



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

June 29, 2023

James G. Scott, Director  
Division of Program Operations  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106

RE: SPA #23-0058  
Non-Institutional Services

Dear Mr. Scott:

The State requests approval of the enclosed amendment #23-0058 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective April 1, 2023 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by § 1902(a)(30) of the Social Security Act and 42 CFR § 447.204.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on March 29, 2023, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,



Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 5 8

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(13) Other Diagnostic, Screening, Prev., and Rehab.Svcs.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/23-09/30/23 \$ 1,000,000  
b. FFY 10/01/23-09/30/24 \$ 2,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supp: Pages 3b-71, 3b-72, 3b-73, 3b-74, 3b-75, 3b-76, 3b-77, 3b-78, 3b-79, 3b-80

Attachment 3.1-B Supp: Pages 3b-71, 3b-72, 3b-73, 3b-74, 3b-75, 3b-76, 3b-77, 3b-78, 3b-79, 3b-80

Attachment 4.19-B: Pages 30

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT

COMMUNITY RESIDENCES FOR EATING DISORDER INTEGRATED TREATMENT (CREDIT)

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED

June 29, 2023

15. 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

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

**Appendix I**  
**2023 Title XIX State Plan**  
**Second Quarter Amendment**  
**Amended SPA Pages**

New York  
3b-73

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

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.

Description:

Community Residential Eating Disorder Integrated Treatment (CREDIT) Services are short-term residential treatment and rehabilitation services to address the medical and psychiatric health needs of individuals diagnosed with an eating disorder condition, who experience impairment in functioning due to their eating disorder such that they require services in a 24-hour supervised setting. CREDIT Services are provided to both adults and children.

CREDIT Services support individual recovery through a person-centered approach that assists individuals to cope with the symptoms of their eating disorder and reacquire the skills necessary to function and remain integrated in the community.

CREDIT Services are provided in facilities licensed by the New York State Office of Mental Health that are affiliated with an entity identified as a Comprehensive Care Center for Eating Disorders (CCCED) pursuant to section 30.05 of the mental hygiene law.

CREDIT Services are recommended by a physician or other licensed practitioner of the healing arts, as defined below.

CREDIT Services are delivered in accordance with documented Individual Service Plans which, at a minimum, include a description of the individual's strengths, resources, including collaterals, a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the

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**1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services**

**13.d Rehabilitative Services**

**OMH Community Residential Eating Disorder Integrated Treatment Services**

**Description (continued)**

expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers. Individual Service Plans must be created, reviewed, and approved by professional staff, as defined below.

**Practitioner Qualifications:**

CREDIT Services are provided by professional and paraprofessional staff under appropriate supervision, as defined herein.

Licensed Practitioner of the Healing Arts include:

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

**Professional staff include:**

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

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Practitioner Qualifications (continued)

Dietitian, Nutritionist, or Dietitian-Nutritionist – an individual who is currently certified as a dietitian, nutritionist, or dietitian-nutritionist by the New York State Education Department;

Licensed Practical Nurse – an individual who is currently licensed as a licensed practical nurse (LPN) by the New York State Education Department. LPNs must be supervised by a registered professional nurse, clinical nurse specialist, nurse practitioner, physician, or physician assistant.

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

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

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

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

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

Psychiatric Nurse Practitioner– an individual who is currently certified as a psychiatric nurse practitioner by the New York State Education Department;

Psychiatrist – an individual who is currently licensed as a physician by the New York State Education Department and who is certified by the American Board of Psychiatry and Neurology;

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

Psychologist – an individual who is currently licensed or permitted as a psychologist by the New York State Education Department;

Registered Professional Nurse – an individual who is currently licensed and registered as a registered professional nurse by the New York State Education Department, including a Clinical Nurse Specialist; and

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New York  
3b-76

**1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services**

**13.d Rehabilitative Services**

**OMH Community Residential Eating Disorder Integrated Treatment Services**

**Practitioner Qualifications (continued)**

**Social Worker** – an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency.

**Minimum Qualifications for Paraprofessional Staff**

Paraprofessional Staff must possess a combination of educational and professional in a mental health or human services setting or lived or familial experience with an eating disorder condition. Paraprofessional staff include:

1. individuals possessing a master's or bachelor's degree in a human services-related field; an associate degree in a human services-related field or a high school degree or GED and three years' experience providing direct services;
2. New York State certified or provisionally certified peer specialists; credentialed or provisionally credentialed family peer advocates; and credentialed or provisionally credentialed Youth Peer Advocates; and
3. Certified rehabilitation counselors certified by the Commission on Rehabilitation Counselor Certification.

**Required Supervisory Arrangements**

Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any CREDIT service components. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates are supervised by competent mental health professionals, which include any Professional staff defined above.

**Paraprofessional Staff Training**

CREDIT Services providers will ensure Paraprofessional Staff demonstrate competency in the provision of CREDIT services through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates complete state-approved training and continuing education to maintain their credential.

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Medical Assessment**

Medical Assessment is an assessment service including the gathering of data concerning an individual's medical history and any current signs and symptoms, and assessment of such data to determine the individual's medical health status and need for referral.

**Practitioner Qualifications:** Nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist, or registered professional nurse.

• **Psychiatric Assessment**

Psychiatric Assessment is an assessment service including the gathering of data concerning an individual's psychiatric history and current mental health symptoms, assessment of such data for determination of the individual's current mental health status, diagnostic formulation and identification of the need for mental health services.

**Practitioner Qualifications:** Psychiatrist, psychologist, psychiatric nurse practitioner, mental health counselor, marriage and family therapist, social worker, psychoanalyst, and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Nutritional Assessment**

Nutritional Assessment is an assessment service to determine the overall nutritional status of individuals, diagnose malnutrition, identify underlying pathologies that lead to malnutrition, and plan necessary interventions.

**Practitioner Qualifications:** Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Psychosocial Assessment**

A psychosocial assessment is a comprehensive evaluation of an individual's mental, medical and emotional health used to determine the impact of psychiatric and medical illnesses on the individual and their family.

**Practitioner Qualifications:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.



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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Service Planning**

Service Planning is a continuous process that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a course of care, to be included in an Individual Service Plan that supports the individual's progress toward eating disorder recovery and accomplishing the individual's rehabilitation goals.

**Practitioner Qualifications:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Discharge Planning**

Discharge Planning is a continuous process that that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a plan for step-down care and relapse prevention.

**Practitioner Qualifications:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Clinical Counseling and Therapy**

Clinical Counseling and Therapy are therapeutic services, including goal-oriented individual, group and family counseling or therapy, including verbal therapy, to alleviate symptoms or dysfunction associated with an individual's mental health condition or emotional disturbance, reverse or change maladaptive patterns of behavior, encourage personal growth and development, and support the individual's capacity to develop or restore age-appropriate developmental milestones.

**Qualified Practitioners:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Nutritional Counseling**

Nutritional Counseling services are counseling, psychoeducation, and psychosocial rehabilitative services to determine an individual's dietary intake and identify if it is appropriate or requires modification, provide education and information regarding adequate nutrition and strategies to maintain adequate nutrition, and psychosocial rehabilitation to help the individual adopt and maintain needed dietary changes.

**Practitioner Qualifications:** Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Medication Management**

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

**Qualified Practitioners:** Physician, psychiatrist, nurse practitioner, or psychiatric nurse practitioner. A registered professional nurse can also perform medication management services, except prescribing medication.

- **Medication monitoring and support services:** Medication monitoring and support services are psychoeducation and skills training services, including interventions to ensure appropriate management of medications through understanding the role and effects of medication in treatment, identification of side effects and potential interactions of medications. Services also include age-appropriate skills training in self-medication, monitoring and supervision associated with the use of medication, including appropriate dosage and frequency, and the review of the appropriateness of an existing regimen by staff with the prescriber.

**Qualified Practitioners:** Professional staff or paraprofessional staff under supervision as specified herein.

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

- **Symptom and behavior management services:** A psychosocial rehabilitation and skills training service to monitor and assist in reducing psychiatric symptoms and restores functioning. Services include the ongoing monitoring of meals, exercise and bathroom habits to monitor symptoms, interventions to assist individuals in managing their symptoms and developing coping strategies to deal with internal and external stressors, and addressing acute emotional distress through behavior intervention techniques, positive reinforcement, modeling, and practice of skills to increase the capacity to manage one's behavior in everyday life situations.

**Qualified Practitioners:** Professional staff or paraprofessional staff under supervision as specified herein.

- **Peer Recovery Support Services:** Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling skills, and facilitating community connections to reduce symptomology and restore functionality. Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing eating disorder conditions at home, school, or other community locations. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals or family members actively participate in decision-making and the delivery of services.

**Qualified Practitioners:** Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.

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New York  
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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

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.

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- 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.

Description:

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CREDIT Services are delivered in accordance with documented Individual Service Plans which, at a minimum, include a description of the individual's strengths, resources, including collaterals, a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the

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**1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services**

**13.d Rehabilitative Services**

**OMH Community Residential Eating Disorder Integrated Treatment Services**

**Description (continued)**

expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers. Individual Service Plans must be created, reviewed, and approved by professional staff, as defined below.

**Practitioner Qualifications:**

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

**Professional staff include:**

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

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Practitioner Qualifications (continued)

Dietitian, Nutritionist, or Dietitian-Nutritionist – an individual who is currently certified as a dietitian, nutritionist, or dietitian-nutritionist by the New York State Education Department;

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

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

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

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

Psychiatric Nurse Practitioner– an individual who is currently certified as a psychiatric nurse practitioner by the New York State Education Department;

Psychiatrist – an individual who is currently licensed as a physician by the New York State Education Department and who is certified by the American Board of Psychiatry and Neurology;

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

Psychologist – an individual who is currently licensed or permitted as a psychologist by the New York State Education Department;

Registered Professional Nurse – an individual who is currently licensed and registered as a registered professional nurse by the New York State Education Department, including a Clinical Nurse Specialist; and

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**1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services**

**13.d Rehabilitative Services**

**OMH Community Residential Eating Disorder Integrated Treatment Services**

**Practitioner Qualifications (continued)**

**Social Worker** – an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency.

**Minimum Qualifications for Paraprofessional Staff**

Paraprofessional Staff must possess a combination of educational and professional in a mental health or human services setting or lived or familial experience with an eating disorder condition. Paraprofessional staff include:

1. individuals possessing a master's or bachelor's degree in a human services-related field; an associate degree in a human services-related field or a high school degree or GED and three years' experience providing direct services;
2. New York State certified or provisionally certified peer specialists; credentialed or provisionally credentialed family peer advocates; and credentialed or provisionally credentialed Youth Peer Advocates; and
3. Certified rehabilitation counselors certified by the Commission on Rehabilitation Counselor Certification.

**Required Supervisory Arrangements**

Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any CREDIT service components. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates are supervised by competent mental health professionals, which include any Professional staff defined above.

**Paraprofessional Staff Training**

CREDIT Services providers will ensure Paraprofessional Staff demonstrate competency in the provision of CREDIT services through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates complete state-approved training and continuing education to maintain their credential.

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Medical Assessment**

Medical Assessment is an assessment service including the gathering of data concerning an individual's medical history and any current signs and symptoms, and assessment of such data to determine the individual's medical health status and need for referral.

**Practitioner Qualifications:** Nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist, or registered professional nurse.

• **Psychiatric Assessment**

Psychiatric Assessment is an assessment service including the gathering of data concerning an individual's psychiatric history and current mental health symptoms, assessment of such data for determination of the individual's current mental health status, diagnostic formulation and identification of the need for mental health services.

**Practitioner Qualifications:** Psychiatrist, psychologist, psychiatric nurse practitioner, mental health counselor, marriage and family therapist, social worker, psychoanalyst, and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Nutritional Assessment**

Nutritional Assessment is an assessment service to determine the overall nutritional status of individuals, diagnose malnutrition, identify underlying pathologies that lead to malnutrition, and plan necessary interventions.

**Practitioner Qualifications:** Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Psychosocial Assessment**

A psychosocial assessment is a comprehensive evaluation of an individual's mental, medical and emotional health used to determine the impact of psychiatric and medical illnesses on the individual and their family.

**Practitioner Qualifications:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.



New York  
3b-78

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Service Planning**

Service Planning is a continuous process that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a course of care, to be included in an Individual Service Plan that supports the individual's progress toward eating disorder recovery and accomplishing the individual's rehabilitation goals.

**Practitioner Qualifications:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Discharge Planning**

Discharge Planning is a continuous process that that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a plan for step-down care and relapse prevention.

**Practitioner Qualifications:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Clinical Counseling and Therapy**

Clinical Counseling and Therapy are therapeutic services, including goal-oriented individual, group and family counseling or therapy, including verbal therapy, to alleviate symptoms or dysfunction associated with an individual's mental health condition or emotional disturbance, reverse or change maladaptive patterns of behavior, encourage personal growth and development, and support the individual's capacity to develop or restore age-appropriate developmental milestones.

**Qualified Practitioners:** Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

TN 23-0058

Approval Date \_\_\_\_\_

Supersedes TN New

Effective Date April 1, 2023

New York  
3b-79

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Nutritional Counseling**

Nutritional Counseling services are counseling, psychoeducation, and psychosocial rehabilitative services to determine an individual's dietary intake and identify if it is appropriate or requires modification, provide education and information regarding adequate nutrition and strategies to maintain adequate nutrition, and psychosocial rehabilitation to help the individual adopt and maintain needed dietary changes.

**Practitioner Qualifications:** Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Medication Management**

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

**Qualified Practitioners:** Physician, psychiatrist, nurse practitioner, or psychiatric nurse practitioner. A registered professional nurse can also perform medication management services, except prescribing medication.

- **Medication monitoring and support services:** Medication monitoring and support services are psychoeducation and skills training services, including interventions to ensure appropriate management of medications through understanding the role and effects of medication in treatment, identification of side effects and potential interactions of medications. Services also include age-appropriate skills training in self-medication, monitoring and supervision associated with the use of medication, including appropriate dosage and frequency, and the review of the appropriateness of an existing regimen by staff with the prescriber.

**Qualified Practitioners:** Professional staff or paraprofessional staff under supervision as specified herein.

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New York  
3b-80

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

- **Symptom and behavior management services:** A psychosocial rehabilitation and skills training service to monitor and assist in reducing psychiatric symptoms and restores functioning. Services include the ongoing monitoring of meals, exercise and bathroom habits to monitor symptoms, interventions to assist individuals in managing their symptoms and developing coping strategies to deal with internal and external stressors, and addressing acute emotional distress through behavior intervention techniques, positive reinforcement, modeling, and practice of skills to increase the capacity to manage one's behavior in everyday life situations.

**Qualified Practitioners:** Professional staff or paraprofessional staff under supervision as specified herein.

- **Peer Recovery Support Services:** Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling skills, and facilitating community connections to reduce symptomology and restore functionality. Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing eating disorder conditions at home, school, or other community locations. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals or family members actively participate in decision-making and the delivery of services.

**Qualified Practitioners:** Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.

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New York  
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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Reimbursement methodology for OMH Community Residential Eating Disorder Integrated Treatment Services:

The Office of Mental Health established regional fee schedules for Community Residential Eating Disorder Integrated Treatment Services (CREDIT) provided by OMH licensed facilities of sixteen (16) or fewer beds. The unit of services is per diem.

Fee schedule rates are based on regional average actual costs, as reported by CREDIT Services providers to the state through annual consolidated fiscal reports, comparable program costs and other relevant published Federal statistical and economic data. The initial fee schedule rates are trended to the rate year using the Medicare Market Basket Index and are further adjusted by a utilization factor to account for fluctuations in case load. No costs for room and board are included in the rates for CREDIT Services.

Rates effective 04/01/2023 are published at the following link:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/redt.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/redt.xlsx)

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Effective Date April 1, 2023

**Appendix II**  
**2023 Title XIX State Plan**  
**Second Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #23-0058**

This State Plan Amendment proposes to establish community residences for eating disorder integrated treatment services under the medical assistance program.

**Appendix III**  
**2023 Title XIX State Plan**  
**Second Quarter Amendment**  
**Authorizing Provisions**

**Authorizing Provisions**  
**SPA 23-0058**

**New York State Mental Hygiene Law §7.15**

(a) The commissioner shall plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services of prevention, diagnosis, examination, care, treatment, rehabilitation, training, and research for the benefit of the mentally ill. Such programs shall include but not be limited to in-patient, out-patient, partial hospitalization, day care, emergency, rehabilitative, and other appropriate treatments and services. He or she shall take all actions that are necessary, desirable, or proper to implement the purposes of this chapter and to carry out the purposes and objectives of the department within the amounts made available therefor by appropriation, grant, gift, devise, bequest, or allocation from the mental health services fund established under section ninety-seven-f of the state finance law.

(b) The activities described in subdivision (a) of this section may be undertaken in cooperation and agreement with other offices of the department and with other departments or agencies of the state, local or federal government, or with other organizations and individuals.

**New York State Mental Hygiene Law §31.25**

The commissioner shall establish, pursuant to regulation, licensed residential providers of treatment and/or supportive services to children, adolescents, and adults with eating disorders, as that term is defined in section 30.02 of this title. Such regulations shall be developed in consultation with representatives from each of the comprehensive care centers for eating disorders established pursuant to article thirty of this chapter and licensed treatment professionals, such as physicians, psychiatrists, psychologists and therapists, with demonstrated expertise in treating patients with eating disorders.

**New York State Mental Hygiene Law §41.44**

(a) The commissioner of mental health is authorized, within appropriations made therefor, to establish a continuum of community residential services for the mentally ill.

(b) The commissioner shall establish standards for the operation and funding of community residential services, including but not limited to:

1. criteria for admission to and continued residence in each type of community residence;
2. periodic evaluation of services provided by community residences;
3. staffing patterns for each type of community residence; and
4. guidelines for determining state aid to community residences, as described in subdivision (c) of this section.



(c) Within amounts available therefor and subject to regulations established by him and notwithstanding any other provisions of this article, the commissioner may provide state aid to local governments and to voluntary agencies in an amount not to exceed one hundred percent of net operating costs of community residences for the mentally ill. The commissioner shall establish guidelines for determining the amount of state aid provided pursuant to this section. The guidelines shall be designed to enable the effective and efficient operation of such residences and shall include, but need not be limited to standards for determining anticipated revenue, for retention and use of income exceeding the anticipated amount and for determining reasonable levels of uncollectible income. Such state aid to voluntary agencies shall not be granted unless there has been prior approval of the proposed community residence by the local governmental unit.

(d) The commissioner shall establish standards for the operation and funding of residential care centers for adults, including but not limited to:

1. criteria for admission to and continued residence in residential care centers for adults, including curfews, restrictions against on-site use of alcohol and controlled substances and criminal involvement. For residential care centers for adults licensed or established after April first, nineteen hundred eighty-eight criteria for admission shall also include but not be limited to, in the case of centers on the grounds of existing state operated psychiatric hospitals, the availability of at least twenty-five percent of the placements for community clients. In the case of community based residential care centers for adults, a minimum of fifty percent of the placements within a region shall be reserved for community clients. For the purposes of this section a community client is any person who, immediately prior to admission to the residential care center for adults, was not a resident of a state operated psychiatric hospital for more than thirty consecutive days, or if such person was residing in the community immediately prior to admission to the residential care center for adults, was not a resident of a state operated psychiatric hospital within the previous thirty days;

2. provision of on-site services by residential care centers for adults which shall include but not be limited to, case management, medication management, and development of a recommended service plan for each resident for necessary social, vocational and clinical services;

3. periodic review of services provided by residential care centers for adults;

4. staffing patterns for residential care centers for adults which shall be sufficient to provide on-site supervision twenty-four hours per day at each facility; and

5. guidelines for determining state aid to residential care centers for adults as described in subdivisions (e) and (f) of this section.

(e) Within amounts available therefor and notwithstanding any other provisions of this article, the commissioner may provide state aid to

local governments and to voluntary agencies for the operation of residential care centers for adults in accordance with paragraph one of this subdivision, and may provide state aid to local governments, voluntary agencies, and other individuals or organizations certified to operate residential care centers for adults, in accordance with paragraph two of this subdivision.

1. The commissioner may provide state aid in an amount not to exceed one hundred percent of net operating costs of residential care centers for adults. The commissioner shall establish guidelines for determining the amount of state aid provided pursuant to this paragraph.

2. The commissioner may provide state aid through the payment of fees for reimbursable services. For purposes of this paragraph, reimbursable services include, but are not limited to, room and board. The commissioner shall establish standards for programs funded under this section and shall by rule or regulation annually establish fees for each reimbursable service, subject to the approval of the director of the budget. Fees may be varied for geographic reasons or for other good cause shown.

(f) Within amounts available therefor, the commissioner may provide state aid to local governments and voluntary agencies for capital costs for residential care centers for adults at the rate of up to fifty percent of such capital costs; provided, however, that no such state aid shall be granted unless the recipient enters into an agreement in a form acceptable to the commissioner guaranteeing that the residential care center for adults will be operated by the recipient or made available at no cost to another provider of services or the office of mental health for no less than twenty years, and grants the state such security and real property interests as the commissioner may require.

(g) No psychiatric center shall have more than one residential care center for adults on its grounds unless the commissioner of mental health submits a report to the legislature and the governor demonstrating the appropriateness of such additional residential care center for adults. After October first, nineteen hundred eighty-seven, the commissioner shall not convert inpatient buildings on the grounds of a psychiatric center to a residential care center for adults unless such buildings are vacant, nor cause such buildings to be vacated solely for the purposes of establishing a residential care center for adults.

#### **New York State Mental Hygiene Law §43.01**

(a) The department shall charge fees for its services to patients and residents, provided, however, that no person shall be denied services because of inability or failure to pay a fee.

(b) The commissioner may establish, at least annually, schedules of rates for inpatient services that reflect the costs of services, care, treatment, maintenance, overhead, and administration which assure maximum recovery of such costs.

In addition, the commissioner may establish, at least annually, schedules of fees for noninpatient services which need not reflect the costs of services, care, treatment, maintenance, overhead, and administration.

(c) The executive budget, as recommended, shall reflect, by individual facility, the costs of services, care, treatment, maintenance, overhead, and administration.

(d) All schedules of fees and rates which are established by the commissioner, shall be subject to the approval of the director of the division of the budget. Immediately upon their approval, copies of all schedules of fees and rates established pursuant to this section shall be forwarded to the chairman of the assembly ways and means committee and the chairman of the senate finance committee.

#### **New York State Mental Hygiene Law §43.02**

(a) Notwithstanding any inconsistent provision of law, payment made by government agencies pursuant to title eleven of article five of the social services law for services provided by any facility licensed by the office of mental health pursuant to article thirty-one of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services, as defined in section 1.03 of this chapter, shall be at rates or fees certified by the commissioner of the respective office and approved by the director of the division of the budget, provided, however, the commissioner of mental health shall annually certify such rates or fees which may vary for distinct geographical areas of the state and, provided, further, that rates or fees for service for inpatient psychiatric services or inpatient chemical dependence services, at hospitals otherwise licensed pursuant to article twenty-eight of the public health law shall be established in accordance with section two thousand eight hundred seven of the public health law and, provided, further, that rates or fees for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities, shall be certified by the commissioner of health; provided, however, that such methodologies shall be subject to approval by the office for people with developmental disabilities and shall take into account the policies and goals of such office.

(b) Operators of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter, licensed by the office for people with developmental disabilities pursuant to article sixteen of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services shall provide to the commissioner of the respective office such financial, statistical and program information as the commissioner may determine to be necessary. The commissioner of the appropriate office shall have the power to conduct on-site audits of books and records of such facilities.

(c) The commissioner of the office of mental health, the commissioner of the office for people with developmental disabilities and the commissioner of the office of alcoholism and substance abuse services shall adopt rules

and regulations to effectuate the provisions of this section. Such rules and regulations shall include, but not be limited to, provisions relating to:

(i) the establishment of a uniform statewide system of reports and audits relating to the quality of care provided, facility utilization and costs of providing services; such a uniform statewide system may provide for appropriate variation in the application of the system to different classes or subclasses of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter or licensed or operated by the office for people with developmental disabilities pursuant to article sixteen of this chapter, or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services; and

(ii) methodologies used in the establishment of the schedules of rates or fees pursuant to this section provided, however, that the commissioner of health shall adopt rules and regulations including methodologies developed by him or her for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities; provided, however, that such rules and regulations shall be subject to the approval of the office for people with developmental disabilities and shall take into account the policies and goals of such office.

**Appendix IV**  
**2023 Title XIX State Plan**  
**Second Quarter Amendment**  
**Public Notice**

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311  
or visit our web site at:  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

## PUBLIC NOTICE Department of Health

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

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

### All Services

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

### Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2023, through March 31, 2024, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2023, through March 31, 2024, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health

and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

#### Institutional Services

Effective on or after April 1, 2023, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2023 through March 31, 2024, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments will be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

**Appendix V**  
**2023 Title XIX State Plan**  
**Second Quarter Amendment**  
**Responses to Standard Funding Questions**



**NON-INSTITUTIONAL SERVICES  
State Plan Amendment #23-0058**

**CMS Standard Funding Questions**

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)**

**Response:** Providers receive and retain 100 percent of total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
  - (i) a complete list of the names of entities transferring or certifying funds;**
  - (ii) the operational nature of the entity (state, county, city, other);**

- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority; and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

**Response:** The Non-Federal share Medicaid provider payment is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program.

Payment Type	Non-Federal Share Funding	4/1/22 – 3/31/23	
		Non-Federal	Gross
Normal Per Diem	General Fund; County Contribution	\$2M	\$4M

A. **General Fund:** Revenue resources for the State’s General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries). Medicaid expenditures from the State’s General Fund are authorized from Department of Health Medicaid.

- 1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulation. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State’s General Fund to offset Medicaid costs.

In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

**B. Additional Resources for Non-Federal Share Funding:**

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State “capped” the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

However, in State Fiscal Year 2013 New York State provided additional relief to Localities by reducing local contributions annual growth from three percent to zero over a three-year period. Beginning in State Fiscal Year 2016, counties began paying a fixed cost in perpetuity as follows:

<b>Entity</b>	<b>Annual Amount</b>
New York City	\$4.882B
Suffolk County	\$216M
Nassau County	\$213M
Westchester County	\$199M
Erie County	\$185M
Rest of State (53 Counties)	\$979M
<b>Total</b>	<b>\$6.835B</b>

By eliminating the growth in localities Medicaid costs, the State has statutorily capped total Statewide County Medicaid expenditures at 2015 levels. All additional county Medicaid costs are funded by the State through State funding as described above. DOH provides annual letters to counties providing weekly contributions. Contributions are deposited directly into State escrow account and used to offset 'total' State share Medicaid funding.

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above.

- 3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

**Response:** The Medicaid payments under this State Plan Amendment are not supplemental payments.

- 4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (state owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

**Response:** The Medicaid payments authorized under this State Plan Amendment do not impact the UPL demonstrations.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

**Response:** Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

**ACA Assurances:**

- 1. Maintenance of Effort (MOE).** Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.

**MOE Period.**

- **Begins on:** March 10, 2010, and
- **Ends on:** The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.

**Response:** This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

- 2. Section 1905(y) and (z) of the Act provides for increased FMAs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMA under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

**Prior to January 1, 2014** States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. **However,** because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

**Response:** This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

- 3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

**Response:** The State complies with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

**Tribal Assurance:**

**Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.**

**IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.**

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

**Response:** Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.