NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

March 31, 2021

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #20-0077
Non-Institutional Services

Dear Mr. Scott:

The State requests approval of the enclosed amendment #20-0077 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2020 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on March 31, 2021, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

[redacted]

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 20 — 0077

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)

10. SUBJECT OF AMENDMENT

Medication Assisted Treatment (MAT)
(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

[redacted]

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

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

Instructions on Back

Appendix I
2021 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

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 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 substance use disorders. 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. Reimbursement for the medication is covered under the Medicaid pharmacy benefit. MAT is covered under the mandatory 1905(a)(29) benefit for the period of 10/01/20-09/30/25.

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) _____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.

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.

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.

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

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.

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)

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 substance use disorders. 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.

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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. All outpatient Addiction agencies are licensed or certified under state law.

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 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 creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may provide medication management functions as permitted under state law with any supervision required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber eligibility and availability. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); Certified Recovery Peer Advocate (CRPA); or be under the supervision of a qualified health professional (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 currently licensed by the New York State Department of Education or credentialed by OASAS: Credentialed Alcoholism and Substance Abuse Counselor (CASAC); LMSW; LCSW; NP; occupational therapist (OT); physician; physician assistants; 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 in an activities program in a health care setting or an equivalent combination of advanced training, specialized therapeutic recreation education and experience, or is a recreational therapist certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; licensed marriage and family therapists (LMFTs); a licensed mental health counselor licensed by the New York State Education Department (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 above requirements for certified and credentialed practitioners are overseen and/or coordinated by OASAS.

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)

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

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)

- 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.

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.

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

o 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.

o CRPA is a self-identified consumer who is in recovery from mental illness and/or substance use disorder

o 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.

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)

- 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.

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 and patients family/collaterals, where appropriate.

- 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.

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)

• Care Coordination - Care coordination includes: 1) Consultation to assist with the individual's needs and service planning for Medicaid behavioral health services. 2) Referral and linkage to other Medicaid behavioral health 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.

• Crisis Intervention – Assist the individual with effectively responding to or avoiding identified persecutors or triggers that would risk their remaining in the community location or 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.

i. Utilization Controls

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

_X___ Generic first policy
_X____ Preferred drug lists
_X___ Clinical criteria
_X____ Quantity limits

_____ The state does not have drug utilization controls in place.

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)

i. 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 regarding the prescribing of medicines and the dispensing of prescriptions over periods of time.

New York
8.1(h)

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

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

Service Limitations for Outpatient Addiction Rehabilitative Services in conjunction with MAT:

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.

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 billed per day.

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 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 substance use disorders. 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. Reimbursement for the medication is covered under the Medicaid pharmacy benefit. MAT is covered under the mandatory 1905(a)(29) benefit for the period of 10/01/20-09/30/25.

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) _____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.

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).

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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.

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

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.

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)

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 substance use disorders. 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.

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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 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 creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); physicians and psychologists.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may provide medication management functions as permitted under state law with any supervision required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber eligibility and availability. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); Certified Recovery Peer Advocate (CRPA); or be under the supervision of a qualified health professional (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 currently licensed by the New York State Department of Education or credentialed by OASAS: Credentialed Alcoholism and Substance Abuse Counselor (CASAC); LMSW; LCSW; NP; occupational therapist (OT); physician; physician assistants; 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 in an activities program in a health care setting or an equivalent combination of advanced training, specialized therapeutic recreation education and experience, or is a recreational therapist certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; licensed marriage and family therapists (LMFTs); a licensed mental health counselor licensed by the New York State Education Department (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 above requirements for certified and credentialed practitioners are overseen and/or coordinated by OASAS.

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)

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

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)

- 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.

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.

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

o 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.

o CRPA is a self-identified consumer who is in recovery from mental illness and/or substance use disorder

o 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.

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)

- 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.

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 and patients family/collaterals, where appropriate.

- 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.

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)

• Care Coordination - Care coordination includes: 1) Consultation to assist with the individual's needs and service planning for Medicaid behavioral health services. 2) Referral and linkage to other Medicaid behavioral health 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.

• Crisis Intervention – Assist the individual with effectively responding to or avoiding identified persecutors or triggers that would risk their remaining in the community location or 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.

i. Utilization Controls

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

_X___ Generic first policy
_X____ Preferred drug lists
_X___ Clinical criteria
_X____ Quantity limits

_____ The state does not have drug utilization controls in place.

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 Medically Needy (continued)

i. 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 regarding the prescribing of medicines and the dispensing of prescriptions over periods of time.

New York
8.1(h)

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

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

Service Limitations for Outpatient Addiction Rehabilitative Services in conjunction with MAT:

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.

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 billed per day.

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.

New York
4(d)

Outpatient Drug Reimbursement

1. Reimbursement for Prescribed Drugs (including specialty drugs and Medication Assisted Treatment (MAT) drugs) dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program is as follows:

   a. Reimbursement for Brand Name Drugs is the lower of:

      i. National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC) less 3.3%; plus, the professional dispensing fee in Section 2; or
      ii. the billing pharmacy's usual and customary price charged to the general public.

   b. Reimbursement for Generic Drugs is the lower of:

      i. NADAC or, in the event of no NADAC pricing available, WAC less 17.5%; plus, a professional dispensing fee; or
      ii. the Federal Upper Limit (FUL) plus the professional dispensing fee in Section 2; or
      iii. the State Maximum Acquisition Cost (SMAC) plus the professional dispensing fee in Section 2; or
      iv. the billing pharmacy's usual and customary price charged to the general public.

   c. Reimbursement for Nonprescription Drugs is the lower of:
      i. NADAC or, in the event of no NADAC pricing available, WAC; plus, if a covered outpatient drug, the professional dispensing fee in Section 2;
      ii. the FUL plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
      iii. the SMAC plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
      iv. the billing pharmacy's usual and customary price charged to the general public.

2. The professional dispensing fee for covered outpatient drugs, including 340B-purchased drugs, when dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program, is $10.08**.**

3. Payment for drugs dispensed by pharmacies that are acquired at a nominal price as referenced in 42 CFR § 447.502 is at actual acquisition cost plus the professional dispensing fee in Section 2.

4. Payment for drugs dispensed by pharmacies that are acquired via the Federal Supply Schedule is at actual acquisition cost plus the professional dispensing fee in Section 2.

New York

4(d)(1)

c. [Reimbursement for Nonprescription Drugs is the lower of:
   i. NADAC or, in the event of no NADAC pricing available, WAC; plus, if a covered outpatient drug, the professional dispensing fee in Section 2;
   ii. the FUL plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
   iii. the SMAC plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
   iv. the billing pharmacy's usual and customary price charged to the general public.

2. The professional dispensing fee for covered outpatient drugs, including 340B-purchased drugs, when dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program, is $10.00**.**

3. Payment for drugs dispensed by pharmacies that are acquired at a nominal price as referenced in 42 CFR § 447.502 is at actual acquisition cost plus the professional dispensing fee in Section 2.

4. Payment for drugs dispensed by pharmacies that are acquired via the Federal Supply Schedule is at actual acquisition cost plus the professional dispensing fee in Section 2.]

5. Payment for drugs dispensed by the pharmacy of a 340B covered entity as described in section 1927(a)(5)(B) of the Act, or a contract pharmacy under contract with a 340B covered entity as described in section 1927(a)(5)(B) of the Act, [shall] <u>will</u> be as follows:
   a. 340B purchased drugs – actual acquisition cost not to exceed the 340B ceiling price, plus the professional dispensing fee in Section 2;
   b. Non-340B purchased drugs – in accordance with lower of logic in section 1 plus the professional dispensing fee in Section 2.

6. Payment for clotting factor dispensed by a pharmacy enrolled in the NYS Medicaid FFS Program is at the lower of: SMAC, as described below, not to exceed WAC, plus the professional dispensing fee in Section 2; or the billing pharmacy's usual and customary price charged to the general public.

   SMAC is established for clotting factor products using multiple clotting factor pricing resources including but not limited to wholesalers, drug file vendors such as First Data Bank, pharmaceutical manufacturers, and the Hemophilia Services Consortium, Inc. pricing. The Hemophilia Services Consortium, Inc. subcontracts with the New York Blood Center (both not-for-profit corporations) to negotiate with manufacturers and distributors to obtain the best volume discount for the Consortium's safety net hospital.

   The SMAC file is stored in a database where valid statistical calculations are used to evaluate and compare the various pricing benchmarks to develop the SMAC price. The SMAC file is updated monthly and applied to all clotting factor products.

   Payment for 340B-purchased clotting factor dispensed by a Hemophilia Treatment Center, whether the pharmacy is owned by the covered entity or has a contract pharmacy arrangement, [shall] <u>will</u> be in accordance with Section 5.a.

New York
4(d)(2)

7. Practitioner-administered drugs (including Medication Assisted Treatment (MAT) drugs) billed under the medical benefit are reimbursed as follows:
   a. When administered during an office visit, payment is made at actual acquisition cost by invoice, not to exceed Medicare Part B price. No professional dispensing fee is paid.

   b. When administered by a practitioner in an ordered ambulatory setting, payment is at actual acquisition cost, not to exceed Medicare Part B price. Drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act must be billed at their actual acquisition cost. No professional dispensing fee is paid.

   c. When administered in an outpatient setting to a patient of a disproportionate share hospital, clinic, or emergency department, payment may be made through either the Ambulatory Patient Group (APG) classification and reimbursement system, as referenced in page 1(b)(ii) of this Attachment, or, if carved out of the APG system, in accordance with Section 7.b.

      Reimbursement for drugs in the APG reimbursement are paid as follows:
      1. Practitioner-administered drugs assigned to an APG and paid through the APG drug band are reimbursed based on the weighted average, using Medicaid paid claims data. Payment for drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act and paid through the APG drug band are paid at 75% of the drug's APG band payment amount.
      2. Practitioner-administered drugs assigned to an APG and paid through the APG Fee Schedule are paid in accordance with Section 7.b.

      No professional dispensing fee is paid.

   d. Federally Qualified Health Centers (FQHC) and Indian Health Services/Tribal/Urban Indian Clinic Facilities have the option of receiving their payment through the Federal Prospective (PPS) rate, or through the APG reimbursement methodology as an "alternative rate setting methodology". In the event the facility chooses to be reimbursed through the Federal PPS Rate, the rate is considered inclusive of any practitioner administered drugs. In the event the facility has opted for the APG reimbursement methodology, payment for drugs administered by a practitioner during a visit to the facility will be in accordance with Section 7.c. If a facility's Medicaid reimbursement under APGs is lower than what their payment would have been under the Federal PPS rate, the facility is entitled to receive a supplemental payment reflecting the difference between what they were paid under APGs and what they would have been paid using the PPS rate. No professional dispensing fee is paid.

8. Reimbursement for Investigational Drugs is not a covered service. The Department may consider Medicaid coverage on a case by case basis for life-threatening medical illnesses when no other treatment options are available. If/when approved by a Medical Director, reimbursement is at actual acquisition cost. When dispensed by a pharmacy enrolled in the NYS Medicaid FFS Program, reimbursement includes the professional dispensing fee in Section 2.

Appendix II
2021 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #20-0077

This amendment proposes to revise the State Plan to move the MAT benefit, as directed, from optional to mandatory. This change affects both Pharmacy and Medical benefits.

Appendix III
2021 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

SPA # 20-0077

SSA section 1905(ee)(1)
SUPPORT Act section 1006(b)

SSA section 1905(ee)(1)

(ee) MEDICATION-ASSISTED TREATMENT.—[206]

(1) DEFINITION.—For purposes of subsection (a)(29), the term "medication-assisted treatment"—

(A) means all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355)[207], including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262)[208] to treat opioid use disorders; and

(B) includes, with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

(2) EXCEPTION.—The provisions of paragraph (29) of subsection (a) shall not apply with respect to a State for the period specified in such paragraph, if before the beginning of such period the State certifies to the satisfaction of the Secretary that implementing such provisions statewide for all individuals eligible to enroll in the State plan (or waiver of the State plan) would not be feasible by reason of a shortage of qualified providers of medication-assisted treatment, or facilities providing such treatment, that will contract with the State or a managed care entity with which the State has a contract under section 1903(m) or under section 1905(t)(3).

(29)[169] subject to paragraph (2) of subsection (ee), for the period beginning October 1, 2020, and ending September 30, 2025, medication-assisted treatment (as defined in paragraph (1) of such subsection); and

SUPPORT Act section 1006(b)

SEC. 1006. MEDICAID HEALTH HOMES FOR SUBSTANCE-USE-DISORDER MEDICAID ENROLLEES.

(a) EXTENSION OF ENHANCED FMAP FOR CERTAIN HEALTH HOMES FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS.—Section 1945(c) of the Social Security Act (42 U.S.C. 1396w–4(c)) is amended—

(1) in paragraph (1), by inserting ''subject to paragraph (4),'' after ''except that,''; and

(2) by adding at the end the following new paragraph:

''(4) SPECIAL RULE RELATING TO SUBSTANCE USE DISORDER HEALTH HOMES.—

''(A) IN GENERAL.—In the case of a State with an SUDfocused

State plan amendment approved by the Secretary on or after October 1, 2018, the Secretary may, at the request of the State, extend the application of the Federal medical assistance percentage described in paragraph (1) to payments for the provision of health home services to SUD-eligible individuals under such State plan amendment, in addition to the first 8 fiscal year quarters the State plan amendment is in effect, for the subsequent 2 fiscal year quarters that the State plan amendment is in effect. Nothing in this section shall be construed as prohibiting a State with a State plan amendment that is approved under this section and that is not an SUDfocused State plan amendment from additionally having approved on or after such date an SUD-focused State plan amendment under this section, including for purposes of application of this paragraph.

''(B) REPORT REQUIREMENTS.—In the case of a State with an SUD-focused State plan amendment for which the application of the Federal medical assistance percentage has been extended under subparagraph (A), such State shall, at the end of the period of such State plan amendment, submit to the Secretary a report on the following, with respect to SUD-eligible individuals provided health home services under such State plan amendment:

''(i) The quality of health care provided to such individuals, with a focus on outcomes relevant to the recovery of each such individual.

''(ii) The access of such individuals to health care.

''(iii) The total expenditures of such individuals for health care.

For purposes of this subparagraph, the Secretary shall specify all applicable measures for determining quality, access, and expenditures.

''(C) BEST PRACTICES.—Not later than October 1, 2020, the Secretary shall make publicly available on the internet website of the Centers for Medicare & Medicaid Services best practices for designing and implementing an SUDfocused State plan amendment, based on the experiences of States that have State plan amendments approved under this section that include SUD-eligible individuals.

''(D) DEFINITIONS.—For purposes of this paragraph:

''(i) SUD-ELIGIBLE INDIVIDUALS.—The term 'SUDeligible individual' means, with respect to a State, an individual who satisfies all of the following:

''(I) The individual is an eligible individual with chronic conditions.

''(II) The individual is an individual with a substance use disorder.

''(III) The individual has not previously received health home services under any other

State plan amendment approved for the State under this section by the Secretary.

''(ii) SUD-FOCUSED STATE PLAN AMENDMENT.—The term 'SUD-focused State plan amendment' means a State plan amendment under this section that is designed to provide health home services primarily to SUD-eligible individuals.''.

(b) REQUIREMENT FOR STATE MEDICAID PLANS TO PROVIDE COVERAGE FOR MEDICATION-ASSISTED TREATMENT.—

(1) REQUIREMENT FOR STATE MEDICAID PLANS TO PROVIDE COVERAGE FOR MEDICATION-ASSISTED TREATMENT.—Section 1902(a)(10)(A) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the matter preceding clause (i), by striking ''and (28)'' and inserting ''(28), and (29)''.

(2) INCLUSION OF MEDICATION-ASSISTED TREATMENT AS MEDICAL ASSISTANCE.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended—

(A) in paragraph (28), by striking ''and'' at the end;

(B) by redesignating paragraph (29) as paragraph (30); and

(C) by inserting after paragraph (28) the following new paragraph:

''(29) subject to paragraph (2) of subsection (ee), for the period **beginning October 1, 2020, and ending September 30, 2025, medication-assisted treatment** (as defined in paragraph (1) of such subsection); and''.

(3) MEDICATION-ASSISTED TREATMENT DEFINED; WAIVERS.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended by adding at the end the following new subsection:

''(ee) MEDICATION-ASSISTED TREATMENT.—

''(1) DEFINITION.—For purposes of subsection (a)(29), the term 'medication-assisted treatment'—

''(A) means 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

''(B) includes, with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

''(2) EXCEPTION.—The provisions of paragraph (29) of subsection (a) shall not apply with respect to a State for the period specified in such paragraph, if before the beginning of such period the State certifies to the satisfaction of the Secretary that implementing such provisions statewide for all individuals eligible to enroll in the State plan (or waiver of the State plan) would not be feasible by reason of a shortage of qualified providers of medication-assisted treatment, or facilities providing such treatment, that will contract with the State

or a managed care entity with which the State has a contract under section 1903(m) or under section 1905(t)(3).''.

(4) EFFECTIVE DATE.—

(A) IN GENERAL.—Subject to subparagraph (B), the amendments made by this subsection shall apply with respect to medical assistance provided on or after October 1, 2020, and before October 1, 2025.

(B) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) that the Secretary of Health and Human Services determines requires State legislation in order for the respective plan to meet any requirement imposed by the amendments made by this subsection, the respective plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

Appendix IV
2020 Title XIX State Plan
First Quarter Amendment
Public Notice

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of New York Public Health Law to comply with § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

The temporary rate adjustment has been reviewed and approved for the following two hospitals:

- St. John's Riverside Hospital with aggregate payment amounts totaling up to $1,500,000 for the period April 1, 2021 through March 31, 2022.

- St. Joseph's Medical Center with aggregate payment amounts totaling up to $1,500,000 for the period April 1, 2021 through March 31, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is $3,000,000.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

Institutional Services

Effective on or after October 1, 2020, the Medication Assisted Treatment (MAT) benefit will be transitioned from the optional to mandatory benefit in order to comply with federal statute. This change will affect both Pharmacy and Medical benefits.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

Non-Institutional Services

Effective on or after October 1, 2020, the Medication Assisted Treatment (MAT) benefit will be transitioned from the optional to mandatory benefit in order to comply with federal statute. This change will affect both Pharmacy and Medical benefits.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Oneida County Personnel Department
Request for Proposal

Sealed Proposals, subject to the conditions contained herein, will be received by ONEIDA COUNTY PERSONNEL DEPARTMENT, until 4:30 P.M., local time on Friday, April 30, 2021, for: Section 457 Deferred Compensation Plan, RFP #2021-296.

Specifications MUST be RECEIVED from Oneida County Personnel Department, Joseph M. Johnson, Commissioner of Personnel by phone at 315-798-5725 or mail request to Oneida County Personnel, 800 Park Avenue, Utica, NY 13501, or download from the Oneida County website at http://www.ocgov.net (Public Notice Section.)

Copies of the described RFP may be examined at no expense at the Oneida County Personnel Department.

The return envelope must be clearly marked with "RESPONSE TO REQUEST FOR PROPOSAL #2021-296 - DEFERRED COMPENSATION ENCLOSED," and addressed to the department of Oneida County Personnel Department.

Appendix V
2021 Title XIX State Plan
First Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #20-0077

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. **Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

   Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular 2 CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
   - **(i) a complete list of the names of entities transferring or certifying funds;**
   - **(ii) the operational nature of the entity (state, county, city, other);**
   - **(iii) the total amounts transferred or certified by each entity;**
   - **(iv) clarify whether the certifying or transferring entity has general taxing authority: and,**
   - **(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

   Response: Payments made to service providers under the provisions of this SPA are funded through appropriations received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. The source of the appropriations are the Medicaid General Fund Local Assistance Account and the Special Revenue Fund. There have been no new provider taxes and no existing taxes have been modified.

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

   Response: The payments authorized for this provision are not supplemental or enhanced payments.

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.**
   Response: This SPA is not applicable to a UPL.

5. **Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**
   Response: This amendment does not make any changes to Medicaid payments for MAP. However, we are unaware of any requirement under current federal law or regulation that limits individual provider payments to their actual costs.

ACA Assurances:

1. **Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

   MOE Period.
   - **Begins on: March 10, 2010, and**
   - **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

   Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. **Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to**

contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. **Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

   Response: The State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

a) **Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
b) **Please include information about the frequency inclusiveness and process for seeking such advice.**

c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.