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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **23-0034-MA**

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

May 31, 2023

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) 23-0034-MA

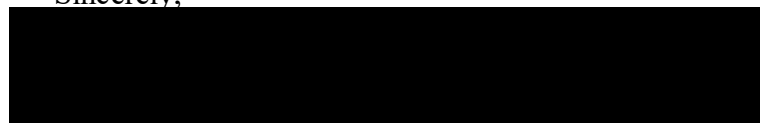
Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NY-23-0034-MA. This State Plan Amendment proposes to include coverage and reimbursement for gambling treatment provided to individuals receiving services from the Office of Addiction Services and Supports (OASAS) certified services, pursuant to 14 NYCRR Part 818 Chemical Dependence Inpatient Services, 14 NYCRR Part 820 Residential Addiction Rehabilitation Services, 14 NYCRR Part 822 Outpatient Addiction Rehabilitation Services, 14 NYCRR Part 825 Integrated Outpatient Addiction Rehabilitation Services and 14 NYCRR Part 857, with the OASAS gambling designation, when services are for gambling disorder/problem gambling only.

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 23-0034-MA was approved on May 31, 2023, with an effective date of March 1, 2023.

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

Sincerely,



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 3 — 0 0 3 4-MA	2. STATE NY
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(13) Other Diag., Screening, Preventive, and Rehab. Svcs.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 03/01/23-09/30/23 \$ 13,125
b. FFY 10/01/23-09/30/24 \$ 22,500

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement: 3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)

Attachment 3.1-B Supplement: 3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A Supplement: 3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)


Attachment 3.1-B Supplement: 3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)

9. SUBJECT OF AMENDMENT

OASAS Gambling SPA

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

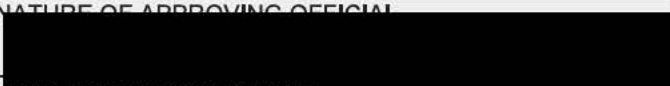
14. DATE SUBMITTED
March 31, 2023

15. 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 CMS USE ONLY

16. DATE RECEIVED 03/31/2023	17. DATE APPROVED 05/31/2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 03/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
Pen and Ink Changes :
Box 1: Transmittal Number: 23-0034-MA

**New York
3b-37**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services

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

The State provides coverage for Outpatient and Residential Addiction Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are recommended by a physician or other licensed practitioner acting within his or her scope of practice under state law, and 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.

Outpatient Addiction Rehabilitative Services

Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with addiction disorder including substance use disorder, gambling disorder, or problem gambling. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan.

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Medication is covered under the Medicaid pharmacy benefit.

TN: #23-0034-MA _____

Approval Date: 05/31/2023 _____

Superseding TN: #16-0004

Effective Date: March 1, 2023 _____

**New York
3b-37(ii)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) 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 and*
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The International Certification & Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 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 addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. 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. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP). QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

TN: #23-0034-MA

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Effective Date: March 1, 2023

**New York
3b-37(iii)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- CRPA is a self-identified consumer who is in recovery from mental illness and/or addiction disorder including substance use disorder, gambling disorder or problem gambling
- To be eligible for the CRPA, the applicant must:
 - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
 - Hold a high school diploma or jurisdictionally certified high school equivalency.
 - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
 - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
 - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
 - Pass the NYCB/IC&RC Peer Advocate Exam.
 - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); physicians and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. No more than one medication management may be covered in one day, unless deemed to be medically necessary.

Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

TN: #23-0034-MA _____

Approval Date: 05/31/2023 _____

Superseding TN: #16-0004

Effective Date: March 1, 2023 _____

**New York
3b-37(v)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

13d. Rehabilitative Services

Residential Addiction Rehabilitative Services

Residential addiction services include individual centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors of addiction disorder including substance use disorder, gambling disorder or problem gambling. These services are designed to help individuals achieve changes in their substance use disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their addiction disorder behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

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 departmentally approved guidelines and certifications. All residential agencies are certified under state law. Non-credentialed counselors must be at least 18 years of age with a high school or equivalent diploma. Licensed practitioners are licensed by the New York State Department of Education and include 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 practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds 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; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS). QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may perform medication management as permitted under state law with any supervision as required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

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Effective Date: March 1, 2023

**New York
3b-37(vi)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) 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.* And
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide. CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:
 - 350 hours of the required education and training; OR
 - 4,000 hours of appropriate work experience **and** the 85 hours in Section 1 of the education and training related to knowledge of alcoholism and addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. 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. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP). QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Certified Recovery Peer Advocate (CRPA) as defined in the NYS OASAS is:

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

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Approval Date: 05/31/2023

Superseding TN: #16-0004

Effective Date: March 1, 2023

**New York
3b-37(vii)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

treatment/recovery plan which occur on the premises of a certified agency.” Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

CRPA is a self-identified consumer who is in recovery from mental illness and/or addiction disorder including substance use disorder, gambling disorder, or problem gambling

To be eligible for the CRPA, the applicant must:

- Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
- Hold a high school diploma or jurisdictionally certified high school equivalency.
- 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
- Completed 500 hours of volunteer or paid work experience specific to the PR domains.
- Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization’s documented and qualified supervisory staff per job description.
- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the residential Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

TN: #23-0034-MA

Approval Date: 05/31/2023

Superseding TN: #16-0004

Effective Date: March 1, 2023

**New York
3b-37(viii)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction 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 Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient.
- **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 Addiction 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.
- **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.
- **Care Coordination** - Care coordination includes: 1) Consultation other practitioners to assist with the individual’s needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
- **Peer/Family 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 associated with addiction disorder including substance use disorder, gambling disorder, or problem gambling such as the participant’s perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
 - **Crisis Intervention** - Assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

TN: #23-0034-MA _____

Approval Date: 05/31/2023 _____

Superseding TN: #16-0004

Effective Date: March 1, 2023 _____

**New York
3b-37**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services

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

The State provides coverage for Outpatient and Residential Addiction Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services recommended by a physician or other licensed practitioner acting within his or her scope of practice under state law, and 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.

Outpatient Addiction Rehabilitative Services

Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with addiction disorder including substance use disorder, gambling disorder, or problem gambling. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan.

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Medication is covered under the Medicaid pharmacy benefit.

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**New York
3b-37(ii)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
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- (3) 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 and*
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Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 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 addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. 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. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP). QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

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Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- CRPA is a self-identified consumer who is in recovery from mental illness and/or addiction disorder including substance use disorder, gambling disorder, or problem gambling
- To be eligible for the CRPA, the applicant must:
 - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
 - Hold a high school diploma or jurisdictionally certified high school equivalency.
 - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
 - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
 - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
 - Pass the NYCB/IC&RC Peer Advocate Exam.
 - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); physicians and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. No more than one medication management may be covered in one day, unless deemed to be medically necessary.

Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

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13d. Rehabilitative Services

Residential Addiction Rehabilitative Services

Residential addiction services include individual centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing addiction disorder including substance use disorder, gambling disorder, or problem gambling. These services are designed to help individuals achieve changes in their addiction disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their addiction disorder behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

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 departmentally approved guidelines and certifications. All residential agencies are certified under state law. Non-credentialed counselors must be at least 18 years of age with a high school or equivalent diploma. Licensed practitioners are licensed by the New York State Department of Education and include 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 practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds 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; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS). QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may perform medication management as permitted under state law with any supervision as required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

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Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) 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.* And
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide. CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:
 - 350 hours of the required education and training; OR
 - 4,000 hours of appropriate work experience **and** the 85 hours in Section 1 of the education and training related to knowledge of alcoholism and addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. 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. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP). QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Certified Recovery Peer Advocate (CRPA) as defined in the NYS OASAS is:

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

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treatment/recovery plan which occur on the premises of a certified agency.” Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

CRPA is a self-identified consumer who is in recovery from mental illness and/or addiction disorder including substance use disorder, gambling disorder, or problem gambling

To be eligible for the CRPA, the applicant must:

- Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
- Hold a high school diploma or jurisdictionally certified high school equivalency.
- 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
- Completed 500 hours of volunteer or paid work experience specific to the PR domains.
- Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization’s documented and qualified supervisory staff per job description.
- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the residential Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

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Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction 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 Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient.
- **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 Addiction 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.
- **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.
- **Care Coordination** - Care coordination includes: 1) Consultation other practitioners to assist with the individual’s needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
- **Peer/Family 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 associated with addiction disorder including substance use disorder, gambling disorder, or problem gambling such as the participant’s perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- **Crisis Intervention** - Assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

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