

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.

Other Licensed Practitioners (EPSDT only). A non-physician licensed behavioral health practitioner (NP-LBHP) is an individual who is licensed in the State of New York to prescribe, diagnose and/or treat individuals with a physical, mental illness, substance abuse disorder or functional limitations at issue, 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
- Licensed Mental Health Counselor and
- Licensed Behavior Analyst

A 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 Masters Social Workers (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by the Department of Health, state law and regulations (14 NYCRR 853.2). Any practitioner providing behavioral health services must operate within a child serving agency or agency with children's behavioral health experience that is licensed, certified or designated by OMH, OASAS, OCFS or DOH, 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) indicate it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-MR facilities are non-covered. All NP-LBHP services provided while a person is a resident of an 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.

TN #. #15-0045

Approval Date _____

Supersedes TN #. #07-0013

Effective Date _____

**ATTACHMENT 3.1-A
Supplement**

**New York
2(a.1)**

All services must be authorized. Evidence-Based Practices require prior approval, designations and fidelity reviews on an ongoing basis as determined necessary by the New York State EBP Review Team. A unit of service is defined according to the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified.

- 7a. Home care services are medically necessary services (physician order required) provided by a Certified Home Health Agency (CHHA) to individuals 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 of 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.

Supersedes TN #.

#07-0013

Effective Date _____

**ATTACHMENT 3.1-A
Supplement**

**New York
3b-4**

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

1905(a) (13)
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 a:

- Program (encompasses several rehabilitative services)
 - Crisis Intervention
 - Community Psychiatric Support and Treatment
- Specific Rehabilitative Service
 - Psychosocial Rehabilitation
 - Youth Peer Support and Training
 - Family Peer Support

Identify and describe the program and each service component of the program.

Mental Health Rehabilitative Service Program

Program Name: Crisis Intervention

Description: Crisis Intervention (CI) Services are provided to a beneficiary under the age of 21 who is experiencing a psychiatric or substance use (behavioral health) crisis and his/her family/caregiver. 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. The service is authorized at the recommendation of any 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 services are designed to interrupt and/or ameliorate a crisis experience and include an assessment that is culturally and linguistically sensitive, immediate crisis resolution, de-escalation, and development of a safety 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 prevent the crisis in the future. 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.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

ATTACHMENT 3.1-A

Supplement

New York

3b-5

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

Service Components

[Provide descriptions under "Mental Health and Substance Abuse Services List" below.]

- Assessment
- Service Planning
- Individual Counseling/Therapy
- Family Counseling/Therapy
- Group Counseling/Therapy
- Medication Management
- Care Coordination
- Collateral Contacts focusing on the individual's treatment needs
- Peer/Family Support
- Crisis Intervention
- Other [include practitioner qualifications; limits to services]

Name: Crisis Intervention

Description: Provider qualifications for Crisis Intervention

Practitioner qualifications: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), , Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. If determined only one team member is needed to respond, that team member must be a behavioral health clinician and have experience with crisis intervention; A Peer support specialist may not respond alone. If one member of the crisis intervention team is a peer support specialist, the Peer support providers must have a certification as either: 1) an OMH established Family Peer Support Specialist, or 2) an OASAS established Peer Advocate. 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), •Complete Level One and Level Two of the Parent Empowerment Program (PEP) training or approved comparable training, •Submit three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from FPAs supervisor, •Document 1000 hours of experience providing Family Peer Support services, •Agree to practice according to the Family Peer Advocate Code of Ethics, •Complete 20 hours of continuing education and renew their FPA credential every two years. An FPA may obtain a provisional credential that will allow services they provide to be billed if the applicant has: •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), •Complete Level One of the Parent Empowerment Program (PEP) training 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 Level One provisional credential must complete all other requirements of the full credential within 18 months of employment as an FPA.

TN #. #15-0045 Approval Date _____

Supersedes TN #. New Effective Date _____

ATTACHMENT 3.1-A

Supplement

**New York
3b-6**

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

Family Peer Support will be delivered by a Certified Recovery Peer Advocate (CRPA) with a Family Specialty. To be certified as CPRA-Family, the individual must 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) •Complete a minimum of 46 hours of content specific training, covering the topics: advocacy ,mentoring/education, recovery/wellness support and ethical responsibility •Document 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 •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 •Submit two letters of recommendation •Demonstrate a minimum of 16 hours in the area of Family Support •Complete 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Crisis Intervention Team Training: Peer support providers must have a certification as an OMH established Family Peer Support Specialist or an OASAS established Peer Advocate.

The Crisis Intervention team is required to have training in Mandated Reporting, First Aid, Cardiopulmonary Resuscitation (CPR), Crisis De-escalation, Resolution and Debriefing, Domestic Violence: Signs and Intervention, Suicide Prevention (e.g. SAFETALK), Narcan/Naloxone Administration, Linkage facilitation (bridging and transition support), Safety Plan Development, Harm Reduction, Medications: intended effects; interactions; and side effects, Motivational Interviewing, and Personal Safety And Safety In The Community.

Supervisor Qualifications: The supervisor must be at least a Licensed Clinical Social Worker (LCSW) but may include Licensed psychologists, or physicians. 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 3600 hours of experience, a psychiatrist must be on the team and supervise him/her. 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

experience that is licensed, certified or designated by OMH, OASAS, OCFS or DOH to provide comparable and appropriate crisis services referenced in the definition.

Limits to Service: A unit of service is defined according to the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified. The beneficiary's chart must reflect resolution of the crisis which marks the end of the current episode. If the beneficiary has another crisis within 72 hours of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed. All beneficiaries who are identified as experiencing a seriously acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g., collateral, provider, community member) to effectively resolve it are eligible. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk and increase the need for engagement in care. Crisis services cannot be denied based upon substance use. .

TN #. #15-0045 Approval Date _____

Supersedes TN #. New Effective Date _____

DRAFT

New York
3b-7

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

Limits to Services (continued)

The CI services should follow any established crisis plan already developed for the beneficiary, if it is known to the team, as part of an individualized treatment plan to the extent possible. The CI activities must be intended to achieve identified care plan goals or objectives. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Services Provided in Residential Facilities

- No The program or specific rehabilitative service is provided in a residential facility (ies).
Indicate which of the specific service components are delivered in a residential facility:
- No The facilities specialize in providing psychiatric/psychological care and treatment.

Service Components

[Provide descriptions under "Mental Health and Substance Abuse Services List" below.]

- Assessment
- Service Planning
- Individual Counseling/Therapy
- Family Counseling/Therapy Group
- Counseling/Therapy
- Medication Management
- Care Coordination
- Collateral Contacts focusing on the individual's treatment needs
- Peer/Family Support Crisis Intervention
- Other Name:

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.

Additional Benefit Information

- Benefits or Services are provided with limitations on amount, scope or duration or with authorization requirements.
[If yes, list limits for each service under the descriptions below.]

Mental Health and Substance Abuse Services List

Assessment

Describe: Assessment of risk, mental status, medical stability, and the need for further evaluation and/or other health/behavioral health services.

Practitioner qualifications: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. NOTE: the peer may not provide this activity.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New

Effective Date _____

DRAFT

New York
3b-8

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

Service Planning

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

Practitioner qualifications: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), , Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; ; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. NOTE: the peer may not provide this activity.

Individual Counseling/Therapy

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

Practitioner qualifications: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), , Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. If one member of the crisis intervention team is a peer support specialist, the Peer support providers must have a certification as either: 1) an OMH established Family Peer Support Specialist, or 2) an OASAS established Peer Advocate. An OMH established Family Peer Support Specialist is an individual who is a Credentialed Family Peer Advocates (FPA).

Family Counseling/Therapy

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

Practitioner qualifications: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), , Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; ; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. If one member of the crisis intervention team is a peer support specialist, the Peer support providers must have a certification as either: 1) an OMH established Family Peer Support Specialist, or 2) an OASAS established Peer Advocate.

Supersedes TN #.

New

Effective Date _____

DRAFT

New York
3b-9

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

Group Counseling/Therapy

Describe: Click here to enter text.

Practitioner qualifications Click here to enter text.

Medication Management

Describe: Click here to enter text.

Practitioner qualifications: Click here to enter text.

Care Coordination

Describe: Care coordination includes: 1) Consultation with a licensed practitioner to assist with the child's specific crisis and planning for future service access. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment. 3) It is the expectation that there will be documented follow-up, 4.) Follow-up with the child and family/caregiver within 24 hours of initial contact/response, including informing existing supports/providers of developed safety plan. The entity that the person is referred to conducts an evaluation/assessment for additional longer term services

Practitioner qualifications: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), , Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; ; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. NOTE: the peer may not provide this activity..

Collateral Contacts focusing on the individual's treatment needs

Describe: Includes engagement with the client, family/caregiver or other collateral sources (e.g., school personnel) with pertinent information for the purpose of an assessment to determine level of safety, risk and to plan for the next level of services, including treatment and/or referral to other Medicaid or behavioral health services at an appropriate level.

Practitioner qualifications: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), , Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. If one member of the crisis intervention team is a peer support specialist, the Peer support providers must have a certification as either: 1) an OMH established Family Peer Support Specialist, or 2) an OASAS established Peer Advocate.

TN #. #15-0045

Approval Date _____

Supersedes TN #.

New

Effective Date _____

**ATTACHMENT 3.1-A
Supplement**

**New York
3b-10**

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

Peer/Family Peer Support

Describe: Crisis resolution with the identified Medicaid eligible child and the child's family/caregiver.

Practitioner qualifications: If one member of the crisis intervention team is a peer support specialist, the Peer support providers must have a certification as either: 1) an OMH established Family Peer Support Specialist, or 2) an OASAS established Peer Advocate. An OMH established Family Peer Support Specialist is an individual who is a Credentialed Family Peer Advocate (FPA). 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), •Complete Level One and Level Two of the Parent Empowerment Program (PEP) training or approved comparable training, •Submit three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from FPAs supervisor, •Document 1000 hours of experience providing Family Peer Support services, •Agree to practice according to the Family Peer Advocate Code of Ethics, •Complete 20 hours of continuing education and renew their FPA credential every two years. An FPA may obtain a provisional credential that will allow services they provide to be billed if the applicant has: •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), •Complete Level One of the Parent Empowerment Program (PEP) training 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 Level One provisional credential must complete all other requirements of the full credential within 18 months of employment as an FPA. Family Peer Support will be delivered by a Certified Recovery Peer Advocate (CRPA) with a Family Specialty. To be certified as CPRA-Family, the individual must 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) •Complete a minimum of 46 hours of content specific training, covering the topics: advocacy ,mentoring/education, recovery/wellness support and ethical responsibility •Document 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 •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 •Submit two letters of recommendation •Demonstrate a minimum of 16 hours in the area of Family Support •Complete 20 hours of continuing education earned every two years, including 6 hours of Ethics. Crisis Intervention Team Training: Peer support providers must have a certification as one of the following: OMH established Family Peer Support Specialist, OASAS established Peer Advocate. The Crisis Intervention team is required to have training in: Mandated Reporting, First Aid, Cardiopulmonary Resuscitation (CPR), Crisis De-escalation Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), Narcan/Naloxone Administration, Linkage facilitation (bridging and transition support), Safety Plan Development, Harm Reduction, Medications: intended effects; interactions; and side effects, Motivational Interviewing,

Personal Safety And Safety In The Community, and Prior to delivery of the service.

Supervisor Qualifications: The supervisor must be at least a Licensed Clinical Social Worker (LCSW) but may include Licensed psychologists, or physicians. 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 3600 hours of experience, a psychiatrist must be on the team and supervise him/her. CI practitioners must work within any child serving agency or agency with children's behavioral health experience that is licensed, certified or designated by OMH, OASAS, OCFS or DOH to provide crisis services.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New

Effective Date _____

DRAFT

New York
3b-11

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

Crisis Intervention

Describe: All activities including de-escalation 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: The Crisis Intervention team may include two practitioners among these professions: Licensed Masters Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), , Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with behavioral health experience or background OR One practitioner from the above list and one practitioner from the following: Credentialed alcoholism and substance abuse counselor; Certified Family peer support specialist; Credentialed rehabilitation counselor; ; or Registered Professional Nurse. One member of the crisis intervention team must be a behavioral health clinician and have experience with crisis intervention service delivery. If one member of the crisis intervention team is a peer support specialist, the Peer support providers must have a certification as either: 1) an OMH established Family Peer Support Specialist, or 2) an OASAS established Peer Advocate.

Other Name: Click here to enter text.

Describe: Click here to enter text.

Practitioner qualifications: Click here to enter text.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

New York
3b-12

13d. Rehabilitative Services: EPSDT only (Continued)

Mental Health Rehabilitative Service Program

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 achieve identified goals or objectives as set forth in the child's treatment plan. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any 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, Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in site-based program or services, but can benefit from on-site rehabilitative services. CPST 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, in an office and/or by telemedicine methods meeting the State Medicaid Agencies telemedicine equipment specifications and requirements. 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.

Service Components

[Provide descriptions under "Mental Health and Substance Abuse Services List" below.]

- Assessment
- Service Planning
- Individual Counseling/Therapy
- Family Counseling/Therapy
- Group Counseling/Therapy
- Medication Management
- Care Coordination
- Collateral Contacts focusing on the individual's treatment needs
- Peer/Family Support
- Crisis Intervention
- Other [include practitioner qualifications; limits to services]

Description: Provider qualification for CPST

Practitioner qualifications: CPST may be provided by an individual who has at least a Bachelor's Degree and a minimum of two years of experience OR who has been certified in an Evidence Based Practice OR at least a Master's Degree and one year of experience or who has been certified in an Evidence Based Practice. These practitioners include licensed practitioners such as: Registered Professional Nurses, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license. Practitioners with a Master's degree may perform any of the activities under CPST listed above. 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.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

**ATTACHMENT 3.1-A
Supplement**

**New York
3b-13**

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

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled clinical 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. Any practitioner providing behavioral health services must operate within an agency licensed, designated, or otherwise certified by OMH, OASAS, OCFS, DOH or their designee. 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. The Caseload Size must be based on the needs of the clients/families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan. Limits to service: A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified. Prior authorization is required upon first unit of service. Services which exceed the limitation of the initial authorization must have a medical necessity review to be approved for re-authorization. CPST service delivery may also include collateral contact.

Evidence-based Practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by Department of Health. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Services Provided in Residential Facilities

- No The program or specific rehabilitative service is provided in a residential facility (ies).
Indicate which of the specific service components are delivered in a residential facility:
- No The facilities specialize in providing psychiatric/psychological care and treatment.

Service Components

[Provide descriptions under "Mental Health and Substance Abuse Services List" below.]

- Assessment
- Service Planning
- Individual Counseling/Therapy
- Family Counseling/Therapy Group
- Counseling/Therapy
- Medication Management
- Care Coordination
- Collateral Contacts focusing on the individual's treatment needs
- Peer/Family Support Crisis Intervention
- Other Name:

Assurances

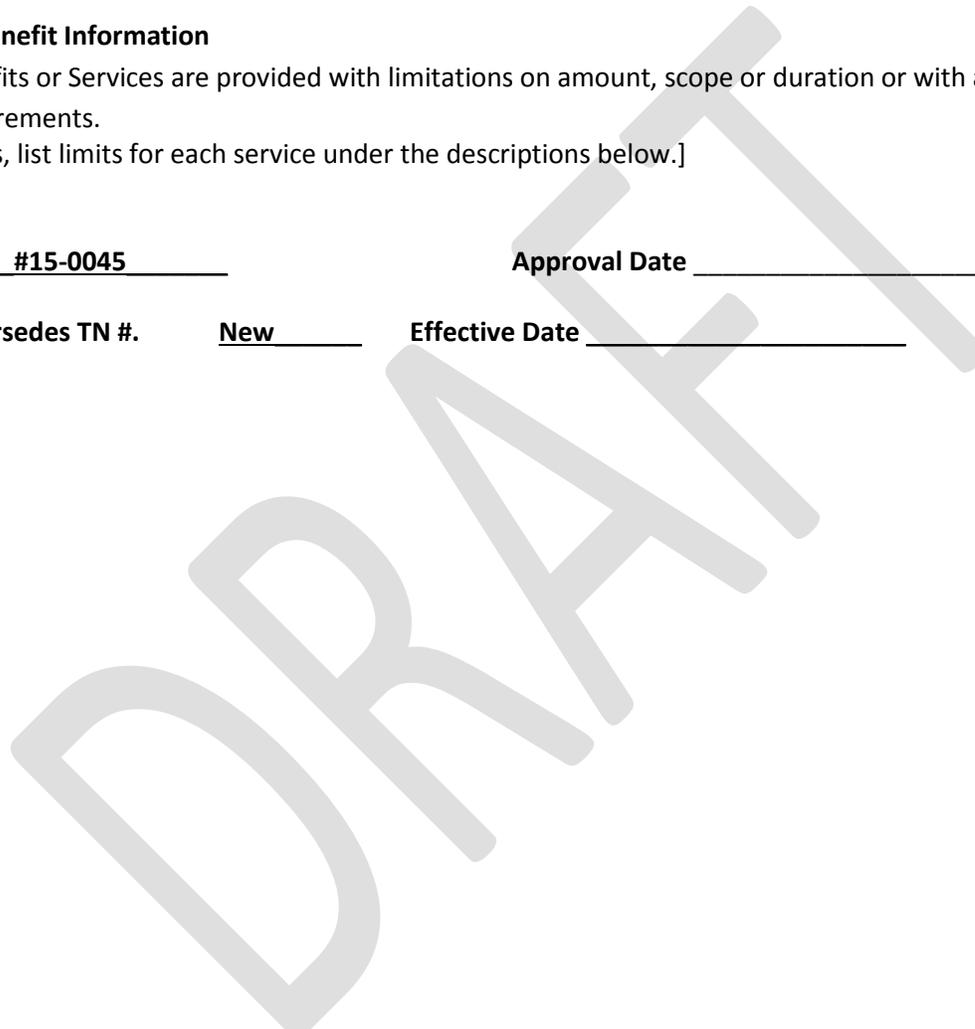
- The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.
- The State assures that rehabilitative services do not include and FFP is not available for 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.

Additional Benefit Information

Benefits or Services are provided with limitations on amount, scope or duration or with authorization requirements.
[If yes, list limits for each service under the descriptions below.]

TN #. #15-0045 Approval Date _____

Supersedes TN #. New Effective Date _____



New York
3b-14

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

Mental Health and Substance Abuse Services List

Assessment

Describe: Click here to enter text.

Practitioner qualifications: Click here to enter text.

Service Planning

Describe: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health and medical needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, 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 A Professional who has at least a Bachelor's Degree and a minimum of two years of experience OR who has been certified in an Evidence Based Practice OR at least a Master's Degree and one year of experience or who has been certified in an Evidence Based Practice.

Individual Counseling/Therapy

Describe: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions; 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 living, 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 NYSDOH that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. Crisis avoidance - Assist the child and family/caregiver with effectively responding to or avoiding 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. 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 living including improving life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physician 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.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

New York
3b-15

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

Practitioner qualifications: A Professional who has at least a Bachelor's Degree and has been certified in an Evidence Based Practice OR who has at least a Master's Degree and one year of experience or who has been certified in an Evidence Based Practice may provide Intensive Interventions and Crisis Avoidance.

Family Counseling/Therapy

Describe: 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 environmental stressors that interfere with the child's daily living, academic progress, resilience, family/caregiver and/or interpersonal relationships, and community integration. Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills to necessary to meet the child's employment, housing and education goals, and to sustain the identified community goals.

Practitioner qualifications: A Professional who has at least a Bachelor's Degree and a minimum of two years of experience OR who has been certified in an Evidence Based Practice OR at least a Master's Degree and one year of experience or who has been certified in an Evidence Based Practice. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Group Counseling/Therapy

Describe: 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 environmental stressors that interfere with the child's daily living, academic progress, resilience, family/caregiver and/or interpersonal relationships, and community integration. Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills to necessary to meet the child's employment, housing and education goals, and to sustain the identified community goals

Practitioner qualifications: A Professional who has at least a Bachelor's Degree and a minimum of two years of experience OR who has been certified in an Evidence Based Practice OR at least a Master's Degree and one year of experience or who has been certified in an Evidence Based Practice

Medication Management

Describe: N/A

Practitioner qualifications: Click here to enter text.

Care Coordination

Describe: N/A

Practitioner qualifications: Click here to enter text.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New

Effective Date _____

**ATTACHMENT 3.1-A
Supplement**

**New York
3b-16**

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

Collateral Contacts focusing on the individual's treatment needs
Describe: CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner qualifications: A Professional who has at least a Bachelor's Degree and a minimum of two years of experience OR who has been certified in an Evidence Based Practice OR at least a Master's Degree and one year of experience or who has been certified in an Evidence Based Practice.

Peer/Family Peer Support
Describe: Click here to enter text.

Practitioner qualifications: Click here to enter text.

Crisis Intervention
Describe: Intermediate term crisis management - Provide intermediate-term (beyond 72 hours) crisis management to families following a crisis, 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 intervention services (more than 72 hours in duration).

Practitioner qualifications: A Professional who has at least Master's degree with one year of experience or who has been certified in an Evidence Based Practice

Other Name: Click here to enter text.
Describe: Click here to enter text.

Practitioner qualifications: Click here to enter text.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New

Effective Date _____

New York
3b-17

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

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.

Additional Benefit Information

- Benefits or Services are provided with limitations on amount, scope or duration or with authorization requirements.
[If yes, list limits for each service under the descriptions below.]

TN #. #15-0045 Approval Date _____

Supersedes TN #. New Effective Date _____

New York
3b-19

13d. Rehabilitative Services: EPSDT only (Continued)

Specific Rehabilitative Services

- Other Name: Psychosocial Rehabilitation

Describe: 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 environmental barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore 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 beneficiary lives, works, attends school, engages in services (e.g provider office sites), and/or socializes, in an office and/or by telemedicine methods meeting the State Medicaid Agencies telemedicine equipment specifications and requirements. 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 individual's treatment plan. PSR is an individual or group face-to-face intervention that is recommended by any 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. 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 managed 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 living skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living. This includes supporting the individual with implementation of interventions to re-establish daily living skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes coaching to develop 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 assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments

Supersedes TN #.

New

Effective Date _____

DRAFT

New York
3b-20

13d. Rehabilitative Services: EPSDT only (Continued)

Specific Rehabilitative Services (Continued)

Psychosocial Rehabilitation (Continued)

Practitioner qualifications: Must be 18 years old and be at least three years older than the recipient 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.

The PSR provider must receive regularly scheduled clinical supervision from a Licensed Clinical Social Worker (LCSW), Mental Health Counselor, Creative Arts Therapist, 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. Any practitioner providing behavioral health services must operate within a child serving agency or agency with children's behavioral health experience that is licensed, certified or designated by DOH, OASAS, OMH, OCFS to provide comparable services or their designee. The Caseload Size must be based on the needs of the clients/families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan. Supervisor Qualifications - 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. Limitations - A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. Group should not exceed more than 6-8 members. Prior authorization is required upon first unit of service. Services which exceed the limitation of the initial authorization must have a medical necessity review to be approved for re-authorization. A licensed CPST practitioner or OLP may develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan.

The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

13d. Rehabilitative Services: EPSDT only (Continued)

Specific Rehabilitative Services (Continued)

Youth Peer Support and Training

Peer Support

Describe: Youth support and training services are formal and informal activities and supports provided to youth and families who are experiencing social, medical, emotional, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process are the focus of this service. Youth support and training 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, in an office and/or by telemedicine methods meeting the State Medicaid Agencies telemedicine equipment specifications and requirements. 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. Youth Peer Support

and Training activities must develop and strive to achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal life goals and to support their transition into adulthood.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New

Effective Date _____

DRAFT

New York
3b-21

13d. Rehabilitative Services: EPSDT only (Continued)
Specific Rehabilitative Services (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 child, 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. Coaching to enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy, Self-Efficacy, & 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.

Practitioner qualifications: Youth Peer Support and Training will be delivered by a NYS Credentialed Peer or a Certified Recovery Peer Advocate – Youth The Certified Recovery Peer Advocate – Youth is an individual 18 to 30 years of age and have the following: •Lived experience defined as having been impacted or affected by substance use disorders and/or be in recovery from substance use disorders •Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED) •Complete a minimum of 46 hours of content specific training, covering topics of: advocacy, mentoring/education. Recovery/wellness support and ethical responsibility •Document 1,000 hours of relative work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree, a credentialed by OASAS as a CASAC or 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 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 •Submit 2 letters of recommendation •Demonstrate a minimum of 16 hours specifically related to Youth Peer Support Complete 20 hours of continuing education earned every two years, including 6 hours of ethics Supervisor Qualifications: The YPST provider must receive regularly scheduled supervision from a competent behavioral health professional meeting the qualifications of criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR a certified YPST supervisor who is an individual working as a Family Peer Advocate or a certified Youth Peer Advocate, for a minimum of four years, in which 1 year should have been as a credential peer advocate or its equivalent including specialized training and/or experience as a supervisor. Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues. Youth Peer Advocates (YPAs) must complete the training required by OMH or OASAS. The YPA training consists of both on-line and in-person components.

Any practitioner providing behavioral health services must operate within a child serving agency or agency with children's behavioral health experience that is licensed, or designated, or otherwise certified by OMH, OASAS, OCFS, DOH or their designee.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

New York
3b-22

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

Limitations: A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. A group is composed of two or more youth and cannot not exceed more than 12 individuals total. Prior authorization is required upon the first unit of service. Services which exceed the limitation of the initial authorization must have a medical necessity review to be approved for re-authorization. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

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

Describe: 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 individual'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 or a telemedicine meeting NY Medicaid standards with face-to-face interactions. 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, in an office and/or by telemedicine methods meeting the State Medicaid Agencies telemedicine equipment specifications and requirements. Components of FPSS include:

- Outreach and Information: Empower families to make informed decisions regarding the nature of supports for themselves and their child.
- 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.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New

Effective Date _____

DRAFT

New York
3b-23

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

Practitioner qualifications:

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),
- Complete Level One and Level Two of the Parent Empowerment Program (PEP) training or approved comparable training,
- Submit three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from FPA's supervisor,
- Document 1000 hours of experience providing Family Peer Support services, agree to practice according to the Family Peer Advocate Code of Ethics,
- Complete 20 hours of continuing education and renew their FPA credential every two years. An FPA may obtain a provisional credential that will allow services they provide to be billed if the applicant has:
- 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),
- Complete Level One of the Parent Empowerment Program (PEP) training 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 Level One provisional credential must complete all other requirements of the full credential within 18 months of employment as an FPA. 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 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)
- Complete a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility
- Document 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
- 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
- Submit two letters of recommendation
- Demonstrate a minimum of 16 hours in the area of Family Support
- Complete 20 hours of continuing education earned every two years, including 6 hours of Ethics.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

New York
3b-24

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

Supervisor Qualifications: FPAs will be supervised by: 1) Individuals who have a minimum of 4 years providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract OR 2) A mental health professional with a) training in FPSS and the role of FPAs b) with access to discipline specific clinical consultation on a planned, regular basis, and c) efforts are made as the program gains experience to transition to supervision by experienced FPAs 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.

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. Any practitioner providing behavioral health services must operate within a child serving agency or agency with children's behavioral health experience that is licensed, certified or designated by OMH, OASAS, OCFS or DOH or their designee. The Caseload Size must be based on the needs of the clients/families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

Limitations: A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified. Evidence-based Practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by Department of Health. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. A group is composed of two or more families and cannot not exceed more than six families composed of no more than 12 individuals' total. Prior authorization is required upon first unit of service. Services which exceed the limitation of the initial authorization must have a medical necessity review to be approved for re-authorization. Utilization of technology conferencing tools including audio, video and /or web deployed solutions may occur when security protocols and precautions are in place to safeguard protected health information (PHI). The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

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 and Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT NP-LBHP and Rehabilitation as outlined per Attachment 3.1-A, Item 6.d, page 2(a) (i) are paid based upon a Medicaid fee schedule established by the State of New York.

If a Medicare fee exists for a defined covered procedure code, then New York will pay Nurse Practitioners and Psychologists at 100% of the Medicaid physician rates as outlined under 4.19-B, item 5. If a Medicare fee exists for a defined covered procedure code, then New York will pay Licensed Psychoanalysts, Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Mental Health Counselors, Licensed Behavior Analysts, and Licensed Masters Social Workers at 75% of the Medicaid physician rates as outlined under 4.19-B, item 5.

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor and
- Licensed Behavior Analyst

A 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 Masters Social Workers (LMSW)

Where Medicare fees do not exist for a covered code, the fee development methodology for both outpatient and residential rates will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a) (3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the New York register. The agency's fee schedule rate was set as of July 1, 2016 and is effective for services provided on or after that date. All rates are published on the Department of Health website at www.XXXXXX.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New Effective Date _____

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 and Rehabilitative Services (EPSDT only - cont.)

The fee development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies, cost data, and fees 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 fee 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 fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN #. #15-0045

Approval Date _____

Supersedes TN #. New

Effective Date _____