

# ELECTRONIC VISIT VERIFICATION

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## Program Guidelines and Requirements

New York State Department of Health  
Office of Health Insurance Programs

Division of Long Term Care  
Division of Operations and Systems  
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## 2 VERSION CONTROL

Version	Date	Updates
1.0	10/19/2020	<ul style="list-style-type: none"><li>• Original Release</li></ul>
1.1	11/3/2020	<ul style="list-style-type: none"><li>• Added Version Control</li><li>• Added Attestation Form Link</li></ul>
1.2	11/5/2020	<ul style="list-style-type: none"><li>• Updated Billing Codes</li></ul>
1.3	11/20/2020	<ul style="list-style-type: none"><li>• Updated OPWDD CH-R Guidance</li><li>• Updated EVV Applicable Billing Codes</li></ul>
1.4	12/1/2020	<ul style="list-style-type: none"><li>• Updated EVV Applicable Billing Codes</li></ul>
1.5	12/8/2020	<ul style="list-style-type: none"><li>• Removed CH-R guidance</li><li>• Updated Applicable Billing Codes</li></ul>
1.6	12/28/2020	<ul style="list-style-type: none"><li>• Updated Applicable Billing Codes</li></ul>

## 3 BACKGROUND

### Electronic Visit Verification Summary

The 21<sup>st</sup> Century Cures Act (the Cures Act) was signed into law on December 13, 2016, mandating that states implement Electronic Visit Verification (EVV) for all Medicaid-funded personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider. States were originally required to implement EVV use for all Medicaid-funded PCS by January 1, 2019 and HHCS by January 1, 2023. On July 30, 2018, Congress passed a bill to delay the implementation requirement for one year. States were then required to implement EVV use for all Medicaid-funded PCS by January 1, 2020. The implementation date for HHCS remains the same. Failure to comply with this mandate will result in incremental reductions in Federal Medical Assistance Percentages (FMAP) of up to 1%. The States could apply for a one-time, 1-year good faith effort (GFE) extension. The “good faith effort” applies if the state has taken steps to adopt the technology used for an EVV system and has encountered “unavoidable delays”. New York State applied for, and was granted, a 1-year GFE extension, thereby changing the NYS implementation date for EVV use for PCS is January 1, 2021.

The goals of EVV are to ensure timely service delivery for members, including real-time service gap reporting and monitoring, reduce the administrative burden associated with paper timesheet processing and generate cost savings from the prevention of fraud, waste, and abuse. It aims to strengthen quality assurance by improving the health and welfare of individuals through validation of delivery of services.

The Cures Act requires that EVV systems capture the following six data points:

- Service type
- Individual receiving the service
- Date of service
- Location of service delivery
- Individual providing the services
- Begin and end times of service

States may select their own EVV design and implement quality control measures of their choosing. The Cures Act requires that states seek options that are minimally burdensome and meet the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA). It also requires that states seek input from other state agencies that provide PCS or HHCS, as well as other stakeholders, including beneficiaries, family caregivers, individuals furnishing PCS or HHCS, and other stakeholders determined by the state. Each state must identify and engage stakeholders in this process.

The NYSDOH maintains several pathways for individuals and entities to find or receive information on the state’s EVV program, including:

- The NYSDOH EVV website, found [here](#), can provide up to date information about all aspects of the state’s EVV implementation;
- Stakeholders may sign up for the EVV Listserv which provides updates regarding the EVV program. Updates include new event announcements and information, EVV program updates and policy changes. Stakeholders can sign up for the EVV Listserv by emailing [listserv@listserv.health.state.ny.us](mailto:listserv@listserv.health.state.ny.us) with the following in the body of the email: SUBSCRIBE EVV-L YourFirstName YourLastName; and

- NYSDOH help desk email address [EVVhelp@health.ny.gov](mailto:EVVhelp@health.ny.gov) for stakeholders to provide general feedback and comments, and for any assistance or guidance related to EVV education and implementation.

## 4 EVV IN NEW YORK STATE

### 4.1 MODEL CHOICE

Following a series of engagements with a wide variety of stakeholders and carefully considering input from Medicaid beneficiaries, family caregivers, providers, advocates, partner agencies and Electronic Visit Verification (EVV) solution providers, including information gathered from a Request for Information (RFI), New York has elected to proceed with the Choice Model for implementing EVV.

New York selected the Choice Model for the following reasons: (1) it best ensures that consumers will have EVV options from which to consider when selecting a provider; (2) it gives providers of service the flexibility to select an option that best meets their business needs and the needs of the consumers they serve; and (3) it recognizes that many providers serving New York's Medicaid consumers have already implemented EVV systems that meet the requirements of the Cures Act, preserving the investment that has already been made, avoiding duplicative costs, and eliminating disruption to consumers and caregivers.

### 4.2 NYS AGGREGATOR BACKGROUND

DOH will utilize the existing Medicaid Management Information System (MMIS), eMedNY, to build and house the statewide aggregator and facilitate collection of EVV data. The eMedNY system is maintained by the State's existing Fiscal Agent, CSRA, a division of General Dynamics.

### 4.3 VERIFICATION ORGANIZATIONS (VO) PROGRAM THROUGH OMIG

Currently, there are no planned changes to the Social Services Law that enacted the [Verification Organization \(VO\) program](#) under Office of Medicaid Inspector General (OMIG) in 2014. Providers must comply with both the 21st Century Cures Act and the VO program through OMIG.

Under Social Services Law, certain certified home health agencies, long term home health agencies or personal care providers exceeding \$15 million in Medicaid fee-for-service and/or Medicaid managed care reimbursements are required to utilize a verification organization (VO) to perform a pre-claim review. Participating providers are required to contract with a VO that uses electronic means of verification, including but not limited to contemporaneous telephone verification or contemporaneous verified electronic data to ascertain whether a service or item was provided to an eligible Medicaid recipient.

The VO must verify the home health service(s) within the claim or encounter, collected from the electronic visit verification (EVV), prior to submission of the claim or encounter to the NYS Department of Health (DOH) or to a managed care provider.

To assist the Medicaid provider community, OMIG will periodically develop a list of the participating providers who are required by the OMIG to contract with a VO and will notify them by certified letter. Only providers who receive notification from OMIG are required to have their services verified by a VO.

Providers must select their VO from the joint OMIG/DOH list of approved VOs. Please note that the VO selected for OMIG compliance does not have to be the same vendor utilized for EVV services.

#### 4.4 MEDICAID ENROLLMENT

In order for a provider or other entity as allowed to submit EVV data to the NYS Aggregator, NYS DOH requires the EVV submission source organization to enroll with New York Medicaid. All enrolled entities receive an eight (8) digit NY Medicaid Provider ID (MMIS ID) upon successful enrollment.

Providers currently rendering services to the Medicaid population are already enrolled, and just need to determine who will be the 'submitter' of the EVV data.

For those submission source organizations not already enrolled in eMedNY:

- Please visit the website at [www.emedny.org](http://www.emedny.org)
- Click on the Provider Enrollment tab to get the process started
- The Provider Enrollment Guide can also be accessed to help with choosing the correct enrollment in NYS Medicaid

Support staff for enrollment with NYS Medicaid can be reached by calling eMedNY Provider Enrollment at (800) 343-9000.

## 5 POLICY GUIDELINES AND REQUIREMENTS

These policy guidelines and requirements define the roles, responsibilities, decision-making authority, and the process for Electronic Visit Verification (EVV) implementation and maintenance in New York State.

### 5.1 PROVIDER RESPONSIBILITIES

To implement the Choice Model, NYSDOH requires that providers of Medicaid-funded personal care services (PCS) select, and put into production use, EVV systems that meet the requirements of the 21st Century Cures Act by January 1, 2021. Providers of Medicaid-funded Home Health Care Services (HHCS) will be required to select and implement such systems by January 1, 2023. In addition, providers will be required to submit EVV data to NYSDOH, which will be aggregated for reporting and audit purposes.

It is the responsibility of the service provider or fiscal intermediary (FI) to ensure that EVV data is captured compliantly.

#### 5.1.1 EVV ATTESTATION

As a requirement of the NYS EVV Program, service providers and FIs are required to sign an EVV Attestation which details provider responsibilities. The attestation is to ensure explicit provider understanding and compliance with the EVV requirements and policies in New York State.

An Electronic Visit Verification (EVV) Attestation must be submitted by service providers and fiscal intermediaries annually to the EVV Program through the eMedNY portal. If the responsible service provider or Fiscal Intermediary (FI) fails to submit the Attestation by the deadline, the provider status will be referred to the Office of the Medicaid Inspector General (OMIG) for review.

To view the content of the online EVV Attestation, please see [Appendix 1](#).

The link to complete and electronically sign the EVV Attestation can be found on the [eMedNY EVV Page](#).

## 5.2 REQUIRED PROGRAMS

The 21st Century Cures Act requires all state Medicaid programs to implement an EVV program for personal care services (PCS) and home health care services (HHCS) that begin or end in the home, and service ADLs or IADLs. The programs and services impacted by the Cures Act include:

- **1905(a)(24) State Plan Personal Care Benefit**
  - Consumer Directed Personal Assistance (CDPA)
  - Personal Care Assistance (PCA I & II)
- **1915(c) Home and Community Based Services waivers**
  - Children's' Waiver
  - Nursing Home Transition and Diversion (NHTD)
  - Traumatic Brain Injury (TBI)
  - Office for People with Developmental Disabilities (OPWDD) comprehensive
- **1115 Demonstration**
  - CDPA
  - PCA I & II

The 21st Century Cures Act does not require EVV for specific programs, but rather by services. Regardless of the program, if services rendered are Medicaid-funded personal care service (PCS) or home health care service (HHCS) that begin or end in the home, and service ADLs or IADLs the service is subject to EVV.

EVV will be required for Medicaid-covered home health services effective January 1, 2023. An update will be issued for the implementation of EVV for home health services.

## 5.3 CONSUMER DIRECTED SERVICES

For consumer-directed services, the Fiscal Intermediary (FI) shall select and operate an EVV system to support a consumer, or the employer of record, in managing the consumer's care, and providing reliable functionality for the geographic area in which it is to be used.

Providers of consumer-directed personal care services and respite care services must comply with all EVV requirements.

## 5.4 COMPLIANT TECHNOLOGIES

New York State, along with guidance from the Centers for Medicare and Medicaid Services (CMS), the following technologies are compliant methods for collecting Electronic Visit Verification (EVV) data:

- Telephony: Telephone calls can be used to capture service period and verify location. Typically captured with a landline telephone.
- Mobile App: Apps can be downloaded and used to capture service period and verify location. This option allows the worker to record visits using a smart phone or tablet, even when no cellular, satellite, or other data services are available at the service location.
- Fixed Object (FOB): In-home Fixed Object devices with a unique ID verify location.

New York State encourages providers to work with their EVV vendor to offer more than one solution for collecting EVV data to ensure compliance.

EVV systems must employ electronic devices that can record the required EVV data points in the 21<sup>st</sup> Century Cures Act, producing it upon demand, and safeguarding the data both physically and electronically.

EVV systems must be accessible for input or service delivery 24 hours per day, seven days per week.

EVV systems must provide for data backups in the event of emergencies; disasters, natural or otherwise; and system malfunctions, both in the location services are being delivered and the backup server location.

EVV systems must be capable of accommodating:

- Multiple work shifts per day per consumer or aide or attendant combination.
- Aides or attendants who work for multiple consumers.
- Individuals who use multiple aides or attendants.
- Multiple individuals and multiple aides or attendants or both in the same location at the same time and date. In such situations, the EVV shall be capable of separately documenting the services that are provided to each consumer.

## 5.5 VERIFICATION

It is the responsibility of the providers, provider agencies and FIs to ensure EVV data is collected and verified prior to a claim or encounter being submitted.

A verified visit is a visit that contains all information required by the 21st Century Cures Act and the NYS data requirements and has all visit exceptions addressed prior to claims submission.

To learn more about data submission requirements, please review the [EVV Technical User Guide](#) and the [EVV Interface Control Document](#).

## 5.6 DATA SUBMISSION



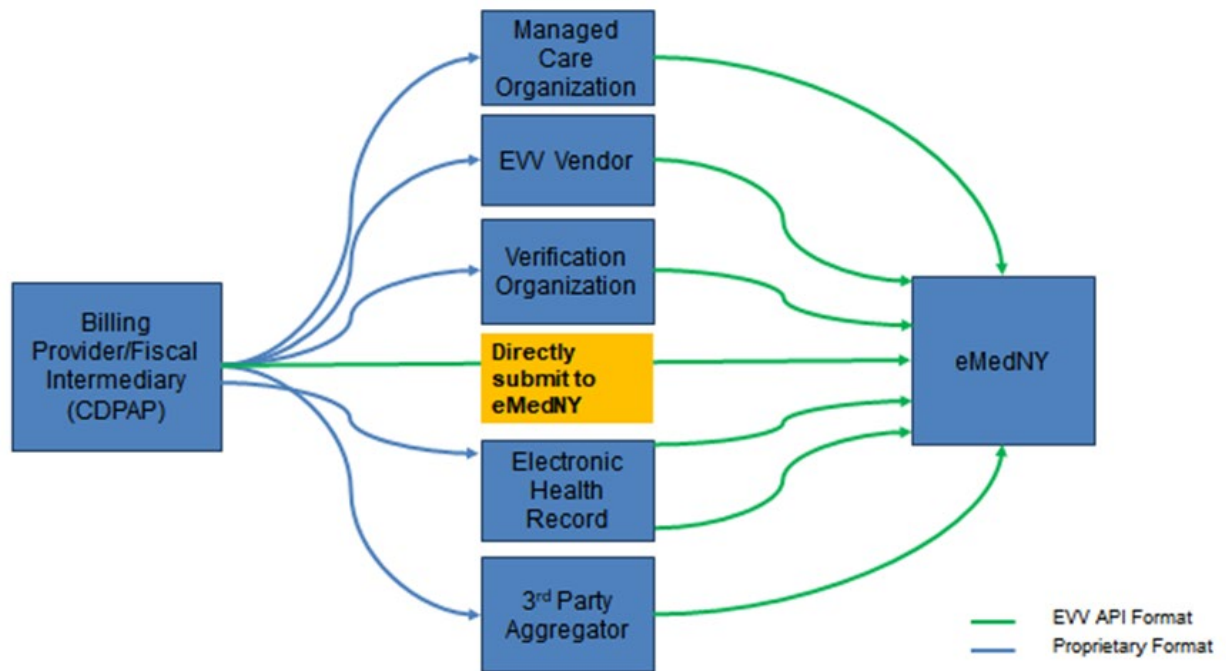
All EVV systems must be capable of electronically transmitting information to the NYS Aggregator in the required format. There are many ways a provider can submit their EVV data to the data aggregator. It is important for the Provider to work with their submitter, whether that is an MCO, a Vendor, a VO, another Aggregator, an in-house solution, or any combination of these, to develop data flow and partnerships that will work for the Provider and their submission of the EVV data.

To learn more about data submission requirements, please review the [EVV Technical User Guide](#) and the [EVV Interface Control Document](#).

Methods of submitting EVV data to the NYS Aggregator:

A Submitter is the entity that is submitting the EVV record to the Data Aggregator – eMedNY and can be one of the following:

- Billing Provider Agency/Fiscal Intermediary (FI): A Provider Organization/FI that submits EVV records on their own behalf
- EVV Vendor: An entity that processes and submits healthcare transactions on behalf of a Billing Provider or Fiscal Intermediary.
- 3<sup>rd</sup> Party Aggregator: An EVV Aggregator submitting data for multiple agencies
- Managed Care Organization (MCO): An MCO that submits EVV data on behalf of a contracted provider or FI
- Verification Organization (VO): A Verification Organization (VO) that submits EVV data on behalf of any other entity



## 5.7 DATA RETENTION

All providers must retain EVV data for at least seven years from the last date of service or as provided by applicable federal and state laws or as provided under contract with managed care organizations, whichever period is longer. However, if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception is resolved. Policies regarding retention of records shall apply even if the provider discontinues operation.

## 5.8 DEVICE MANAGEMENT

It is the responsibility of the provider agency to determine how EVV data will be captured by the caregiver when an electronic device is unable to be used to ensure Electronic Visit Verification (EVV) compliance. Provider Agencies and FIs need to work with their EVV system vendor to determine the best technology method(s) to best suit the needs of the business and consumers.

## 5.9 DEVICE COSTS

It is the responsibility of the provider to self-fund and implement an EVV system. At this time, there is no supplemental cost sharing by New York State.

## 5.10 MANUAL/PAPER TIMESHEET ENTRIES

All EVV services are required to have complete EVV data in order to be considered a verified visit. In the circumstance that a visit was not electronically captured at the time of the visit, the provider agency or Fiscal Intermediary (FI) may manually enter the visit information. Manually entered visits should only be used when absolutely necessary. The provider agency or FI must retain and maintain documentation of the reason for the manual entry. The Office of the Medicaid Inspector General (OMIG) or the NYSDOH will audit and monitor the use of manual or paper timesheets. It is the responsibility of the provider agency and/or Fiscal Intermediary (FI) to ensure that an earnest effort is made to capture EVV through a compliant method.

Religious holidays or observances that impact the use of technology use in capturing EVV in a compliant manner count as a manual entry.

NYSDOH recommends that providers select vendor systems that offer an offline mode option. Offline mode ensures that the EVV system captures EVV data in the event of power outages or limited to no service. When the system comes back online, data is automatically sent/uploaded that was captured. If a provider selects a system without this capability, they may not be able to capture EVV data in a compliant manner at the time of service, making the visit invalid.

If a provider agency or FI has a high rate of manual or paper time sheets and has not shown an improvement of compliance over time, the Department reserves the right to conduct a compliance review which may lead to the review and discovery of overpayments. Providers are required to maintain all documentation associated with manual or paper timesheet entries for review in the event of audit (see: Data Retention).

The EVV solution must distinguish electronically captured data from manually entered, modified, or adjusted data and require documented justification for all manual data entries, modifications, adjustments, or exceptions made to electronically captured data after the electronic data is captured.

## 5.11 TRAVEL

Any EVV applicable Personal Care Services (PCS) rate and procedure codes listed in the [EVV Applicable Billing Codes document](#) that are rendered and submitted for billing to NYS Medicaid while the consumer is traveling in and out of New York State are subject to EVV.

## 5.12 LIVE-IN CAREGIVER EXEMPTION

NYSDOH will not require the submission of EVV data for caregivers that meet the definition of an EVV exempt live-in caregiver. However, MCOs and provider agencies may independently decide, based on business needs, if collection of EVV data for EVV exempt live-in caregivers are required.

### **Definition of an EVV exempt Live-in Caregiver**

For the purposes of New York EVV, an EVV exempt live-in caregiver is defined as a caregiver providing services to a Medicaid member where the member's and caregiver's permanent place of residence are the same. Caregivers who do not meet this definition are not considered EVV exempt live-in caregivers under the requirements of EVV. Residence status must be verified for both the member(s) and

caregiver(s). When an EVV exempt live-in caregiver provides services to more than one member with whom they permanently reside, EVV exempt live-in caregiver status must be able to be validated for each member.

Examples of caregivers who are NOT EVV exempt Live-in Caregivers are:

- Caregivers who live with the Medicaid member receiving services for only a short period of time, such as two weeks
- Caregivers who work 24-hour shifts but whose permanent residence is not the same as the Medicaid member (i.e., “live-in 24-hour” personal care or CDPAP cases).

### **Verification of Live-in Caregiver Status**

The Office of the Medicaid Inspector General (OMIG) or the NYSDOH may audit the residence status of EVV exempt live-in caregivers. In the event of an audit, acceptable documents from the member and caregiver, showing the same address, that will verify EVV exempt live-in caregiver status are:

- New York State ID;
- Tax return;
- Automobile registration;
- Voter registration card;
- Utility or other household bill;
- Bank account statement; or
- Medicaid records.

Providers are responsible for compiling, maintaining, and validating all records justifying the status of each EVV exempt live-in caregiver for NYSDOH verification and auditing. In the event of an address change for either the member or live-in caregiver, providers are responsible for maintaining and validating address change documentation to ensure live-in caregiver exemption status is valid. If the member and live-in caregiver no longer share a permanent address, then the services are subject to EVV. All address verification documentation between the member and live-in caregiver must be current at the time the services were provided to the member. Other documentation may be deemed acceptable at the discretion of the OMIG or NYSDOH.

## **5.13 TRAINING REQUIREMENTS**

It is the responsibility of the provider or FI to provide EVV system training to all users and future users of the system prior to utilization of the system for EVV purposes starting 1/1/2021 for personal care services. Training must be made available on an on-going basis to all users of the system.

## 6 EVV APPLICABLE BILLING CODES

Below are the PCS billing codes for Fee for Service (FFS) and Managed Care (MC) Medicaid. The Department is requiring that providers implement and put into use an EVV system to capture the required data points (type of service performed, individual receiving service, date of service, location of service delivery, individual providing service, and time the service begins and ends) for services billed under the codes below and send them to the State’s data aggregator.

### 6.1 FEE-FOR-SERVICE BILLING CODES

PROGRAM	SERVICE DESCRIPTION	RATE CODE
CDPA	CDPAP 1 CLIENT, QUARTER HOUR	2422
CDPA	CDPAP 2 CLIENTS, PER CLIENT, QUARTER HOUR	2423
CDPA	CDPAP 1 CLIENT, ENHANCED RATE, QUARTER HOUR	2424
CDPA	CDPAP 2 CLIENTS, PER CLIENT, ENHANCED RATE, QTR HR	2425
CDPA	CDPAP 1 CLIENT HOURLY	2401
CDPA	CDPAP 2 OR MORE CLIENTS, HOURLY PER CLIENT	2402
CDPA	CDPAP 1 CLIENT HOURLY, ENHANCED	2403
CDPA	CDPAP 2 OR MORE CLIENTS, HOURLY PER CLIENT ENHANCED	2404
CDPA	CONSUMER DIRECT PERSONAL ASSIST 1 CLNT LIVE-IN	2405
CDPA	CONS DIR PERS ASSIST 2 OR > CLNTS PER CLNT LIVE-IN	2406
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION INDIVIDUAL	8012
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP OF 2	8013
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP 3+	8014
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL UP TO 6 HOURS	8023
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL PER DIEM OVER 6 HOURS	8024
HCBS CHILDRENS	PLANNED RESPITE GROUP UP TO 6 HOURS	8027
HCBS CHILDRENS	CRISIS RESPITE UP TO 6 HOURS	8028
HCBS CHILDRENS	CRISIS RESPITE MORE THAN 6 HOURS, LESS THAN 12 HOURS	8029
HCBS CHILDRENS	CRISIS RESPITE INDIVIDUAL 12+HOURS, LESS THAN 24 HOURS	8030
<b>NOTE: For HCBS Children’s Waiver Respite EVV Claims, providers must apply Modifier 96 where applicable.</b>		
HCBS NHTD	RESPITE, IN HOME (1-DAY MAX)	9768
HCBS NHTD	HCSS LEVEL I	9795
HCBS OPWDD	COM HAB; CERT FAC RESID; AGY SUP; VOL; IND	4757
HCBS OPWDD	COM HAB; CERT FAC RESID; AGY SUP; VOL; GRP	4758
HCBS OPWDD	COM HAB; CERT FAC RESID; VIA FI; VOL; IND	4767
HCBS OPWDD	COM HAB; CERT FAC RESID; VIA FI; VOL; GRP	4768
HCBS OPWDD	COM HAB; CERT FAC RESID; VOL; IND	4796
HCBS OPWDD	COM HAB; CERT FAC RESID; VOL; GRP	4797
HCBS OPWDD	COM HAB; CERT FAC RESID; STATE; IND	4798
HCBS OPWDD	COM HAB; CERT FAC RESID; STATE; GRP	4799
HCBS OPWDD	RESPITE; INTENSIVE; VOL	7425
HCBS OPWDD	RESPITE; AGY SUP INTENSIVE; VOL	7427

HCBS OPWDD	COM HAB; VOL; INDIV;1/4 HR	4722
HCBS OPWDD	COM HAB; VOL; GROUP-2 INDIVIDUALS	4723
HCBS OPWDD	COM HAB; VOL; GROUP-3 INDIVIDUALS	4724
HCBS OPWDD	COM HAB; VOL; GROUP-4+ INDIVIDUALS	4725
HCBS OPWDD	COM HAB; STATE; GROUP-1 INDIVIDUAL	4741
HCBS OPWDD	COM HAB; STATE; GROUP-2 INDIVIDUALS	4742
HCBS OPWDD	COM HAB; STATE; GROUP-3 INDIVIDUALS	4743
HCBS OPWDD	COM HAB; AGY SUP; VOL; IND	4755
HCBS OPWDD	COM HAB; AGY SUP; VOL; GRP	4756
HCBS OPWDD	COM HAB; VIA FI; VOL; IND	4765
HCBS OPWDD	COM HAB; VIA FI; VOL; GRP	4766
HCBS OPWDD	RESPIRE; VIA FI FEE; VOL	4764
HCBS OPWDD	RESPIRE; IN HOME; VOL	7421
HCBS OPWDD	RESPIRE; AGY SUP; IN HOME; VOL	7426
HCBS OPWDD	RESPIRE; IN HOME; VOL; PER DIEM	7428
HCBS OPWDD	RESPIRE; IN HOME; STATE	7430
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9879
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9880
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9881
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9882
HCBS TBI	RESPIRE, IN HOME (24 HOURS)	9875
PCAI	PCAI, SHARED AIDE, BASIC, HOURLY	2501
PCAI	PCAI, SHARED AIDE, BASIC, QUARTER HOUR	2507
PCAI	PCA LEVEL I, 1 CLIENT, QUARTER HOUR	2593
PCAI	PCA LEVEL I, 2 CLIENTS, PER CLIENT 1/4 HOUR	2594
PCAI	PCA LEVEL I, ONE CLIENT HOURLY	2601
PCAI	PCA LEVEL I, 2 CLIENTS, HOURLY (PER CLIENT)	2602
PCAI	PCAI, SHARED AIDE, BASIC, HOURLY	2502
PCAI	PCAI, SHARED AIDE, BASIC, QUARTER HOUR	2508
PCAI	PCA LEVEL II, 1 CLIENT, 1/4 HOUR	2595
PCAI	PCA LEVEL II, 2 CLIENTS PER CLIENT 1/4 HOUR	2596
PCAI	PCA LEVEL II, 1 CLIENT HARD TO SERVE 1/4 HOUR	2597
PCAI	PCA LVL 2, 2 CLNTS/CLNT HARD TO SERVE 1/4 HOUR	2598
PCAI	PCA LEVEL 2, ONE CLIENT, HOURLY	2622
PCAI	PCA LEVEL 2, TWO CLIENTS, HOURLY (PER CLIENT)	2623
PCAI	PCA LEVEL 2, ONE CLIENT, HOURLY-SECONDARY CODE	2626
PCAI	PCA LEVEL 2, CLIENTS HOURLY, PER CLNT-SECONDARY CD	2627
CDPA	PCA LEVEL 2, ONE CLIENT, DAILY	2632
CDPA	PCA LEVEL 2, 2 CLIENTS, DAILY (PER CLIENT)	2633
PCAI	PCA II – NURSING SUPERVISION	2742
PCAI	NURSING ASSESSMENT	2787

## 6.2 MANAGED CARE BILLING CODES

<b>Managed Care EVV Applicable Procedure Codes</b>			
<b>Program</b>	<b>Service Description</b>	<b>Procedure Code</b>	<b>Modifier</b>
PCAI	PCS LEVEL I MULTIPLE CLIENT	S5130	U3
PCAI	PCS LEVEL I – 15 MINUTES	S5130	U1
PCAI	PCS LEVEL I TWO CLIENT	S5130	U2
PCAI	PCS LEVEL I WEEKEND/HOLIDAY	S5130	TV
PCAI	PCS LEVEL II WEEKEND/HOLIDAY	T1019	TV
PCAI	PCS LEVEL II MULTIPLE CLIENT	T1019	U3
PCAI	PCS LEVEL II BASIC – 15 MINUTES	T1019	U1
PCAI	PCS LEVEL II BASIC TWO CLIENT	T1019	U2
PCAI	PCS LEVEL II HARD TO SERVE	T1019	U4
PCAI	PCS LEVEL II TWO CLIENT HARD TO SERVE	T1019	U5
PCAI	PCS LEVEL II LIVE-IN	T1020	NONE
PCAI	PCS LEVEL II LIVE-IN TWO CLIENT	T1020	U2
PCAI	PCS LEVEL II LIVE-IN WEEKEND/HOLIDAY	T1020	TV
PCAI	PCS LEVEL II LIVE IN TWO CLIENT HARD TO SERVE	T1020	U5
CDPA	CDPA BASIC – 15 MINUTES	T1019	U6
CDPA	CDPA ENHANCED	T1019	U8
CDPA	CDPA TWO CONSUMER	T1019	U7
CDPA	CDPA TWO CONSUMER ENHANCED	T1019	U9
CDPA	CDPA LIVE IN	T1020	U6
CDPA	CDPA LIVE IN ENHANCED	T1020	U8
CDPA	CDPA LIVE IN TWO CONSUMER	T1020	U7
CDPA	CDPA LIVE IN TWO CONSUMER ENHANCED	T1020	U9
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION INDIVIDUAL	H2014	HA
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP OF 2	H2014	HA, UN
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP 3+	H2014	HA, UP
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL UP TO 6 HOURS	S5150	HA
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL PER DIEM OVER 6 HOURS	S5151	HA
HCBS CHILDRENS	PLANNED RESPITE GROUP UP TO 6 HOURS	S5150	HA, HQ
HCBS CHILDRENS	CRISIS RESPITE UP TO 6 HOURS	S5150	HA, ET
HCBS CHILDRENS	CRISIS RESPITE MORE THAN 6 HOURS, LESS THAN 12 HOURS	S5151	HA, ET
HCBS CHILDRENS	CRISIS RESPITE INDIVIDUAL 12+HOURS, LESS THAN 24 HOURS	S5151	HA, ET, HK

## 7 DEFINITIONS

**Agency-directed services:** Is a model of service delivery where an agency is responsible for providing direct support staff, for maintaining an individual's records, and for scheduling the dates and times of the direct support staff's presence in the individual's home for personal care services, respite care services, and companion services.

**Caregiver:** The person who is employed by an agency or consumer to provide hands-on assistance with ADLs and/or IADLS. Also referred to as Aide.

**Choice Model:** New York State Department of Health (NYSDOH) chosen EVV implementation method which meets the varying needs of NY Medicaid trading partners. The Choice Model allows providers to select and self-fund their EVV system of choice or modify their current system to meet federal and state requirements.

**Consumer:** The person who has applied for and been approved to receive services for which EVV is required. Also referred to as a member, Medicaid member, and/or recipient of services.

**Consumer-directed services or CDDA services:** The model of service delivery for which the individual enrolled in the waiver or the individual's employer of record, as appropriate, is responsible for hiring, training, supervising, and firing of a personal assistant who renders the services that are reimbursed by DOH

**DOH:** The Department of Health, NYSDOH

**Electronic visit verification or EVV:** A system by which personal care services, companion services, or respite care services home visits are electronically verified with respect to (i) the type of service performed, (ii) the individual receiving the service, (iii) the date of the service, (iv) the location of service delivery, (v) the individual providing the service, and (vi) the time the service begins and ends.

**EVV Vendor:** Entity that provides an EVV solution. Providers and FIs may work with their EVV Vendor to submit EVV data on their behalf to the NYS Aggregator.

**Fiscal Intermediary (FI):** An entity that provides fiscal intermediary services for the Consumer Directed Personal Assistance Program (CDPAP) and has a contract for providing such services with a local department of social services or managed care organization, and is required to use an EVV system.

**Managed Care Organization (MCO):** A health insurance plan that contracts with providers to deliver care. An MCO contracted provider may work with their MCO to submit EVV data on their behalf to the NYS Aggregator.

**NYS Aggregator:** The NYS Aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by submitters. DOH will utilize the existing Medicaid Management Information System (MMIS), eMedNY, facilitate the collection of EVV data. The eMedNY system is maintained by the State's existing Fiscal Agent, CSRA, a division of General Dynamics.

**Provider:** A Medicaid provider that employs aides/caregivers and bills personal care and home health services to NYS Medicaid and is required to use an EVV system.



**Personal care services:** Refers to a range of support services that includes assistance with activities of daily living and instrumental activities of daily living, access to the community, and self-administration of medication or other medical needs and the monitoring of health status and physical condition provided through the agency-directed or consumer-directed model of service. Personal care services shall be provided by a personal care attendant or aide within the scope of the attendant's or aide's license or certification, as appropriate.

**Respite care services:** Services provided to waiver individuals who are unable to care for themselves that are furnished on a short-term basis because of the absence of or need for the relief of the unpaid primary caregiver who normally provides the care.

**Verified:** A visit that contains all information required by the 21st Century Cures Act and has all visit exceptions addressed is considered verified.

**Verification Organization (VO):** An entity that uses data captured by EVV software to verify whether a service, or item, was provided to an eligible Medicaid beneficiary across all their participating providers. The VO program was established through OMIG in 2014.

**Office of the Medicaid Inspector General (OMIG):** The NYS agency responsible for the audit and review EVV data against claims data and ensure through review that providers subject to EVV are in compliance with the 21<sup>st</sup> Century Cures Act and NYS Requirements.

# Appendix 1

## EVV Attestation

Below is the content of the online EVV Provider Attestation that is required for submission to the New York State Department of Health (NYSDOH) by Providers and Fiscal Intermediaries (FIs).

### **New York Electronic Visit Verification (EVV) Provider Attestation**

New York State has chosen to implement an Electronic Visit Verification (EVV) Aggregator System that will enable Providers/Fiscal Intermediaries to submit EVV data to the State using the EVV System of their choice. Providers/Fiscal Intermediaries will be responsible for selecting an EVV System that meets the requirements of the 21<sup>st</sup> Century Cures Act, and complying will all applicable requirements, including the signing and submission of this attestation form to the State on an annual basis.

Therefore, I \_\_\_\_\_, on behalf of (*Provider Organization/Fiscal Intermediary*), hereby acknowledge that I am responsible for meeting the requirements of the 21<sup>st</sup> Century Cures Act of 2016 and all New York State specific requirements outlined in the *New York State Electronic Visit Verification Program Guidelines and Requirements* document, which has been posted to the New York State EVV Website.

I further attest that training has been provided to all required users, that training will be provided to future users (prior to use) of the implemented EVV system, and that training will be provided on an ongoing basis.

I further attest that all caregivers claiming EVV exempt live-in caregiver status have provided supporting documentation sufficient to validate that such caregivers maintain the same permanent residence as the service recipients and that such documentation is current, as outlined in the *New York State Electronic Visit Verification Program Guidelines and Requirements* document.

I further agree to keep such records as are necessary to demonstrate that I met all 21<sup>st</sup> Century Cures Act provider requirements and New York State requirements and to furnish those records to the New York State Department of Health and the Office of Medicaid Inspector General upon request by such agency(ies).

I further acknowledge that failure to furnish requested information or documents may result in the issuance of an overpayment demand letter followed by recoupment procedures.

Finally, I acknowledge that by signing this attestation, I am certifying to New York State that the foregoing information is true, accurate, and complete. I understand that by electronically signing and submitting this attention it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

Provider Organization/Fiscal Intermediary Name: \_\_\_\_\_

Organization/Individual Email: \_\_\_\_\_

NPI Number (if applicable): \_\_\_\_\_

MMIS ID Number: \_\_\_\_\_

EVV Submitter Name (if applicable): \_\_\_\_\_

EVV Submitter MMIS ID (if applicable): \_\_\_\_\_

Owner/Officer Name (*see instructions, #7*): \_\_\_\_\_

Owner/Officer Title (*see instructions, #7*): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Electronic Visit Verification (EVV) Attestation Instructions**

1. An Electronic Visit Verification (EVV) Attestation must be submitted on an annual basis to the EVV Program through the [Link is forthcoming].
2. Reminder notices will be sent to the email address on file reiterating the requirement to submit the Attestation prior to the annual deadline of January 1.
3. If the responsible provider or Fiscal Intermediary (FI) fails to submit the Attestation by the deadline, the provider status will be filed with the Office of the Medicaid Inspector General (OMIG) for review.
4. The Provider Organization Name/Fiscal Intermediary (FI) must match what is on file when the organization or FI enrolled with eMedNY.
5. All fields are required unless stated otherwise as 'if applicable'.
6. It is the responsibility of the Fiscal Intermediary (FI) or responsible provider to ensure the email provided is up to date and monitored frequently for important EVV communications.
7. The following individuals or similar/equivalent authority within the Provider Organization/Fiscal Intermediary may sign this attestation:

Owner	Chief Executive Officer	Chief Operating Officer
President/Officer Chairperson	Chief Financial Officer	Governing Board