



**Department
of Health**

Electronic Visit Verification

EVV Program Guidelines and Requirements

April 14, 2022

**New York State Department of Health
Office of Health Insurance
Programs**

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1 Version Control

Table 1 – Version Control

Version Control		
Version	Date	Updates
1.0	10/19/2020	<ul style="list-style-type: none"> Original Release
1.1	11/3/2020	<ul style="list-style-type: none"> Added Version Control Added Attestation Form Link
1.2	11/5/2020	<ul style="list-style-type: none"> Updated Billing Codes
1.3	11/20/2020	<ul style="list-style-type: none"> Updated OPWDD CH-R Guidance Updated EVV Applicable Billing Codes
1.4	12/1/2020	<ul style="list-style-type: none"> Updated EVV Applicable Billing Codes
1.5	12/8/2020	<ul style="list-style-type: none"> Removed CH-R guidance Updated Applicable Billing Codes
1.6	12/28/2020	<ul style="list-style-type: none"> Updated Applicable Billing Codes
1.7	3/4/2021	<ul style="list-style-type: none"> Updated Training Requirements
1.8	4/21/2021	<ul style="list-style-type: none"> Children’s Waiver Billing Codes updated
1.9	5/20/2021	<ul style="list-style-type: none"> Section 5.10 Updated
2.0	7/2/2021	<ul style="list-style-type: none"> Extended EVV Training Requirements Due Date
		<ul style="list-style-type: none"> Updated Training Requirements Updated Manual/Paper Timesheet Entries
2.1	2/23/2022	<ul style="list-style-type: none"> Updated EVV Applicable Billing Codes to include HHCS
2.2	4/13/2022	<ul style="list-style-type: none"> Updated Non-Compliant EVV Methods

2 Electronic Visit Verification (EVV) Summary

2.1 EVV History

The 21st 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. Failure to comply with this mandate would result in incremental reductions in Federal

Medical Assistance Percentages (FMAP) of up to 1%.

However, states could apply for a one-time, one-year good faith effort (GFE) extension. The “good faith effort” applied if a state had taken steps to adopt the technology used for an EVV system and had encountered “unavoidable delays”. New York State applied for, and was granted, a one-year GFE extension, thereby changing the NYS implementation date for EVV use for PCS to January 1, 2021.

The implementation date for HHCS remains January 1, 2023.

2.2 EVV Goals

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. EVV 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

2.3 EVV Implementation

States were allowed to select their own EVV design and implement quality control measures of their choosing. The Cures Act required states to seek options that were minimally burdensome and met the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA). It also required 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 others as determined by the state. Each state was required to identify and engage stakeholders in this process.

The New York State Department of Health (NYSDOH) maintains several pathways for individuals and entities to find or receive information on the state’s EVV program. These include the following:

- The [NYS EVV website](#) can provide up-to-date information about all aspects of New York’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 with the following in the body of the email: SUBSCRIBE EVV-L YourFirstName YourLastName
- NYSDOH created a help desk email address, EVVhelp@health.ny.gov, for stakeholders to provide general feedback and comments and receive assistance or guidance related to EVV education and implementation

3 EVV in New York State

3.1 Model Choice

Following a series of engagements with a wide variety of stakeholders, and after carefully considering input from Medicaid beneficiaries, family caregivers, providers, advocates, partner agencies, and EVV solution providers, including information gathered from a Request for Information (RFI), New York elected to proceed with the Choice Model for implementing EVV in 2020.

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.

3.2 NYS EVV Data Aggregator Background

NYSDOH currently utilizes the existing Medicaid Management Information System (MMIS), eMedNY, to house the statewide EVV Data 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 Information Technology (GDIT).

3.3 Verification Organization (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 via EVV, prior to submission of the claim or encounter to NYSDOH 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 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/NYSDOH 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.

3.4 Medicaid Enrollment

In order for a provider, or other entity as allowed, to submit EVV data to the NYS EVV Data Aggregator, NYSDOH 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 and fiscal intermediaries (FI) currently rendering services to the Medicaid population are already enrolled but still need to determine who will be the ‘submitter’ of their EVV data.

For those submission source organizations not already enrolled in eMedNY:

- Please visit the [eMedNY](#) website
- 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.

4 Policy Guidelines and Requirements

The following policy guidelines and requirements define the roles, responsibilities, decision-making authority, and process for EVV implementation and maintenance in New York State.

4.1 Provider and FI Responsibilities

To implement the Choice Model, NYSDOH required that providers and FIs of Medicaid-funded PCS select, and put into production use, EVV systems that meet the requirements of the 21st Century Cures Act by January 1, 2021. Providers and FIs of Medicaid-funded HHCS will be required to select and implement such systems by January 1, 2023. In addition, providers and FIs will be required to submit EVV data to the NYS EVV Data Aggregator, where it will be aggregated for reporting and audit purposes.

It is the responsibility of the service provider or FI to ensure that EVV data is captured in a compliant manner.

4.1.1 EVV Attestation

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

Providers and FIs must submit an EVV Attestation to the EVV Program on an annual basis through the eMedNY portal. If the responsible provider or FI fails to submit their EVV Attestation by the required deadline, their status will be referred to 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](#).

4.2 Required Programs

The 21st Century Cures Act requires all state Medicaid programs to implement an EVV program

for PCS and HHCS that begin or end in the home and service activities of daily living (ADL) or instrumental activities of daily living (IADL). 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)
- **1905(a)(7) State Plan Home Health Services**
 - Home health services authorized under a waiver of the plan
- **1915(c) Home and Community Based Services waivers**
 - Children’s Waiver (CW)
 - 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 for services. Regardless of the program, if services rendered are Medicaid-funded PCS or 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 HHCS effective January 1, 2023. An update will be issued for the HHCS implementation of EVV.

4.3 Consumer-Directed Services

For consumer-directed services, the FI shall select and operate an EVV system that:

- Supports either the consumer or the employer of record in managing the consumer’s care
- Provides reliable functionality for the geographic area in which it is to be used

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

4.4 Compliant Technologies

New York State, along with guidance from the Centers for Medicare and Medicaid Services (CMS), affirms that the following technologies are compliant methods for collecting 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 FOB devices with a unique ID verify location.

New York State encourages providers and FIs 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 21st Century Cures Act, produce them upon demand, and safeguard 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 in 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 system shall be capable of separately documenting the services that are provided to each consumer

4.5 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 by 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 [Interface Control Document \(ICD\)](#).

4.6 Data Submission

All EVV systems must be capable of electronically transmitting information to the NYS EVV Data Aggregator in the required format. There are many ways a provider or FI can submit their EVV data to the NYS EVV Data Aggregator. It is important for the provider or FI to work with their submitter, whether that is a Managed Care Organization (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 or FI and their submission of the EVV data.

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

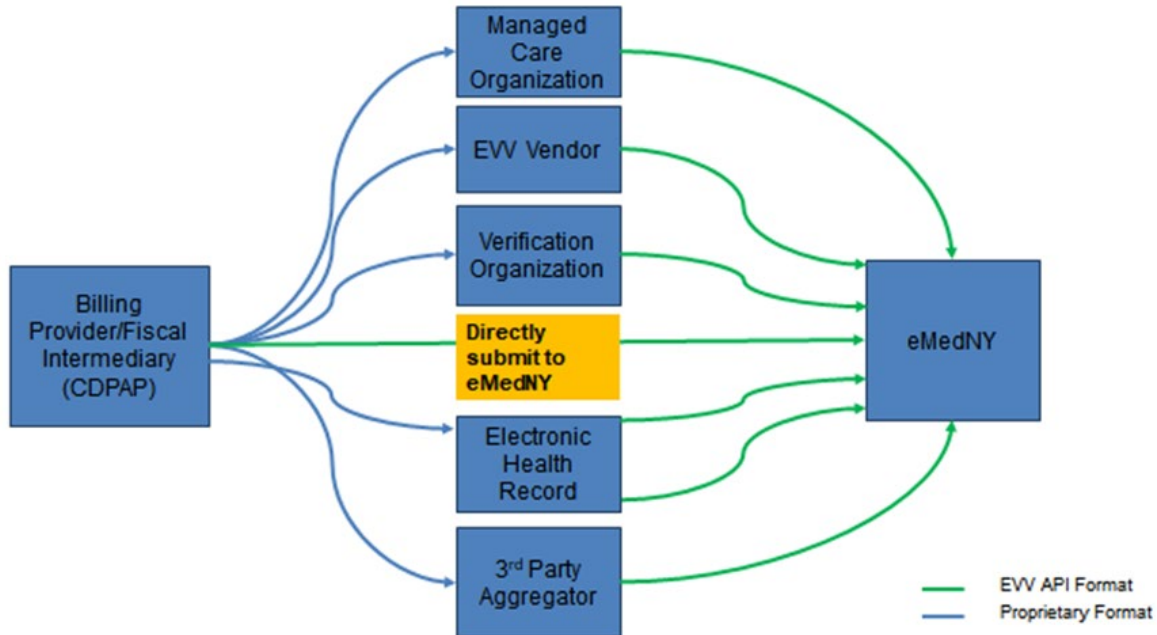
Methods of submitting EVV data to the NYS EVV Data Aggregator:

A submitter is the entity that is submitting the EVV record to the NYS EVV Data Aggregator and can be one of the following:

- Billing Provider Agency/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 FI
- 3rd Party Aggregator: An EVV aggregator submitting data for multiple agencies
- MCO: An MCO that submits EVV data on behalf of a contracted provider or FI
- VO: A VO that submits EVV data on behalf of any other entity

Figure 1 – Data Submission Pathways



4.7 Data Retention

All providers and FIs 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 MCOs, 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 or FI discontinues operation.

4.8 Device Management

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

4.9 Device Costs

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

4.10 Non-Compliant EVV Methods

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) must document the reason for why the EVV applicable services were not captured using a compliant EVV method.

The provider agency or FI must maintain documentation of the reason for the missing EVV data. The Office of the Medicaid Inspector General (OMIG) or the NYSDOH will audit and monitor the use of paper timesheets and other non-compliant EVV methods. 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.

If necessary, EVV compliant data can be edited prior to submission to the NYS Data Aggregator. All edited entries require agency management approval or CDPAS consumer approval prior to adjustment and submission to the NYS Aggregator. Edited EVV entries should only be used when absolutely necessary.

Religious holidays or observances that impact the use of technology in capturing EVV in a compliant manner are considered an allowable paper timesheet or other non-compliant method.

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.

The EVV solution must distinguish electronically captured data from non-compliant methods, modified, or adjusted data and requires documented justification for all non-compliant method entries, or modifications or adjustments made to electronically captured data after the electronic data is captured.

If a provider agency or FI has a high rate of paper time sheets or other non-compliant methods 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 paper timesheet or other non-compliant entries for review in the event of audit (see: Data Retention).

4.11 Travel

Any EVV-applicable 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.

4.12 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, providers, and FIs may independently decide, based on business needs, if collection of EVV data for EVV-exempt live-in caregivers are required.

4.12.1 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 while providing 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)

4.12.2 Verification of Live-in Caregiver Status

OMIG or 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 and FIs 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 and FIs 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 OMIG or NYSDOH.

4.13 Training Requirements

Below are the minimum training requirements that provider agencies and FIs must adhere to when training their EVV system staff and caregivers. EVV training requirements are subject to change based on federal and state requirements. EVV training programs must meet the requirements listed below by October 1, 2021.

All providers and FIs must provide training to their caregivers, agency staff, and EVV system users who submit EVV data to NYSDOH. Training may be delivered in any format, including instructor-led, webinars, and self-service online training.

All providers and FIs must provide training to a system user before the system user submits EVV data to the NYS EVV Data Aggregator. Providers and FIs must also provide annual

training refreshers to all users. When major changes to the EVV program occur, training on such changes must be included in the next annual training cycle, if not sooner. The training materials must always be available to train any new users in a position that requires EVV.

All providers and FIs must maintain documentation of all trainings. This includes the following:

- All training materials and content
- A list of all caregivers and staff system users that also includes:
 - Which training(s) each individual received
 - The date(s) each individual attended training
 - The format of each training (e.g., in person, online, etc.)
 - The date(s) each training was successfully completed

All providers and FIs must ensure and document in the member's service plan that the Medicaid member has seen and understands the [EVV Fact Sheet for Medicaid Beneficiaries and Families](#).

All providers and FIs who are required to submit EVV data must have an EVV Attestation, which includes attesting to having provided training to all required users, on file with NYSDOH.

All providers and FIs, agency staff, data submitters, and caregivers should read and be knowledgeable with the policies in the [Program Guidelines and Requirements document](#).

All trainings must include the following EVV stipulations of the 21st Century Cures Act and NYS program information and indicate where these stipulations and information can be found on the NYS EVV website:

- What is EVV
- What Data Fields are required to submit complete EVV data
- Start date for EVV for PCS services
- Services that require EVV data collection

Provider's EVV System Training Requirements for Caregivers should include:

- Provider's System Overview and Workflows (non-technical)
- How to electronically collect EVV data using the Providers system and device(s)
- How to and when to collect EVV data manually and what to document
- How to document Live-in caregiver information
- How to electronically collect EVV data when there are multiple caregivers
- How to electronically collect EVV data when there are multiple beneficiaries
- How to send data to Provider's System
- What information to share with Medicaid beneficiaries and their families about EVV

All providers and FIs should use NYSDOH's [Interface Control Document \(ICD\)](#) and [EVV Technical User Guide](#) to develop training materials for all data submitters and agency staff on the following topics:

- NYS Choice Model.
- Provider/fiscal intermediary's system overview and workflows
- EVV System Security
- How and when to send data to NYS
- How to prevent fraud, waste and abuse by accurately collecting EVV data

- NYS eMedNY Helpdesk Phone Number for Technical questions: 1-800-343-9000

5 EVV-Applicable Billing Codes

Below are the PCS billing codes for Fee-for-Service (FFS) and Managed Care (MC) Medicaid. NYSDOH is requiring that providers and FIs 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 NYS EVV Data Aggregator.

5.1 Fee-for-Service Billing Codes

Table 2 – FFS Billing Codes

PCS FFS EVV-Applicable 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 INDIVIDUAL 12-24 HOURS	8025
HCBS CHILDRENS	PLANNED RESPITE GROUP 6-12 HOURS	8026
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
NOTE: For HCBS Children’s Waiver Respite EVV Claims, providers must apply Modifier 96 where applicable.		
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

PCS FFS EVV-Applicable Billing Codes		
Program	Service Description	Rate Code
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	RESPIRE; INTENSIVE; VOL	7425
HCBS OPWDD	RESPIRE; 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

PCS FFS EVV-Applicable Billing Codes		
Program	Service Description	Rate Code
PCAIL	PCAIL, SHARED AIDE, BASIC, QUARTER HOUR	2508
PCAIL	PCA LEVEL II, 1 CLIENT, 1/4 HOUR	2595
PCAIL	PCA LEVEL II, 2 CLIENTS PER CLIENT 1/4 HOUR	2596
PCAIL	PCA LEVEL II, 1 CLIENT HARD TO SERVE 1/4 HOUR	2597
PCAIL	PCA LVL 2, 2 CLNTS/CLNT HARD TO SERVE 1/4 HOUR	2598
PCAIL	PCA LEVEL 2, ONE CLIENT, HOURLY	2622
PCAIL	PCA LEVEL 2, TWO CLIENTS, HOURLY (PER CLIENT)	2623
PCAIL	PCA LEVEL 2, ONE CLIENT, HOURLY-SECONDARY CODE	2626
PCAIL	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
PCAIL	PCA II – NURSING SUPERVISION	2742
PCAIL	NURSING ASSESSMENT	2787
HHCS FFS EVV-Applicable Billing Codes		
Program	Service Description	Rate Code
CHHA EPS	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 1	4810
CHHA EPS	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 2	4811
CHHA EPS	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 3	4812
CHHA EPS	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 4	4813
CHHA EPS	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 5	4814

PCS FFS EVV-Applicable Billing Codes		
Program	Service Description	Rate Code
CHHA EPS	EPS START OF CARE, CLIN A, FUNC E, AGE GRP 6	4815
CHHA EPS	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 1	4816
CHHA EPS	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 2	4817
CHHA EPS	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 3	4818
CHHA EPS	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 4	4819
CHHA EPS	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 5	4820
CHHA EPS	EPS START OF CARE, CLIN A, FUNC F, AGE GRP 6	4821
CHHA EPS	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 1	4822
CHHA EPS	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 2	4823
CHHA EPS	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 3	4824
CHHA EPS	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 4	4825
CHHA EPS	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 5	4826
CHHA EPS	EPS START OF CARE, CLIN A, FUNC G, AGE GRP 6	4827
CHHA EPS	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 1	4828
CHHA EPS	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 2	4829
CHHA EPS	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 3	4830
CHHA EPS	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 4	4831
CHHA EPS	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 5	4832
CHHA EPS	EPS START OF CARE, CLIN B, FUNC E, AGE GRP 6	4833
CHHA EPS	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 1	4834
CHHA EPS	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 2	4835
CHHA EPS	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 3	4836
CHHA EPS	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 4	4837
CHHA EPS	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 5	4838
CHHA EPS	EPS START OF CARE, CLIN B, FUNC F, AGE GRP 6	4839
CHHA EPS	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 1	4840
CHHA EPS	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 2	4841
CHHA EPS	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 3	4842
CHHA EPS	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 4	4843
CHHA EPS	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 5	4844
CHHA EPS	EPS START OF CARE, CLIN B, FUNC G, AGE GRP 6	4845
CHHA EPS	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 1	4846
CHHA EPS	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 2	4847
CHHA EPS	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 3	4848
CHHA EPS	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 4	4849
CHHA EPS	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 5	4850

PCS FFS EVV-Applicable Billing Codes		
Program	Service Description	Rate Code
CHHA EPS	EPS START OF CARE, CLIN C, FUNC E, AGE GRP 6	4851
CHHA EPS	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 1	4852
CHHA EPS	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 2	4853
CHHA EPS	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 3	4854
CHHA EPS	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 4	4855
CHHA EPS	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 5	4856
CHHA EPS	EPS START OF CARE, CLIN C, FUNC F, AGE GRP 6	4857
CHHA EPS	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 1	4858
CHHA EPS	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 2	4859
CHHA EPS	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 3	4860
CHHA EPS	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 4	4861
CHHA EPS	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 5	4862
CHHA EPS	EPS START OF CARE, CLIN C, FUNC G, AGE GRP 6	4863
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 1	4864
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 2	4865
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 3	4866
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 4	4867
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 5	4868
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC E, AGE GRP 6	4869
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 1	4870
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 2	4871
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 3	4872
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 4	4873
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 5	4874
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC F, AGE GRP 6	4875
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 1	4876
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 2	4877
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 3	4878
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 4	4879
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 5	4880
CHHA EPS	EPS RECERTIFICATION, CLIN A, FUNC G, AGE GRP 6	4881
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 1	4882
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 2	4883
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 3	4884
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 4	4885
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 5	4886

PCS FFS EVV-Applicable Billing Codes		
Program	Service Description	Rate Code
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC E, AGE GRP 6	4887
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 1	4888
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 2	4889
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 3	4890
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 4	4891
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 5	4892
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC F, AGE GRP 6	4893
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 1	4894
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 2	4895
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 3	4896
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 4	4897
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 5	4898
CHHA EPS	EPS RECERTIFICATION, CLIN B, FUNC G, AGE GRP 6	4899
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 1	4900
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 2	4901
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 3	4902
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 4	4903
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 5	4904
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC E, AGE GRP 6	4905
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 1	4906
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 2	4907
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 3	4908
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 4	4909
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 5	4910
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC F, AGE GRP 6	4911
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 1	4912
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 2	4913
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 3	4914
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 4	4915
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 5	4916
CHHA EPS	EPS RECERTIFICATION, CLIN C, FUNC G, AGE GRP 6	4917
CHHA PEDS	HOME HEALTH AIDE	2610
CHHA PEDS	NURSING	2620
CHHA PEDS	OCCUPATIONAL THERAPY	2640
CHHA PEDS	PHYSICAL THERAPY	2650
CHHA PEDS	SPEECH PATHOLOGY	2662

PCS FFS EVV-Applicable Billing Codes		
Program	Service Description	Rate Code
CHHA PEDS	HOME HEALTH AIDE (PER VISIT OR PER HOUR)	2841
CHHA PEDS	NURSING	2842
CHHA PEDS	OCCUPATIONAL THERAPY	2844
CHHA PEDS	PHYSICAL THERAPY	2845
CHHA PEDS	SPEECH PATHOLOGY	2847
CHHA PEDS	HOME HEALTH AIDE (PER HOUR)	2878
CHHA PEDS	MOMS HEALTH SUPPORT SERVICES UNDER 18	1606
CHHA PEDS	AIDS NURSING UNDER 18	1607

5.2 Managed Care Procedure Codes

Table 3 – MC Procedure Codes

PCS MC EVV-Applicable Procedure Codes			
Program	Service Description	Procedure Code	Modifier
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

PCS MC EVV-Applicable Procedure Codes			
Program	Service Description	Procedure Code	Modifier
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	PLANNED RESPITE GROUP OVER 6 HOURS UP TO 12	S5150	HA, HK, 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
HHCS MC EVV-Applicable Procedure Codes			
Program	Service Description	Procedure Code	Modifier
HHA	HHA - 15 MINUTES	S5125	None
HHA	HHA – PER HOUR	S9122	None
HHA	HHA TWO CLIENT – PER 15 MINUTES	S5125	U2
HHA	HHA LIVE-IN - PER DIEM (13 HOURS)	S5126	None
HHA	HHA LIVE-IN TWO CLIENT - PER DIEM (13 HOURS)	S5126	U2
HHA	ADVANCED HOME HEALTH AIDE PER HOUR	S9122	UI
NURSING	NURSING CARE IN HOME (RN) PER DIEM (13 HOURS)	T1030	None
NURSING	RN – PER HOUR	S9123	None
NURSING	RN – 15 MINUTES	T1002	None
NURSING	NURSING CARE IN HOME (LPN) – PER DIEM (13 HOURS)	T1031	None
NURSING	LPN – PER HOUR	S9124	None
NURSING	LPN – 15 MINUTES	T1003	None
HHCS	OCCUPATIONAL THERAPY – PER VISIT	S9129	None
HHCS	PHYSICAL THERAPY – PER VISIT	S9131	None
HHCS	SPEECH THERAPY – PER VISIT	S9128	None
HHCS	RESPIRATORY THERAPY – PER 15 MINUTES	G0237	None
HHCS	RESPIRATORY THERAPY – PER 5 MINUTES	G0238	None
HHCS	NUTRITIONAL COUNSELING – PER VISIT	S9470	None
HHCS	MEDICAL SOCIAL SERVICES – PER VISIT	S9127	None
HHCS	SIGN LANGUAGE/ORAL INTERPRETER – PER 15 MINUTES	T1013	None

6 Definitions

Agency-directed services: 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: NYSDOH's chosen EVV implementation method which meets the varying needs of NY Medicaid trading partners. The Choice Model allows providers and FIs 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 CDPA 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 a personal assistant who renders the services that are reimbursed by 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 EVV Data Aggregator.

Fiscal Intermediary (FI): An entity that provides fiscal intermediary services for the Consumer Directed Personal Assistance Program (CDPAP), has a contract for providing such services with a Local Department of Social Services (LDSS) or MCO, and is required to use an EVV system.

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

NYSDOH: The New York State Department of Health.

NYS EVV Data Aggregator: The NYS EVV Data Aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by submitters. NYSDOH currently utilizes the existing Medicaid Management Information System (MMIS), eMedNY, to 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, bills personal care and home health services to NYS Medicaid, and is required to use an EVV system.

Personal Care Services (PCS): Refers to a range of support services that includes assistance with ADLs and IADLs, access to the community, self-administration of medication, 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. 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 participating providers. The VO program was established through OMIG in 2014.

Office of the Medicaid Inspector General (OMIG): The NYS agency responsible for the auditing and reviewing EVV data against claims data and ensuring through review that providers and FIs subject to EVV are in compliance with the 21st Century Cures Act and NYS requirements.

7 Appendix

7.1 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 21st 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 21st 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 21st 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 [eMedNY](#).
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	Chief Financial Officer	Governing Board Chairperson

7.2 Glossary

Table 4 – Glossary

Glossary	
Acronym	Explanation
ADL	Activity of Daily Living
CDPA	Consumer-Directed Personal Assistance
CDPAP	Consumer-Directed Personal Assistance Program
CMS	Centers for Medicare and Medicaid Services
CW	Children's Waiver
EVV	Electronic Visit Verification
FFS	Fee-for-Service
FI	Fiscal Intermediary
FMAP	Federal Medical Assistance Percentage
FOB	Fixed Object
GDIT	General Dynamics Information Technology
HHCS	Home Health Care Services
HIPAA	Health Insurance Portability and Accountability Act
IADL	Instrumental Activity of Daily Living
ICD	Interface Control Document
MC	Managed Care
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
NHTD	Nursing Home Transition and Diversion
NYSDOH	New York State Department of Health
OMIG	Office of Medicaid Inspector General
OPWDD	Office for People with Developmental Disabilities
PCA	Personal Care Assistance
PCS	Personal Care Services
RFI	Request for Information
TBI	Traumatic Brain Injury
VO	Verification Organization