. The determination of the type(s) of service, frequency, and intensity is an ongoing responsibility of the harm reduction staff, and there is no limitation in the amount, duration, and scope of services. Harm reduction services continue until the staff determine that the service goals have been met or if the client decides he/she no longer wants to participate in programming.

Harm reduction programs will provide the following:

1. Development of a Treatment Plan
2. Individual/Group Supportive Counseling
3. Medication management and Treatment Adherence Counseling
4. Psychoeducation - Support groups

1. Development of a Treatment Plan

Definition: Development of a treatment plan through either an initial assessment or a scheduled or event-generated reassessment for harm reduction services is part of a package of remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. Referrals may be made for more intensive behavioral interventions, support groups, wellness services, substance use disorder (SUD) treatment, and overdose prevention as needed.

A reassessment is a scheduled or event-generated formal re-examination of the client's situation, functioning, substance use, and medical and psychosocial needs to identify changes which have occurred since the initial or most recent assessment. The reassessment measures progress toward the desired goals and is used to prepare a new or revised harm reduction program plan or confirm that current services remain appropriate.

There are no limitations on the amount, duration, and scope of these services.

Providers: Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience either 1) providing community-based services to active substance users or persons living with a history of substance use or 2) providing harm reduction or community-based social services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations;

- or a case worker who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience in case management or related supportive services position serving women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations, including one year of HIV-related experience; or
- director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor's degree and at least three (3) years' experience in the provision of supportive services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations; or
- a peer who has been certified through a Department-approved certification program or one conducted by another entity recognized by the Department and who is supervised by the director of harm reduction services. A person seeking harm reduction peer certification is required to complete 68 training hours of core courses such as Introduction to HIV, STIs, and Viral Hepatitis; Sex, Gender, and HIV; and Overview of Harm Reduction Counseling, as well as courses addressing health and medical needs and cultural competency among at-risk populations and health literacy. An additional 22 hours of training are required in topics specific to harm reduction among substance users and include promoting PrEP; retention in care; opioid overdose prevention; HCV prevention; safer injection and wound care; and addressing sexual risk. Other requirements for certification include completing a 500-hour practicum and passing a knowledge assessment. Certified peers must complete at least 10 hours of training annually to maintain their certification.

2. Individual/Group Supportive Counseling

Definition: Supportive counseling services are part of a package of remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. Effective supportive counseling assists individuals in understanding how to reduce the behaviors that interfere with their ability to lead healthy, safe lives and to restore them to their best possible functional level Supportive counseling may be provided to an individual or in a group setting and can cover such topics as HIV/HCV/STD status or substance use disclosure to family members and friends; addressing stigma for drug users in accessing services; how to maximize health care services interactions; how to reduce substance use or use more safely and avoid overdose; and how to address anxiety, anger, and depressive episodes. There are no limitations on the amount, duration, and scope of these services.

Providers: Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience either 1) providing community-based services to active substance users or persons living with a history of substance use or 2) providing harm reduction or community-based social services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations;

- or a case worker who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience in case management or related supportive services position serving women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations, including one year of HIV-related experience; or
- director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor's degree and at least three (3) years' experience in the provision of supportive services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations.

3. Medication Management and Treatment Adherence Counseling

Medication management and treatment adherence counseling assists clients to recognize the need for medication to address substance use or psychiatric issues, reinforce the importance of adherence to treatment regimens, and identify tools to follow the prescribed regimens. Such services are remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. There are no limitations on the amount, duration, and scope of these services.

Providers: Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential and has at least three (3) years' experience in case management or related supportive services position; or
- director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor's degree and has at least three (3) years' experience in the provision of supportive services and supervision of staff; or
- a peer who has achieved Department-approved certification and is supervised by the director of harm reduction services.

4. Psychoeducation - Support Groups

Definition: Support groups are stand-alone services that may also be used to supplement individual and/or group supportive counseling. Such services are remedial services recommended by a physician or other licensed practitioner. Support groups restore individuals to his or her best possible functional level by focusing on group members' issues and experiences relative to substance use, finances, medical/health care, support system, incarceration history and other factors that contribute to risk behaviors for HIV/STD/HCV. Support groups may be facilitated by a direct service provider, a case worker, or the director of harm reduction services or co-facilitated by a peer. There are no limitations on the amount, duration, and scope of these services.

Providers: Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience as a direct service provider in a supportive services position; or
- a case worker who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience in case management or a related supportive services position; or
- director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor's degree and at least three (3) years' experience in the provision of supportive services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations and
- a peer who has achieved Department-approved certification and is supervised by the director of harm reduction services.

Qualifications of Provider Organizations

Community-based organizations, including local health units, facilities licensed under Article 28 of New York State Public Health Law, and non-profit organizations that have been approved by the Commissioner of Health with a waiver to conduct a comprehensive harm reduction program, including syringe exchange.

Freedom of Choice – Access to Services

The State assures that the provision of harm reduction services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Access to services will be limited to the authorized syringe exchange programs.
2. Eligible recipients will have free choice of the providers of harm reduction services within the specified geographic area identified in this Plan.
3. Eligible recipients will have free choice of the providers of other medical care under the Plan.
4. Eligible recipients who refuse harm reduction services will not be denied access to other services offered under the Plan.
5. Harm reduction program services will not be used to restrict an individual's access to other services under the Plan.

New York
2(c.6)

Limitations

Harm reduction program services do not include the following:

- case management activities that are an integral component of another covered Medicaid service; and
- substance use disorder treatment services.

Harm reduction program services:

- must not be utilized to restrict the choice of services a recipient can obtain, including medical care or services from any provider participating in the Medical Assistance program that is qualified to provide such or who undertakes to provide such care or service(s) including an organization which provides such care or services or which arranges for the delivery of such care or services on a prepayment basis; and
- must not duplicate certain services currently provided under the Medical Assistance Program or other funding sources such as the Long Term Home Health Care program, AIDS Home Care program under 622 of the Laws of 1988, and the Care at Home Program (Katie Beckett Model Waivers).

New York
2d

-RESERVED-

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

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679
"Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

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

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

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

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

12b. Prior approval is required for all dentures.

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

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

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

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

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

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

13d. Rehabilitative Services

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

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

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

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

New York
3.1

[13d. Rehabilitative Services:

School Supportive Health Services

School Supportive Health Services are services provided by or through local school districts or the New York City Board of Education to children with, or suspected of having disabilities, who attend public or State Education Department approved private schools. These services, which are provided to children with special needs pursuant to an Individualized Education Program (IEP) and are limited to EPSDT, are:

1. Physical therapy services
2. Occupational therapy services
3. Speech pathology services
4. Audiological evaluations
5. Evaluations for all available services
6. Nursing Services
7. Psychological and social work services (psychological counseling)
8. Transportation see Supplement to Attachment 3.1.A, Item 24a
9. Medical evaluations (physician, physician assistant and nurse practitioner)

Preschool Supportive Health Services

Preschool Supportive Health Services are services provided by or through counties or the New York City Board of Education to children, with or suspected of having disabilities, who attend State Education Department approved preschools. These services, which are provided to children with special needs pursuant to an Individual Education Program (IEP) and are limited to EPSDT, are:

1. Physical therapy services
2. Occupational therapy services
3. Speech pathology services
4. Audiological evaluation
5. Evaluations for all available services
6. Nursing services
7. Psychological and social work services (psychological counseling)
8. Transportation see Supplement to Attachment 3.1.A, Item 24a
9. Medical evaluations (physician, physician assistant and nurse practitioner)]

13d. (Cont'd) Rehabilitative services for residents of community-based residential programs licensed by the Office of Mental Health (CMH) are of three types:

1. Community residences of sixteen beds or less;
2. Family-based treatment and
3. Teaching family homes.

1. Community Residences

Rehabilitative services in community residences are interventions, therapies and activities which are medically therapeutic and remedial in nature, and are medically necessary for the maximum reduction of functional and adaptive behavior deficits associated with the person's mental illness. Community residences for adults may be either a congregate-type arrangement or apartment-based. Community residence services are also provided to children.

Limitations on services include the following:

[ ] All providers must be currently licensed by CMH as community residences under 14 NYCRR 586 and 594. Congregate locations have sixteen beds or less.

[ ] Adults admitted must be determined to have a severe and persistent mental illness, as defined by the Commissioner of CMH.

[ ] Children admitted must be determined to have a serious emotional disturbance, as defined by the Commissioner of CMH.

[ ] Services are limited to those described in 14 NYCRR 593.

[ ] All services must be provided pursuant to a physician's written authorization and provided in accordance with an approved service plan, as described in 14 NYCRR 593.

2. Family-based treatment

Rehabilitative services in family-based treatment programs are intended to provide treatment to seriously emotionally disturbed children and youth to promote their successful functioning and integration into the natural family, community, school or independent living situations. Such services are provided in consideration of a child's developmental stage. Those children determined eligible for admission are placed in surrogate family homes for care and treatment.

Limitations on services include the following:

[ ] all providers must be currently licensed by CMH as family-based treatment programs under 14 NYCRR 594.

[ ] children admitted must be determined to have a serious emotional disturbance, as defined by the Commissioner of CMH.

[ ] services are limited to those described in 14 NYCRR 593.

[ ] all services must be provided pursuant to a physician's written authorization and provided in accordance with an approved service plan, as described in 14 NYCRR 593.

3. Teaching Family Homes

Rehabilitative services in teaching family homes are intended to provide treatment to seriously emotionally disturbed children and youth to promote their successful functioning and integration into the natural family, community, school or independent living situations. Such services are provided in consideration of a child's developmental state. Eligible children are placed in small congregate care homes (4 children or less) in a supervised living arrangement with approved teaching parents, based on the National Teaching Family Model.

This program is different from family based treatment because some children are not able to tolerate the family closeness of family based treatment programs, and, therefore, are more appropriately treated in teaching family homes.

Limitations on services include the following:

[ ] All providers must be currently licensed by OMH as teaching family homes under 14 NYCRR 594.

[ ] Children admitted must be determined to have a serious emotional disturbance, as defined by the Commissioner of OMH.

[ ] Services are limited to those described in 14 NYCRR 593.

[ ] All services must be provided pursuant to a physician's written authorization and provided in accordance with an approved service plan, as described in 14 NYCRR 593.

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) programs will provide case management, treatment and rehabilitation to persons with a serious psychiatric disorder who exhibit a pattern of institutional utilization and/or are at risk of a severely dysfunctional lifestyle; present symptoms and impairments not effectively remedied by other available treatment; do not or cannot be engaged in treatment in other outpatient settings as a result of their mental illness; or cannot maintain consistency in treatment through other outpatient services.

Programs will be licensed under 14 NYCRR Part 508. Services will be provided primarily in the community. Services will be provided under the supervision of a psychiatrist by a multi-disciplinary team which meets with the recipient or the recipients significant others a minimum of six times per month. Of these six contacts, at least three of the contacts must be with the Medicaid recipient. Step down services may be provided to clients found by the team to be no longer in need of full ACT team services. A client who is receiving ACT step down must receive a minimum of two face to face contacts per month. Individuals shall be allowed to alternate between the full ACT team services and step-down services depending on the level of services needed to remain in the community.

13d. Rehabilitative Services
Personalized Recovery Oriented Services

[A comprehensive] Personalized Recovery Oriented Services (PROS) programs [will] provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support services to individuals for whom such services have been recommended by a licensed practitioner of the healing arts (LPHA). PROS providers may, at their option and with approval from the Office of Mental Health, also provide Clinical Treatment Services to individuals enrolled in PROS for whom such services are determined to be necessary and appropriate by a physician or psychiatric nurse practitioner. [A "limited license" will be made available for free-standing Intensive Rehabilitation and Ongoing Rehabilitation and Support programs that are operated by a provider that does not have the capability to offer Community Rehabilitation and Support.

Community Rehabilitation and Support (CRS) is designed to engage and assist individuals in managing their mental illness and in restoring those skills and supports necessary to live successfully in the community. Intensive Rehabilitation (IR) is a customized package of rehabilitation and support services designed to intensely assist an individual in attaining specific life goals such as successful completion of school, attainment of stable and independent housing, and gainful employment.
Intensive Rehabilitation services may also be used to provide targeted interventions to reduce the risk of hospitalization, loss of housing, involvement in the criminal justice system, and to help individuals manage their symptoms. Ongoing Rehabilitation and Support (ORS) will provide interventions designed to assist in managing symptoms in an integrated workplace setting.

PROS programs will offer a comprehensive menu of services, customized for each client through development of an individualized recovery plan. Services provided by the CRS component of a PROS program will include but are not limited to: engagement; assessment; wellness self-management; basic living skills training; benefits and financial management; community living skills exploration; crisis intervention; individual recovery planning; information and education regarding self help; and structured skill development and support. Services provided by the IR component of a PROS program will include but are not limited to: family psychoeducation; intensive rehabilitation goal acquisition; clinical counseling and therapy; and intensive relapse prevention. Service provided in the IR component of a "limited license" PROS program will include, but is not limited to, intensive rehabilitation goal acquisition for employment and education-oriented goals. Services provided by the ORS component of a PROS program will include, but not limited to, vocational support services, defined as the ongoing provision of counseling, mentoring and advocacy services designed to sustain an individual's role in integrated employment by providing supports which assist the individual in symptom management. PROS services will be provided both onsite and offsite, but ORS services will always be provided off-site in the community.

Programs may, at their option, provide clinical treatment services designed to stabilize ameliorate and control the disabling symptoms of mental illness. Programs that provide clinical treatment services will be reimbursed at a higher rate for the clinic component than programs which do not provide clinical treatment services.]

13d. Rehabilitative Services
Personalized Recovery Oriented Services - continued

[The goal of the program is to provide integrated services, but clients can choose to receive service from different service components in more than program. Clients enrolled in a PROS program which provides clinical treatment services will be given free choice as to whether they wish to receive clinical treatment through the PROS program, or receive those services from a clinic licensed under 14 NYCRR Part 587.

Programs will be licensed and reimbursed under criteria set forth in 14 NYCRR Part 512 Staffing requirements will include differing staff to client ratios depending on the component of services the program offers.]

PROS provider agencies are licensed by the New York State Office of Mental Health to offer a comprehensive menu of services, customized for each individual through the development of an Individualized Recovery Plan.

PROS services are delivered in accordance with documented Individualized Recovery Plans which, at a minimum, must include a description of the individual's strengths, resources, including collaterals, and mental health-related barriers that interfere with functioning; a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers.

For individuals receiving Intensive Rehabilitation, Ongoing Rehabilitation and Support or Clinical Treatment Services, the Individualized Recovery Plan shall identify the reasons why these services are needed, in addition to Community Rehabilitation and Support services, to achieve the individual's recovery goals.

PROS services provided to collaterals are provided solely for the benefit of Medicaid beneficiaries.

Individualized Recovery Plans must be approved by a Professional Staff member as well as the individual recipient. For individuals receiving Clinical Treatment Services, either a physician or a psychiatric nurse practitioner shall approve the Individualized Recovery Plan.

13d. Rehabilitative Services
Personalized Recovery Oriented Services (PROS) - continued

Practitioner qualifications:

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Each licensed PROS must have a minimum of 40% full-time equivalents of Professional Staff, including:

- **Creative Arts Therapist** - an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;

- **Credentialed Alcoholism and Substance Abuse Counselor** - an individual who is currently credentialed by the New York State Office of Alcoholism and Substance Abuse Services in accordance with Part 853 of Title 14 of the NYCRR;

- **Marriage and Family Therapist** - an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

- **Mental Health Counselor** - an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;

- **Nurse Practitioner** - an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;

- **Nurse Practitioner in Psychiatry** - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;

13d. Rehabilitative Services
PROS – continued

- **Occupational Therapist** - an individual who is currently licensed or permitted to practice as an occupational therapist by the New York State Education Department and who meets the qualifications set forth in 42 CFR § 440.110(b)(2);

- **Pastoral Counselor** - an individual who has a master's degree or equivalent in pastoral counseling or is registered as a Pastoral Care Specialist of the American Association of Pastoral Counselors;

- **Physician** - an individual who is currently licensed or permitted to practice as a physician by the New York State Education Department;

- **Physician Assistant** - an individual who is currently registered or permitted to practice as a physician assistant or a specialist's assistant by the New York State Education Department;

- **Psychiatrist** - an individual who is currently licensed or permitted to practice as a physician by the New York State Education Department and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology;

- **Psychoanalyst** - an individual who is currently licensed or permitted as a psychoanalyst by the New York State Education Department;

- **Psychologist** - an individual who is currently licensed or permitted as a psychologist by the New York State Education Department. Individuals with at least a master's degree in psychology who do not meet this definition may not be considered licensed practitioners of the healing arts, and may not be assigned supervisory responsibility. However, individuals who have obtained at least a master's degree in psychology may be considered professional staff for the purposes of calculating professional staff and full time equivalent professional staff;

- **Registered Professional Nurse** - an individual who is currently licensed or permitted to practice as a registered professional nurse by the New York State Education Department;

- **Rehabilitation Counselor** - an individual who has either a master's degree in rehabilitation counseling from a program approved by the New York State Education Department or current certification by the Commission on Rehabilitation Counselor Certification;

13d. Rehabilitative Services
PROS – continued

- **Social Worker** - an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts. However, social workers who have obtained at least a master's degree in social work from a program approved by the New York State Education Department may be considered professional staff for the purposes of calculating professional staff and full-time equivalent professional staff; and

- **Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

A PROS program licensed to provide Clinical Treatment Services must have a minimum of .125 FTE psychiatrist and .125 FTE registered professional nurse for every 40 individuals receiving clinical treatment services. Additional psychiatry staff must be added, as necessary, to meet the volume and clinical needs of participants receiving clinical treatment services.

Minimum Qualifications for Paraprofessional Staff

Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff shall have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field.

Paraprofessional Staff Training

PROS programs shall ensure Paraprofessional Staff demonstrate competency in rehabilitation practices and PROS service components through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member.

Required Supervisory Arrangements

Initial service recommendations and Individualized Recovery Plans must be developed and documented under the supervision of Professional Staff. Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any PROS service components. Additionally, PROS Programs must demonstrate a formal plan for the provision of professional supervision of group-delivered services as a condition of program licensure.

13d. Rehabilitative Services
PROS – continued

Community Rehabilitation and Support (CRS) Services
Community Rehabilitation and Support (CRS) services are an array of recovery-oriented assessment, psychosocial rehabilitation, counseling, family psychoeducation, and crisis intervention services designed to restore, rehabilitate and support individuals to regain skills and functionality lost due to mental illness, and manage the symptoms of their mental illness so that they may live successfully in the community.

Service Components:

- **Psychiatric Rehabilitation Assessment**
  With the active involvement of the individual, the Rehabilitation Assessment process involves a multi-disciplinary review of the individual's strengths and barriers encountered as a result of his or her psychiatric condition and identifies life role goals to be addressed in the individual's Individualized Recovery Plan.

  Practitioner qualifications: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Alcohol, Tobacco and Other Drug Assessment**
  An assessment service designed to gather data concerning an individual's substance-related history and current use and assess such data to determine the individual's substance abuse status, the need for substance abuse services or referral.

  Practitioner qualifications: Professional Staff.

- **Basic Living Skills**
  A psychosocial rehabilitation service designed to improve an individual's ability to perform the basic skills necessary to achieve maximum independence and acceptable community behaviors that are critical to his or her recovery. This service focuses on the reacquisition of capabilities and skills, and strategies for appropriate use of skills.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Benefits and Financial Management**
  A psychosocial rehabilitation services which assists individuals in reacquiring skills and capabilities that were lost as a result of the onset of mental illness and that are necessary to manage their own finances. This service is designed to support an individual's functioning in the community through understanding, and skill in handling, his or her own financial resources.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

13d. Rehabilitative Services
PROS – continued

- **Cognitive Remediation**
  A counseling service designed to improve and restore an individual's functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health.

  Practitioners: Professional Staff who have had training approved by the Office of Mental Health.

- **Community Living Exploration**
  A psychosocial rehabilitation service designed to help an individual understand the demands of specific community life roles, in order to make decisions regarding participation and to overcome barriers to participate and perform in desired roles. This service also includes motivating individuals to explore and increase their knowledge of opportunities available in the community.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Crisis Intervention**
  A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.

  Practitioners: Professional Staff.

- **Engagement in Recovery**
  A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Individualized Recovery Planning**
  A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

13d. Rehabilitative Services
PROS – continued

- **Skill Building for Self-help**
  A psychosocial rehabilitation service designed to help individuals restore the skills necessary to identify and participate in or take advantage of appropriate self-help resources or mutual aid groups.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Pre-admission screening**
  A service including engaging, interviewing and evaluating an individual to determine whether the individual is appropriate for the program and identifying and addressing any unique circumstances and functional limitations which may impact the individual's ability and desire to receive PROS services.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Structured Skill Development and Support**
  A psychosocial rehabilitation service designed to assist individuals to regain the skills necessary for performing normative life roles associated with group membership, work, education, parenting, or living environments by modeling and practicing skills in actual community settings off-site or community environments replicated at the program site and through the use of structured activities.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Wellness Self-management**
  Psychosocial rehabilitation services designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Services may be provided to recipients and/or collaterals for the benefit of the recipient, and may include, but are not limited to coping skills training, disability education, dual disorder education, medication education and self-management, problem-solving skills training, and relapse prevention planning.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

13d. Rehabilitative Services
PROS – continued

- **Clinical Treatment**
  If an individual attending a PROS that does not include Clinical Treatment services requires those services, the individual may receive Clinical Treatment services at an OMH licensed clinic or an independent practitioner. If the individual is not receiving Clinical Treatment services directly within the PROS, the PROS documents that the services provided by the OMH licensed clinic are integrated with those provided by the PROS.

  Clinical Treatment Services are designed to stabilize, ameliorate and control the disabling symptoms of mental illness. In order to be licensed to offer Clinical Treatment services within a PROS, the PROS staffing plan must meet minimum clinical treatment staffing requirements as described under the PROS practitioner requirements, the PROS staffing must include sufficient qualified staff to deliver clinical treatment services and additional space to perform services is required.

  Clinical Treatment services include:

- **Clinical Counseling and Therapy**
  A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.

  Practitioners: Licensed Practitioners of the Healing Arts, as defined in this section and Professional Staff under the supervision of a Licensed Practitioner of the Healing Arts, as defined in this section.

- **Health Assessment**
  A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.

  Practitioners: Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse.

13d. Rehabilitative Services
PROS – continued

- **Medication Management**
  A service designed to prescribe or administer medication to treat the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral. Medication management may include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks and possible side effects of a proposed course of medication. The Medication itself is reimbursable under separate State Plan authority.

  Practitioners: Psychiatrist and/or psychiatric nurse practitioner.

- **Psychiatric Assessment**
  A service designed to gather data concerning an individual's psychiatric history and current mental health symptoms, assess such data for determination of the individual's current mental health status, and identify the need for clinical treatment services.

  Practitioners: Psychiatrist or psychiatric nurse practitioner.

- **Symptom Monitoring**
  A service designed to identify the ongoing effects of an individual's course of care. This service involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to treatment, within the context of other support and rehabilitation services.

  Practitioners: Licensed Practitioners of the Healing Arts, as defined in this section and Professional or Paraprofessional Staff under the supervision of a Licensed Practitioners of the Healing Arts, as defined in this section.

- **Intensive Rehabilitation (IR)**
  Intensive Rehabilitation services include the following four psychosocial rehabilitation and counseling services which are designed to be delivered with greater frequency, in smaller group sizes or by specifically qualified staff. Individuals may require IR when they experience episodes of acute loss of functioning increasing their risk of hospitalization, loss of housing or involvement in the criminal justice system or heightened urgency and motivation to work towards a specific rehabilitation goal over a short period of time.

13d. Rehabilitative Services
PROS – continued

Service Components:

- **Intensive Rehabilitation Goal Acquisition**
  A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one-on-one and outside of normally scheduled group programming.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Intensive Relapse Prevention**
  A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

- **Integrated Treatment for Dual Disorders**
  A rehabilitation counseling service based on evidence-based practices that include motivational, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.

13d. Rehabilitative Services
PROS – continued

- **Family Psychoeducation / Intensive Family Support**
  A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.

- **Ongoing Rehabilitation and Support**
  Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace, develop strategies for resolving workplace issues, and maintain other functional skills necessary to sustain competitive employment. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings. ORS does not include educational, vocational or job training services.

  Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

[Reserved]

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services
1905(a) (13)
42 CFR 440.130(d)

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

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

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

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- 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.

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 sensitive 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. 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. 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: Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. CI is a face-to-face intervention 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. CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically sensitive, 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. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of diverting an emergency room visit and/or inpatient admission, when appropriate. Service is available with 24/7 availability and capacity to respond within one hour of call.

Practitioner qualifications: Services should be provided by a culturally competent, trauma-informed, and linguistically responsive multidisciplinary team (of at least two professionals unless noted below), for programmatic or safety purposes. One member of a two-person crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage only one team member is needed to respond to a psychiatric crisis, that team member must be a behavioral health professional and have experience with crisis intervention. If determined through triage only one team member is needed to respond to a substance use disorder (SUD) crisis, the team member may be a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and a licensed practitioner must be available via phone. A peer support specialist may not respond alone. Behavioral health professionals are practitioners possessing a license or a permit from 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. For Crisis Intervention, these behavioral health professionals include: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with experience/background treatment mental health and/or substance use disorders OR one practitioner from the above list and one practitioner from the following who is]

Reserved

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

not considered a behavioral health professional: Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

If one member of the crisis intervention team is a Peer support specialist, the Peer support provider must have a credential/certification as either:

1) An OMH established Family Peer Advocate credential, or
2) An OASAS established Certified Recovery Peer Advocate - Family.

Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates training or approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA credential every two years.

An FPA may obtain a provisional credential and complete all other requirements of the professional family peer advocate credential that will allow services they provide to be billed if the applicant has:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.]

Reserved

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

An FPA may obtain a provisional credential if the applicant has (Continued)

•Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
•Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
•Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA).

An FPA with a provisional credential must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA OR Family Peer Support will be delivered by a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

To be certified as CRPA-Family, the individual must be at least 18 years of age and have the following:

•Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
•Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
•Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support, medication assisted treatment and ethical responsibility.
•Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: have a bachelor's degree; are credentialed by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or completed the 30-Hour Recovery Coach Academy training.
•Provided evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
•Passed the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
•Submitted two letters of recommendation.
•Demonstrated a minimum of 16 hours in the area of Family Support.
•Completed 20 hours of continuing education earned every two years, including six hours of Ethics.]

Reserved

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

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan

Crisis Intervention Team Training: All members of the Crisis Intervention team are required to have training in first aid, CPR, Mandated Reporting, Crisis De-escalation, Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), and crisis plan development.

Supervisor Qualifications: The supervisor is a competent mental health professional and must provide regularly scheduled supervision for all team members including peers. 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, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law. For example, if a psychiatric nurse practitioner is on the team with fewer than 3,600 hours of experience, a psychiatrist must be on the team and supervise him/her. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: CI practitioners must work within agencies that possess a current license to provide crisis and/or crisis treatment services or any 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 comparable and appropriate crisis services referenced in the definition.]

Reserved

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

Mental Health and Substance Abuse Services Assessment:
Description: Assessment of risk and mental status and the need for further evaluation and/or other health/behavioral health services.

Practitioner qualifications: Assessments may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background in treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Service Planning:
Description: Development of a safety plan, which addresses the immediate circumstances and the prevention of future crises, and signing of appropriate releases.

Practitioner qualifications: Service Planning may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Individual Counseling/Therapy
Describe: Crisis resolution and debriefing with the identified Medicaid eligible child, the child's family/caregiver and treatment provider.

Practitioner qualifications: Individual Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.]

Reserved

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

Family Counseling/Therapy
Describe: Crisis resolution and debriefing with the child's family/caregiver and the treatment provider.

Practitioner qualifications: Family Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

Care Coordination:
Description: Care coordination includes:
1) Consultation with a physician or other licensed practitioner of the healing arts to assist with the child's specific crisis and planning for future service access.
2.) It is the expectation that there will be documented follow-up.
3.) Follow-up with the child and family/caregiver within 24 hours of initial contact/response, including informing existing supports/providers of the developed crisis plan. The entity that the child is referred to conducts an evaluation/assessment for additional longer term services.

Practitioner qualifications: Care Coordination may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Peer/Family Peer Support:
Describe: Crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider.

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA) or a Certified Recovery Peer Advocate-Family as defined above in this section.]

13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST)
Description: Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. 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. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner qualifications: CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners may include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description (Continued)
Practitioner Qualifications (Continued)

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a professional meeting 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, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

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

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

Service Planning (Strengths-based treatment planning):
Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):
Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):
Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):
Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner qualifications:
Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Individual, family and Group Counseling/Therapy (Rehabilitative Supports) (Continued):
Practitioner Qualifications (Continued):

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative psychoeducation):
Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Practitioner qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR amaster's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative supports in the community):
Description: Rehabilitative supports in the community **-** Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner qualifications: Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Crisis Intervention (Intermediate term crisis management):
Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation
Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. 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.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

[Reserved]

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

Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.

2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes development of constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.

3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care.

[Reserved]

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

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

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

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

Reserved

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

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist , Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner, operating within the scope of their practice with the youth, family/caregiver or other collateral supports. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

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

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Completed Level One (online) and Level Two (online and in person) training of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs followed by a minimum of three consultation calls.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a YPA including one from YPAs supervisor.
- Agree to practice according to the Youth Peer Advocate Code of Ethics.
- Documented 600 hours of experience providing Youth Peer Support services.
- Completed 20 hours of continuing education every 2 years.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a disability, mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Be supervised by a credentialed YPA OR a credentialed Family Peer Advocate, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595.]

Reserved

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

A YPA may obtain a provisional credential that will allow services they provide to be billed if the applicant:

•Is an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
•Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational credential can be waived by the certifying agency if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
•Has completed Level One of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs.
•Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
•Is able to use lived experience with a mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
•Submits two letters of reference attesting to proficiency in and suitability for the role of an YPA.
• Be supervised by a credentialed YPA OR a credentialed FPA, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595. Refer to Supervisor Qualifications for specificity.
•Agree to practice according to the YPA Code of Ethics.

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA *OR* a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has:

•Lived experience defined as having been impacted or affected by substance use disorders and/or be in recovery from substance use disorders.
•Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS).
•Completed a minimum of 46 hours content specific training, covering topics of advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
•Documented 1,000 hours of relative work experience or document at least 500 hours of related work experience if they:

- Have a Bachelor's Degree, is certified by OASAS as a CASAC or CASAC trainee or Prevention Professional or completed the 30 hour Recovery Coach Academy training.]

Reserved

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

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA *OR* a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has: (Continued)

•Provided evidence of at least 25 hours of supervision specific to the to the performance domains of advocacy, mentoring/education, recovery/wellness and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
•Passed the NYCB/IC & RC Peer Advocate exam or other exam by an OASAS designated certifying body.
•Submitted two letters of recommendations.
•Demonstrated a minimum of 16 hours specifically related to Youth Peer Support.
•Completed 20 hours of continuing education earned every two years, including 6 hours of ethics.

Supervisor Qualifications: YPAs will be supervised by:

1) A credentialed YPA with four years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
2) A credentialed FPA with 4 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

•The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency.
•Supervision of these activities may be delivered in person or by distance communication methods.
•It is required that one hour of supervision be delivered for every 40 hours of Peer Support and Training duties performed.
•There may be an administrative supervisor who signs the youth peer specialist's timesheet and is the primary contact on other related human resource management issues.
•Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.]

Reserved

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

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

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

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

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):

Family Peer Support:
Description: Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. 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.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. FPSS is a face-to-face intervention, a group face-to-face intervention. A group is a composition of members should share common characteristics, such as related experiences, developmental age, chronological age, challenges or treatment goals. The Service is directed to the child, and includes contacts necessary for treatment with the family/caregiver or other collateral supports. FPSS is recommended by a licensed practitioner of the healing arts including: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner, operating within the scope of their practice. FPSS can be provided through individual and group face-to-face work 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. Components of FPSS include:

- Engagement, Bridging and Transition Support: Provide a bridge between families and service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Parent Skill Development: Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being.
- Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities.

[Reserved]

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

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA); FPA with a provisional credential; or a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

- **FPA Credential**- To be eligible for the FPA Credential, the individual must:
  - Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
  - Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
  - Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates approved comparable training.
  - Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
  - Documented 1000 hours of experience providing Family Peer Support services.
  - Agreed to practice according to the Family Peer Advocate Code of Ethics.
  - Completed 20 hours of continuing education and renew their FPA certification every two years.

- **A provisional FPA credential:**
  - Demonstrated 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
  - A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
  - Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
  - Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). The provisional FPA must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA.
  - Agreed to practice according to the Family Peer Advocate Code of Ethics.

[Reserved]

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

Certified Recovery Peer Advocate (CRPA) with a Family Specialty:

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree; Are certified by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or Completed the 30-Hour Recovery Coach Academy training.
- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan.

Supervisor Qualifications: FPAs will be supervised by:
1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
2) A "qualified mental health staff person" with a) training in FPSS and the role of FPAs b) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by experienced credentialed FPA within the organization OR
3) From a competent behavioral health professional meeting the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
4) A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.

[Reserved]

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

Supervisor Qualifications: (Continued) The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.

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

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 12 individuals total. Medicaid family support programs will not reimburse for the following:

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

[Reserved]

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

Limitations:

- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

13d. Rehabilitative Services (Continued)

Directly Observed Therapy (DOT)

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

Services

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

Providers

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

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for Outpatient and Residential Addiction Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. 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 Addiction Rehabilitative Services
Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with substance use disorders. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan.

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

Provider Qualifications:

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

Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists. Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may provide medication management functions as permitted under state law with any supervision required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); Certified Recovery Peer Advocate (CRPA); or be under the supervision of a qualified health professional (QHP).

State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate and non-credentialed counselors by a QHP, meeting the supervisory standards established by OASAS. A QHP includes the following professionals who are currently licensed by the New York State Department of Education or credentialed by OASAS: Credentialed Alcoholism and Substance Abuse Counselor (CASAC); LMSW; LCSW; NP; occupational therapist (OT); physician; physician assistants; RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting or an equivalent combination of advanced training, specialized therapeutic recreation education and experience, or is a recreational therapist certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; licensed marriage and family therapists (LMFTs); a licensed mental health counselor licensed by the New York State Education Department (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated above requirements for certified and credentialed practitioners are overseen and/or coordinated by OASAS.

CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan* and

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The International Certification & Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested.

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- CRPA is a self-identified consumer who is in recovery from mental illness and/or substance use disorder
- To be eligible for the CRPA, the applicant must:

  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
  - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
  - Pass the NYCB/IC&RC Peer Advocate Exam.
  - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); physicians and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. No more than one medication management may be billed per day.

Components include:

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

- **Service Planning -** Clinical treatment plan development –The treatment plan for Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient and patients family/collaterals, where appropriate.

- **Counseling/Therapy -** Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction, such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

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

- **Care Coordination -** Care coordination includes: 1) Consultation to assist with the individual's needs and service planning for Medicaid behavioral health services. 2) Referral and linkage to other Medicaid behavioral health services to avoid more restrictive levels of treatment.

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

- **Crisis Intervention** – Assist the individual with effectively responding to or avoiding identified persecutors or triggers that would risk their remaining in the community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

13d. Rehabilitative Services

Residential Addiction Rehabilitative Services

Residential addiction services include individual centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use disorder symptoms and behaviors. These services are designed to help individuals achieve changes in their substance use disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their substance use disorder behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Provider Qualifications:

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. All residential agencies are certified under state law. Non-credentialed counselors must be at least 18 years of age with a high school or equivalent diploma. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS).

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may perform medication management as permitted under state law with any supervision as required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience **OR** education and training, but not both. Work experience claimed may **not** include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan.* And

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested.

Certified Recovery Peer Advocate (CRPA) as defined in the NYS OASAS is:
An individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's

treatment/recovery plan which occur on the premises of a certified agency." Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

CRPA is a self-identified consumer who is in recovery from mental illness and/or substance use disorder

To be eligible for the CRPA, the applicant must:

- Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
- Hold a high school diploma or jurisdictionally certified high school equivalency.
- 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
- Completed 500 hours of volunteer or paid work experience specific to the PR domains.
- Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the residential Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

Components include:

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

- **Service Planning -** Clinical treatment plan development –The treatment plan for Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient.

- **Counseling/Therapy -** Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

- **Medication Management** - Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.

- **Care Coordination -** Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.

- **Peer/Family Peer Support** - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

- **Crisis Intervention -** Assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

13d. Rehabilitative Services

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)

Office for People With Developmental Disabilities (OPWDD)

The services described below are: CSIDD Clinical Team Services

Assurances

The State assures that all Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) services are provided to, or directed exclusively toward the treatment of, Medicaid eligible individuals in accordance with Section 1902(a)(10)(A)(i) of the Act.

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

A. educational, vocational and job training services;
B. room and board except when furnished as part of respite care services;
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 § 435.1009;
F. recreational and social activities; and
G. services that must be covered elsewhere in the Medicaid State Plan.

Description

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) are rehabilitative short-term targeted services for individuals with intellectual and/or developmental disabilities (I/DD) who have significant behavioral or Mental Health (MH) needs. Services are delivered by multi-disciplinary teams that provide personalized and intensive, time-limited services for those age 6 and older. This is a high intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. Services will be provided to all individuals who meet medical necessity criteria for this service. Teams provide clinical consultation and treatment and will maintain 24/7 service accessibility throughout the course of treatment for those individuals enrolled in CSIDD. CSIDD is a short-term tertiary care service designed to help stabilize individuals with MI/DD within their existing care networks using specially trained behavior support professionals to build skills and de-escalate the individual's behaviors. Once the individual is stabilized, the CSIDD team will discharge the individual from the team's caseload.

All services provided are for the direct benefit of the individual in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for the purpose of assisting in the individual's recovery.

The CSIDD must be recommended by one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed professional (MD, DO or APRN) or licensed psychologist (Clinical Director).

Qualification of Providers

The CSIDD designated provider(s) are State providers or not-for-profit agency(ies) that meet all qualifications and program standards as outlined by OPWDD. Each provider must be qualified to participate in the Medicaid program, certified by OPWDD to operate CSIDD services, have sufficient professional staffing to operate in the region, and the ability to coordinate a network of providers to ensure coordination of services for CSIDD recipients.

The CSIDD provider must be certified by New York State for the provision of CSIDD services in at least one OPWDD service region. The following disciplines with expertise in the behavioral health aspects of I/DD are required team members.

CSIDD Team Membership

The CSIDD Team will be staffed by a CSIDD Team Leader and support staff and an interdisciplinary team as outlined below. Team membership must represent an array of clinical behavioral health disciplines likely to be required in providing multidisciplinary assessment and treatment. The CSIDD services are delivered by Clinical Team Leaders and Clinical Team Coordinators under the supervision of the Clinical and/or Medical Director. All CSIDD staff must have at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities. The following disciplines are required to participate as core constituents of the interdisciplinary treatment team:

- **Clinical Director** (Ph.D. in Psychology and licensed by the State's Psychology Board). The Clinical Director is licensed by the State of New York and operates within the scope of the practice of their State license. The Clinical Director consults with the Medical Director, and also reviews CSIDD Treatment Plans and recommends services.
- **Medical Director** (M.D./D.O. or APRN, licensed to practice in the State) The Medical Director is licensed by the State of New York and operates within the scope of the practice of their State license. The Medical Director consults with the Clinical Director, and also reviews CSIDD Treatment Plans and recommends services.
- **Clinical Team Leaders** (Doctorate or Master's Degree in Social Work, Counseling, Psychology or human service field). This position is not required to be licensed and operates under the supervision of the Clinical and/or Medical Director.
- **Clinical Team Coordinators** (Doctorate or Master's Degree in Social Work, Psychology, Counseling or other human service field). This position is not required to be licensed and operates under the supervision of the Clinical and/or Medical Director.

Service Description

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) is a high intensity service recommended for individuals with significant behavioral or Mental Health (MH) needs who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. Teams include licensed professionals from appropriate behavioral health disciplines who provide clinical consultation and initial assessment within 2 hours of referral from OPWDD. All elements of the service are conducted by clinical professionals and are under the supervision of licensed Clinical and/or Medical Directors. Teams will maintain 24/7 service accessibility throughout the course of treatment.

Assessment

The Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director will clinically assess the individual prior to developing a treatment plan, any time the individual experiences a significant change (improvement or decompensation) in his or her behavioral and/or Mental Health symptom presentation or is discharged from CSIDD services. The clinical assessment will include the Aberrant Behavior Checklist, the Matson Evaluation for Medication Side Effects (MEDS), and other standardized clinical questionnaires required by the State. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

Treatment Planning

Based on clinical assessments, the Clinical Team Leader or Clinical Team Coordinator, under the supervision of the Clinical and/or Medical Director, will develop an individualized clinical crisis plan and treatment plan. The CSIDD Clinical Team Coordinator consults with the team to identify which CSIDD services the enrolled individual should receive. These services are listed on the CSIDD treatment plan. The ultimate responsibility for the content of the treatment plan is the Clinical Director or Medical Director, who may designate a different team member to develop a crisis plan or treatment plan for particular individual cases. The treatment services must be part of a treatment plan including goals and activities necessary to reduce the symptoms associated with behavioral health conditions discovered during the assessments and restore the individual to his or her best possible function level. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

Stabilization

Stabilization includes: skill building and restoration, medication monitoring, and counseling to assist the individual and family/caregiver with effectively responding to identified precursors or triggers that would risk their ability to remain in a natural community location. Stabilization also includes assisting the individual and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; and seeking other supports to restore stability and functioning. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

Monitoring

CSIDD Team Members will monitor the efficacy of the Treatment Plan in supporting the beneficiary's stabilization in preparation for discharge from CSIDD services. Monitoring may also include service referral as needed. The team reviews the CSIDD treatment plan at least monthly to assess the needs of the individual and to ensure services are provided in a timely manner. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

CSIDD Treatment Plan

The CSIDD treatment plan:

1. Identifies the intensity of the needs of the person enrolled in services as well as the person's system of support. It is geared towards preventing the occurrence of similar events in the future.

2. Provides clear, concrete, and realistic set of treatment and supportive interventions that prevents, de-escalates, and protects an individual from experiencing a behavioral health crisis.

CSIDD recipients receive CSIDD Stabilization services commensurate with their identified level of need based on the Assessment, Service Planning and Reporting process. The level of involvement informs the level of CSIDD services intensity. Levels of intensity vary, depending on the needs identified in the initial CSIDD assessment and ongoing re-assessment. As a person responds to the service and gains clinical stability, the level of involvement from the CSIDD team is reduced. If the individual receives home and community-based services (HCBS), the CSIDD Team will coordinate with the person's HCBS Care Manager and ensure needed services are incorporated into the HCBS Life Plan to support the fading of CSIDD supports, as applicable.

Level of Involvement and Intensity: As a person responds to the service and gains clinical stability, the level of involvement from the clinical team is reduced. The levels of involvement and intensity are categorized as follows:

Level of CSIDD Clinical Team Involvement:

1. **Stable:** individual is clinically stable and only needs periodic clinical team outreach and plan review. Stabilization intervention and monitoring is provided at least quarterly.

2. **Mild:** individual is showing clear improvements in level of clinical stability and has Stabilization intervention and monitoring is provided once a month.

3. **Moderate:** individual is not yet stable and has clinical needs that require multiple monitoring contacts per month with active Stabilization interventions and reassessment of the plan, consultations, system engagement and linkages to other resources and or supports/services. Stabilization intervention and monitoring are provided multiple times per month.

4. **Intensive:** individual has acute clinical needs that require active crisis planning and system engagement with contact weekly or more often. Stabilization intervention and monitoring are provided weekly or more often.

The system of support for the individual, including his/her involved family member/caregiver(s) are active participants in all aspects of the CSIDD service while the person is enrolled. Active participation is the full engagement of the family member/caregiver(s) in ongoing person-centered planning, discussions and participation in the delivery of CSIDD services. All services provided are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for the purpose of assisting in the individual's recovery. As clinical improvement is demonstrated, based on the ongoing reassessment process, the individual and his/her involved family member/caregiver(s) are engaged in the process and trained in the revisions to the CSIDD treatment plan and movement to less intense levels of CSIDD Clinical team involvement. CSIDD staff also are also responsible for working with the individual's HCBS Care Manager, if applicable, to make appropriate referrals to other community integrated services.

[Rehabilitative Services (cont.)

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

18. Limitations on Hospice Services:

Hospice services are provided to individuals who are certified [Recipients must be diagnosed] by a physician as being, terminally ill, [that is, having] with a life expectancy of approximately six months or less [to live].

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services [must be] provided [In accordance with pertinent Department of Health regulations are palliative in nature as opposed to curative; Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or related condition.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist, personal care aid housekeeper/homemaker, pastoral care coordinator, social workers, nutritionist, audiologist, and respiratory therapist.

Registered professional nurse shall mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

New York
3(c)(i)

Home Health aide shall mean a person who carries out health care tasks under the supervision of a registered nurse or licensed therapist and who may also provide assistance with personal hygiene, housekeeping and other related supportive tasks to a patient with health care needs in his/her home. Home health aides shall have successfully completed a basic training program in home health aide services or an equivalent exam approved by the Department and possess written evidence of such completion.

Physical therapist shall mean a person who is licensed by and currently registered with the New York State Education Department or who has been issued a valid limited permit by that Department.

Occupational therapist shall mean a person who is registered with the American Occupational Therapy Association, or either a graduate of a program in occupational therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association or a graduate of a curriculum in occupational therapy which is recognized by the World Federation of Occupational Therapists and is eligible for a registration with the American Occupational Therapy Association.

Speech pathologist shall mean a person who is licensed as required by Article 159 of the New York State Education Law.

Personal care aide shall mean a person who, under professional supervision, provides patients assistance with nutritional and environmental support and personal hygiene, feeding and dressing and/or, as an extension of self-directed patients, selects health-related tasks. A personal care aide shall have successfully completed:

(i) a training program in home health aide services or equivalent exam as specified in the description for home health aide above; or
(ii) one full year of experience in providing personal care services through a home care services agency within three years preceding the effective date of an initial license issued pursuant to Article 36 of the Public Health Law; or
(iii) a training program in personal care services approved by the New York State Department of Health, which shall include basic training, periodic and continuing in-service training, and on-the-job instruction and supervision; and

New York
3(c)(ii)

in those instances where the personal care aide is to be providing assistance with health-related tasks, such aide shall be trained as described in subparagraph (iii) of this paragraph and training in health-related tasks shall be completed in full prior to the personal care aide's assignment to any patient, as evidenced by written documentation of such completion.

Homemaker shall mean a person who meets the standards established by the Department of Social Services and assists and instructs persons at home because of illness, incapacity or absence of a caretaker relative in providing assistance with environmental and nutritional tasks.

Pastoral care coordinator shall mean a person who has had a minimum of one year of training and experience in pastoral/spiritual counseling, and has a baccalaureate degree from a regionally accredited college or university or one recognized by the New York State Department of Education.

Social worker shall mean a person who holds a master's degree in social work after successfully completing a prescribed course of study at a graduate school of social work accredited by the Council on Social Work Education and the Education Department, and who is certified or licensed by the Education Department to practice social work in the State of New York. When employed by a certified home health agency, long-term home health care program or hospice, such social worker must have had one year of social work experience in a health care setting.

Nutritionist shall mean a person who applies the principles of normal and therapeutic nutrition and of the physical, biological, social and behavioral sciences to the assessment and management of those factors in the personal community environment which influence nutritional status. A nutritionist must possess a baccalaureate degree, with major studies in food and nutrition, from a regionally accredited or New York State registered four-year college or university and be registered or be eligible for registration by the American Dietetic Association.

New York
3(c)(iii)

Audiologist shall mean a person who is licensed as required by Article 159 of the New York State Education Law.

Respiratory therapist shall mean a person who is licensed and currently registered as a respiratory therapist pursuant to Article 164 of the New York State Education Law.

Providers of Hospice Services must be certified in accordance with Article 40 of the PHL. Services are provided in accordance with 42 CFR Part 418.

The State assures the provision of Hospice services will be provided in accordance with 42 CFR Part 418.

19. **Limitations on Tuberculosis related services:** Directly Observed Therapy (DOT) – will be provided to clients who are being treated for Tuberculosis Disease.

21. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided for breastfeeding health education and counseling services by pediatric or family nurse practitioners. Pediatric or family nurse practitioners must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

22. **Limitation on Respiratory Care:** Services may be rendered to EPSDT population by medical necessity and that services is furnished through the clinic and home benefits to this population.

New York
3(d)

23a. Prior approval is required for non-emergent transportation, including the services and subsistence of the attendant. Requests can be made by recipients or their family members; or medical practitioners acting on behalf of a recipient.

Transportation providers are assigned to requests for non-emergency transportation services based upon first, a recipient's choice of available participating vendors at the medically appropriate level of transportation; then, if the recipient indicates no preference, the ordering practitioner's choice among available participating vendors at the medically appropriate level of transportation; and finally, if no choice is made by the ordering practitioner, the request is given via rotation among the medically available and appropriate mode of transportation providers.

1. To assure comparability and statewideness, each county's local department of social services manages transportation services on behalf of a recipient's assigned to the county.

2. Recipient, family member, or volunteer reimbursement is made as an administrative expense of the Medicaid Program. This applies to any personal vehicle mileage reimbursement, lodging, airfare, or other expense borne on behalf of the Medicaid recipient by a non-direct vendor.

23d. Prior approval is required for skilled nursing facility services except when admitted directly from a hospital, another skilled nursing facility or from a health related facility.

Medicaid payments shall not be authorized for skilled nursing facilities which are not certified or have not applied for certification to participate in Medicare.

25. Personal care services means some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support functions. Prior approval is required for all personal care services. The authorization period and amount of personal care services authorized depends upon patient need, as indicated in the patient's assessment.

New York
3(d)(A)

Personal care services, shared aide and individual aide, furnished to an individual who is not an inpatient or a resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease, as determined to meet the recipient's needs for assistance, and when prescribed by a physician, in accordance with the recipient's plan of treatment and provided by individuals who are qualified to provide such services, who are supervised by a registered nurse and who are not members of the recipient's family, and furnished in the recipient's home or other location.

Providers of personal care services (personal care aides) must have:

- maturity, emotional and mental stability, and experience in personal care or homemaking;
- the ability to read and write, understand and carry out directions and instructions, record messages, and keep simple records;
- a sympathetic attitude toward providing services for patients at home who have medical problems;
- good physical health, as indicated by the documentation in the personal file of all persons providing personal care services. This documentation must include the same assurances and proof of good physical health that the Department of Health requires for employees of certified home agencies'
- a criminal history check performed to the extent required under section 124 of the PHL; and
- successfully completed a training program approved by the Department.

Personal care aides must be supervised by a registered professional nurse who is licensed and currently certified to practice in New York State and who has at least two years satisfactory recent home health care experience. Nursing supervision includes orienting the personal care aide to his/her job assignment(s); providing needed on-the-job training; making nursing supervisory visits to the patient's homes PRN, but at least every 90 days; and, annually conducting an overall job performance evaluation of the aide.

New York State's Personal Care Services are provided in accordance with 42 CFR 440.167.

New York
3(d)(i)

25 (Cont.) Consumer Directed Personal Assistance Program

The Consumer Directed Personal Assistance Program (CDPAP) is a consumer directed home care services delivery model. The program serves Medicaid recipients who have a medical need for home care services and who choose to participate in this model. It has operated under the State's Personal Care Services benefit since 1990. As such, the eligibility, assessment and prior authorization of services processes mirror that of the Personal Care Services Program (PCSP). In the traditional PCSP, the local social services district (LSSD) contracts with home care agencies for provision of services. The home care agency is responsible for hiring, training, supervising and providing the home care worker with salary and benefits. In the CDPAP a local social services district contracts with a CDPAP agency and there is a co-employer relationship between the CDPAP agency and the consumer that encompasses these functions. The CDPAP consumer is responsible for hiring/training/supervising/and firing his/her aides. The CDPAP agency acts as the co-employer of each aide hired by the consumer for the purpose of setting wage levels and fringe benefits, including health insurance coverage and other benefits, e.g. unemployment and workers compensation. it is the CDPAP agency that actually pays each aide and administers related fringe benefits. The CDPAP agency also submits claims for payment to the Department's agent that processes and pays claims for services provided to Medicaid recipients.

26. The State elects to provide medical assistance services to eligible individuals through a Primary Care Case Management Program. PCCMs are responsible for locating, coordinating, and monitoring covered primary care to all individuals enrolled with a case manager.

    PCCM providers may be physicians, physician group practices, entities employing or having other arrangements with physicians to provide PCCM Services under contract. Nurse practitioners may also be a PCCM provider.

    A PCCM will provide for arrangements with, or referrals to a sufficient number of physicians and other appropriate health care professional to ensure that services under the contract can be furnished to enrollees promptly and without compromise to quality of care.

    PCCMs are required to be accessible 24 hours/seven days per week to provide information, referral and treatment to enrollees. PCCMs may not restrict an enrollees access to emergency services, or require prior authorization of emergency services.

    A PCCM shall be geographically accessible to enrollees. Primary care providers must meet State standards for travel time and distance.

General

a) Prior approval of the local professional director shall be required for medical care and services which are to be provided outside New York State, except in the following situations:

1. When it is customary for the inhabitants of the district generally to use medical care resources and facilities outside New York State.

2. When out-of-state care was provided in an emergency.

b) When a request subject to prior approval has been modified or denied in whole or in part because of disagreement with the proposed plan of treatment, recipients are notified that they may request a fair hearing.

28. **Lactation consultant services:** effective September 1, 2012, reimbursement will be available for breastfeeding health education and counseling services by physician assistants. Physician assistants must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

29. **Lactation consultant services:** effective September 1, 2012, reimbursement will be available for breastfeeding health education and counseling services by registered nurses. Registered nurses must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

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

In addition to the limitations specified on pages 1 through 4 regarding services, the following limitations also apply to the noted services:

2a; 2b; 2c; 2d;

Services will be provided in accordance with the utilization threshold requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

3. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Laboratory Provider Manual. Such threshold requirements are applicable to specific provider service types including laboratories. The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

5. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Physician Provider Manual. Such threshold requirements are applicable to specific provider service types including physicians, for services furnished in the office or patient's home. The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

New York
5(a)

A utilization threshold service is decremented each time a patient is seen by a physician including those times when the patient is seen by a physician and an electronic prescription/ fiscal order is transmitted for medically necessary pharmaceuticals and select over the counter medications.

9. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including adult day health services, medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

Physical Therapy Services

11a. Effective on or after [October 1, 2011] July 1, 2018, services are limited to coverage of [twenty] forty visits per year; however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.

Occupational Therapy Services

11b. Effective on or after October 1, 2011, services are limited to coverage of twenty visits per year; however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.

Speech-Language Therapy Services

11c. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services based on medical necessity in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

12a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Pharmacy Provider Manual. Such threshold requirements are applicable to specific provider service types including pharmacy for prescription items and their refills, over the counter medications, and medical/surgical supplies dispenses by a community or outpatient pharmacy. The requirements mandate that providers obtain prior authorization for the provision of services based on medical necessity in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.