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State/Territory Name: New York

State Plan Amendment (SPA) #: 22-0077

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

November 15, 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) 22-0077

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NY-22-0077. This amendment proposes to add Licensed Psychologist to the provider qualification under Other Licensed Practitioners (OLP) by agencies designated under the Child and Family Treatment and Support Services (CFTSS) designation process.

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 22-0077 was approved on November 15, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at Melvina.harrison@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting 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. STATE 2 2 — 0 0 7 7 N Y 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 07/01/22-09/30/22 \$ 0
§1905(a)(6); §1905(a)(4)(B); §1905(r)	b. FFY 10/01/22-09/30/23 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A Supp: Page 2(xv)(1) Attachment 3.1-B Supp: Page 2(xv)(1)	Attachment 3.1-A Supp: Page 2(xv)(1) Attachment 3.1-B Supp: Page 2(xv)(1)
9. SUBJECT OF AMENDMENT	1
Psychologist in OLP	
10. 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:
	5. RETURN TO
	ew York State Department of Health ivision of Finance and Rate Setting
12. TPED NAME	Washington Ave – One Commerce Plaza uite 1432
40 TITLE	bany, NY 12210
14. DATE SUBMITTED September 30, 2022	
FOR CMS USE ONLY	
16. DATE RECEIVED 09/30/2022	7. DATE APPROVED 11/15/2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 19 07/01/2022). SIGNATURE OF
20. TYPED NAME OF APPROVING OFFICIAL 21	. TITLE OF APPROVING OFFICIAL
Ruth A. Hughes A	cting Director, Division of Program Operations
22. REMARKS	

New York 2(xv)(1)

1905(a)(6) Medical Care, or any Other Type of Remedial Care 1905(a)(4)(B) and 1905(r) EPSDT

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

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

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

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

Licensed Master Social Worker (LMSW)

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

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

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

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

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

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

TN # <u>#22-0077</u>	Approval Date
Supersedes TN # <u>20-0018</u>	Effective Date July 1, 2022

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