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State/Territory Name: New York

State Plan Amendment SPA # 18-0053

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



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

December 17, 2018

Dona 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-18-0053

Dear Ms. Frescatore,

We have completed our review of the submission of New York's State Plan Amendment SPA 18-0053 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 # 18-0053. If you have any questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.

Sincerely,


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
J. Hounsell
R. Weaver
N. McKnight
R. Holligan
M. Lopez
M. Tabakov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 18-0053	2. STATE: New York
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED 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 \$ (3,719.32) b. FFY 10/01/18 - 09/30/19 \$ (24,248.74)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A: 3b-13; 3b-14; 3b-15; 3b-16; 3b-17; 3b-18; 3b-19; 3b-20; 3b-21; 3b-22; 3b-23; 3b-24; 3b-25; 3b-26; 3b-27; 3b-28; 3b-29; 3b-30; 3b-31; 3b-32; 3b-33; 3b-34;3b-35 Attachment 3.1B: 3b-13; 3b-14; 3b-15; 3b-16; 3b-17; 3b-18; 3b-19; 3b-20; 3b-21; 3b-22; 3b-23; 3b-24; 3b-25; 3b-26; 3b-27; 3b-28; 3b-29; 3b-30; 3b-31; 3b-32; 3b-33; 3b-34;3b-35 Attachment 4.19-B: Page 1(a)(iii)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A: 3b-13; 3b-14; 3b-15; 3b-16; 3b-17; 3b-18; 3b-19; 3b-20; 3b-21; 3b-22; 3b-23; 3b-24; 3b-25; 3b-26; 3b-27; 3b-28; 3b-29; 3b-30; 3b-31; 3b-32; 3b-33; 3b-34;3b-35 Attachment 3.1B: 3b-13; 3b-14; 3b-15; 3b-16; 3b-17; 3b-18; 3b-19; 3b-20; 3b-21; 3b-22; 3b-23; 3b-24; 3b-25; 3b-26; 3b-27; 3b-28; 3b-29; 3b-30; 3b-31; 3b-32; 3b-33; 3b-34;3b-35 Attachment 4.19-B: Page 1(a)(iii)	
10. SUBJECT OF AMENDMENT: EPSDT Expansion for Behavioral Health Kids: Rehabilitation Services (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 3 7 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: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

New York
3b-13

Reserved

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

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

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

Assurances:

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

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

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

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. The determination of the potential crisis is defined by the behavioral health professional. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or]

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**[Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):**

Description (Continued):

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically sensitive and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home. The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. CI is a face-to-face intervention and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically sensitive, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of diverting an emergency room visit and/or inpatient admission, when appropriate. Service is available with 24/7 availability and capacity to respond within one hour of call.

Practitioner qualifications: Services should be provided by a culturally competent, trauma-informed, and linguistically responsive multidisciplinary team (of at least two professionals unless noted below), for programmatic or safety purposes. One member of a two-person crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage only one team member is needed to respond to a psychiatric crisis, that team member must be a behavioral health professional and have experience with crisis intervention. If determined through triage only one team member is needed to respond to a substance use disorder (SUD) crisis, the team member may be a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and a licensed practitioner must be available via phone. A peer support specialist may not respond alone. Behavioral health professionals are practitioners possessing a license or a permit from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with experience/background treatment mental health and/or substance use disorders OR one practitioner from the above list and one practitioner from the following who is]

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

not considered a behavioral health professional: Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

If one member of the crisis intervention team is a Peer support specialist, the Peer support provider must have a credential/certification as either:

- 1) An OMH established Family Peer Advocate credential, or
- 2) An OASAS established Certified Recovery Peer Advocate - Family.

Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates training or approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA credential every two years.

An FPA may obtain a provisional credential and complete all other requirements of the professional family peer advocate credential that will allow services they provide to be billed if the applicant has:

- 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.]

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

An FPA may obtain a provisional credential if the applicant has (Continued)

- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
- Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
- Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA).

An FPA with a provisional credential must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA OR Family Peer Support will be delivered by a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

To be certified as CRPA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support, medication assisted treatment and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: have a bachelor's degree; are credentialed by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or completed the 30-Hour Recovery Coach Academy training.
- Provided evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Passed the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including six hours of Ethics.]

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Reserved

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

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan

Crisis Intervention Team Training: All members of the Crisis Intervention team are required to have training in first aid, CPR, Mandated Reporting, Crisis De-escalation, Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), and crisis plan development.

Supervisor Qualifications: The supervisor is a competent mental health professional and must provide regularly scheduled supervision for all team members including peers. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law. For example, if a psychiatric nurse practitioner is on the team with fewer than 3,600 hours of experience, a psychiatrist must be on the team and supervise him/her. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: CI practitioners must work within agencies that possess a current license to provide crisis and/or crisis treatment services or any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide comparable and appropriate crisis services referenced in the definition.]

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Reserved

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

Mental Health and Substance Abuse Services Assessment:

Description: Assessment of risk and mental status and the need for further evaluation and/or other health/behavioral health services.

Practitioner qualifications: Assessments may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background in treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Service Planning:

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

Practitioner qualifications: Service Planning may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Individual Counseling/Therapy

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

Practitioner qualifications: Individual Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.]

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

Family Counseling/Therapy

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

Practitioner qualifications: Family Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

Care Coordination:

Description: Care coordination includes:

- 1) Consultation with a physician or other licensed practitioner of the healing arts to assist with the child's specific crisis and planning for future service access.
- 2.) It is the expectation that there will be documented follow-up.
- 3.) Follow-up with the child and family/caregiver within 24 hours of initial contact/response, including informing existing supports/providers of the developed crisis plan. The entity that the child is referred to conducts an evaluation/assessment for additional longer term services.

Practitioner qualifications: Care Coordination may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Peer/Family Peer Support:

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

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA) or a Certified Recovery Peer Advocate-Family as defined above in this section.]

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[13d. Rehabilitative Services: EPSDT only (Continued)]

Program Name: Community Psychiatric Support and Treatment (CPST)

Description: Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner qualifications: CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners may include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.]

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

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a professional meeting the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

Service Planning (Strengths-based treatment planning):

Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.]

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Reserved

[13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):

Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):

Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):

Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner qualifications:

Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.]

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Reserved

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

**Individual, family and Group Counseling/Therapy (Rehabilitative Supports)
(Continued):**

Practitioner Qualifications (Continued):

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative psychoeducation):

Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Practitioner qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative supports in the community):

Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner qualifications: Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.]

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

Crisis Intervention (Intermediate term crisis management):

Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative Services: EPSDT only
Psychosocial Rehabilitation

Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.]

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**[13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued)**

Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

- 1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.
- 2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes development of constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.
- 3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care.]

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**[13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):**

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:

Description: Youth support and training services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.]

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

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner, operating within the scope of their practice with the youth, family/caregiver or other collateral supports. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Completed Level One (online) and Level Two (online and in person) training of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs followed by a minimum of three consultation calls.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a YPA including one from YPAs supervisor.
- Agree to practice according to the Youth Peer Advocate Code of Ethics.
- Documented 600 hours of experience providing Youth Peer Support services.
- Completed 20 hours of continuing education every 2 years.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a disability, mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Be supervised by a credentialed YPA OR a credentialed Family Peer Advocate, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595.]

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[13d. **Rehabilitative Services: EPSDT only (Continued)**
Youth Peer Support and Training (Continued):
Practitioner qualifications (Continued):

A YPA may obtain a provisional credential that will allow services they provide to be billed if the applicant:

- Is an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational credential can be waived by the certifying agency if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Has completed Level One of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Submits two letters of reference attesting to proficiency in and suitability for the role of an YPA.
- Be supervised by a credentialed YPA OR a credentialed FPA, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595. Refer to Supervisor Qualifications for specificity.
- Agree to practice according to the YPA Code of Ethics.

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA OR a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has:

- Lived experience defined as having been impacted or affected by substance use disorders and/or be in recovery from substance use disorders.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS).
- Completed a minimum of 46 hours content specific training, covering topics of advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of relative work experience or document at least 500 hours of related work experience if they:
 - Have a Bachelor's Degree, is certified by OASAS as a CASAC or CASAC trainee or Prevention Professional or completed the 30 hour Recovery Coach Academy training.]

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

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA OR a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has:
(Continued)

- Provided evidence of at least 25 hours of supervision specific to the to the performance domains of advocacy, mentoring/education, recovery/wellness and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Passed the NYCB/IC & RC Peer Advocate exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendations.
- Demonstrated a minimum of 16 hours specifically related to Youth Peer Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of ethics.

Supervisor Qualifications: YPAs will be supervised by:

- 1) A credentialed YPA with four years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
- 2) A credentialed FPA with 4 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

- The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency.
- Supervision of these activities may be delivered in person or by distance communication methods.
- It is required that one hour of supervision be delivered for every 40 hours of Peer Support and Training duties performed.
- There may be an administrative supervisor who signs the youth peer specialist's timesheet and is the primary contact on other related human resource management issues.
- Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.]

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

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.]

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[13d. Rehabilitative Services: EPSDT only (Continued):

Family Peer Support:

Description: Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. FPSS is a face-to-face intervention, a group face-to-face intervention. A group is a composition of members should share common characteristics, such as related experiences, developmental age, chronological age, challenges or treatment goals. The Service is directed to the child, and includes contacts necessary for treatment with the family/caregiver or other collateral supports. FPSS is recommended by a licensed practitioner of the healing arts including: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner, operating within the scope of their practice. FPSS can be provided through individual and group face-to-face work and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Components of FPSS include:

- Engagement, Bridging and Transition Support: Provide a bridge between families and service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Parent Skill Development: Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being.
- Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities.]

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

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA); FPA with a provisional credential; or a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

- **FPA Credential-** To be eligible for the FPA Credential, the individual must:
 - Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
 - Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates approved comparable training.
 - Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
 - Documented 1000 hours of experience providing Family Peer Support services.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.
 - Completed 20 hours of continuing education and renew their FPA certification every two years.

- **A provisional FPA credential:**
 - Demonstrated 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
 - Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
 - Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). The provisional FPA must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.]

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

Certified Recovery Peer Advocate (CRPA) with a Family Specialty:

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree; Are certified by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or Completed the 30-Hour Recovery Coach Academy training.
- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan.

Supervisor Qualifications: FPAs will be supervised by:

- 1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
- 2) A "qualified mental health staff person" with a) training in FPSS and the role of FPAs b) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by experienced credentialed FPA within the organization OR
- 3) From a competent behavioral health professional meeting the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
- 4) A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.]

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

Supervisor Qualifications: (Continued) The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 12 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.]

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

Limitations:

- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.]

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

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

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

Assurances:

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

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

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

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. The determination of the potential crisis is defined by the behavioral health professional. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or]

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[Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Description (Continued):

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically sensitive and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home. The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. CI is a face-to-face intervention and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically sensitive, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of diverting an emergency room visit and/or inpatient admission, when appropriate. Service is available with 24/7 availability and capacity to respond within one hour of call.

Practitioner qualifications: Services should be provided by a culturally competent, trauma-informed, and linguistically responsive multidisciplinary team (of at least two professionals unless noted below), for programmatic or safety purposes. One member of a two-person crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage only one team member is needed to respond to a psychiatric crisis, that team member must be a behavioral health professional and have experience with crisis intervention. If determined through triage only one team member is needed to respond to a substance use disorder (SUD) crisis, the team member may be a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and a licensed practitioner must be available via phone. A peer support specialist may not respond alone. Behavioral health professionals are practitioners possessing a license or a permit from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with experience/background treatment mental health and/or substance use disorders OR one practitioner from the above list and one practitioner from the following who is]

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

not considered a behavioral health professional: Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

If one member of the crisis intervention team is a Peer support specialist, the Peer support provider must have a credential/certification as either:

- 1) An OMH established Family Peer Advocate credential, or
- 2) An OASAS established Certified Recovery Peer Advocate - Family.

Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates training or approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA credential every two years.

An FPA may obtain a provisional credential and complete all other requirements of the professional family peer advocate credential that will allow services they provide to be billed if the applicant has:

- 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.]

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

An FPA may obtain a provisional credential if the applicant has (Continued)

- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
- Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
- Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA).

An FPA with a provisional credential must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA OR Family Peer Support will be delivered by a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

To be certified as CRPA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support, medication assisted treatment and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: have a bachelor's degree; are credentialed by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or completed the 30-Hour Recovery Coach Academy training.
- Provided evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Passed the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including six hours of Ethics.]

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

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan

Crisis Intervention Team Training: All members of the Crisis Intervention team are required to have training in first aid, CPR, Mandated Reporting, Crisis De-escalation, Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), and crisis plan development.

Supervisor Qualifications: The supervisor is a competent mental health professional and must provide regularly scheduled supervision for all team members including peers. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law. For example, if a psychiatric nurse practitioner is on the team with fewer than 3,600 hours of experience, a psychiatrist must be on the team and supervise him/her. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: CI practitioners must work within agencies that possess a current license to provide crisis and/or crisis treatment services or any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide comparable and appropriate crisis services referenced in the definition.]

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

Mental Health and Substance Abuse Services Assessment:

Description: Assessment of risk and mental status and the need for further evaluation and/or other health/behavioral health services.

Practitioner qualifications: Assessments may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background in treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Service Planning:

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

Practitioner qualifications: Service Planning may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Individual Counseling/Therapy

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

Practitioner qualifications: Individual Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.]

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

Family Counseling/Therapy

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

Practitioner qualifications: Family Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

Care Coordination:

Description: Care coordination includes:

- 1) Consultation with a physician or other licensed practitioner of the healing arts to assist with the child's specific crisis and planning for future service access.
- 2.) It is the expectation that there will be documented follow-up.
- 3.) Follow-up with the child and family/caregiver within 24 hours of initial contact/response, including informing existing supports/providers of the developed crisis plan. The entity that the child is referred to conducts an evaluation/assessment for additional longer term services.

Practitioner qualifications: Care Coordination may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor, Certified rehabilitation counselor, or a Registered Professional Nurse.

Peer/Family Peer Support:

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

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA) or a Certified Recovery Peer Advocate-Family as defined above in this section.]

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[13d. Rehabilitative Services: EPSDT only (Continued)]

Program Name: Community Psychiatric Support and Treatment (CPST)

Description: Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner qualifications: CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners may include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.]

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

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a professional meeting the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

Service Planning (Strengths-based treatment planning):

Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.]

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[13d. Rehabilitative Services: EPSDT only (Continued)

Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):

Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):

Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):

Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner qualifications:

Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.]

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

Individual, family and Group Counseling/Therapy (Rehabilitative Supports)
(Continued):

Practitioner Qualifications (Continued):

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative psychoeducation):

Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Practitioner qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family and Group Counseling/Therapy (Rehabilitative supports in the community):

Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner qualifications: Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.]

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

Crisis Intervention (Intermediate term crisis management):

Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative Services: EPSDT only

Psychosocial Rehabilitation

Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.]

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**[13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued)**

Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

- 1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.
- 2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes development of constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.
- 3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care.]

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**[13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):**

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:

Description: Youth support and training services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.]

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

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner, operating within the scope of their practice with the youth, family/caregiver or other collateral supports. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Completed Level One (online) and Level Two (online and in person) training of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs followed by a minimum of three consultation calls.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a YPA including one from YPAs supervisor.
- Agree to practice according to the Youth Peer Advocate Code of Ethics.
- Documented 600 hours of experience providing Youth Peer Support services.
- Completed 20 hours of continuing education every 2 years.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a disability, mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Be supervised by a credentialed YPA OR a credentialed Family Peer Advocate, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595.]

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[13d. **Rehabilitative Services: EPSDT only (Continued)**
Youth Peer Support and Training (Continued):
Practitioner qualifications (Continued):

A YPA may obtain a provisional credential that will allow services they provide to be billed if the applicant:

- Is an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational credential can be waived by the certifying agency if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Has completed Level One of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Submits two letters of reference attesting to proficiency in and suitability for the role of an YPA.
- Be supervised by a credentialed YPA OR a credentialed FPA, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595. Refer to Supervisor Qualifications for specificity.
- Agree to practice according to the YPA Code of Ethics.

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA OR a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has:

- Lived experience defined as having been impacted or affected by substance use disorders and/or be in recovery from substance use disorders.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS).
- Completed a minimum of 46 hours content specific training, covering topics of advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of relative work experience or document at least 500 hours of related work experience if they:
 - Have a Bachelor's Degree, is certified by OASAS as a CASAC or CASAC trainee or Prevention Professional or completed the 30 hour Recovery Coach Academy training.]

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

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA OR a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has:
(Continued)

- Provided evidence of at least 25 hours of supervision specific to the to the performance domains of advocacy, mentoring/education, recovery/wellness and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Passed the NYCB/IC & RC Peer Advocate exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendations.
- Demonstrated a minimum of 16 hours specifically related to Youth Peer Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of ethics.

Supervisor Qualifications: YPAs will be supervised by:

- 1) A credentialed YPA with four years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
- 2) A credentialed FPA with 4 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

- The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency.
- Supervision of these activities may be delivered in person or by distance communication methods.
- It is required that one hour of supervision be delivered for every 40 hours of Peer Support and Training duties performed.
- There may be an administrative supervisor who signs the youth peer specialist's timesheet and is the primary contact on other related human resource management issues.
- Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.]

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

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.]

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[13d. Rehabilitative Services: EPSDT only (Continued):

Family Peer Support:

Description: Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. FPSS is a face-to-face intervention, a group face-to-face intervention. A group is a composition of members should share common characteristics, such as related experiences, developmental age, chronological age, challenges or treatment goals. The Service is directed to the child, and includes contacts necessary for treatment with the family/caregiver or other collateral supports. FPSS is recommended by a licensed practitioner of the healing arts including: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner, operating within the scope of their practice. FPSS can be provided through individual and group face-to-face work and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Components of FPSS include:

- Engagement, Bridging and Transition Support: Provide a bridge between families and service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Parent Skill Development: Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being.
- Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities.]

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

Practitioner qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA); FPA with a provisional credential; or a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

- **FPA Credential-** To be eligible for the FPA Credential, the individual must:
 - Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
 - Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates approved comparable training.
 - Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPA's supervisor.
 - Documented 1000 hours of experience providing Family Peer Support services.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.
 - Completed 20 hours of continuing education and renew their FPA certification every two years.

- **A provisional FPA credential:**
 - Demonstrated 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
 - Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
 - Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). The provisional FPA must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA.
 - Agreed to practice according to the Family Peer Advocate Code of Ethics.]

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

Certified Recovery Peer Advocate (CRPA) with a Family Specialty:

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree; Are certified by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or Completed the 30-Hour Recovery Coach Academy training.
- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: An individual who is supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan.

Supervisor Qualifications: FPAs will be supervised by:

- 1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
- 2) A "qualified mental health staff person" with a) training in FPSS and the role of FPAs b) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by experienced credentialed FPA within the organization OR
- 3) From a competent behavioral health professional meeting the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
- 4) A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.]

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

Supervisor Qualifications: (Continued) The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 12 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.]

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

Limitations:

- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.]

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[STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE
Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.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 and the rates. 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.

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

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

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

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