



**Office for People With  
Developmental Disabilities**

# **End of the Appendix K Coverage & ADM Revisions**

November 10, 2023

Kate Marlay, Deputy Commissioner  
Division of Policy and Program Development

# **Administrative Memoranda (ADMs)**

<b>Current Name/ # of ADM</b>	<b>New # of ADM</b>	<b>Purpose of ADM</b>
<b>06-ADM-01: Group Day Habilitation Service Documentation Requirements</b>	06-ADM-01R	<p>Update 06-ADM-01 Group Day Habilitation ADM to reflect the end of the flexibility to provide Day Habilitation services within a certified residential setting. Effective 11/11/2023 (six months after the end of PHE).</p> <p>Updated formatting and non-substantive plain language edits.</p>
<b>21-ADM-02: Requirement for Community Habilitation-Residential (CH-R) services delivered in the Individual's Certified Residence</b>	21-ADM-02R	<p>Minor changes to provide billing identifier information, effective 11/11/2023 (six months after the end of PHE) for in-residence Community Habilitation-Residential (CH-R) and CH-R delivered via telehealth.</p> <p>Updated formatting and non-substantive plain language edits.</p>

Current Name/ # of ADM	New # of ADM	Purpose of ADM
<b>2015-ADM-01: Service Documentation Community Habilitation Services</b>	23-ADM-08: Service Documentation for Community Habilitation Services Provided to Persons Residing in Certified, Non-Certified Locations, and In-residence Community Habilitation-R	<p>Update 2015-ADM-01 Community Habilitation ADM to include CH-R (21-ADM-02). Add in-residence CH-R as a long-term service delivery option for qualifying individuals - effective 11/11/2023 (six months after the end of PHE).</p> <p>Updated formatting and non-substantive plain language edits.</p>
<b>21-ADM-03: Ability to use Technology to Remotely Deliver Home and Community- Based Services (HCBS)</b>	21-ADM-03R	<p>Minor changes to provide billing identifier information, effective 11/11/2023 (six months after the end of PHE) for certain HCBS when delivered via telehealth.</p> <p>All Life Plans must be updated to reflect the use of remote technology as soon as possible, but no later than April 11, 2024.</p>

# Prior Notices & Available Resources

**On February 11, 2023**, HHS Secretary Xavier Becerra announced that the Covid-19 Public Health Emergency (PHE) would be renewed one last time for 90 days and would officially end on May 11, 2023.

NYS OPWDD issued correspondence regarding the end of these day service and other flexibilities in **April 2023 and August 2023**. Please see the referenced links below:

[End of COVID-19 Federal Public Health Emergency \(PHE\) effective May 11, 2023 and Unwinding Guidance \(ny.gov\)](#)

<https://opwdd.ny.gov/system/files/documents/2023/08/phe-unwinding-important-dates-to-remember-8-18-23-final.pdf>

# Prior Notices & Available Resources

Guidance and resources for providers regarding the unwinding of COVID flexibilities that are located at:

[COVID-19 Public Health Emergency Unwinding Guidance | Office for People With Developmental Disabilities \(ny.gov\)](#)

Related Billing Guidance was e-mailed to providers:

- October 24, 2023: email with Billing guidance for Telehealth
- November 2, 2023: email with Billing guidance for In-Residence services

# ADM Issuance & Public Comment

- All four updated ADMs are issued as final and in effect on November 11, 2023.
- OPWDD initiated a 30-day public comment period which will run through December 8, 2023.
- The documents are available on-line with substantive changes highlighted and underlined. The links are:

[21 ADM-02R Community Habilitation in Residence Requirements](#)

[21 ADM-03R Remote Delivery of HCBS](#)

[23 ADM-08 Community Habilitation – Residential Service Documentation](#)

[06 ADM-01R Group Day Habilitation Service Documentation](#)

- Based on public comment, OPWDD may update and reissue the ADMs as needed.

06-ADM-01R

# **Group Day Habilitation Service Documentation Requirements**



# Substantive Changes-06-ADM-01R

## **PURPOSE (Page 2)**

This ADM, ADM #2006-01R, revises and replaces ADM #2006-01. These edits reflect that on November 11, 2023, when the COVID-19 Appendix K authority ends, Day Habilitation services can no longer be provided in Individualized Residential Alternatives (IRAs), Community Residences (CRs), or Family Care (FC) Homes. People who require in-residence services may qualify for in-residence Community Habilitation-Residential. Requirements for in-residence Community Habilitation-Residential (“CH-R”) are outlined in ADM 2021-02-R.

## **Billing Standards (Page 4)**

Time spent in the following activities cannot be counted toward the program day duration:

...

- Time at the person’s certified residence;

# Changes for Clarity-06-ADM-01R

## **BILLING STANDARDS (Page 4)**

Time spent in the following activities cannot be counted toward the program day duration:

- Time the person spends being transported to the first Group Day Habilitation activity of the day and time being transported home or to the next activity after the conclusion of Group Day Habilitation services;
- Mealtime;
- Time at the person's certified residence; and
- Time the person spends at a separate service (e.g., a clinic service) and the time being transported to and from the separate service, except when:
  - The person receives Care Coordination with their Care manager at a Day Habilitation service location; or
  - The Day Habilitation staff accompany the person to a Life Plan review meeting.

23-ADM-08/2015-ADM-01

**Service Documentation for  
Community Habilitation Services**

# Substantive Changes-23-ADM-08

## **APPLICABILITY (Page 2)**

The requirements related to in-residence CH-R in this ADM are effective on November 11, 2023 (i.e., when the COVID-19 Appendix K authority ends).

## **DISCUSSION (Page 3)**

With few exceptions, CH services must not be billed when delivered at a site certified by OPWDD or at a site operated by OPWDD which would be required to be certified if it were operated by another provider. The exceptions that allow for billing in OPWDD certified settings include when:

... The person is eligible for in-residence Community Habilitation-Residential (CH-R) per the criteria in ADM #2021-02R.

# Changes for Clarity – 23-ADM-08

**BILLING LIMITATIONS** (Page 6) – no substantive change

**BILLING IDENTIFIERS** (Page 9)

ADM 2021-03, governing the use of remote technology, and ADM 2021-02, governing in-residence CH-R services **have both been updated with the required identifiers and modifiers that must be used to submit claims for CH services delivered remotely and for in-residence CH-R.**

# 21-ADM-02R

## **Requirement For Community Habilitation- Residential (CH-R) Services Delivered In The Individual's Certified Residence**

## Existing 21-ADM-02

- When billing for in-residence CH-R services delivered using remote technology, providers must bill as if they were delivering in-person services, except each claim must be submitted using a unique modifier which identifies the service as being delivered using remote technology in the residence. **At the time of this ADM's publication, this modifier is under development. This ADM will be updated and redistributed once the billing modifier is available for use in eMedNY.**

(Page 7) – Bold for emphasis

# Substantive Changes in 21-ADM-02R

- Billing Directions (Page 6)

When billing for in-residence CH-R services, providers must use existing rate codes. Claim submissions must include a unique identifier to show that the claim is for a service that was delivered in the person's certified residence. This unique identifier is a procedure code. Providers must include this procedure code for in-residence CH-R claims:

- **Q5001** – Hospice or Home Health Care provided in a patient's home or residence

A person may receive both in-residence CH-R services and community-based CH-R services on the same day. However, when providers submit a claim for that day, they can only use one procedure code. This is because only one procedure code can be claimed per day. If someone receives both in-residence CH-R and community-based CH-R, the provider must bill using the in-residence procedure code (Q5001).



# Changes for Clarity in 21-ADM-02R

- Changes for clarity/plain language (Page 2)
- In-Residence CH-R Services Delivered via Remote Technology (Page 7)  
An individual might receive in-residence CH-R via telehealth. In this case, the provider must bill using procedure code Q5001 (i.e., for in-residence CH-R) and add a GT modifier (i.e., for telehealth).

21-ADM-03R

**Remote Technology / Telehealth Billing  
Direction**

# Existing 21-ADM-03

- When billing for these services, providers should bill for the services using existing processes, except that each claim must be submitted using a unique modifier which identifies that the claim is associated with a service that was delivered using remote technology. At the time of this ADM's publication, this modifier is under development. **This ADM will be updated and redistributed once the billing modifier is available for use in eMedNY.**

(Page 6) – Bold for emphasis

# Substantive Changes in 21-ADM-03R

This ADM, 21-ADM-03R, revises and replaces 21-ADM-03 to add information pertaining to the use of billing identifiers and modifiers. These revisions are underlined in red. (Page 2)

Providers delivering HCBS Waiver services via telehealth must use the following procedure code and modifier when billing these services to Medicaid: (Page 6)

- Procedure code, **T2025** – Waiver services, not otherwise specified
- Modifier, **GT** – Via interactive audio and video telecommunication systems

All Life Plans must be updated to reflect the use of remote technology as soon as possible, but no later than April 11, 2024.

# Substantive Changes in 21-ADM-03R

In some cases, a person might receive both telehealth and face-to-face services on the same date. However, only one claim per rate code can be submitted by a provider on a given day that accounts for the total documented service duration. Therefore, in these cases, the claim submitted for the date must include the above referenced procedure code and modifier for the entire claim.

\*Note: If an individual receives in-residence CH-R via telehealth, then the procedure code, Q5001 - Hospice or Home Health Care provided in a patient's home or residence, must be used with the modifier GT instead of the T2025 Procedure Code. See also 21-ADM-02R.

# October 24, 2023 – Notice to All Providers

October 24, 2023

RE: Billing Requirements for HCBS Waiver Services delivered via telehealth

Dear HCBS Waiver Provider:

Effective November 11, 2023, providers who deliver Home and Community Based Services (HCBS) waiver services via telehealth must use the following procedure code and modifier when billing these services to Medicaid:

- Procedure code, **T2025** - Waiver services; not otherwise specified,
- Modifier, **GT** - Via interactive audio and video telecommunication systems

# Claim Adjustment

Providers can submit claims initially without the billing identifiers.

Once the provider's billing software is ready, previous claims submitted can be adjusted to include the billing identifiers.

If providers have questions, email [central.operations@opwdd.ny.gov](mailto:central.operations@opwdd.ny.gov).

# SEMP, Pathway to Employment, and Community-Based Prevocational Services

- The requirements of 21-ADM-03R apply to direct service delivery (habilitative “direct” services with the person).
- The requirements of 21-ADM-03R do not apply to services delivered on behalf of the person (indirect services).



# Direct Employment-Related Services

The Life Plan documentation requirements and the use of billing modifiers applies only when:

- Remote technology uses two-way real-time communication directly with the person in the delivery of SEMP, Pathway to Employment and Community-Based Prevocational services
  - For example, a two-way telephone call between a job coach and the person

# Questions & Resources

Any Questions?

Further follow-up:

- Content of ADM Changes: [Peoplefirstwaiver@OPWDD.NY.gov](mailto:Peoplefirstwaiver@OPWDD.NY.gov)
- Billing Questions: [central.operations@opwdd.ny.gov](mailto:central.operations@opwdd.ny.gov)