

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **20-0077**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 17, 2021

Brett Friedman  
Acting State Medicaid Director  
New York State Department of Health  
99 Washington Ave- One Commerce Plaza, Suite 1432  
Albany, NY 12210

Re: New York State Plan Amendment (SPA) 20-0077

Dear Director Friedman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0077. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that New York's Medicaid SPA Transmittal Number 20-0077 was approved on November 15, 2021 with an effective date of October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

... all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] ... with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 18, 2021 allowing New York to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 18, 2021 allowing New York to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on March 31, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact LCDR Frankeena McGuire or via email at [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James Scott.

James Scott, Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 7 7

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

§ 1902(a) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 10/01/20-09/30/21 \$ 0.00  
b. FFY 10/01/21-09/30/22 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement: Page 3b-37. MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g), 8.1(h)

Attachment 3.1-B Supplement: Page 3b-37. MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g), 8.1(h)

Attachment 4.19-B: Pages 4(d), 4(d)(1), 4(d)(2)

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

~~Attachment 3.1-A Supplement: Page 3b-37~~  
~~Attachment 3.1-B Supplement: Page 3b-37~~

~~Attachment 4.19-B: Pages 4(d), 4(d)(1), 4(d)(2)~~

**NEW**

10. SUBJECT OF AMENDMENT

Medication Assisted Treatment (MAT)  
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

March 31, 2021

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

March 31, 2021

18. DATE APPROVED

**11/15/2021**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

**The State authorizes the following pen and ink changes to NY SPA 20-0077 (MAT)**

**Box 8:**

**MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g) MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g) Attachment 4.19-B: 4(d)(3)**

**Box 9**

**NEW**

**New York  
8**

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

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

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

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

TN #20-0077 Approval Date 11/15/2021

Supersedes #NEW Effective Date October 1, 2020

**New York  
8.1**

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

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

i. General Assurance

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

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage of all current and future formulations of drugs prescribed or administered for MAT that are approved for the treatment of OUD under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all current and future formulations of biological drugs prescribed or administered for MAT that are licensed for the treatment of OUD under section 351 of the Public Health Service Act (42 U.S.C. 262), including all formulations of Naltrexone, Buprenorphine, and Methadone prescribed or administered for MAT.

iii. Service Package

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

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

From October 1, 2020 through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:

**TN #20-0077** \_\_\_\_\_ **Approval Date** 11/15/2021

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

**New York  
8.1(a)**

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

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

- Assessment - The purpose of the assessment is to provide sufficient information for problem identification, opioid use disorder treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
- Service Planning - Clinical treatment plan development –The treatment plan for opioid use disorder treatment services must be patient-centered and developed in collaboration with the patient and patients’ family/collaterals, where appropriate and when for the direct benefit of the beneficiary.
- Counseling/Therapy - Counseling/Therapy to address a beneficiary’s major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with opioid use disorder, such as the participant’s perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- Peer Support - Peer counseling to address a beneficiary’s major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.
- Medication Management – Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.

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

All individual practitioners and providers listed in iii.c may provide any component of the Medication Assisted Treatment services consistent with State law and practice act as noted below:

- Assessment services may be provided by Licensed practitioners including licensed master social workers (LMSWs), licensed clinical social workers (LCSWs),

**TN #20-0077** \_\_\_\_\_ **Approval Date** 11/15/2021

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

**New York  
8.1(b)**

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

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

licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists; unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); or unlicensed uncredentialed staff that are under the supervision of a qualified health professional (QHP).

- Service Planning - may be provided by Licensed practitioners including licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists; unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); Certified Recovery Peer Advocate (CRPA); or unlicensed uncredentialed staff that are under the supervision of a qualified health professional (QHP).

- Counseling/Therapy may be provided by Licensed practitioners including licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists; unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); or unlicensed uncredentialed staff that are under the supervision of a qualified health professional (QHP).

- Peer Support may be provided by a Certified Recovery Peer Advocate (CRPA).

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

**Approval Date 11/15/2021** \_\_\_\_\_

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

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



**New York  
8.1(c)**

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

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

- Medication Management may only be provided by physicians, psychiatrists, nurse practitioners, physician assistants, and registered nurses as permitted under state law.
- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

**Practitioner and Provider Qualifications:**

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

Provider	Qualifications
Licensed Master Social Workers (LMSWs), Licensed Clinical Social Workers (LCSWs), Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Psychoanalysts, Registered Nurses (RN), Licensed Creative Arts Therapists (LCAT), Licensed Practical Nurses (LPN), Nurse Practitioners (NP), Physicians, Psychologists	Licensed by New York Education Department to furnish services within their scope of practice in accordance with state law.
Credentialed Alcoholism and Substance Abuse Counselor (CASAC)	Credentialed by OASAS, working within an entity certified pursuant to state law and operating under their scope of practice under state law: <ul style="list-style-type: none"> <li>• Document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute:                             <ul style="list-style-type: none"> <li>○ Master's Degree in a Human Services field for 4,000 hours experience;</li> <li>○ Bachelor's Degree in a Human Services field for 2,000 hours experience;</li> </ul> </li> </ul>

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

**New York  
8.1(d)**

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

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

<p>Credentialed Alcoholism and Substance Abuse Counselor (CASAC), cont'd</p>	<ul style="list-style-type: none"> <li>○ an Associate's Degree in a Human Services field for 1,000 hours experience;</li> <li>• Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan</li> <li>• Pass International Certification and Reciprocity Consortium (IC&amp;RC) examination for Alcohol and Drug Counselors</li> </ul>
<p>Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T)</p>	<p>Provisionally credentialed by operating under their scope of practice under state law for a period of five years to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three-year extension may be requested. Must satisfy the below to obtain a trainee certificate:</p> <ul style="list-style-type: none"> <li>• 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.</li> </ul>
<p>Certified Recovery Peer Advocate (CRPA)</p>	<p>A self-identified consumer in recovery from mental illness and/or substance use disorder working under the supervision of a licensed or credentialed practitioner working within their scope of practice under state law. The CRPA furnishes services as identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency, and meets OASAS regulatory standards for education, work experience and training:</p> <ul style="list-style-type: none"> <li>• Hold a high school diploma or jurisdictionally certified high school equivalency.</li> <li>• Completion of education, training, and supervision specific to the performance domains identified in the Recovery Coach Job Task Analysis Report including             <ul style="list-style-type: none"> <li>• 46 hours, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.</li> <li>• 25 hours of supervision in providing peer recovery support.</li> </ul> </li> <li>• Complete 500 hours of peer role experience providing peer recovery support.</li> </ul>

TN   #20-0077  

Approval Date   11/15/2021  

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Effective Date   October 1, 2020

**New York  
8.1(e)**

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

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

<p>Certified Recovery Peer Advocate (CRPA), cont'd</p>	<ul style="list-style-type: none"> <li>• Pass the NYCB/IC&amp;RC Peer Advocate Exam.</li> <li>• Complete 20 hours of continuing education earned every two years, including six hours in Ethics.</li> </ul>
<p>Non-Credentialed Counselors</p>	<p>Meet education, experiential and training requirements:</p> <ul style="list-style-type: none"> <li>• Education             <ul style="list-style-type: none"> <li>○ minimum of HS Diploma or GED; and</li> <li>○ a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors; the Commission of Rehabilitation Counselor Certification; the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association;</li> <li align="center">OR</li> <li>○ Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting;</li> </ul> </li> <li>• Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the Addictions; at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR</li> <li>• background check.</li> </ul> <p>Be furnishing services in an entity certified under new York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.</p>

iv. Utilization Controls

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

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

The state does not have drug utilization controls]

**TN #20-0077** \_\_\_\_\_ **Approval Date** 11/15/2021

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

**New York  
8.1(f)**

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

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

v. Limitations

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

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

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

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

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

No more than one medication management may be billed per day.

**TN #20-0077** \_\_\_\_\_ **Approval Date** 11/15/2021  
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**New York  
8.1(g)**

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

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

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

TN #20-0077 Approval Date 11/15/2021  
Supersedes #NEW Effective Date October 1, 2020

**New York  
8**

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

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

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

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

TN  #20-0077  Approval Date  11/15/2021

Supersedes  #NEW  Effective Date  October 1, 2020

**New York  
8.1**

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

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

i. General Assurance

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

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage of all current and future formulations of drugs prescribed or administered for MAT that are approved for the treatment of OUD under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all current and future formulations of biological drugs prescribed or administered for MAT that are licensed for the treatment of OUD under section 351 of the Public Health Service Act (42 U.S.C. 262), including all formulations of Naltrexone, Buprenorphine, and Methadone prescribed or administered for MAT.

iii. Service Package

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

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

From October 1, 2020 through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:

**TN #20-0077** \_\_\_\_\_ **Approval Date** 11/15/2021

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

**New York  
8.1(a)**

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

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

- Assessment - The purpose of the assessment is to provide sufficient information for problem identification, opioid use disorder treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
- Service Planning - Clinical treatment plan development –The treatment plan for opioid use disorder treatment services must be patient-centered and developed in collaboration with the patient and patients’ family/collaterals, where appropriate and when for the direct benefit of the beneficiary.
- Counseling/Therapy - Counseling/Therapy to address a beneficiary’s major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with opioid use disorder, such as the participant’s perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- Peer Support - Peer counseling to address a beneficiary’s major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.
- Medication Management – Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.

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

All individual practitioners and providers listed in iii.c may provide any component of the Medication Assisted Treatment services consistent with State law and practice act as noted below:

- Assessment services may be provided by Licensed practitioners including licensed master social workers (LMSWs), licensed clinical social workers (LCSWs),

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**New York  
8.1(b)**

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

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

licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists; unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); or unlicensed uncredentialed staff that are under the supervision of a qualified health professional (QHP).

- Service Planning - may be provided by Licensed practitioners including licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists; unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); Certified Recovery Peer Advocate (CRPA); or unlicensed uncredentialed staff that are under the supervision of a qualified health professional (QHP).

- Counseling/Therapy may be provided by Licensed practitioners including licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists; unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); or unlicensed uncredentialed staff that are under the supervision of a qualified health professional (QHP).

- Peer Support may be provided by a Certified Recovery Peer Advocate (CRPA).

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**New York  
8.1(c)**

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

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

- Medication Management may only be provided by physicians, psychiatrists, nurse practitioners, physician assistants, and registered nurses as permitted under state law.
- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

**Practitioner and Provider Qualifications:**

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

Provider	Qualifications
Licensed Master Social Workers (LMSWs), Licensed Clinical Social Workers (LCSWs), Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Psychoanalysts, Registered Nurses (RN), Licensed Creative Arts Therapists (LCAT), Licensed Practical Nurses (LPN), Nurse Practitioners (NP), Physicians, Psychologists	Licensed by New York Education Department to furnish services within their scope of practice in accordance with state law.
Credentialed Alcoholism and Substance Abuse Counselor (CASAC)	Credentialed by OASAS, working within an entity certified pursuant to state law and operating under their scope of practice under state law: <ul style="list-style-type: none"> <li>• Document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute:                             <ul style="list-style-type: none"> <li>○ Master’s Degree in a Human Services field for 4,000 hours experience;</li> <li>○ Bachelor’s Degree in a Human Services field for 2,000 hours experience;</li> </ul> </li> </ul>

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**New York  
8.1(d)**

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

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

<p>Credentialed Alcoholism and Substance Abuse Counselor (CASAC), cont'd</p>	<ul style="list-style-type: none"> <li>○ an Associate's Degree in a Human Services field for 1,000 hours experience;</li> <li>• Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan</li> <li>• Pass International Certification and Reciprocity Consortium (IC&amp;RC) examination for Alcohol and Drug Counselors</li> </ul>
<p>Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T)</p>	<p>Provisionally credentialed by operating under their scope of practice under state law for a period of five years to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three-year extension may be requested. Must satisfy the below to obtain a trainee certificate:</p> <ul style="list-style-type: none"> <li>• 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.</li> </ul>
<p>Certified Recovery Peer Advocate (CRPA)</p>	<p>A self-identified consumer in recovery from mental illness and/or substance use disorder working under the supervision of a licensed or credentialed practitioner working within their scope of practice under state law. The CRPA furnishes services as identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency, and meets OASAS regulatory standards for education, work experience and training:</p> <ul style="list-style-type: none"> <li>• Hold a high school diploma or jurisdictionally certified high school equivalency.</li> <li>• Completion of education, training, and supervision specific to the performance domains identified in the Recovery Coach Job Task Analysis Report including             <ul style="list-style-type: none"> <li>• 46 hours, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.</li> <li>• 25 hours of supervision in providing peer recovery support.</li> </ul> </li> <li>• Complete 500 hours of peer role experience providing peer recovery support.</li> </ul>

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**New York  
8.1(e)**

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

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

<p>Certified Recovery Peer Advocate (CRPA), cont'd</p>	<ul style="list-style-type: none"> <li>• Pass the NYCB/IC&amp;RC Peer Advocate Exam.</li> <li>• Complete 20 hours of continuing education earned every two years, including six hours in Ethics.</li> </ul>
<p>Non-Credentialed Counselors</p>	<p>Meet education, experiential and training requirements:</p> <ul style="list-style-type: none"> <li>• Education             <ul style="list-style-type: none"> <li>○ minimum of HS Diploma or GED; and</li> <li>○ a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors; the Commission of Rehabilitation Counselor Certification; the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association;</li> <li>OR</li> <li>○ Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting;</li> </ul> </li> <li>• Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the Addictions; at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR</li> <li>• background check.</li> </ul> <p>Be furnishing services in an entity certified under new York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.</p>

iv. Utilization Controls

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

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

The state does not have drug utilization controls]

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**New York  
8.1(f)**

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

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

v. Limitations

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

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

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

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

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

No more than one medication management may be billed per day.

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8.1(g)**

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

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

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

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4(d)(3)**

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

Unbundled prescribed drugs for MAT shall be reimbursed using the same methodology as described in Attachment 4.19-B, for covered outpatient drug reimbursement in sections 1-8 for prescribed drugs that are dispensed or administered.

MAT services provided by OASAS outpatient addiction services providers will be reimbursed through OASAS established regional fee schedules as described in Attachment 4.19-B pages 10(a) 2) and 4.19-A pages (e) 6) and except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of MAT services provided by OASAS outpatient community-based addiction services providers or hospital based outpatient addiction service providers. The agency's fee schedule rate for OASAS community based outpatient addiction services providers was set as of July 1, 2016 and is effective for services provided on or after that date. The agency's fee schedule rate for OASAS hospital-based outpatient addiction services providers was set as of December 1, 2008 and is effective for services provided on or after that date. The rates are published on the OASAS website at <https://oasas.ny.gov/reimbursement/ambulatory-providers>.

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