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State/Territory Name: New York

State Plan Amendment SPA # 18-0052

This file contains the following documents in the order listed:

1. Approval Letter
2. CMS 179 Form
3. Approved Plan Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

December 17, 2018

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

RE: State Plan Amendment NY-18-0052

Dear Ms. Frescatore:

We have completed our review of the submission of New York's State Plan Amendment SPA 18-0052 for incorporation into the Medicaid State Plan with an effective date of July 1, 2018. The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and CFR §447.204.

Enclosed is the copy of the approved SPA # 18-0052. If you have any questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.


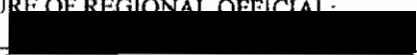
Sincerely,

[Redacted Signature]

Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures: Form 179
State Plan Pages

Cc: M. Leveque
R. Deyette
D. Cater
M. Tankersley
R. Weaver
J. Hounsell
N. McKnight
R. Holligan
M. Lopez
M. Tabakov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0052	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. EFFECTIVE DATE July 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(r)(5) of the Social Security Act and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 07/01/18-09/30/18 \$ (1,061.96) b. FFY 10/01/18-09/30/19 \$ (6,708.10)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A: 3 Attachment 3.1A Supplement: 2(xv)(1) Attachment 3.1B: 3 Attachment 3.1B Supplement: 2(xv)(1) Attachment 4.19-B: 1(a)(i); 1(a)(ii)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A: 3 Attachment 3.1A Supplement: 2(xv)(1) Attachment 3.1B: 3 Attachment 3.1B Supplement: 2(xv)(1) Attachment 4.19-B: 1(a)(i); 1(a)(ii)	
10. SUBJECT OF AMENDMENT: EPSDT Expansion for Behavioral Health Kids-Other Licensed Practitioner (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: Donna Frescatore			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: SEP 27 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DECEMBER 17, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: As or Division of Medicaid & Children's Health	
23. REMARKS:			

New York
3

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

b. Optometrists' services.

Provided: No limitations With limitations *

c. Chiropractors' services. (EPSDT only.)

Provided: No limitations With limitations *

Not Provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

e. Other Licensed Practitioner services. (EPSDT only.)

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

7. Home health services.**a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.**

Provided: No limitations With limitations *

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations *

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations *

* Description provided on attachment.

TN #18-0052
Supersedes TN #17-0001

Approval Date 12/17/2018
Effective Date 07/01/2018

New York
2(xv)(1)

Reserved

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

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

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

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

- Licensed Master Social Worker (LMSW)

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

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.

Non-physician licensed behavioral health practitioners (NP-LBHPs) will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Assurances:

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

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

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

TN # #18-0052
Supersedes TN # 17-0001

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Effective Date 07/01/2018

New York
3

State/Territory: New York

AMOUNT DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practices as defined by State law.

a. Podiatrists' Services

Provided: No limitations With limitations*

b. Optometrists' Services

Provided: No limitations With limitations*

c. Chiropractors' Services

Provided: No limitations With limitations*

d. Other Practitioners' Services

Provided: No limitations With limitations*

[e. Other Licensed Practitioner Services (EPSDT only)]

Provided: No limitations With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or social rehabilitation facility.

Provided No limitations With limitations

*Description provided on attachment.

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New York
2(xv)(1)

Reserved

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- E. services to individuals residing in institutions for mental diseases as describe in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.]

TN # #18-0052
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Approval Date 12/17/2018
Effective Date 07/01/2018

Reserved

[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

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

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

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

Except as otherwise noted in the State Plan, the State-developed rates is the same for both governmental and private providers. The agency's rates were set as of July 1,2018 and are effective for services provided on or after that date. All rates are published on the Department of Health website:

[www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm.](http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm)]

TN # #18-0052

Approval Date 12/17/2018
07/01/2018

Supersedes TN # 17-0001

Effective Date _____

Reserved

[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York

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

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

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

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

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

TN # #18-0052 Approval Date 12/17/2018
 Supersedes TN # 17-0001 Effective Date 07/01/2018