



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Mr. Halbritter:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Chief Hill:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Mr. Polite:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Chief Hill:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Chief Henry:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Chief Patterson:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Chief Wallace:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Mr. Halftown:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program





## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Chief Lafrance:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Chief Cook:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

Chief Eric Thompson  
Saint Regis Mohawk Tribe  
412 State Route 37  
Akwesasne, NY 13655

Dear Chief Thompson:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Ms. Austin:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Mr. Cuffee:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Mr. Twoguns:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Mr. Wheeler:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

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

Dear Mr. John Sr.:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program





## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 4, 2021

Ben Geboe  
Interim Executive Director  
American Indian Community House  
39 Eldridge Street, 4th Floor  
New York, NY 10002

Dear Mr. Geboe:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,

/s/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program

**SUMMARY**  
**SPA #20-0077**

This amendment proposes to revise the State Plan to move the MAT benefit, as directed, from optional to mandatory. This change affects both Pharmacy and Medical benefits.

DRAFT

**New York  
3b-37**

**13d. Rehabilitative Services**

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

1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for Outpatient and Residential Addiction Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

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

**Outpatient Addiction Rehabilitative Services**

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

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

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit. MAT is covered under the mandatory 1905(a)(29) benefit for the period of 10/01/20-09/30/25.

**TN #20-0077** \_\_\_\_\_

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

**Supersedes #16-0004** \_\_\_\_\_

**Effective Date** October 1, 2020

**New York  
8**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(29) \_\_\_\_\_ MAT as described and limited in Supplement 3b-37 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

DRAFT

TN #20-0077 Approval Date \_\_\_\_\_

Supersedes #NEW Effective Date October 1, 2020

**New York  
8.1**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

b) Please include each practitioner and provider entity that furnishes each service and component service.

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

**TN #20-0077** \_\_\_\_\_

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

**Supersedes #NEW** \_\_\_\_\_

**Effective Date** October 1, 2020 \_\_\_\_\_

New York  
8.1(a)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

**Outpatient Addiction Rehabilitative Services**

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

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

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

**Provider Qualifications:**

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

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

**New York  
8.1(b)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may provide medication management functions as permitted under state law with any supervision required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber eligibility and availability. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

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

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

**TN #20-0077** \_\_\_\_\_

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

**Supersedes #NEW** \_\_\_\_\_

**Effective Date** October 1, 2020

New York  
8.1(c)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

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

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan and
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The International Certification & Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

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

- 350 hours of the required education and training; OR

TN #20-0077 Approval Date \_\_\_\_\_

Supersedes #NEW Effective Date October 1, 2020



**New York  
8.1(d)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

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

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

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

- o An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan, working occur under the direction of a certified agency.
- o CRPA is a self-identified consumer who is in recovery from mental illness and/or substance use disorder
- o To be eligible for the CRPA, the applicant must:
  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
  - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

New York  
8.1(e)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

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

**Components include:**

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

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

- Counseling/Therapy - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction, such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- Medication Management – Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

New York  
8.1(f)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- Care Coordination - Care coordination includes: 1) Consultation to assist with the individual's needs and service planning for Medicaid behavioral health services. 2) Referral and linkage to other Medicaid behavioral health services to avoid more restrictive levels of treatment.
- Peer/Family Peer Support - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.
- Crisis Intervention – Assist the individual with effectively responding to or avoiding identified persecutors or triggers that would risk their remaining in the community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

i. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

New York  
8.1(g)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters.

The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs. MAT drugs and biologicals are included in the following Drug Utilization Management programs:

1. Brand-Less-Than Generic Program - This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.
2. Preferred Drug Program - This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.
3. Drug Utilization Review - This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols and computer technology and data processing to assist in the management of data regarding the prescribing of medicines and the dispensing of prescriptions over periods of time.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

**New York  
8.1(h)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

**Service Limitations for Outpatient Addiction Rehabilitative Services in conjunction with MAT:**

The Preferred Drug Program and the Brand-Less-Than Program is referenced on the NY SPA page 2(b) Attachment 3.1A and 3.1B section 12a. The Drug Utilization Review program is referenced on the NY SPA page 74 attachment 1.1 section 4.26.

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

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**TN #20-0077** \_\_\_\_\_ **Approval Date** \_\_\_\_\_

**Supersedes #NEW** \_\_\_\_\_ **Effective Date** October 1, 2020

**New York  
3b-37**

**13d. Rehabilitative Services**

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

1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for Outpatient and Residential Addiction Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

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

**Outpatient Addiction Rehabilitative Services**

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

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

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit. MAT is covered under the mandatory 1905(a)(29) benefit for the period of 10/01/20-09/30/25.

**TN #20-0077** \_\_\_\_\_

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

**Supersedes TN #16-0004** \_\_\_\_\_

**Effective Date** October 1, 2020

**New York  
8**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1905(a)(29) \_\_\_\_\_ MAT as described and limited in Supplement 3b-37 to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

DRAFT

TN #20-0077 Approval Date \_\_\_\_\_

Supersedes #NEW Effective Date October 1, 2020

**New York  
8.1**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

b) Please include each practitioner and provider entity that furnishes each service and component service.

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

**TN #20-0077** \_\_\_\_\_

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

**Supersedes #NEW** \_\_\_\_\_

**Effective Date** October 1, 2020 \_\_\_\_\_



**New York  
8.1(a)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

**Outpatient Addiction Rehabilitative Services**

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

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

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

**Provider Qualifications:**

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

**TN #20-0077** \_\_\_\_\_

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

**Supersedes #NEW** \_\_\_\_\_

**Effective Date** October 1, 2020

**New York  
8.1(b)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may provide medication management functions as permitted under state law with any supervision required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber eligibility and availability. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

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

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

**TN #20-0077** \_\_\_\_\_

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

**Supersedes #NEW** \_\_\_\_\_

**Effective Date** October 1, 2020

**New York  
8.1(c)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan and
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The International Certification & Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

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

- 350 hours of the required education and training; OR

**TN #20-0077** \_\_\_\_\_

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

**Supersedes #NEW** \_\_\_\_\_

**Effective Date** October 1, 2020 \_\_\_\_\_

**New York  
8.1(d)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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

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

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

- o An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- o CRPA is a self-identified consumer who is in recovery from mental illness and/or substance use disorder
- o To be eligible for the CRPA, the applicant must:
  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
  - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

New York  
8.1(e)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

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

**Components include:**

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

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

- Counseling/Therapy - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction, such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- Medication Management – Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

New York  
8.1(f)

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

- Care Coordination - Care coordination includes: 1) Consultation to assist with the individual's needs and service planning for Medicaid behavioral health services. 2) Referral and linkage to other Medicaid behavioral health services to avoid more restrictive levels of treatment.
- Peer/Family Peer Support - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.
- Crisis Intervention – Assist the individual with effectively responding to or avoiding identified persecutors or triggers that would risk their remaining in the community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

i. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

**New York  
8.1(g)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

i. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters.

The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs. MAT drugs and biologicals are included in the following Drug Utilization Management programs:

1. Brand-Less-Than Generic Program - This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.
2. Preferred Drug Program - This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.
3. Drug Utilization Review - This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols and computer technology and data processing to assist in the management of data regarding the prescribing of medicines and the dispensing of prescriptions over periods of time.

TN #20-0077

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

Supersedes #NEW

Effective Date October 1, 2020

**New York  
8.1(h)**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

**Service Limitations for Outpatient Addiction Rehabilitative Services in conjunction with MAT:**

The Preferred Drug Program and the Brand-Less-Than Program is referenced on the NY SPA page 2(b) Attachment 3.1A and 3.1B section 12a. The Drug Utilization Review program is referenced on the NY SPA page 74 attachment 1.1 section 4.26.

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

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**TN #20-0077** \_\_\_\_\_ **Approval Date** \_\_\_\_\_

**Supersedes #NEW** \_\_\_\_\_ **Effective Date** October 1, 2020



**New York  
4(d)**

**Outpatient Drug Reimbursement**

1. Reimbursement for Prescribed Drugs (including specialty drugs and Medication Assisted Treatment (MAT) drugs) dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program is as follows:
  - a. Reimbursement for Brand Name Drugs is the lower of:
    - i. National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC) less 3.3%; plus, the professional dispensing fee in Section 2; or
    - ii. the billing pharmacy's usual and customary price charged to the general public.
  - b. Reimbursement for Generic Drugs is the lower of:
    - i. NADAC or, in the event of no NADAC pricing available, WAC less 17.5%; plus, a professional dispensing fee; or
    - ii. the Federal Upper Limit (FUL) plus the professional dispensing fee in Section 2; or
    - iii. the State Maximum Acquisition Cost (SMAC) plus the professional dispensing fee in Section 2; or
    - iv. the billing pharmacy's usual and customary price charged to the general public.
  - c. Reimbursement for Nonprescription Drugs is the lower of:
    - i. NADAC or, in the event of no NADAC pricing available, WAC; plus, if a covered outpatient drug, the professional dispensing fee in Section 2;
    - ii. the FUL plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
    - iii. the SMAC plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
    - iv. the billing pharmacy's usual and customary price charged to the general public.
2. The professional dispensing fee for covered outpatient drugs, including 340B-purchased drugs, when dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program, is \$10.08.
3. Payment for drugs dispensed by pharmacies that are acquired at a nominal price as referenced in 42 CFR § 447.502 is at actual acquisition cost plus the professional dispensing fee in Section 2.
4. Payment for drugs dispensed by pharmacies that are acquired via the Federal Supply Schedule is at actual acquisition cost plus the professional dispensing fee in Section 2.

**TN**     #20-0077    

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

**Supersedes TN**     #18-0022    

**Effective Date**     October 1, 2020

## New York

## 4(d)(1)

- c. [Reimbursement for Nonprescription Drugs is the lower of:
- i. NADAC or, in the event of no NADAC pricing available, WAC; plus, if a covered outpatient drug, the professional dispensing fee in Section 2;
  - ii. the FUL plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
  - iii. the SMAC plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
  - iv. the billing pharmacy's usual and customary price charged to the general public.
2. The professional dispensing fee for covered outpatient drugs, including 340B-purchased drugs, when dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program, is \$10.00.
  3. Payment for drugs dispensed by pharmacies that are acquired at a nominal price as referenced in 42 CFR § 447.502 is at actual acquisition cost plus the professional dispensing fee in Section 2.
  4. Payment for drugs dispensed by pharmacies that are acquired via the Federal Supply Schedule is at actual acquisition cost plus the professional dispensing fee in Section 2.]
  5. Payment for drugs dispensed by the pharmacy of a 340B covered entity as described in section 1927(a)(5)(B) of the Act, or a contract pharmacy under contract with a 340B covered entity as described in section 1927(a)(5)(B) of the Act, [shall] will be as follows:
    - a. 340B purchased drugs – actual acquisition cost not to exceed the 340B ceiling price, plus the professional dispensing fee in Section 2;
    - b. Non-340B purchased drugs – in accordance with lower of logic in section 1 plus the professional dispensing fee in Section 2.
  6. Payment for clotting factor dispensed by a pharmacy enrolled in the NYS Medicaid FFS Program is at the lower of: SMAC, as described below, not to exceed WAC, plus the professional dispensing fee in Section 2; or the billing pharmacy's usual and customary price charged to the general public.

SMAC is established for clotting factor products using multiple clotting factor pricing resources including but not limited to wholesalers, drug file vendors such as First Data Bank, pharmaceutical manufacturers, and the Hemophilia Services Consortium, Inc. pricing. The Hemophilia Services Consortium, Inc. subcontracts with the New York Blood Center (both not-for-profit corporations) to negotiate with manufacturers and distributors to obtain the best volume discount for the Consortium's safety net hospital.

The SMAC file is stored in a database where valid statistical calculations are used to evaluate and compare the various pricing benchmarks to develop the SMAC price. The SMAC file is updated monthly and applied to all clotting factor products.

Payment for 340B-purchased clotting factor dispensed by a Hemophilia Treatment Center, whether the pharmacy is owned by the covered entity or has a contract pharmacy arrangement, [shall] will be in accordance with Section 5.a.

**TN** #20-0077 **Approval Date** \_\_\_\_\_

**Supersedes TN** #17-0005 **Effective Date** October 1, 2020

**New York  
4(d)(2)**

7. Practitioner-administered drugs (including Medication Assisted Treatment (MAT) drugs) billed under the medical benefit are reimbursed as follows:
  - a. When administered during an office visit, payment is made at actual acquisition cost by invoice, not to exceed Medicare Part B price. No professional dispensing fee is paid.
  - b. When administered by a practitioner in an ordered ambulatory setting, payment is at actual acquisition cost, not to exceed Medicare Part B price. Drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act must be billed at their actual acquisition cost. No professional dispensing fee is paid.
  - c. When administered in an outpatient setting to a patient of a disproportionate share hospital, clinic, or emergency department, payment may be made through either the Ambulatory Patient Group (APG) classification and reimbursement system, as referenced in page 1(b)(ii) of this Attachment, or, if carved out of the APG system, in accordance with Section 7.b.

Reimbursement for drugs in the APG reimbursement are paid as follows:

1. Practitioner-administered drugs assigned to an APG and paid through the APG drug band are reimbursed based on the weighted average, using Medicaid paid claims data. Payment for drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act and paid through the APG drug band are paid at 75% of the drug’s APG band payment amount.
2. Practitioner-administered drugs assigned to an APG and paid through the APG Fee Schedule are paid in accordance with Section 7.b.

No professional dispensing fee is paid.

- d. Federally Qualified Health Centers (FQHC) and Indian Health Services/Tribal/Urban Indian Clinic Facilities have the option of receiving their payment through the Federal Prospective (PPS) rate, or through the APG reimbursement methodology as an "alternative rate setting methodology". In the event the facility chooses to be reimbursed through the Federal PPS Rate, the rate is considered inclusive of any practitioner administered drugs. In the event the facility has opted for the APG reimbursement methodology, payment for drugs administered by a practitioner during a visit to the facility will be in accordance with Section 7.c. If a facility's Medicaid reimbursement under APGs is lower than what their payment would have been under the Federal PPS rate, the facility is entitled to receive a supplemental payment reflecting the difference between what they were paid under APGs and what they would have been paid using the PPS rate. No professional dispensing fee is paid.
8. Reimbursement for Investigational Drugs is not a covered service. The Department may consider Medicaid coverage on a case by case basis for life-threatening medical illnesses when no other treatment options are available. If/when approved by a Medical Director, reimbursement is at actual acquisition cost. When dispensed by a pharmacy enrolled in the NYS Medicaid FFS Program, reimbursement includes the professional dispensing fee in Section 2.

**TN #20-0077** \_\_\_\_\_

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

**Supersedes TN #17-0005** \_\_\_\_\_

**Effective Date** October 1, 2020 \_\_\_\_\_

**SUMMARY**  
**SPA #21-0003**

This amendment proposes to revise the State Plan to establish and authorize payment for Preventive and Rehabilitative Residential Treatment (PRT and RRT) services. This State plan amendment replaces the former Voluntary Foster Care per diem reimbursement. The February 1, 2021 effective date for the PRT and RRT services begins the transition of the foster care population to 29i services under the Public Health Law. The transition of the foster care population into managed care under the State's proposed children's 1115 Waiver amendment will be effective July 2021. The PRT and RRT services will reimburse providers for Medicaid services that Managed Care Plans will otherwise not contract for (e.g., nursing staff). PRT and RRT will provide community-based preventive residential supports under the supervision and oversight of a practitioner of the healing arts including 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. The service components of PRT and RRT are: Skill building, nursing supports and medication management, Medicaid Service Coordination, and Medicaid Treatment Planning and discharge planning.

DRAFT

New York  
3b-12.4

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

13.c. Preventive Services - 42 CFR 440.130(c)

The following explanations apply to all Preventive Residential Treatment (PRT) services for children under the age of 21:

EPSDT Preventive Attestations: The State assures that all preventive services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that preventive services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to PRT services under this State Plan and Other Limited Health Benefits under the State's 1915(b)(4) selective contracting waiver for an alternative fee schedule:

- The State assures that the provision of PRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the PRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive PRT services, condition receipt of preventive residential services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these PRT services.
- Providers of PRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for PRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

PRT provides community-based preventive residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The services should prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. PRT delivers preventive services to address the health issues identified on the treatment plan.

**TN # 21-0003**

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

**Supersedes TN # NEW**

**Effective Date February 1, 2021**

**New York  
3b-12.5**

Agencies providing PRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. PRT services are organized to provide treatment where the individuals reside . PRT may be provided in freestanding, nonhospital-based facilities. PRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of the PRT service:

- A. Skill building to help the individual acquire, develop, and/or maintain skills to minimize behavioral symptoms and prevent progression associated with medical conditions and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:
- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling is designed to acquire, develop or maintain skills to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.
  - Psycho-education and wellness education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

**New York  
3b-12.6**

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education and operating within the scope of his or her practice as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW).

B. Nursing services and medication management – The PRT service must prevent disease, disability and other health conditions or their progression and will include twenty-four (24) hour medical availability when medically necessary. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health management ordered during medical appointments, urgent/emergency care or hospitalization and training to prevent the progression of chronic diseases, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the PRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the PRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing PRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care that the child may receive at school.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

**New York  
3b-12.7**

- Discharge Planning - The PRT must transition the child from PRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Service Coordination staff must be at least 21 years old, and have a high school diploma or equivalent certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing PRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). PRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing PRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

PRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific preventive services.

An agency providing PRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the PRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

**TN # 21-0003**

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

**Supersedes TN # NEW**

**Effective Date February 1, 2021**



New York  
3b-40

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

13.d. Rehabilitative Services - 42 CFR 440.130(d)

The following explanations apply to all Rehabilitative Residential Treatment (RRT) services for children under the age of 21:

EPSDT Rehabilitative Attestations: The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that rehabilitative services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to RRT services under this State Plan and Other Limited Health Benefits under the State's 1915(b)(4) selective contracting waiver for an alternative fee schedule:

- The State assures that the provision of RRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the RRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive RRT services, condition receipt of RRT services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these RRT services.
- Providers of RRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for RRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

RRT provides community-based rehabilitative residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

The treatment includes the medical or remedial services listed below, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level. RRT delivers rehabilitative services including psychiatric services, service coordination and skill-building. RRT must address the health issues identified on the treatment plan. Treatment will relate directly to restoring the child's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts or medically appropriate care).

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

**New York  
3b-41**

Agencies providing RRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. RRT services are organized to provide treatment where the individuals reside. RRT may be provided in freestanding, nonhospital-based facilities. RRT may include nonhospital addiction treatment centers or other residential non-institutional settings. RRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of RRT service:

- A. Developmentally-appropriate skill building to assist the individual to restore skills to minimize behavioral symptoms associated with medical conditions, behavioral health conditions, and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:
- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling and treatment are designed to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.
  - Psycho-education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

New York  
3b-42

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW) within the scope of his or her practice.

B. Nursing services and medication management – The RRT service must provide medical care to meet the needs of children with monitoring and twenty-four (24) hour medical availability, when appropriate, medically necessary and relevant within their scope of practice. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health care management ordered during medical appointments, urgent/emergency care or hospitalization and training regarding chronic conditions, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the RRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the RRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing RRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care the child may receive at school.

TN # 21-0003

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

Supersedes TN # NEW

Effective Date February 1, 2021

**New York  
3b-43**

- Discharge Planning - The RRT must transition the child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing RRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). RRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing RRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

RRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitation services.

An agency providing RRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the RRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

New York  
3b-12.4

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

13.c. Preventive Services - 42 CFR 440.130(c)

The following explanations apply to all Preventive Residential Treatment (PRT) services for children under the age of 21:

EPSDT Preventive Attestations: The State assures that all preventive services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that preventive services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to PRT services under this State Plan and Other Limited Health Benefits for an alternative fee schedule:

- The State assures that the provision of PRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the PRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive PRT services, condition receipt of preventive residential services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these PRT services.
- Providers of PRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for PRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

PRT provides community-based preventive residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The services should prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. PRT delivers preventive services to address the health issues identified on the treatment plan.

**TN # 21-0003**

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

**Supersedes TN # NEW**

**Effective Date February 1, 2021**

**New York  
3b-12.5**

Agencies providing PRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. PRT services are organized to provide treatment where the individuals reside. PRT may be provided in freestanding, nonhospital-based facilities. PRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of the PRT service:

- A. Skill building to help the individual acquire, develop, and/or maintain skills to minimize behavioral symptoms and prevent progression associated with medical conditions and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:
- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling is designed to acquire, develop or maintain skills to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.
  - Psycho-education and wellness education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

**New York  
3b-12.6**

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education and operating within the scope of his or her practice as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW).

B. Nursing services and medication management – The PRT service must prevent disease, disability and other health conditions or their progression and will include twenty-four (24) hour medical availability when medically necessary. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health management ordered during medical appointments, urgent/emergency care or hospitalization and training to prevent the progression of chronic diseases, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the PRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the PRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing PRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care that the child may receive at school.

TN # 21-0003

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

Supersedes TN # NEW

Effective Date February 1, 2021

**New York  
3b-12.7**

- Discharge Planning - The PRT must transition the child from PRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Service Coordination staff must be at least 21 years old, and have a high school diploma or equivalent certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing PRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). PRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing PRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

PRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific preventive services.

An agency providing PRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the PRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021



New York  
3b-40

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

13.d. Rehabilitative Services - 42 CFR 440.130(d)

The following explanations apply to all Rehabilitative Residential Treatment (RRT) services for children under the age of 21:

EPSDT Rehabilitative Attestations: The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that rehabilitative services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to RRT services under this State Plan and Other Limited Health Benefits for an alternative fee schedule:

- The State assures that the provision of RRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the RRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive RRT services, condition receipt of RRT services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these RRT services.
- Providers of RRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for RRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

RRT provides community-based rehabilitative residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

The treatment includes the medical or remedial services listed below, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level. RRT delivers rehabilitative services including psychiatric services, service coordination and skill-building. RRT must address the health issues identified on the treatment plan. Treatment will relate directly to restoring the child's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts or medically appropriate care).

**TN # 21-0003**

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

**Supersedes TN # NEW**

**Effective Date February 1, 2021**

**New York  
3b-41**

Agencies providing RRT services are organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week. RRT services are organized to provide treatment where the individuals reside. RRT may be provided in freestanding, nonhospital-based facilities. RRT may include nonhospital addiction treatment centers or other residential non-institutional settings. RRT does not include room and board payments and is not provided in hospitals, nursing facilities, psychiatric residential treatment facilities, or intermediate care facilities for persons with intellectual or developmental disabilities.

The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional staff. The setting must allow ongoing participation of the child's family in family counseling with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education may be provided on site for children that cannot attend their community school but is not Medicaid reimbursable.

The following are components of RRT service:

- A. Developmentally-appropriate skill building to assist the individual to restore skills to minimize behavioral symptoms associated with medical conditions, behavioral health conditions, and/or developmental delays outlined on the child's treatment plan. This component also assists children in coping with transitions imposed by placement in out-of-home residential settings. Components include:
- Counseling: Providing trauma-informed, individual, family and group counseling and treatment. The counseling and treatment are designed to decrease problem behavior and increase developmentally appropriate pro-social behavior and promote integration with community resources. Any family counseling must be for the direct benefit of the child.
  - Psycho-education: Providing instruction and training to increase an individual's knowledge and understanding of his/her health, development, diagnosis(es), prognosis(es), and/or treatment, in order to enhance his/her health, increase his/her cooperation and collaboration with treatment and favorably affect his/her outcomes.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

New York  
3b-42

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW) within the scope of his or her practice.

B. Nursing services and medication management – The RRT service must provide medical care to meet the needs of children with monitoring and twenty-four (24) hour medical availability, when appropriate, medically necessary and relevant within their scope of practice. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health care management ordered during medical appointments, urgent/emergency care or hospitalization and training regarding chronic conditions, such as diabetes and asthma
- Training and health education including reproductive health education
- Provide medical care for children on home visits, educate caregivers on the medical needs of the child, and monitor child healthcare needs, as medically necessary,
- Provide medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the RRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the RRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing RRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care the child may receive at school.

TN # 21-0003

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

Supersedes TN # NEW

Effective Date February 1, 2021

**New York  
3b-43**

- Discharge Planning - The RRT must transition the child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing RRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and may not be an Institute for Mental Disease (IMD). RRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing RRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

RRT services are provided according to an individualized person-centered treatment plan, which may be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitation services.

An agency providing RRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the RRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

**TN #** 21-0003

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

**Supersedes TN #** NEW

**Effective Date** February 1, 2021

**New York  
10**

[DEPARTMENT OF SOCIAL SERVICES

Citation: 18 NYCRR, SOCIAL SERVICES, VOLUME B  
Chapter II Regulations of the Department of Social Services  
Subchapter C Social Services  
Article 2 Family and Children Services

Part  
428 Standards for Uniform Case Records and Child Service Plans

Article 3 Child Care Agencies

Part  
441 General  
442 Institutions  
443 Certified and Approved Foster Family Boarding Homes-Agency Procedure  
for Certification, Approval and Supervision  
444 Requirements for Licensed, Certified and Approved Foster Family  
Boarding Homes  
447 Agency Boarding Homes  
448 Group Homes  
449 Supervised Independent Living  
451 Group Emergency Foster Care

Article 5 Operating Certificates - Children's Facilities

Part  
476 General  
477 Issuance of Operating Certificates

Article 6 Certificates of Incorporation: Miscellaneous Corporate Matters

Part  
481 General  
482 Approval of Certificates of Incorporation  
483 Miscellaneous  
484 Development and Improvement of Community Facilities]

**TN #21-0003**

**Approval Date**

**Supersedes TN # 86-0007**

**Effective Date** February 1, 2021

New York  
1(a)(ii)(a)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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

**Preventive Residential Treatment (PRT) and Rehabilitative Residential Treatment (RRT) (EPSDT only)**

Effective as of February 1, 2021, reimbursement for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive residential treatment (PRT) services as described in Attachment 3.1-A, Item 4b,13.c and Attachment 3.1-B, Item 4b,13.c and rehabilitative residential treatment (RRT) as described in Attachment 3.1-A, Item 13.d and Attachment 3.1-B, Item 13.d provided on or after that date will be paid based upon a Medicaid per diem statewide fee schedule established by the State of New York Department of Health as outlined below. EPSDT PRT and RRT service providers meeting State and federal standards will be paid a per diem fee consistent with the published fee schedule applicable to the facility type and acuity level of the child. The fees reimburse providers to provide the three required components and indirect costs associated with those components of the service to each of the levels of care by facility type. Children will receive care at different levels of care based upon their needs. Providers will provide different intensity and frequency of interventions based on patient’s current condition and needs according to the levels of care and facility type outlined by the State.

The final year fee schedule (Year 4 for 2024) was set using BLS wage data for the estimated treatment staffing at each residential level and estimated employee related expenses. The estimates were based on State staff recommendations, provider focus group responses and the average cost report data for each level of care. The final fee schedule also includes an allowance for supplies, staff travel, and overhead related to treatment based on marketed-based estimates of providing this service by the average provider. The CPI trend rate was applied to inflate the fee schedule from the present to 2024. The fee schedule was established by dividing the total annual modeled provider costs by the estimated annual billable per diem units.

TN # 21-0003

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

Supersedes TN # NEW

Effective Date February 1, 2021

**New York  
1(a)(ii)(b)**

The Fee Schedule is as follows:

<b>Provider Type</b>	<b>2021 EPSDT PRT/RRT Fee</b>	<b>2022 EPSDT PRT/RRT Fee</b>	<b>2023 EPSDT PRT/RRT Fee</b>	<b>2024 EPSDT PRT/RRT Fee</b>
ABH	\$ 27.43	\$ 27.99	\$ 28.57	\$ 29.15
Diagnostic	\$ 100.76	\$ 102.82	\$ 104.93	\$ 107.08
FBH	\$ 12.36	\$ 12.62	\$ 12.87	\$ 13.14
GH	\$ 27.43	\$ 27.99	\$ 28.57	\$ 29.15
GR	\$ 45.23	\$ 46.16	\$ 47.10	\$ 48.07
Hard/Place	\$ 78.37	\$ 79.97	\$ 81.61	\$ 83.29
Inst	\$ 49.36	\$ 50.38	\$ 51.41	\$ 52.46
Maternity	\$ 27.43	\$ 27.99	\$ 28.57	\$ 29.15
Medically Fragile	\$ 54.20	\$ 55.31	\$ 56.44	\$ 57.60
Other NC	\$ 39.72	\$ 40.53	\$ 41.36	\$ 42.21
Raise the Age	\$ 78.37	\$ 79.97	\$ 81.61	\$ 83.29
SILP	\$ 27.43	\$ 27.99	\$ 28.57	\$ 29.15
Special Needs	\$ 39.72	\$ 40.53	\$ 41.36	\$ 42.21
Special Other	\$ 78.37	\$ 79.97	\$ 81.61	\$ 83.29
Therapeutic	\$ 34.73	\$ 35.44	\$ 36.17	\$ 36.91

Agencies whose current rates are higher than the fee schedule, and who require a glide path to the Fee Schedule will follow the methodology below:

	<b>February 2021 EPSDT PRT/RRT Glide Path Fee</b>	<b>July 2021 EPSDT PRT/RRT Glide Path Fee</b>	<b>2022 EPSDT PRT/RRT Glide Path Fee</b>	<b>2023 EPSDT PRT/RRT Glide Path Fee</b>	<b>2024 EPSDT PRT/RRT Glide Path Fee</b>
Current Rate	100%	75%	50%	25%	0%
Future Rate	0%	25%	50%	75%	100%

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private providers and the fee schedule. All years of rates are published on the Department of Health website at:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/cfc/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/cfc/)

TN # 21-0003

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

Supersedes TN # NEW

Effective Date February 1, 2021

**New York**  
**Page 1(a)(iii)(2.1)**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**STATE: New York**

Effective as of February 1, 2021, reimbursement for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services listed below and provided by providers with a 29-I license as described in Attachment 3.1-A, Item 4b and Attachment 3.1-B, Item 4b will be paid based upon a Medicaid fee schedule established by the State of New York Department of Health for the following services:

- Alcohol and/or Drug Screening, Testing, Treatment, 15 min unit, Upstate and Downstate rates
- Developmental Test Administration, 15 min unit, Upstate and Downstate rates
- Psychotherapy (Individual and Family), 15 min unit, Upstate and Downstate rates
- Psychotherapy Group, 15 min unit, Upstate and Downstate rates
- Neuropsychological Testing/Evaluation Services, 15 min unit, Upstate and Downstate rates
- Psychiatric Diagnostic Examination, 15 min unit, Upstate and Downstate rates
- Office Visit, 15 min unit, Upstate and Downstate rates
- Smoking Cessation treatment, 15 min unit, Upstate and Downstate rates
- ECG, per occurrence, statewide rate
- Screening-Developmental/Emotional/Behavioral, per occurrence, Upstate and Downstate rates
- Hearing and Evaluation of Speech, 15 min unit, statewide rate
- Lab Services, statewide rate, see 29-I Health Facility Laboratory Fee Schedule for complete list of waived laboratory services and pricing

Payments are made in accordance with a fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedules are the same for both governmental and private providers of these services, which are included under physician, other licensed practitioner, clinic and laboratory services. The agency's fee schedule was set as of February 1, 2021 and is effective for services provided on or after that date. These services are already covered under the State Plan with multiple fee schedules. All fees are published on the Department of Health website at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/vol\\_foster\\_trans.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm)

**TN# 21-0003** \_\_\_\_\_

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

**Supersedes TN# NEW** \_\_\_\_\_

**Effective Date** February 1, 2021



after June 1, 2018 and ending no later than March 31, 2019, for Health Homes that are designated to serve children only, or for a Health Home that is designated to serve children in 44 counties and adults in one, in an amount that does not exceed \$4 million.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018-19 is \$25 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, e-mail: [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

**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 non-institutional services for coverage and reimbursement for Medicaid preventive services. The following changes are proposed:

**Non-Institutional Services**

Effective on or after July 1, 2019, the Medicaid State Plan will be amended to establish and authorize payment for Preventive Residential Treatment (PRT) services. This State plan amendment replaces the former Voluntary Foster Care per diem reimbursement. The July 1, 2019 effective date for the PRT services coincides with the transition of the foster care population to managed care under the State's proposed children's 1115 Waiver amendment. The PRT services will reimburse providers for Medicaid services that Managed Care Plans will otherwise not contract for (e.g., nursing staff). PRT will provide community-based preventive residential supports under the supervision and oversight of a practitioner of the healing arts including 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. Skill building, nursing supports and medication management, Medicaid Service Coordination, and Medicaid Treatment Planning and discharge planning.

The estimated annual net aggregate increase in gross Medicaid

expenditures attributable to this initiative contained in the budget for state fiscal year 2019-2020 is \$7.5 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, e-mail: [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

**PUBLIC NOTICE**

Department of State  
F-2017-1156

Date of Issuance – May 23, 2018

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2017-1156RJMarineShorelineStabilization.pdf>

In F-2017-1156, or the "RJ Marine Associates Shoreline Stabilization", the applicant – Augusta Withington – is proposing to install a steel sheet pile face sea wall with tie backs. The proposed seawall will be 7 feet in height from the river bottom and 65 feet in length. The proposed sea wall will have a 6 inch to 8 inch concrete cap. In addition, the applicant proposes to backfill behind the proposed sea wall. The project is located at 690 Riverside Drive in the Village of Clayton, Jefferson County, New York on the St. Lawrence River. The stated purpose of the project is to "prevent flooding and erosion".

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, June 7, 2018.

Comments should be addressed to the Consistency Review Unit, Department of State, Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000; Fax (518) 473-2464. Electronic submissions can be made by email at: [CR@dos.ny.gov](mailto:CR@dos.ny.gov)

**SUMMARY**  
**SPA #21-0007**

This State Plan Amendment proposes to establish outpatient community-based mental health services under the rehabilitative option. This will allow Medicaid to reimburse outpatient mental health services when provided in a community setting or in the individual's place of residence when permitted under State practice laws. Rehabilitative outpatient community-based mental health services will also include peer support services provided by certified peers.

DRAFT

New York  
3b-49

**13d. Rehabilitative Services**

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

1905(a)(13); 42 CFR 440.130(d)

**Outpatient Mental Health Services:**

The State provides coverage for Outpatient Mental Health Services as defined at 42 CFR 440.130(d) and in this section. The State assures that rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

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

Outpatient Mental Health Services are recommended by a licensed practitioner of the healing arts acting within the scope of his/her professional license and applicable New York State law, including physicians, physician assistants, nurse practitioners, registered nurses, psychologists, licensed clinical social workers (LCSW), licensed master social workers (LMSW) under the supervision of a LCSW, licensed psychologist or psychiatrist, licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), licensed psychoanalysts, and licensed creative arts therapists (LCAT).

Outpatient Mental Health Services are person-centered, recovery-oriented rehabilitative services designed to help individuals achieve and maintain recovery from mental health conditions by treating the symptoms of those conditions and restoring skills which have been lost due to the onset of mental illness and which are necessary for individuals to manage and cope with the symptoms and behaviors associated with mental health conditions and function successfully in the community. Medically necessary Outpatient Mental Health Services are those which are necessary to promote the maximum reduction of symptoms and/or restoration of an individual to their best age-appropriate functional level and are provided according to an individualized treatment plan.

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

New York  
3b-50

**Provider Qualifications:**

Outpatient Mental Health Services as described herein are provided by professionals, paraprofessionals, or peers qualified by credentials, training, and/or experience to provide direct services related to the treatment of mental illness and substance use disorders employed by or under contract with provider agencies licensed or authorized by the New York State Office of Mental Health, as follows:

1. Professional Staff include:

- a. Physician: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department;
- b. Psychiatrist: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department and who is either a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by such Board or is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by such Board;
- c. Physician assistant: An individual who is currently licensed or possesses a permit to practice as a physician assistant issued by the New York State Education Department;
- d. Nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner issued by the New York State Education Department;
- e. Psychiatric nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner with an approved specialty area of psychiatry issued by the New York State Education Department;
- f. Registered nurse: An individual who is currently licensed or possesses a permit to practice as a registered professional nurse issued by the New York State Education Department;
- g. Licensed Practical Nurse: An individual who is currently licensed or possesses a permit to practice as a licensed practical nurse issued by the New York State Education Department;
- h. Psychologist: An individual who is currently licensed or possesses a permit to practice as a psychologist issued by the New York State Education Department;
- i. Social worker: An individual who is either currently licensed or possesses a permit to practice as a licensed master social worker (LMSW) or as a licensed clinical social worker (LCSW) issued by the New York State Education Department;
- j. Mental health counselor: An individual who is currently licensed or possesses a permit to practice as a mental health counselor issued by the New York State Education Department;
- k. Marriage and family therapist: An individual who is currently licensed or possesses a permit to practice as a marriage and family therapist issued by the New York State Education Department;
- l. Psychoanalyst: An individual who is currently licensed or possesses a permit to practice as a psychoanalyst issued by the New York State Education Department;

New York  
3b-51

m. Creative arts therapist: An individual who is currently licensed or possesses a permit to practice as a creative arts therapist issued by the New York State Education Department;

2. Paraprofessional staff are qualified by formal or informal training and professional experience in a mental health field or treatment setting. Paraprofessional staff will be supervised by Professional staff. Paraprofessional staff will be at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma or equivalent and 1-3 years of relevant experience working with individuals with serious mental illness or substance use disorders.

3. Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates are qualified by personal experience and will be certified or provisionally certified as provided below. Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates will be supervised by competent mental health professionals, which include any Professional staff defined above.

**Certified Peer Specialists will:**

1. Identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey; and
2. Possess a certification from or are provisionally certified as a Certified Peer Specialist by an OMH-approved Certified Peer Specialist certification program.

**Credentialed Family Peer Advocates (FPA) will:**

1. 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;
2. Possess a credential from or are provisionally credentialed as a Family Peer Advocate by an OMH-approved Family Peer Advocate credentialing program;

**Credentialed Youth Peer Advocate will:**

1. Demonstrate "lived experience" as a person with first-hand experience with mental health and/or co-occurring behavioral health challenges in juvenile justice, special education, and/or foster care settings who is able to assist in supporting young people attain resiliency/recovery and wellness; and
2. Possess a valid credential from or are provisionally certified as a Youth Peer Advocate by an OMH-approved Youth Peer Advocate credentialing program.

New York  
3b-52

**Service Descriptions:**

Outpatient Mental Health Services include assessments/screening; treatment planning; counseling/therapy; medication treatment; psychiatric consultation; testing services; health monitoring; Screening, Brief Intervention and Referral to Treatment (SBIRT); complex care management; peer/family peer recovery support; and crisis intervention. Except as otherwise noted, all services are for both children and adults.

All Outpatient Mental Health Services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community, or in the individual's place of residence, consistent with guidance issued by the New York State Office of Mental Health. The setting in which the service is provided is determined by the individual's needs and goals documented in the individual's record. Collateral supports, such as identified family members or significant others, may participate in services for the benefit of the Medicaid beneficiary.

Outpatient Mental Health Services include:

- **Assessments/Screenings** – Including initial, immediate needs, risk, psychiatric, and functional/rehabilitative assessments, and health screenings and health physicals, for the purpose of gathering or updating information concerning the individual's mental and physical health history and status, including determination of substance use, in order to determine the appropriate diagnosis, assess the individual's functional limitations, and inform the treatment planning process. Health screenings and health physicals assess the need for and referral to additional physical health services. Assessments may include interactions between the professional and an individual's collateral supports to obtain necessary information for the benefit of the treatment planning for the individual.

**Practitioners:** Assessment/screenings, except psychiatric assessments, health screenings and health physicals are provided by Professional staff. Functional/rehabilitative assessments are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff. Psychiatric assessments are provided by a Physician, Psychiatrist, Psychiatric nurse practitioner, or Physician's Assistant. Health screenings and health physicals are provided by a Physician, Psychiatrist, Physician's assistant, Nurse practitioner, Registered nurse or Licensed Practical Nurse.

- **Treatment Planning** – Is an ongoing, collaborative and person-centered process directed by the individual in collaboration with the individual's family or other collaterals, as appropriate and approved by the individual and a licensed clinician, resulting in the development of treatment and rehabilitative goals, needs, preferences, capacities and desired outcomes for the provision of Outpatient Mental Health Services.

**Practitioners:** Treatment Planning services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

New York  
3b-53

- **Counseling/Therapy** – Individual, group, and family counseling/therapy services are therapeutic counseling services for the purpose of alleviating symptoms or dysfunction associated with an individual’s mental health condition or emotional disturbance, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual’s capacity to restore age-appropriate developmental milestones. Services include tobacco use disorder treatment services. Collateral contact is permitted as needed to address the therapeutic goals of the beneficiary.

**Practitioners:** Counseling/Therapy Services are provided by Professional Staff and Paraprofessional staff under the supervision of Professional staff where appropriate under state scope of practice laws.

- **Medication Treatment** – Medication Treatment is a therapeutic and rehabilitative service to treat the symptoms of an individual’s mental illness and/or substance use disorder, including the following components which may be provided by the following professionals:
  - Prescribing medications, monitoring the effects of medications, evaluating target symptom response to medications, and ordering and reviewing diagnostic studies, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, or Physician’s assistant; and
  - Preparing, administering and monitoring the injection of intramuscular medications, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, Physician’s assistant, Registered professional nurse or Licensed practical nurse.
- **Psychiatric Consultation** – Psychiatric Consultation services are diagnostic and therapeutic services including an evaluation of a beneficiary who is not currently enrolled in the practitioner’s program when the service is provided, and such consultation is required for purposes of diagnosis, integration of treatment and continuity of care.

**Practitioners:** Psychiatric Consultation services are provided by a Physician, Psychiatrist, Nurse practitioner, Psychiatric nurse practitioner, or Physician’s assistant.

- **Testing Services, including Developmental Testing, Neurobehavioral Status Examination, and Psychological Testing** – Developmental testing services are diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child’s developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes. Neurobehavioral status examination is a clinical assessment of thinking, reasoning and judgment, including attention, language, memory, problem solving and visual spatial abilities and interpretation of the results for treatment planning. Psychological Testing Services are diagnostic services in which practitioners employ standard assessment methods and instruments to inform the assessment and treatment planning processes.

New York  
3b-54

**Practitioners:** Developmental Testing Services and Neurobehavioral Status Examination services are provided by Professional staff. Psychological Testing Services are provided by a Psychologist, Psychiatrist, or Physician.

- **Health Monitoring** - Health Monitoring is a diagnostic and therapeutic service involving the continued measurement of specific health indicators associated with increased risk of medical illness and early death. For adults these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use. For children these indicators include, but are not limited to, BMI, activity/exercise level, substance use, and smoking status.

**Practitioners:** Health Monitoring services are provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric nurse practitioner, Physician's assistant, Registered nurse or Licensed practical nurse.

- **Screening, Brief Intervention and Referral to Treatment (SBIRT) services** – SBIRT are evidence-based assessment, counseling, and referral services which provide: (i) screening to identify individuals exhibiting or who are at risk of substance use-related problems; (ii) early intervention, including counseling and skills restoration services to modify risky consumption patterns and behaviors; and (iii) referral to appropriate services for individuals who need more extensive, specialized treatment to address such substance consumption patterns and behaviors.

**Practitioners:** SBIRT services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

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

**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.



New York  
3b-55

- **Crisis Intervention Services, including crisis response and crisis planning** – Crisis intervention services are provided to address and remediate acute distress and rehabilitate individuals who are experiencing or who are at risk of experiencing acute mental health crises and to avoid the need for emergency or inpatient psychiatric hospital services, as follows:
  - Crisis response services: Include services to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.
  - Crisis planning services: Include rehabilitative skills training services to assist individuals to effectively avoid or respond to mental health crises by identifying triggers that risk their remaining in the community or that result in functional impairments. Services assist the individual and/or family members, or other collaterals as necessary for the benefit of the beneficiary, with identifying a potential psychiatric or personal crisis, developing a crisis management or safety plan, and/or as appropriate, seeking other supports to restore stability and functioning.

**Practitioners:** Crisis intervention services are provided by Professional staff and Paraprofessional staff under supervision as provided in this section.

- **Complex Care Management** are care coordination services to address the impacts of an individual's mental health condition or symptomology on the individual's physical health, access to or engagement in care, or ability to maintain or establish community inclusion and/or community roles. This may include coordination of housing, rehabilitative, health and/or social supports necessary to prevent or address deterioration in mental health status. Critical events may include but are not limited to imminent loss of housing, employment, school placement or other complex social needs that could exacerbate mental health symptoms. These services are provided either in person or by telephone and may be provided without the beneficiary where appropriate for the benefit of the beneficiary.

**Practitioners:** Complex Care Management Services are provided by Professional staff and Paraprofessionals under supervision of Professional staff.

New York  
8

[RESERVED]

**Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient community-based mental health rehabilitative services**

**Reimbursement Methodology**

Ambulatory Patient Group (APG) reimbursement for all OMH outpatient community-based mental health rehabilitative services licensed by the New York State Office of Mental Health (OMH) will begin March 1, 2021. There are six peer groups based on provider type: Freestanding Upstate, Freestanding Downstate, county-operated, Hospital-based Upstate, Hospital-based Downstate and State-operated. Assignment to a peer group is based on the corporate information related to the licensure of the owner’s primary location.

Providers with sites designated to different peer groups will receive reimbursement based on the peer group where the services are provided. New providers of OMH outpatient community-based mental health rehabilitative services will be paid the same as other providers in their peer group.

Under the APG payment methodology, payments are determined by multiplying a dollar base rate, varying by peer group, by the weight for each procedure. The weight is a numeric value that reflects the relative expected resource utilization for each procedure as compared to the expected resource utilization for all other procedures. Procedure weights are the same for all OMH outpatient community-based mental health rehabilitative services providers. Where permitted by the APG reimbursement methodology, multiple services in a single visit will be discounted by 10%.

For providers operated by hospitals, excluding state-operated hospitals, reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider’s total allowable capital costs as reported on the Institutional Cost Report (ICR) for its OMH licensed outpatient programs, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

TN #21-0007 Approval Date \_\_\_\_\_

Supersedes TN #10-0018 Effective Date March 1, 2021

New York  
8a

[RESERVED]

**Reimbursement Methodology continued**

APG is an alternative reimbursement methodology to the Prospective Payment System (PPS) methodology and is subject to the minimum payment annual reconciliation for Federally Qualified Health Centers as described in the Federally Qualified Health Centers (FQHCs) and Rural Health Clinics section of this Attachment.

I. **Definitions:** The list of definitions in the APG System freestanding clinic section of this attachment will also apply to the methodology for OMH outpatient community-based mental health rehabilitative services except as follows:

- **After hours** means outside the time period 8:00 am – 6:00 pm on weekdays or any time during weekends.

II. **Reimbursement Rates:** APG peer group base rates for all OMH outpatient community-based mental health rehabilitative services providers are published on the State’s website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/apg-peer-group-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx)

DRAFT

TN #21-0007

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

Supersedes TN #10-0018

Effective Date March 1, 2021

New York  
9

[RESERVED]

**Quality Improvement (QI) Program**

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI finding and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

**Minimum Wage Increases**

The minimum wage methodology described in the Minimum Wage Rate Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics section of this attachment will also apply to the minimum wage methodology for OMH outpatient community-based mental health rehabilitative services.

**Behavioral Health Utilization Controls – OMH-Licensed Outpatient Community-based Mental Health Rehabilitative Services**

Effective March 1, 2021, the Office of Mental Health (OMH) will establish utilization thresholds for their outpatient community-based mental health rehabilitative services providers. These thresholds will target unusually high utilization with payment reductions and will be established by the licensing state agency as follows:

For outpatient community-based mental health rehabilitative services providers licensed by OMH, Medicaid payments will be subject to the following reductions:

1. For persons 21 years of age or older at the start of the state fiscal year, payment for the 31st through 50th visits in a state fiscal year by one or more providers operated by the same agency will be subject to a 25% reduction in the otherwise applicable payment amount.
2. For persons 21 years of age or older at the start of the state fiscal year, payment for visits in excess of 50 in a state fiscal year by one or more providers operated by the same agency will be subject to a 50% reduction in the otherwise applicable payment amount.
3. For persons less than 21 years of age at the start of the state fiscal year, payment for visits in excess of 50 in that state fiscal year by one or more providers operated by the same agency will be subject to a 50% reduction in the otherwise applicable payment amount.
4. Off-site visits, medical visits and crisis visits, when billed under their applicable rate codes, will be disregarded in computing the number of visits pursuant to the preceding paragraphs.

TN #21-0007

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

Supersedes TN #10-0018

Effective Date March 1, 2021

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE  
Payment of Medicare Part A and Part B Deductible/Coinsurance**

---

**Explanation of Medicare Part B Coinsurance Payment for Medicaid Recipients**

This Medicare coinsurance policy applies to:

- Qualified Medicare Beneficiaries (QMBs)
- Qualified Medicare Beneficiaries Plus (QMBs+)
- Any other persons who have both full Medicaid and Medicare

For all recipients noted above New York State Medicaid will pay as follows:

1. If the Medicare payment amount is greater than the amount that Medicaid would have paid for that service, then Medicaid will pay \$0.
2. If the Medicare payment is less than the amount that Medicaid would have paid for that service, then Medicaid will pay the lower of the difference between the Medicaid rate and the Medicare payment, or the Medicare coinsurance amount.
3. If a procedure is designated "inactive" on the procedure code file, i.e., procedures that are not covered by Medicaid and have been assigned a \$0 amount, Medicaid will not reimburse any portion of the Medicare Part B coinsurance amount for these procedures.
4. If the service is an outpatient service certified under Articles 16, 31, or 32 of the Mental Hygiene Law, an Independent Practitioner Service for Individuals with Developmental Disabilities (IPSIDD), or is an ambulance or psychologist service, Medicaid will pay the full Medicare coinsurance liability.
5. If the service is an Independent Practitioner Service for Individuals with Developmental Disabilities (IPSIDD), Medicaid will pay up to the regular Medicaid fee, even if that fee is higher than the Medicare approved amount.
6. If the service is an outpatient service certified under Article 28 of the Public Health Law, Medicaid will pay as follows:
  - a. If the Medicare payment is greater than the amount that Medicaid would have paid for that service, then Medicaid will pay \$0.
  - b. If the Medicare payment is less than the amount that Medicaid would have paid for that service, then Medicaid will pay the lower of the difference between the Medicaid rate and the Medicare payment, or the Medicare coinsurance amount.
  - c. If the Medicare payment is equal to the amount that Medicaid would have paid for that service, Medicaid will pay \$0.
7. If the service is a Products of Ambulatory Care Clinic, a clinic primarily serving the developmentally disabled, a Mental Health comprehensive outpatient program services (COPS) program<sup>1</sup>, provided by a free standing clinic service certified under Article 28 of the Public Health Law to Traumatic Brain Injury waiver member, or provided by clinic or hospital outpatient department certified under Article 28 of the Public Health Law to an individual with a developmental disability, Medicaid will pay up to the regular Medicaid fee, even if that fee is higher than the Medicare approved amount.

---

<sup>1</sup>Effective 10/1/2010, COPS program means [Freestanding Clinic and Outpatient Hospital] Services licensed pursuant to the Mental Hygiene Law reimbursed pursuant to the APG reimbursement methodology and Partial Hospitalization, Continuing Day Treatment, and Day Treatment for Children [and Intensive Psychiatric Rehabilitation and Treatment] Services.

# 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

### Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for March 2021 will be conducted on March 10 and March 11 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

*For further information, contact:* Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. One, Albany, NY 12239, (518) 473-6598

## 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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

#### Non-Institutional Services

Effective on or after February 24, 2021, the Department of Health will establish outpatient mental health services under the Medicaid State Plan rehabilitative option, including services currently authorized under the Medicaid State Plan clinic option. This will allow Medicaid to reimburse outpatient mental health services when provided in a site-based clinic, community setting or in the individual's place of residence when permitted under State practice laws. Rehabilitative outpatient mental health services will also include peer support services provided by certified peers.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for

State Fiscal Year 2020/2021 is \$1.1 million and \$4.2 million for State Fiscal Year 2021/2022.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

*For further information and to review and comment, please contact:* Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

### Department of State

A virtual board meeting of the NYS Board of Real Estate will be held on Thursday, March 11, 2021, at 100 p.m. For WebEx conferencing information, please visit the Department of State's website at [www.dos.ny.gov](http://www.dos.ny.gov).

*Should you require further information, please contact:* Denise Tidings at [Denise.Tidings@dos.ny.gov](mailto:Denise.Tidings@dos.ny.gov) or (518) 402-4921

## PUBLIC NOTICE

### Department of State

F-2020-0849

Date of Issuance – February 24, 2021

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

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

In F-2020-0849, Mary Jane Dreher proposes to install a 8' x 100' steel pile dock with T shape at waters end that makes the dock flare out to 15' wide. The last 30' waters end of the dock will be steel constructed frame, concrete top with two ShoreStation hydraulic lifts (one 6k and one 10k) installed. The site is currently a residentially maintained property with a stone shoreline. This project is located at 6676 Greenwood Parkway, Hamlin, Monroe County, on Lake Ontario.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2020-0849.pdf>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Town of Hamlin, Local Waterfront Revitalization Program Communities

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or on March 11, 2021.

*Comments should be addressed to:* Department of State, Office of Planning and Development and Community Infrastructure, ATTN: Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: [CR@dos.ny.gov](mailto:CR@dos.ny.gov)

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

## PUBLIC NOTICE

Department of State  
F-2020-0984

Date of Issuance – February 24, 2021

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

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

In F-2020-0984 the applicant, Daniel Kunstenaar, is proposing to replace the wooden bulkhead with vinyl bulkhead; relocate the existing 12'x12' boat lift; and install a pile supported 10'x10' overhang deck, a new 3'x12' ramp, and a new 8'x30' float with a 5'x12' finger float to form an L. This project is located at 3116 Ann Street, Town of Hempstead, Nassau County, Parsonage Creek.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2020-0984.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or March 26, 2021.

*Comments should be addressed to:* Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: [CR@dos.ny.gov](mailto:CR@dos.ny.gov)

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

## PUBLIC NOTICE

Department of State  
F-2021-0052

Date of Issuance – February 24, 2021

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2021-0052, The Town of Webster is proposing to realign 2000 feet of Lake Road to run through the Sandbar Park Right-of-Way and in tandem with Sandbar Park Floodwall Protection project REDI 59 & 78. Install Sidewalks and drainage improvements to provide attractive space to the public.

Lake Road, Town of Webster, Monroe County

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2021-0052ConsistencyCert.pdf>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, March 11, 2021.

*Comments should be addressed to:* Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: [CR@dos.ny.gov](mailto:CR@dos.ny.gov)

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

## PUBLIC NOTICE

Department of State  
F-2021-0053

Date of Issuance – February 24, 2021

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2021-0053, The Town of Webster is proposing to replace aging dock, restaurant and install ±481 LF of new concrete flood wall & living shoreline protection to protect the area. Install new parking lot and concrete sidewalks for public use. Project being done in conjunction with F-2021-0053-Realignment of Lake Road.

279 Lake Road, Town of Webster, Monroe County

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2021-0053ConsistencyCert.pdf>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, March 11, 2021.

*Comments should be addressed to:* Consistency Review Unit, Department of State, Office of Planning, Development & Community

**SUMMARY**  
**SPA #21-0010**

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) methodology for freestanding clinic and ambulatory surgery center services until December 31, 2021 and revise the APG methodology to reflect the recalculated weights with component updates to become effective January 21, 2021.

DRAFT







New York  
2(g)(3)

**Carve-outs; updated as of 10/01/12. The full list of carve-outs is contained in Never Pay APGs and Never Pay Procedures:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Carve Outs."

**Coding Improvement Factors (CIF); updated as of 04/01/12 and 07/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "CIFs by Rate Period."

**If Stand Alone, Do Not Pay APGs; updated 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay APGs."

**If Stand Alone, Do Not Pay Procedures; updated 01/01/19:**

[http://www.health.state.ny.us/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay Procedures."

**Modifiers; updated as of 07/01/18:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Modifiers."

**Never Pay APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay APGs."

**Never Pay Procedures; updated as of [07/01/20] 01/21/21:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay Procedures."

**No-Blend APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend APGs."

**No-Blend Procedures; updated as of 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No-Blend Procedures."

**No Capital Add-on APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on APGs."

**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 non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

**Non-Institutional Services**

Effective on or after January 21, 2021, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is \$2,130,000.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

**PUBLIC NOTICE**

**Oneida-Herkimer Solid Waste Authority  
Request For Proposals (RFP)  
For Beneficial Use of Bio-Solids**

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority (Authority) hereby gives notice of the following:

The Authority is requesting proposals from companies that are interested in providing a beneficial use for bio-solids generated by certain wastewater treatment plants located in Oneida County and Herkimer County, New York State.

The Authority does not discriminate because of race, creed, color, national origin, sex, age, disability or marital status. All qualified Respondents will be afforded equal opportunities without discrimination. Furthermore, the Authority invites certified Minority and Women-Owned Business Enterprises (M/WBE) participation in this RFP. Firms that are not M/WBEs responding to this RFP are

strongly encouraged to consider partnering, or creating other similar joint venture arrangements, with certified M/WBEs and to give M/WBEs the opportunity to participate in responding to this RFP. The directory of New York State M/WBEs can be viewed at <http://www.esd.ny.gov/mwbe.html>.

Responses to the RFP are due to the Authority by 3:00 PM on February 10, 2021.

*Copies of the RFP may be obtained at [www.ohswa.org](http://www.ohswa.org) or through the contact:* James V. Biamonte, Contract Officer, Oneida-Herkimer Solid Waste Authority, 1600 Genesee St., Utica, NY 13502

**PUBLIC NOTICE**

**Oneida-Herkimer Solid Waste Authority  
Draft Request for Proposals (RFP)**

**Transportation of Solid Waste to the Oneida-Herkimer Landfill  
For Oneida-Herkimer Solid Waste Management Authority**

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority hereby gives notice of the following:

The Oneida-Herkimer Solid Waste Authority (OHSWA) desires to procure an agreement for 5 years beginning 10/24/2021 for transportation of non-recyclable waste from 2 transfer stations to the Oneida-Herkimer Landfill, Ava, NY. Comments on the Draft RFP must be received by 1:00 p.m. on 3/8/2021.

The Authority does not discriminate because of race, creed, color, national origin, sex, age, disability or marital status. All qualified respondents will be afforded equal opportunities without discrimination. Furthermore, the Authority invites certified Minority and Women-Owned Business Enterprises (M/WBE) participation in this RFP. Firms that are not M/WBEs responding to this RFP are strongly encouraged to consider partnering, or creating other similar joint venture arrangements with certified M/WBEs and to give M/WBEs the opportunity to participate in responding to this RFP. The directory of New York State M/WBE's can be viewed at <http://www.esd.ny.gov/mwbe.html>.

*Copies of the Draft RFP may be obtained at [www.ohswa.org](http://www.ohswa.org) or through the contact:* James V. Biamonte, Contracting Officer, 1600 Genesee St., Utica, NY 13502

**PUBLIC NOTICE**

**Department of State  
F-2020-1033**

Date of Issuance – January 20, 2021

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

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

In F-2020-1033, Chase Killeen is proposing to construction of a new 4' x 135' dock with two (2) 8" tie-off piles and open-grate decking. The project site is located on Shinnecock Bay at 183 Bay Avenue East, Hampton Bays, NY, 11946, Suffolk County.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2020-1033Killeen.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or February 19, 2021.

*Comments should be addressed to:* Department of State, Office of

**Public Notice**  
**NYS 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 non-institutional services to clarify the revised provisions of the Ambulatory Patient Group (APG) reimbursement methodology as originally published on January 20, 2021.

The following changes are proposed:

**Non-Institutional Services**

The following is a clarification to the January 20, 2021 noticed provision for Ambulatory Patient Groups (APG) recalculated weight and component updates.

With clarification, the January 20<sup>th</sup> noticed provision included an error in the fiscal calculation. That error has been corrected and the estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is now \$820,000.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

New York County

250 Church Street  
New York, New York 10018

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

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

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

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

For further information and to review and comment, please contact:

New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, New York 12210  
[spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

**SUMMARY**  
**SPA #21-0011**

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) methodology for hospital-based clinic and ambulatory surgery services, including emergency room services until December 31, 2021 and revise the APG methodology to reflect the recalculated weights with component updates to become effective January 21, 2021.

DRAFT





**New York**  
**1(e)(2)**

**APG Reimbursement Methodology – Hospital Outpatient**

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at [http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm). In addition, prior period information associated with these links is available upon request to the Department of Health.

**Contact Information:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on “Contacts.”

**3M APG Crosswalk, version 3.15; updated as of [07/01/20 and 10/01/20] 01/21/21 and 04/01/21:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/crosswalk/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm)

<http://dashboard.emedny.org/CrossWalk/html/cwAgreement.html> Click on “Accept” at bottom of page to gain access.

**APG Alternative Payment Fee Schedule; updated as of 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on “Alternative Payment Fee Schedule.”

**APG Consolidation Logic; logic is from the version of 4/01/08, updated as of 10/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on “2020”

**APG 3M Definitions Manual Versions; updated as of [07/01/20 and 10/01/20] 01/21/21 and 04/01/21:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/crosswalk/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm)

**APG Investments by Rate Period; updated as of 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on “Investments by Rate Period.”

**APG Relative Weights; updated as of [07/01/20] 01/21/21:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on “Weights, Proc Weights, and APG Fee Schedule Amounts” file.

**Associated Ancillaries; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on “Ancillary Policy.”

**TN** \_\_\_\_\_ **#21-0011** \_\_\_\_\_

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

**Supersedes TN** \_\_\_\_\_ **#20-0058** \_\_\_\_\_

**Effective Date** January 21, 2021 \_\_\_\_\_



**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 non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

**Non-Institutional Services**

Effective on or after January 21, 2021, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is \$2,130,000.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

**PUBLIC NOTICE**

**Oneida-Herkimer Solid Waste Authority  
Request For Proposals (RFP)  
For Beneficial Use of Bio-Solids**

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority (Authority) hereby gives notice of the following:

The Authority is requesting proposals from companies that are interested in providing a beneficial use for bio-solids generated by certain wastewater treatment plants located in Oneida County and Herkimer County, New York State.

The Authority does not discriminate because of race, creed, color, national origin, sex, age, disability or marital status. All qualified Respondents will be afforded equal opportunities without discrimination. Furthermore, the Authority invites certified Minority and Women-Owned Business Enterprises (M/WBE) participation in this RFP. Firms that are not M/WBEs responding to this RFP are

strongly encouraged to consider partnering, or creating other similar joint venture arrangements, with certified M/WBEs and to give M/WBEs the opportunity to participate in responding to this RFP. The directory of New York State M/WBEs can be viewed at <http://www.esd.ny.gov/mwbe.html>.

Responses to the RFP are due to the Authority by 3:00 PM on February 10, 2021.

*Copies of the RFP may be obtained at [www.ohswa.org](http://www.ohswa.org) or through the contact: James V. Biamonte, Contract Officer, Oneida-Herkimer Solid Waste Authority, 1600 Genesee St., Utica, NY 13502*

**PUBLIC NOTICE**

**Oneida-Herkimer Solid Waste Authority  
Draft Request for Proposals (RFP)**

**Transportation of Solid Waste to the Oneida-Herkimer Landfill  
For Oneida-Herkimer Solid Waste Management Authority**

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority hereby gives notice of the following:

The Oneida-Herkimer Solid Waste Authority (OHSWA) desires to procure an agreement for 5 years beginning 10/24/2021 for transportation of non-recyclable waste from 2 transfer stations to the Oneida-Herkimer Landfill, Ava, NY. Comments on the Draft RFP must be received by 1:00 p.m. on 3/8/2021.

The Authority does not discriminate because of race, creed, color, national origin, sex, age, disability or marital status. All qualified respondents will be afforded equal opportunities without discrimination. Furthermore, the Authority invites certified Minority and Women-Owned Business Enterprises (M/WBE) participation in this RFP. Firms that are not M/WBEs responding to this RFP are strongly encouraged to consider partnering, or creating other similar joint venture arrangements with certified M/WBEs and to give M/WBEs the opportunity to participate in responding to this RFP. The directory of New York State M/WBE's can be viewed at <http://www.esd.ny.gov/mwbe.html>.

*Copies of the Draft RFP may be obtained at [www.ohswa.org](http://www.ohswa.org) or through the contact: James V. Biamonte, Contracting Officer, 1600 Genesee St., Utica, NY 13502*

**PUBLIC NOTICE**

**Department of State  
F-2020-1033**

Date of Issuance – January 20, 2021

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

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

In F-2020-1033, Chase Killeen is proposing to construction of a new 4' x 135' dock with two (2) 8" tie-off piles and open-grate decking. The project site is located on Shinnecock Bay at 183 Bay Avenue East, Hampton Bays, NY, 11946, Suffolk County.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2020-1033Killeen.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or February 19, 2021.

*Comments should be addressed to: Department of State, Office of*

**Public Notice**  
**NYS 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 non-institutional services to clarify the revised provisions of the Ambulatory Patient Group (APG) reimbursement methodology as originally published on January 20, 2021.

The following changes are proposed:

**Non-Institutional Services**

The following is a clarification to the January 20, 2021 noticed provision for Ambulatory Patient Groups (APG) recalculated weight and component updates.

With clarification, the January 20<sup>th</sup> noticed provision included an error in the fiscal calculation. That error has been corrected and the estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is now \$820,000.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

New York County

250 Church Street  
New York, New York 10018

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

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

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

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

For further information and to review and comment, please contact:

New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, New York 12210  
[spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

**SUMMARY**  
**SPA #21-0013**

This amendment proposes to revise the State Plan to correct the co-payment for preferred brand-name prescription drugs from \$1.00 to \$2.50.

DRAFT



# Medicaid Premiums and Cost Sharing

State Name: New York

OMB Control Number: 0938-1148

Transmittal Number: TN - 21 - 0013

## Cost Sharing Amounts - Categorically Needy Individuals

G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.a

Yes

### Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	FDA approved drugs to treat tuberculosis	0.00	\$	Prescription		Remove
Add	FDA approved psychotropic drugs	0.00	\$	Prescription		Remove

### Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: Pharmacy Prescription Brand Name Drugs

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		2.50	\$	Prescription		Remove

Service or Item: Pharmacy Prescription Generic and Brand Less Than Generic Drugs

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		1.00	\$	Prescription	When brand drug cost after consideration of all rebates is less than the generic equivalent, the brand is dispensed. Cost Sharing Amount is limited to the generic Cost Sharing Amount, holding member harmless.	Remove

Service or Item: Pharmacy Non-Prescription Drugs

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		0.50	\$	Prescription		Remove





# Medicaid Premiums and Cost Sharing

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		3.00	\$	Visit		<b>Remove</b>

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		0.50	\$	Procedure		<b>Remove</b>

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		1.00	\$	Item		<b>Remove</b>

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		25.00	\$	Entire Stay		<b>Remove</b>

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	100% FPL		3.00	\$	Visit		<b>Remove</b>

### Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.





# Medicaid Premiums and Cost Sharing

## **Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals**

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V 20181119

DRAFT

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

### PUBLIC NOTICE

#### Department of Health

Pursuant to 42 CFR Section 447.57, 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 non-institutional services to comply with Section 367-a(6)(c)(iii) of Social Services Law. The following changes are proposed:

#### Non-Institutional Services:

Effective on or after January 1, 2021, this notice proposes to correct SPA 17-0029 regarding copayment for preferred brand-name prescription drugs that are not part of the Brand Less Than Generic Program, consistent with the March 29, 2017 Federal Public Notice regarding pharmacy copayments. Specifically,

- The co-pay for preferred brand-name prescription drugs will be corrected to change the copayment from \$1.00 to \$2.50, provided, however, that the copayments for brand name prescriptions drugs in the Fee-for-Service Brand Less Than Generic program will continue to be \$1.00.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the proposed amendments.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

New York County  
250 Church Street  
New York, New York 10018  
Queens County, Queens Center  
3220 Northern Boulevard  
Long Island City, New York 11101

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

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

### 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 non-institutional services to comply with Title 14 NYCRR Parts 822 and 841 and 42 CFR 440.130(d). The following changes are proposed:

#### Non-Institutional Services

The COVID emergency SPA covering the NYS Office of Addiction Services and Supports (OASAS) Opioid Treatment Programs (OTPs) ends on January 21, 2021. That SPA permitted billing weekly OTP (Opioid Treatment Programs) bundles under a methodology similar to that of Medicare. Effective on or after January 1, 2021, OASAS proposed to establish those bundled rates as a permanent alternative to the OTP Ambulatory Patient Group (APG) methodology. Each week, for any given patient, the provider must choose to bill under either the APG methodology or the bundled weekly rates, generally based on the amount of face-to-face contact with the patient during that week and the specific services provided.

The following is a clarification to the October 28, 2020 noticed already provided. There will be a small savings in fee-for-service Medicaid associated with this initiative of approximately (\$920,000) per year (all shares). The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is (\$230,000).

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

**SUMMARY**  
**SPA #21-0016**

This State Plan Amendment proposes to revise the Medically Needy income levels, effective January 1, 2021. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

DRAFT

# NY - Submission Package - NY2021MS0002D - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2021MS0002D	<b>Submission Type</b>	Draft
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>Version Number</b>	1	<b>Region</b>	New York, NY
		<b>Package Status</b>	Pending

DRAFT

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

## Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

State Plan Amendment

Medicaid

CHIP

DRAFT

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

### Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2021. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard of for a household of 2, etc.

### Federal Budget Impact and Statute/Regulation Citation




#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$8108031
Second	2022	\$25405165

#### Federal Statute / Regulation Citation

1903(a)(10)(C)(ii)  
1902(r)(2)  
1905(w)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Authorizing Provisions (21-0016) (1-13-21)	2/17/2021 10:39 AM EST	
Fiscal Calculations (21-0016) (2-23-21)	2/25/2021 10:45 AM EST	
Fiscal Calculations Back Up (21-0016) (2-11-21)	2/25/2021 10:46 AM EST	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

### Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

CMS-10434 OMB 0938-1188

**The submission includes the following:**

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

DRAFT

Reviewable Unit Name	Included in Another Submission Package	Source Type
Medically Needy Income Level		APPROVED

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Submission Package	Source Type
	○	APPROVED



Medically Needy Resource Level		
--------------------------------	--	--

- Mandatory Eligibility Groups
- Optional Eligibility Groups
- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

DRAFT

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

## Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

## Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

Yes  
 No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

Yes  
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
------	--------------	--

No items available

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

DRAFT

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

#### Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

#### A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.

Yes  
 No

3. The level used is:

Household size	Standard
1	\$10600.00
2	\$15600.00
3	\$17940.00
4	\$20280.00
5	\$22620.00
6	\$24960.00
7	\$27300.00
8	\$29640.00
9	\$31980.00
10	\$34320.00

The state uses an additional incremental amount for larger household sizes.

Yes  
 No

**Incremental Amount:**  
\$2340.00

The dollar amounts increase automatically each year

Yes  
 No

# Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

## Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009 System-Derived		

## B. Basis for Income Level

### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

DRAFT

## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

### Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009 System-Derived		

### C. Additional Information (optional)

The income levels used by the State and listed in this State Plan Reviewable Unit are annual income amount.

DRAFT

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

#### Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

#### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

DRAFT



# Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

## Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009 System-Derived		

## B. Resource Level Used

The level used is:

Household size	Standard
2	\$23400.00
1	\$15900.00

The state uses an additional incremental amount for larger household sizes.

- Yes  
 No

DRAFT

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002D

### Package Header

<b>Package ID</b>	NY2021MS0002D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009 System-Derived		

### C. Additional Information (optional)

DRAFT

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 2/25/2021 10:56 AM EST*

DRAFT

**SUMMARY**  
**SPA #21-0019**

This State Plan Amendment proposes to add a 1/1/21 effective date related to the program's reimbursement rates, for implementation of changes related to minimum wage.

DRAFT

**New York  
3L-4**

**Intensive Rehabilitation (IR):**

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers [shall] will receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider [shall] will not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

**Ongoing Rehabilitation and Support (ORS):**

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers [shall] will receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only.

The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

**Pre-admission Screening Services:**

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month but no reimbursement is permitted to Clinical Treatment, IR or ORS.

Reimbursement for pre-admission screening services is limited to two consecutive months.

**PROS Rates of Payment:** PROS rates of payment are adjusted, effective January 1, [2020] 2021 for the statutory minimum wage increase [and direct care compensation increases. PROS rates of payment are adjusted, effective April 1, 2020, for direct care and clinical compensation increases.]

PROS rates of payment are available on the OMH website at:  
[http://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](http://www.omh.ny.gov/omhweb/medicaid_reimbursement/)

**TN** #21-0019

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

**Supersedes TN** #20-0014

**Effective Date** January 1, 2021

# 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

Columbia County  
Transportation & Solid Waste Disposal Services  
Request for Proposal

A copy of the Columbia County Transportation & Solid Waste Disposal Services Request for Proposal has been filed with the Columbia County Board of Supervisors Clerk on November 12, 2019 and can be viewed on the Columbia County Government website – [www.columbiacountyny.com](http://www.columbiacountyny.com) by following the link to the "Solid Waste Department". As per NYS General Municipal Law Section 120-W a 60 day public comment period is required. *Comments are due by January 6, 2020 and should be sent to:* Jolene D. Race, Director, 401 State St., Hudson, NY 12534 or via email to: [jolene.race@columbiacountyny.com](mailto:jolene.race@columbiacountyny.com)

## PUBLIC NOTICE

Division of Criminal Justice Services  
Juvenile Justice Advisory Group

Pursuant to Public Officer Law 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Juvenile Justice Advisory Group.

Date: December 12, 2019  
Time: 9:30 a.m. - 1:00 p.m.  
Place: Division of Criminal Justice Services  
80 S. Swan St.  
3rd Fl., Rm. 348  
Albany, NY 12210

Video Conference with:  
Empire State Development Corp.  
633 Third Ave., 37th Fl.

New York, NY 10007

*For further information, contact:* Thomas R. Andriola, Chief of Policy & Implementation, Office of Youth Justice, Division of Criminal Justice Services, 80 S. Swan St., 8th Fl., Albany, NY 12210, (518) 485-1833, email: [Thomas.Andriola@dcjs.ny.gov](mailto:Thomas.Andriola@dcjs.ny.gov)

## PUBLIC NOTICE

Office of General Services

Pursuant to Section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office of Children and Family Services has determined that the property known as the Middletown Residential Center located at 393 County Route 78, Town of Wallkill, County of Orange, State of New York improved with 28,000± sq. ft. of structures on 15± acres is no longer useful or necessary for their purposes and has declared the same abandoned for sale or other disposition as Unappropriated State land.

*For further information, please contact:* Thomas Pohl, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, e-mail: (518) 474-8831

## PUBLIC NOTICE

Office of General Services

Pursuant to Section 30 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office of Mental Health (OMH) has determined that the 1.4 ± acres of vacant land located along US Route 11 in the Town of Hastings, County of Oswego, State of New York with tax identifier no. Section 242.13, Block 01, Lot 10 is no longer useful or necessary for their purposes and has declared the same abandoned for sale or other disposition as Unappropriated State land.

*For further information, please contact:* Thomas Pohl, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

## 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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2020 and April 1, 2020 respectively, the Department of Health will adjust rates statewide to reflect a 2 percent Workforce Salary Increase for the following Office of Mental Health (OMH) licensed services: Assertive Community Treatment (ACT), Continuing Day Treatment (CDT), Comprehensive Psychiatric Emergency Programs (CPEP) services, Day Treatment Services for Children, freestanding Mental Health Clinic services, Partial Hospitalization services, and Personalized Recovery Oriented Services (PROS).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the January 1, 2020, 2 percent Workforce Salary Increase initiative contained in the budget for State Fiscal Year 2020 is \$3,385,176.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2020 2 percent Workforce Salary Increase initiative contained in the budget for State Fiscal Year 2020 is \$28,574,812.

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

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

*For further information and to review and comment, please contact:* Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, e-mail: [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

Oneida-Herkimer Solid Waste Management Authority  
Request for Proposals (RFP)  
Purchase and/or Marketing of  
Processed Paper Recyclables for  
Oneida-Herkimer Solid Waste Management Authority

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority hereby gives notice of the following:

The Oneida-Herkimer Solid Waste Authority desires to procure an agreement for 5 years beginning January 1, 2020 for the purchase and/or marketing of paper recyclables processed at the Oneida-Herkimer Recycling Center, Utica, NY. Responses to the RFP must be received by 1:00 P.M. on December 2, 2019.

In order to promote its established Affirmative Action Plan, the Authority invites proposals from minority and women's business enterprises (M/WBE). Firms that are not M/WBE's responding to this RFP are strongly encouraged to consider partnering or creating other similar joint venture arrangements with certified M/WBE's. The directory of New York State Certified M/WBE's can be viewed at <http://www.esd.ny.gov/mwbe.html>. This Affirmative Action Policy regard-

ing sealed bids and contracts applies to all persons without regard to race, color, creed, national origin, age, sex, or handicap. All qualified bidders will be afforded equal opportunities without discrimination.

*Copies of the RFP may be obtained at:* [www.ohswa.org](http://www.ohswa.org) or through Emily M. Albright, Director of Recycling, Oneida-Herkimer Solid Waste Authority, 1600 Genesee St., Utica, NY 13502, (315) 733-1224, e-mail: [emilya@ohswa.org](mailto:emilya@ohswa.org)

## PUBLIC NOTICE

Department of State  
Notice of Review of Request for  
Brownfield Opportunity Area  
Conformance Determination  
Project: 399 Ohio Street Site  
Location: Buffalo River Corridor

Brownfield Opportunity Area, City of Buffalo, Erie County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Buffalo River Corridor Brownfield Opportunity Area, in the City of Buffalo, on November 27, 2017. The designation of the Buffalo River Corridor Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

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

On October 3rd, 2019, 1093 Group, LLC submitted a request for the Secretary of State to determine whether the 399 Ohio Street Site, which will be located within the designated Buffalo River Corridor Brownfield Opportunity Area, conforms to the goals and priorities identified in the Nomination that was prepared for the designated Buffalo River Corridor Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: [https://www.dos.ny.gov/opd/programs/pdfs/BOA/301\\_Ohio\\_BOA\\_Conformance\\_Application\\_10-2-19.pdf](https://www.dos.ny.gov/opd/programs/pdfs/BOA/301_Ohio_BOA_Conformance_Application_10-2-19.pdf)

*Comments must be submitted no later than December 6th, 2019, either by mail to:* Christopher Bauer, Department of State, Office of Planning and Development, 65 Court St., Suite 208, Buffalo, NY 14202, or by email to: [chris.bauer@dos.ny.gov](mailto:chris.bauer@dos.ny.gov)

## PUBLIC NOTICE

Department of State  
F-2019-0629  
Date of Issuance – November 20, 2019

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0629BerlandDock>

In F-2019-0629, or the "Berland Residential Dock", the applicant – Todd Berland – proposes to construct a dock consisting of a 4'x24' ramp leading to an 8'x30' float, two jet ski lifts and a 8'x8' seasonal swim float. The float will be anchored by concrete anchors and anchor chains. The purpose of the proposed project is to "enhance recreational mooring at private residence". The project is located at 22 Hudson



Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa\_inquiries@health.ny.gov

### PUBLIC NOTICE

#### Department of 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 non-institutional services to comply with administrative action. The following changes are proposed:

#### Non-Institutional

The following is a clarification to the November 20, 2019 noticed provision to adjust rates statewide to reflect a two percent workforce salary increase for qualified Office of Mental Health (OMH) licensed services. With clarification, this provision will also take into account labor costs resulting from statutorily required increases in the New York State minimum wage (upstate regions only). The minimum wage rate increases apply to services effective January 1, 2020 and January 1, 2021. The two percent workforce salary increases are effective January 1, 2020 and April 1, 2020 respectively.

The revised estimated annual aggregate increase in gross Medicaid expenditures attributable to the two percent workforce salary increases and minimum wage initiatives totals \$457,685 in state fiscal year 2020 and \$16,141,040 in state fiscal year 2021.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

### PUBLIC NOTICE

#### Department of State

#### Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual

notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2020-0051 Matter of Malgorzata and Christopher Becker, 67 Sammis Street, Huntington, NY 11743, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 67 Sammis Street; Town of Huntington, NY 11743, County of Suffolk, State of New York.

2020-0054 Matter of Vivian Kamath, 677 Little East Neck Rd., W. Babylon, NY 11704, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 130 Barton Avenue; Town of Brookhaven, NY 11772, County of Suffolk, State of New York.

2020-0055 Matter of Emily Kasel, 150 Meadbrook Road, Garden City, NY 11530, for a variance concerning safety requirements, including the required height under a girder/soffit. Involved is an existing one family dwelling located at 150 Meadbrook Road; Village of Garden City, NY 11530, County of NASSAU, State of New York.

2020-0056 Matter of Hooshang Nejathaim, P.E., 2A Shore Park Road, Great Neck, NY 11023, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 90 Bar Beach Road; Town of North Hempstead, NY 11050, County of Nassau, State of New York.

2020-0060 Matter of JW Consulting, Tracey Schleske, PO Box 674, Coram, NY 11727, for a variance concerning safety requirements, including the required heights under a girder/soffit. Involved is an existing one family dwelling located at 76 Forrest Avenue; Town of Brookhaven, NY 11967, County of Suffolk, State of New York.

2020-0061 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 2008 Lilac Drive; Town of Hempstead, NY 11590, County of Nassau, State of New York.

2020-0062 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 58 Avondale Street; V. of Valley Stream, NY 11581, County of NASSAU, State of New York.

### PUBLIC NOTICE

#### Department of State

#### Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2020-0057 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for a fire-rated self-closing cellar door.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1159 Kossuth Avenue, City of Utica, County of Oneida, New York.

2020-0058 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for fire-rated self-closing cellar doors.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1171 Kossuth Avenue, City of Utica, County of Oneida, New York.