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State/Territory Name: New York

State Plan Amendment (SPA) #: 13-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: AB:SPA-NY-13-0019-Approval

August 10, 2017

Jason A. Helgersen
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP-1211)
Albany, NY 12237

Dear Commissioner Helgersen:

This is to notify you that New York State Plan Amendment (SPA) #13-0019 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2014. The SPA establishes a harm reduction program for Medicaid eligible individuals.

Enclosed are copies of SPA #13-0019 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Joanne Hounsell at (212) 616-2446 or Ana Balbuena at (212) 616-2410.

Sincerely,

A large black rectangular box redacting the signature of Michael Melendez.



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

Enclosures: HCFA-179 Form
State Plan Pages

cc: J. Ulberg
R. Deyette
P. LaVenja
M. Levesque

C. Wilson
R. Holligan
R. Weaver
S. Jew

J. Hounsell
M. Lopez
M. Tankersley
N. McKnight

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-0019	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2014	
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 1902(a) of the Social Security Act & 42 CFR 447.204 Title 42 Part 440		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/14-09/30/14 \$ 1,396.33 b. FFY 10/01/14-09/30/15 \$ 2,792.66	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 11(b), 11(i) Attachment 3.1-A: Page 2(c.2); 2(c.3); 2(c.4); 2(c.5); 2(c.6) Attachment 3.1-B: Page 2(c.2); 2(c.3); 2(c.4); 2(c.5); 2(c.6)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Harm Reduction Program 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 Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 26 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: AUGUST 10, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

New York
2(c.2)

13d. Harm Reduction Services

Harm reduction services represent a fully integrated client-oriented approach to care. Such services are remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. The role of the harm reduction service is to ensure that clients obtain needed services at the appropriate time by assessing and reducing any barriers to accessing these programs. Harm reduction services begin immediately as service needs are assessed. The determination of the type(s) of service, frequency, and intensity is an ongoing responsibility of the harm reduction staff, and there is no limitation in the amount, duration, and scope of services. Harm reduction services continue until the staff determine that the service goals have been met or if the client decides he/she no longer wants to participate in programming.

Harm reduction programs will provide the following:

1. Development of a Treatment Plan
2. Individual/Group Supportive Counseling
3. Medication management and Treatment Adherence Counseling
4. Psychoeducation - Support groups

1. Development of a Treatment Plan

Definition: Development of a treatment plan through either an initial assessment or a scheduled or event-generated reassessment for harm reduction services is part of a package of remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. Referrals may be made for more intensive behavioral interventions, support groups, wellness services, substance use disorder (SUD) treatment, and overdose prevention as needed.

A reassessment is a scheduled or event-generated formal re-examination of the client's situation, functioning, substance use, and medical and psychosocial needs to identify changes which have occurred since the initial or most recent assessment. The reassessment measures progress toward the desired goals and is used to prepare a new or revised harm reduction program plan or confirm that current services remain appropriate.

There are no limitations on the amount, duration, and scope of these services.

Providers: Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience either 1) providing community-based services to active substance users or persons living with a history of substance use or 2) providing harm reduction or community-based social services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations;

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- or a case worker who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience in case management or related supportive services position serving women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations, including one year of HIV-related experience; or
- director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor's degree and at least three (3) years' experience in the provision of supportive services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations; or
- a peer who has been certified through a Department-approved certification program or one conducted by another entity recognized by the Department and who is supervised by the director of harm reduction services. A person seeking harm reduction peer certification is required to complete 68 training hours of core courses such as Introduction to HIV, STIs, and Viral Hepatitis; Sex, Gender, and HIV; and Overview of Harm Reduction Counseling, as well as courses addressing health and medical needs and cultural competency among at-risk populations and health literacy. An additional 22 hours of training are required in topics specific to harm reduction among substance users and include promoting PrEP; retention in care; opioid overdose prevention; HCV prevention; safer injection and wound care; and addressing sexual risk. Other requirements for certification include completing a 500-hour practicum and passing a knowledge assessment. Certified peers must complete at least 10 hours of training annually to maintain their certification.

2. Individual/Group Supportive Counseling

Definition: Supportive counseling services are part of a package of remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. Effective supportive counseling assists individuals in understanding how to reduce the behaviors that interfere with their ability to lead healthy, safe lives and to restore them to their best possible functional level. Supportive counseling may be provided to an individual or in a group setting and can cover such topics as HIV/HCV/STD status or substance use disclosure to family members and friends; addressing stigma for drug users in accessing services; how to maximize health care services interactions; how to reduce substance use or use more safely and avoid overdose; and how to address anxiety, anger, and depressive episodes. There are no limitations on the amount, duration, and scope of these services.

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3. Medication Management and Treatment Adherence Counseling

Medication management and treatment adherence counseling assists clients to recognize the need for medication to address substance use or psychiatric issues, reinforce the importance of adherence to treatment regimens, and identify tools to follow the prescribed regimens. Such services are remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. There are no limitations on the amount, duration, and scope of these services.

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- a peer who has achieved Department-approved certification and is supervised by the director of harm reduction services.

4. Psychoeducation - Support Groups

Definition: Support groups are stand-alone services that may also be used to supplement individual and/or group supportive counseling. Such services are remedial services recommended by a physician or other licensed practitioner. Support groups restore individuals to his or her best possible functional level by focusing on group members' issues and experiences relative to substance use, finances, medical/health care, support system, incarceration history and other factors that contribute to risk behaviors for HIV/STD/HCV. Support groups may be facilitated by a direct service provider, a case worker, or the director of harm reduction services or co-facilitated by a peer. There are no limitations on the amount, duration, and scope of these services.

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**New York
2(c.5)**

Providers: Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience as a direct service provider in a supportive services position; or
- a case worker who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience in case management or a related supportive services position; or
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Qualifications of Provider Organizations

Community-based organizations, including local health units, facilities licensed under Article 28 of New York State Public Health Law, and non-profit organizations that have been approved by the Commissioner of Health with a waiver to conduct a comprehensive harm reduction program, including syringe exchange.

Freedom of Choice – Access to Services

The State assures that the provision of harm reduction services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Access to services will be limited to the authorized syringe exchange programs.
2. Eligible recipients will have free choice of the providers of harm reduction services within the specified geographic area identified in this Plan.
3. Eligible recipients will have free choice of the providers of other medical care under the Plan.
4. Eligible recipients who refuse harm reduction services will not be denied access to other services offered under the Plan.
5. Harm reduction program services will not be used to restrict an individual's access to other services under the Plan.

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New York
2(c.6)

Limitations

Harm reduction program services do not include the following:

- case management activities that are an integral component of another covered Medicaid service; and
- substance use disorder treatment services.

Harm reduction program services:

- must not be utilized to restrict the choice of services a recipient can obtain, including medical care or services from any provider participating in the Medical Assistance program that is qualified to provide such or who undertakes to provide such care or service(s) including an organization which provides such care or services or which arranges for the delivery of such care or services on a prepayment basis; and
- must not duplicate certain services currently provided under the Medical Assistance Program or other funding sources such as the Long Term Home Health Care program, AIDS Home Care program under 622 of the Laws of 1988, and the Care at Home Program (Katie Beckett Model Waivers).

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New York 11(h)

Harm Reduction Services:

Method of Reimbursement: The proposed methodology includes the following characteristics:

- A regionally based payment structure of rates billable in quarter-hour and half-hour units of service;
 - To be eligible for payment, a service that is billed in quarter-hour units must be at least 8 minutes in duration; each unit of service provided beyond the initial 15 minutes must be at least 8 minutes in duration. Similarly, services eligible for billing in half-hour units must be at least 15 minutes in duration; each unit of service provided beyond the initial 30 minutes must be at least 15 minutes in duration;
- Direct service cost components are established with a fixed percentage allowance for indirect costs;
- An annual trend factor based on the Medicare Economic Index and approved by the State Division of Budget is applied 12 months following the effective date of the rates and on an annual basis thereafter; and
- The proportion of staff time that is devoted to billable activities is 55%. The procedure used to calculate billable activities recognizes non-billable responsibilities and other activities that encourage improved service quality, such as chart documentation, staff training, phone calls to medical and other providers on behalf of clients.

No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

Regional Rates: Regional rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Such rates are posted to the Department of Health's website at:

http://www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/index.htm

Direct Service Cost Components: The rate structure is based on the identification of direct service components and incorporates an allowance for other non-personal services direct costs.

The following are the direct service components of the rate:

Personal Services: Salaries for direct service staff such as harm reduction counselors; peers; case managers and service coordinators; and program directors/supervisors, as appropriate for a specific region.

Fringe Benefits: Rates were established at the average fringe rates for the New York City region and the rest of the state.

Other Non-Personal Services Direct Costs: Space, utilities, phone, equipment, maintenance, supplies, and travel cost for direct service staff, as appropriate.

Indirect Cost Component: Indirect costs are included in the rate at 10% of total direct service component costs.

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The Rate Calculation Formula:

(Direct costs + Indirect costs) / Adjustment to account for non-billable activities

(Non-billable activities encompass those components of harm reduction attributable to direct client service, such as, crisis intervention, opioid overdose prevention training, and other activities necessary to or in support of providing harm reduction services.)

Effective Date: Rates for harm reduction services will be effective on or after April 1, 2014.

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