

Table of Contents

State/Territory Name: **New York**

State Plan Amendment (SPA) #: **22-0043**

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

September 23, 2022

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza Rm. 1605
Albany, NY 12237

Re: New York State Plan Amendment (SPA) NY-22-0043

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-22-0043. This amendment proposes to reimburse licensed clinical social workers to bill Medicaid directly for services provided within their scope of practice.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 22-0043 was approved on September 23, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact LCDR Frankeena McGuire at Frankeena.McGuire@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacts the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Regina Deyette, NYDOH

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 4 3

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

July 1, 2022

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

Section 1905(a)(6) of the Social Security Act, and 42
~~C.F.R. § 410.60~~

7. FEDERAL BUDGET IMPACT

a. FFY 7/01/22-09/30/22 \$ 831,816.00

b. FFY 10/01/22-09/30/23 \$ 3,327,264

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 3.1-A: Page 3
Attachment 3.1-A Supplement: Page 2(xv)(3)
Attachment: 3.1-B: Page 3
Attachment 3.1-B: Supplement: Page 2(xv)(3)
Attachment: 4.19-B: Page 1(a)(ii)(c)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment: 3.1-A: Page 3
Attachment: 3.1-B: Page 3

10. SUBJECT OF AMENDMENT

Licensed Clinical Social Workers
(FMAP=50%)

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

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Amir Bassiri

14. TITLE

Acting Medicaid Director, Department of Health

15. DATE SUBMITTED

June 30, 0222

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

June 30, 2022

18. DATE APPROVED

09/23/2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

20. SIGNATURE

21. TYPED NAME

James G.Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

New York
3

1905(a)(6) Medical Care, Or Any Other Type Of Remedial Care

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

b. Optometrists' services.

[X] Provided: [] No limitations [X] With limitations *

c. Chiropractors' services. (EPSDT only.)

[X] Provided: [] No limitations [X] With limitations *

[] Not Provided.

d. Other practitioners' services.

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

[] Not Provided.

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

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

[] Not Provided.

(ii). Licensed Care Social Worker (LCSW)

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

[] Not Provided.

(iii). Licensed Mental Health Counselor (LMHC) and Licensed Marriage and Family Therapists (LMHT)

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

[] Not Provided.

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

Provided: [] No limitations [X] With limitations *

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

Provided: [] No limitations [X] With limitations *

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

Provided: [] No limitations [X] With limitations *

* Description provided on attachment.

**New York
2(xv)(3)**

1905(a)(6) Medical Care, Or Any Other Type of Remedial Care

6d. Other Practitioner Services

In accordance with § 42 CFR 440.60(a), Licensed Clinical Social Workers (LCSWs) are covered while acting within their scope of practice, and for services rendered by Licensed Master Social Workers (LMSWs), LCSW limited permit holders, and LMSW limited permit holders under the supervision of a New York State (NYS) licensed LCSW.

In accordance with NYS Education Law, the supervision of LMSWs and LCSW and LMSW limited permit holders is within the scope of practice for LCSWs.

New York
3

1905(a)(6) Medical Care, Or Any Other Type Of Remedial Care

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

b. Optometrists' services.

[X] Provided: [] No limitations [X] With limitations *

c. Chiropractors' services. (EPSDT only.)

[X] Provided: [] No limitations [X] With limitations *

[] Not Provided.

d. Other practitioners' services.

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

[] Not Provided.

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

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

[] Not Provided.

(ii). Licensed Care Social Worker (LCSW)

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

[] Not Provided.

(iii). Licensed Mental Health Counselor (LMHC) and Licensed Marriage and Family Therapists (LMHT)

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

[] Not Provided.

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

Provided: [] No limitations [X] With limitations *

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

Provided: [] No limitations [X] With limitations *

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

Provided: [] No limitations [X] With limitations *

* Description provided on attachment.

**New York
2(xv)(3)**

1905(a)(6) Medical Care, Or Any Other Type of Remedial Care

6d. Other Practitioner Services

In accordance with § 42 CFR 440.60(a), Licensed Clinical Social Workers (LCSWs) are covered while acting within their scope of practice, and for services rendered by Licensed Master Social Workers (LMSWs), LCSW limited permit holders, and LMSW limited permit holders under the supervision of a New York State (NYS) licensed LCSW.

In accordance with NYS Education Law, the supervision of LMSWs and LCSW and LMSW limited permit holders is within the scope of practice for LCSWs.

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

1905(a)(6) Medical Care, Or Any Other Type Of Remedial Care

Licensed Clinical Social Workers (LCSWs)

The state Medicaid program reimburses for services provided by a Licensed Clinical Social Worker (LCSW) operating within their scope of practice, and for services rendered by Licensed Master Social Workers (LMSWs), LCSW limited permit holders, and LMSW limited permit holders under the supervision of a New York State (NYS) licensed practitioner.

The Medicaid fee schedule for LCSWs is effective for services provided on or after 4/1/2022. All rates are published online at:

- <https://itf.www.emedny.org/ProviderManuals/ClinicalSocWork/PDFS/ProcedureCodesFeeSchedule.pdf>

TN #22-0043

Approval Date 09/23/2022

Supersedes TN #New

Effective Date July 1, 2022