

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

June 18, 2025

Amir Bassiri, Medicaid Director
Deputy Commissioner of the Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza
99 Washington Avenue, Suite 1715
Albany, NY 12211

Re: New York State Plan Amendment (SPA) 25-0003

Dear Director Bassiri:

Enclosed please find a corrected approval package for your New York State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment proposes to add multidimensional family therapy services under the rehabilitative services benefit, which was originally approved on June 17, 2025. The approval package sent to New York included the following errors:

- Attachment 3.1-B Supplement, Page 3b-21(a): the number one in 1905 was inadvertently struck through.

The corrected package contains the original signed letter, the signed CMS-179, and the corrected SPA pages.

If you have any questions, please contact Melvina Harrison at (212) 616-447 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Regina Deyette

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

June 17, 2025

Amir Bassiri, Medicaid Director
Deputy Commissioner of the Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza
99 Washington Avenue, Suite 1715
Albany, NY 12211

Re: New York State Plan Amendment (SPA) 25-0003

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment proposes to add multidimensional family therapy services under the rehabilitative services benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that New York's Medicaid SPA TN 25-0003 was approved on June 17, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New York State Plan.

If you have any questions, please contact Melvina Harrison at (212) 616-447 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Regina Deyette

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 3

2. STATE

N Y3. 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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(13), 1905(a)(6)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 01/01/25-09/30/25 \$ 341,750b. FFY 10/01/25-09/30/26 \$ 1,855,217

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page: 3b-21(a)
Attachment 3.1-B Page: 3b-21(a)
Attachment 4.19-B Pages: 1(a)(i), 1(a)(iii)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-A Page: 3b-21(a)
Attachment 3.1-B Page: 3b-21(a)
Attachment 4.19-B Pages: 1(a)(i), 1(a)(iii)

9. SUBJECT OF AMENDMENT

Evidence-based Practices in OLP and Rehabilitative Services

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Michael Ogborn

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

March 28, 2025

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

March 28, 2025

17. DATE APPROVED

June 17, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

New York
3b-21(a)

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

13d. Rehabilitative Services: EPSDT only (Continued)

Community Psychiatric Support and Treatment (CPST) Description (Continued)

Evidence-based Practices

The following evidence-based practices are provided under Community Psychiatric Support and Treatment (CPST):

- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)

Functional Family Therapy (FFT)

Description: Functional Family Therapy (FFT) is an evidenced-based practice for youth with behavioral and emotional disorders. FFT includes assessment of family functioning, and targeted counseling and education to help family members better address the child's behavioral health needs. Services involving family members are for the direct benefit of the beneficiary.

Practitioner Qualifications: Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in FFT by a certifying entity designated by the State.

Provider Agencies Qualifications: A Children and Family Treatment and Support Services (CFTSS) designated agency must be authorized by the New York State EBP Review Team for FFT under CPST and maintain FFT in fidelity with the model. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

Multidimensional Family Therapy (MDFT)

Description: MDFT is an evidence-based practice to address disruptive behaviors in children, promote positive relationships between parents/caregivers and children, improve family communication, and develop strong day-to-day functioning. Services include individual and family therapy. Services involving family members are for the direct benefit of the child.

Practitioner Qualifications: Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in MDFT by a certifying entity designated by the State.

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for MDFT and maintain MDFT in fidelity with the model. Practitioners delivering MDFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

New York
3b-21(a)

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

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description (Continued)

Evidence-based Practices

The following evidence-based practices are provided under Community Psychiatric Support and Treatment (CPST):

- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)

Functional Family Therapy (FFT)

Description: Functional Family Therapy (FFT) is an evidenced-based practice for youth with behavioral and emotional disorders. FFT includes assessment of family functioning, and targeted counseling and education to help family members better address the child's behavioral health needs. Services involving family members are for the direct benefit of the beneficiary.

Practitioner Qualifications: Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in FFT by a certifying entity designated by the State.

Provider Agencies Qualifications: A Children and Family Treatment and Support Services (CFTSS) designated agency must be authorized by the New York State EBP Review Team for FFT under CPST and maintain FFT in fidelity with the model. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

Multidimensional Family Therapy (MDFT)

Description: MDFT is an evidence-based practice to address disruptive behaviors in children, promote positive relationships between parents/caregivers and children, improve family communication, and develop strong day-to-day functioning. Services include individual and family therapy. Services involving family members are for the direct benefit of the child.

Practitioner Qualifications: Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in MDFT by a certifying entity designated by the State.

Provider Agencies Qualifications: A CFTSS designated agency must be authorized by the New York State EBP Review Team for MDFT and maintain MDFT in fidelity with the model. Practitioners delivering MDFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

Page 1(a)(i)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF
CARE**

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

Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019, for Other Licensed Practitioner, and are effective for these services provided on or after that date.

Effective 4/01/2021 through 9/30/2022 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled Children and Family Treatment and Support Services (CFTSS) Rate Adjustments.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 10/01/2022 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/2023, new rates were created to implement Evidenced Based Practices reimbursement, including:

Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT).

Effective 4/01/2024 the rates were increased by the 2.84% Cost of Living Adjustment (COLA).

Effective 1/1/2025, new rates were created to implement Evidenced Based Practices reimbursement, including:

Multi-Dimensional Family Therapy (MDFT).

All Other Licensed Practitioner rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf

TN #25-0003

Approval Date June 17, 2025

Supersedes TN #24-0056

Effective Date January 1, 2025

Page 1(a)(iii)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

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

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019, for Community Psychiatric Support and Treatment and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date.

Provider agency's rates were set as of July 1, 2019, for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020, for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

Effective 4/01/2021 through 9/30/2022 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled Children and Family Treatment and Support Services (CFTSS) Rate Adjustments.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 10/01/2022 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/2023, Evidenced Based Practices are added to the fee schedule including: Family Functional Therapy (FFT).

Effective 4/01/2024 the rates were increased by the 2.84% Cost of Living Adjustment (COLA).

Effective 1/1/2025, new rates were created to implement Evidenced Based Practices reimbursement, including: Multi-Dimensional Family Therapy (MDFT).

All Community Psychiatric Support and Treatment, Psychosocial Rehabilitation Supports Family Peer Support Services and Youth Peer Supports rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf

TN #25-0003

Approval Date June 17, 2025

Supersedes TN #24-0056

Effective Date January 1, 2025