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State/Territory Name: New York

State Plan Amendment (SPA) #: 19-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Submission Form
- 3) Approved SPA Pages

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



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

DMCHO: MT NY SPA 19-0003 Approval

February 7, 2019

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

RE: NY SPA #19-0003


Dear Ms. Frescatore:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of New York State Plan Amendment (SPA) Transmittal Number 19-0003. Effective January 1, 2019, this SPA amends the state's Early and Periodic Screening, Diagnostic, and Treatment benefit.

Enclosed are copies of the approved pages for incorporation into the New York State plan.

Please share with your staff my appreciation for their time and effort throughout this process. If you have any questions regarding this State Plan Amendment, please contact Maria Tabakov of this office. Ms. Tabakov may be reached at (212) 616-2503.

Sincerely,


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

cc: JHounsell
MTankersley
RWeaver
RDeyette

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>1 9 — 0 0 0 3</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2019	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT


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

6. FEDERAL STATUTE/REGULATION CITATION § 1902(a) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY 01/01/19-09/30/19 \$ 11,503.00 b. FFY 10/01/19-09/30/20 \$ 29,602.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35 Attachment 3.1B: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35 Attachment 4.19-B: Page 1(a)(i), 1(a)(ii), 1(a)(iii)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35 Attachment 3.1B: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35 Attachment 4.19-B: Page 1(a)(i), 1(a)(ii), 1(a)(iii)

10. SUBJECT OF AMENDMENT
EPSDT Expansion for Behavioral Health Kids-OLP and Rehabilitation Services
(FMAP=50%)

11. GOVERNOR'S REVIEW (Check One)


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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED December 31, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED 02.07.2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01.01.2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME RICARDO HOLLIGAN	22. TITLE Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS

New York
2(xv)(1)

[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.

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

TN # #19-0003
Supersedes TN # 18-0052

Approval Date 02.07.2019
Effective Date 01.01.2019

New York
3b-13

[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.

New York
3b-20
[Reserved]

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.

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New York
3b-21

[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.

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Effective Date 01.01.2019

New York
3b-22

[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.

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New York
3b-23

[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.

New York
3b-24

[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.

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New York
3b-25

[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.

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New York
3b-26

[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.

New York
3b-31

[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.

New York
3b-32

[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.

New York
3b-33
[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: FPA's 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 FPA's 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.

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[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.

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[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.

New York
2(xv)(1)

[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.

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

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[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.

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[Reserved]

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.

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3b-21

[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.

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New York
3b-22

[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.

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New York
3b-23

[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.

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[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.

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New York
3b-25

[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.

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[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.

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3b-31

[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.

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3b-32

[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.

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3b-33
[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: FPA's 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 FPA's 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.

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**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.

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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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

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

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

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

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

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

www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/1.31.19_fpss_bh_kids_ffs_rates.pdf

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

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

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

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

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

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

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