

Guide to Requirements for Service Payability and Data Reporting in NYC DOHMH Performance-Based Contracts for HIV Care and Prevention Administered by Public Health Solutions

March 2020



Contents

| | | |
|------|--|----|
| I. | Purpose and Scope of This Guide..... | 4 |
| II. | History of Changes | 4 |
| III. | Client-Level Data Submission and Payment..... | 7 |
| | A. Policy on Data Entry..... | 7 |
| | B. Submission of Client-Level Data | 7 |
| | C. The Payment Process..... | 7 |
| | D. The Master Itemization Report (MIR) | 8 |
| | E. Researching Apparent Data Discrepancies..... | 8 |
| IV. | The Data Review and Correction/Recoupment Processes..... | 8 |
| | A. Automatic Software-Based Review..... | 9 |
| | B. Site Visit Review by PHS Staff | 9 |
| | <i>Correction/Recoupment/Validation Reasons Resulting From Site Visit Findings</i> | 9 |
| | C. Taking Action Regarding Problematic Items | 11 |
| | D. Recoupment and Holding of Payments..... | 11 |
| V. | Ryan White Performance-Based Service Categories | 12 |
| | A. Housing Placement Assistance [HPA, HPC]..... | 12 |
| | <i>Service Families and Service Types</i> | 12 |
| | <i>Payability Rules</i> | 12 |
| | B. Care Coordination [CCR] | 13 |
| | <i>Service Families and Service Types</i> | 13 |
| | <i>Payability Rules</i> | 13 |
| | C. Transitional Care Coordination [TCC] | 14 |
| | <i>Service Families and Service Types</i> | 14 |
| | <i>Payability Rules</i> | 14 |
| | D. Food and Nutrition Services [FNS] | 16 |
| | <i>Service Families and Service Types</i> | 16 |
| | <i>Payability Rules</i> | 16 |
| | E. Supportive Counseling and Family Stabilization [SCG, SCI] | 17 |
| | <i>Service Families and Service Types</i> | 17 |
| | <i>Payability Rules</i> | 18 |
| | F. General Non-Medical Case Management [NMG]..... | 18 |
| | <i>Service Families and Service Types</i> | 18 |
| | <i>Payability Rules</i> | 18 |
| | G. Health Education and Risk Reduction [HER] | 19 |
| | <i>Service Families and Service Types</i> | 19 |
| | <i>Payability Rules</i> | 19 |
| | H. Harm Reduction Services [HRM] | 20 |
| | <i>Service Families and Service Types</i> | 20 |
| | <i>Payability Rules</i> | 21 |
| | I. Mental Health Services [MHV]..... | 22 |
| | <i>Service Families and Service Types</i> | 22 |
| | <i>Payability Rules</i> | 23 |
| | J. Legal Services [LSN/LST] | 23 |
| | <i>Service Families and Service Types</i> | 23 |
| | <i>Payability Rules</i> | 23 |
| VI. | Tri-County Performance-Based Service Categories | 24 |
| | A. Emergency Financial Services [EFS]..... | 24 |
| | <i>Service Families and Service Types</i> | 24 |
| | B. Tri-County Food and Nutrition Services [FBT] | 24 |
| | <i>Service Families and Service Types</i> | 24 |
| | C. Tri-County Housing/Short Term Services [HOT]..... | 25 |
| | <i>Service Families and Service Types</i> | 25 |
| | D. Tri-County Care Coordination Services [MCT]..... | 25 |
| | <i>Service Families and Service Types</i> | 25 |
| | <i>Payability Rules</i> | 26 |
| | E. Tri-County Mental Health Services [MNT] | 26 |
| | <i>Service Families and Service Types</i> | 26 |
| | F. Tri-County Psychosocial Support Services [PST]..... | 28 |
| | <i>Service Families and Service Types</i> | 28 |
| | <i>Payability Rules</i> | 28 |

| | | |
|-------|--|----|
| VII. | Prevention Performance-Based Service Categories | 29 |
| A. | Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City Services [CON]..... | 29 |
| | <i>Service Families and Service Types</i> | 29 |
| B. | IDU Harm Reduction Services [HRS]..... | 30 |
| | <i>Service Families and Service Types</i> | 30 |
| | <i>Payability Rules</i> | 30 |
| VIII. | Service Categories that Offer or Link to PEP and/or PrEP or that offer incentives for suppressed viral load [ADL, BCP, BTP, EBP, LTP, OCP, PCC, PCE, SBH, SNC, UND, NCT, TPT]..... | 31 |
| | <i>Payability Rules for Sexual and Behavioral Health Contracts [SBH]</i> | 38 |
| | <i>Payability Rules for HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn [BTP]</i> | 39 |
| | <i>Payability Rules for Status Neutral – Care Coordination [SNC]</i> | 39 |
| | <i>Payability Rules for Undetectables Viral Load Suppression Program [UND]</i> | 39 |
| | Payability Rules for Status Neutral Linkage and Navigation in Clinical Settings [NCT] | 40 |
| | Payability Rules for Targeted HIV Testing Among Priority Populations [TPT]..... | 41 |
| IX. | Common Rules..... | 42 |
| A. | Outreach, Intake, and Service Planning..... | 42 |
| B. | HIV Testing and Linkage to Care | 43 |
| C. | Family and Group Services..... | 44 |
| D. | PrEP, PEP and Primary Behavioral and Sexual Health Services | 46 |
| E. | Other Individual Services | 47 |

I. Purpose and Scope of This Guide

This guide is designed to bring together in a single place the most pertinent information about the services, data reporting requirements and payment rules in performance-based contract categories

This guide provides additional clarification to payment rules mentioned in contractors' individual Scope of Services. When this guide is in conflict with a contractor's individual scope of services, this guide will prevail, except when the scope of service explicitly exempts the contract from a service category's usual requirements. A contractor who feels that their scope of service is inconsistent with this guide should contact their contract manager for clarification.

Within each service category, this guide generally includes two subsections:

- First, there is a table listing all of the service families and each service type within each family. For each service type, the table provides the PHS Code (used on the Master Itemization Report) that represents the type.
- Second, there are payability rules that apply to particular service families or service types within the category; these contain a great deal of information relevant to payment processing, recoupment and compliance.

II. History of Changes

This guide is updated approximately quarterly to reflect ongoing changes in the performance-based service categories, the rules for reporting their data, and PHS' payment procedures. The table below shows, in reverse chronological order, a history of the changes in each version:

| Version Date | Significant Changes |
|--------------|---|
| March 2020 | <ul style="list-style-type: none"> • Starting January 2020, new service types have been added to the following categories: PrEP for Adolescents (ADL), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), PEP Centers of Excellence (PCE), Outreach and Education for Combination Prevention: Community Based Organizations (OCP), Leveraging HIV Testing for Linkage to Prevention: HIV Testing Programs (LTP), Sexual and Behavioral Health (SBH), HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP), Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP), Status Neutral - Care Coordination (SNC), and Status Neutral Linkage and Navigation in Clinical Settings (NCT). The new service types, which occur in one or more categories, are: <ul style="list-style-type: none"> ○ Confirmatory Test Third Party Pay (code M59) ○ HIV Testing Third Party Pay (code M60) ○ STI Testing Syphilis Third Party Pay (code M61) ○ STI Testing Gonorrhea/Chlamydia Third Party Pay (code M63) ○ Vaccinations (code N15) ○ Vaccinations Third Party Pay (code N26) ○ STI Treatment Syphilis Third Party Pay (code N24) ○ STI Treatment Gonorrhea/Chlamydia Third Party Pay (code N25) ○ PrEP Initial Medical Visit Third Party Pay (code N27) ○ PrEP Follow-up Medical Visit Third Party Pay (code N30) ○ iART – Same Day (code N73) ○ iART – 1-4 Days (code N74) ○ PEP Follow-up Medical Visit (code N89) ○ PEP Follow-up Medical Visit Third Party Payer (code N90) ○ PEP Support (code N91) ○ Health Education (code N92) ○ PrEP Support (code N95) • Starting January 2020, Prevention service categories and Playsure service categories will consolidate several services for streamlining of payment points. <ul style="list-style-type: none"> ○ The following services have been consolidated into Health Education (code N92). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PrEP/PEP Combination Education (PrEP School) (code N19) ▪ iART Education (code N72) ▪ iART Intake Assessment (code N75) ○ The following services have been consolidated into PEP Initial Medical Visit (code N05) and PEP Initial Medical Visit Third Party Payer respectively. Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PEP Eligibility Assessment (code N01) (Service category PEP Center of Excellence – On Call Clinical Services (PCC) will continue this service) ▪ PEP Eligibility Assessment Third Party Payer (code N33) ○ The following services have been consolidated into PEP Follow-up Medical Visit (code N89) and PEP Follow-up Medical Visit Third Party Payer (code N90) respectively. Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PEP Follow-up (Medical): Labs (code N38) ▪ PEP Follow-up (Medical): 30-day (code N07) ▪ PEP Follow-up (Medical): 90-day (code N08) ▪ PEP Follow-up (Medical): Labs – Third Party Payer (code N39) ▪ PEP Follow-up (Medical): 30-day – Third Party Payer (code N40) ▪ PEP Follow-up (Medical): 90-day – Third Party Payer (code N41) |

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| | <ul style="list-style-type: none"> ○ The following services have been consolidated into PEP Support (code N91). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PEP Prescription (Non-medical) (code N17) ▪ PEP Follow-up (Non-medical): Weekly (code N18) ○ The following services have been consolidated into PrEP Initial Medical Visit (code N09) and PrEP Initial Medical Visit Third Party Payer (code N27). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PrEP Prescription (Medical) (code N10) ▪ PrEP Prescription (Medical) (code N28) ○ The following services have been consolidated into PrEP Support (code N95). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PrEP Prescription (Non-medical) (code N11) ▪ PrEP Follow-up (Non-medical) (code N13) |
| October 2019 | <ul style="list-style-type: none"> • A new section has been added for the following service category: <ul style="list-style-type: none"> ○ Care Coordination (CCR) • In category Enhanced Condom Distribution Services (CON), the following services have been added: <ul style="list-style-type: none"> ○ Recruitment of Non-Traditional Condom Distribution Site (code C19) ○ Condom Distribution – Non-Traditional Site (code C20) ○ Condom Distribution – Hourly (code C21) • A new section has been added: Tri-County Performance-Based Service Categories • The following service categories have been added under Tri-County Performance-Based Service Categories: <ul style="list-style-type: none"> ○ Emergency Financial Services (EFS) ○ Tri-County Food & Nutrition Services (FBT) ○ Tri-County Housing/Short Term Services (HOT) ○ Tri-County Care Coordination Services (MCT) ○ Tri-County Mental Health Services (MNT) ○ Tri-County Psychosocial Support Services (PST) • In category HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP), the following change has been made: <ul style="list-style-type: none"> ○ A recoupment rule permitting only four Linkage to STI Treatment (code N56) per client per contract year has been added. • In all categories that provide STI Treatment Gonorrhea/Chlamydia (code P97), STI Treatment Gonorrhea/Chlamydia Third Party (code N25), STI Treatment Syphilis (code P98), and STI Treatment Syphilis Third Party (code N24), the recoupment rule allowing only two services per client per contract year has been removed. • In all categories that provide Follow-up Communication (N46), the recoupment rule allowing only two services per client per enrollment period has been removed. |
| January 2019 | <ul style="list-style-type: none"> • A new section has been added for service categories that offer a link to PEP and/or PrEP services. <ul style="list-style-type: none"> ○ Status Neutral Linkage and Navigation in Clinical Settings (NCT) ○ Targeted HIV Testing Among Priority Populations (TPT) • In categories HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP) and Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP), the following change has been made: <ul style="list-style-type: none"> ○ The recoupment rule permitting only two Follow Up Communication services (code N46) per client per enrollment period has been removed • In category HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP), the following changes have been made: <ul style="list-style-type: none"> ○ This category will now use HIV Testing (code 218) instead of Lab-based 4th generation HIV Testing (code N52) and Point of Care 4th Generation HIV Testing (code N53) ○ This category will now use STI Testing – Syphilis (code M06) and STI Testing – Gonorrhea/Chlamydia (code M62) instead of STI Screening (code P65) • In category Sexual and Behavioral Health (SBH), the following services have been removed: <ul style="list-style-type: none"> ○ Counseling – Substance Use Group (code 038) ○ Health Education Group (code 220) ○ Health Education Individual (code 221) ○ Linkage Navigation (code P28) ○ PEP Initial Medical and PAP Visit (code N06) ○ STI Screening (code P65) ○ Linkage to Care within 90 days (code P25) ○ Linkage to Care between 91-365 days (code P26) ○ Linkage to Care for Known Positive (code P27) • In category Sexual and Behavioral Health (SBH), the following services have been added: <ul style="list-style-type: none"> ○ STI Testing – Syphilis (code M06) ○ STI Testing – Gonorrhea/Chlamydia (code M62) ○ Linkage to Care within 14 days (code N54) ○ Linkage to Care between 15-30 days (code N55) ○ Linkage to Care within between 31-365 days (code N57) |

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| | <ul style="list-style-type: none"> The new STI Testing service types in category Sexual and Behavioral Health (SBH) were previously bundled as requirements within PEP and PrEP medical services. As part of their being unbundled into separate payment points, previous rules whereby payment of PEP and PrEP medical services depended on the presence of STI Testing and HIV Tests are no longer in force. |
| October 2018 | <ul style="list-style-type: none"> New service types have been added to the categories PrEP for Adolescents (ADL), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), PEP Centers of Excellence (PCE), and Outreach and Education for Combination Prevention: Community Based Organizations (OCP) The new service types, which occur in one or more categories, are: <ul style="list-style-type: none"> HIV Test (code 218) HIV Test Third Party Payer (M60) HIV Confirmatory Test (code 333) HIV Confirmatory Test Third Party Payer (code M59) STI Testing – Syphilis (code M06) STI Testing – Syphilis Third Party Payer (code M61) STI Testing – Gonorrhea/Chlamydia (code M62) STI Testing – Gonorrhea/Chlamydia Third Party Payer (code M63) Linkage to Care within 14 days (code N54) Linkage to Care between 15 and 30 days (code N55) Linkage to Care between 31 – 365 days (code N57) The new STI Testing and HIV Test service types in the categories PrEP for Adolescents (ADL), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), and PEP Centers of Excellence (PCE) were previously bundled as requirements within PEP and PrEP medical services. As part of their being unbundled into separate payment points, previous rules whereby payment of PEP and PrEP medical services depended on the presence of STI Testing and HIV Tests are no longer in force. In all the categories that provide Linkage to Services (code P69), a recoupment rule has changed. Only four linkage to services are payable per client per contract year. In the categories PrEP for Adolescents (ADL) and Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), there is a new recoupment rule for PrEP Reassessment (code N32). Only two PrEP Reassessments are permitted per client per contract year. Four new rules for HIV Testing (code 218) and HIV Testing Third Party Payer (code M60) have been added: <ul style="list-style-type: none"> In the case of a pair of two screening tests for the same client on the same day having one reactive test result and one non-reactive test result, neither will be payable. In the case of two Point of Care screening tests with reactive results for the same client on the same day, only one is payable, unless they use two different Point of Care test types. For both to be payable, both Point of Care tests must be entered under the same eSHARE Form ID. In the case of two screening tests with non-reactive results for the same client on the same day, only one is payable, unless one is a Point of Care test while the other is lab-based. For both to be payable, both screening tests must be entered under the same eSHARE Form ID. In the case of two screening tests for the same client on the same day with different Form IDs, only one test will be payable. PEP Starter Pack (code N20) has been renamed PEP Starter Pack/ PEP Medication. PEP Prescription (Medical) (code N16) and PEP Prescription Medical Third Party Payer (code N35) have been removed. STI Screening (code P65) has been replaced with STI Testing – Syphilis and STI Testing – Syphilis Third Party Payer (codes M06 & M61) and STI Testing – Gonorrhea/Chlamydia and STI Testing – Gonorrhea/Chlamydia Third Party Payer (codes M62 & M63) in the following Playsure categories: <ul style="list-style-type: none"> PrEP for Adolescents (ADL) Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP) PEP Centers of Excellence (PCE) HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn (BTP) For services STI Testing – Gonorrhea/Chlamydia and STI Testing – Gonorrhea/Chlamydia Third Party Payer (codes M62 & M63), a unit of payment is counted for each anatomical site tested. In categories which provide Linkage to Care services using the timeframes within 14 days (code N54), between 15 and 30 days (code N55), and between 31 – 365 days (code N57), a payment processing rule has changed. Previously, it was required that there be an earlier confirmatory test with a positive/reactive result entered in eSHARE under the same Form ID. The new rule is that there must be an earlier HIV Screening test with a date of test results received under the same Form ID. |
| May 2018 | <ul style="list-style-type: none"> In Harm Reduction Services (HRM) and Mental Health Services (MHV), the rule that a Care Coordination – Primary Care Provider service (code 247) is only payable once per 90 days has been removed. In Harm Reduction Services (HRM) the service Health Education – Group (code Q20) has been added. In Food Nutrition Services (FNS), a rule has been changed: no more than 21 Congregate Meals, Home Delivered Meals, and Pantry Bag Distribution (codes P46, 046, and 066) per index client are payable per week. |

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| | <ul style="list-style-type: none"> • In Food Nutrition Services (FNS), Verification with HIV Primary Care Provider (code 247) has been removed. • In Supportive Counseling & Family Stabilization Services – General (SCG) and Supportive Counseling & Family Stabilization Services – SEP (SCI), a new service was added: <ul style="list-style-type: none"> ○ Pastoral Counseling – Family (code P75) • In Legal Services (LSN/LST), Group Legal Services/Workshops (code N79) has been changed from an anonymous service paid per attendee to an anonymous service paid by the event. • In HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn (BTP), units for an STI Screening (code P65) will be calculated based on how many infections are tested for in a given service. |
| January 2018 | <ul style="list-style-type: none"> • New sections have been added for the Ryan White service categories: <ul style="list-style-type: none"> ○ Legal Services (LSN/LST) • New sections have been added for the following service categories: <ul style="list-style-type: none"> ○ Status Neutral – Care Coordination (SNC) ○ Undetectables Viral Load Suppression Program (UND) • In Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP), the service type Linkage to Care – Known Positive within 30 days (Code N58) has been removed. New service types have been added: <ul style="list-style-type: none"> ○ Linkage to Care within 14 days (Immediate) (Code N54) ○ Linkage to Care between 15 and 30 days (Expedient) (Code N55) ○ Linkage to Care between 31 and 365 days (Code N57) • In Harm Reduction Services (HRM) and Mental Health Services (MHV), the rule that a Reassessment (Code 076) is only payable once every six months has been removed. The frequency rule for a service plan update (Code 226) has been changed; it is now payable four times within a 365-day period. • Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP) and HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP) have added the service type Follow-Up Communication (Code N46). This service type has a rule that it is only payable two times per client per enrollment period. • Sexual and Behavioral Health for Priority Populations (SBH) and HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP) have changed their recoupment rule for STI Screening (Code P65). The new rule is that only four STI Screenings are payable per client per contract year. • Rules have changed in Sexual and Behavioral Health for Priority Populations (SBH), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), PrEP for Adolescents (ADL), and PEP Centers of Excellence (PCE): <ul style="list-style-type: none"> ○ A PEP Follow Up – Weekly (Code N18) must occur no more than 60 days after an initial medical visit (Code N05, N34 or N06). ○ No more than four PEP Follow Up – Weekly (Code N18) visits are payable after each PEP initial medical visit (N05, N34 or N06). |

III. Client-Level Data Submission and Payment

A. Policy on Data Entry

The DOHMH policy on data entry for funded contracts is that agencies should report all services provided under a contract even if the reported services are above the projected target for the contract period and/or even if the reported services are not payable because they exceed client-level limitations. It is important to report all services provided for the following reasons:

- During the course of the contract year, there may be a possibility that existing client-level limitation rules might be adjusted. Such changes could render previously non-allowable services payable.
- Both during and at the end of the contract year, there may be a possibility of an opportunity for enhancement of Maximum Reimbursable Amount (MRA) based on performance. Failure to report services provided over a contract's projected targets can make the contract less likely to be eligible for this type of enhancement.
- Decisions about subsequent years' contract MRAs are influenced by past and current contract performance. Over-performance can be the basis for a permanent increase to a contract MRA.

B. Submission of Client-Level Data

The standard due date for completing data entry is close of business on the 15th of the month following the service month. For example, the data extract containing April's data is due on May 15. If the 15th falls on a weekend or holiday, then the deadline is close of business on the next business day. However, during contract closeout, the due date may be different from the usual one.

C. The Payment Process

When the PHS payment system receives data representing payment point services, the contract manager reviews the data and the status of the contract. If all prerequisites are present, the contract manager approves the payment, enters the approval into PHS payment system, and forwards it to Public Health Solutions' fiscal department so that the funds can be disbursed. Factors that can prevent a payment from being approved include, among others, a non-executed contract or renewal, lapsed insurance, non-submission of required monthly reports or an audit report.

PHS will process payment for those services that meet a basic threshold of data correctness. However, services included in payment may subsequently be assessed as non-payable, as described in the section below on Data Review and Correction/Recoupment.

D. **The Master Itemization Report (MIR)**

The Master Itemization Report (MIR) provides an itemized listing, as well as a summary, of the services that have been recognized as payable. It compares the summary totals with the target projections. The MIR also presents information about services recognized for payment that have been reviewed and found to be problematic.

The MIR is a cumulative report of all data received from the contract. It therefore reflects both data entry and any subsequent deletion of data.

At any given moment, the number of services recognized on the MIR may not equal the number of services that have been processed for payment; some of the services shown on the MIR may have already been paid, while others may be in the queue awaiting payment.

PHS emails the MIR monthly to the person who is designated as Program Manager on the contract. PHS simultaneously sends the Senior Administrator and Fiscal Manager a separate email alerting them that the report has been sent to the Program Manager. In the interim between the regularly distributed monthly MIR reports, an agency may request that their contract manager provide a current MIR representing data received as of that moment.

The MIR has several sections:

- Section I [DATA INCLUDED] contains information about when the MIR was run and the most recent data that affected the service count.
- Section I-A [PHS INFORMATION SYSTEM ACCOUNTING DISCREPANCIES UNDER INVESTIGATION] notes any discrepancies that may arise within PHS' payment system during the aggregation of item-level data. This section is for PHS' internal purposes only. It is usually blank. Any discrepancies that do arise will be investigated and corrected by PHS as soon as possible.
- Section II [YEAR-TO-DATE TOTALS BY SERVICE] shows, for each service type, the year-to-date total count of services, and their value, recognized by the PHS payment system, and compares them to year-to-date projections.
- Section III [SUMMARY OF ISSUES NOTED] shows a count, description and calculated value of those items which have been recognized by Public Health Solutions' payment system but are in some way problematic and will require further attention. Some such items may need to be corrected, some may need to be attested, and some may be subject to recoupment during closeout.
- Section IV [MONTH TOTALS FOR SERVICES SUBMITTED AND RECOGNIZED] shows the monthly total counts of services, and their value, recognized by the PHS payment system, and compares them to monthly projections.
- Section V [ITEMS RECOGNIZED] shows the item-level data that informed PHS payment system. The client ID, date of service, service type and units of service are included. Items identified as problematic are shaded in color, and the nature of the problem is noted.
- Section VI [GROUP ATTENDEES RECOGNIZED] shows the individual attendees who participated in each recognized group service. It includes group services paid on a per-attendee basis and also those paid on a per-event basis. Attendee records identified as problematic are shaded in color, and the nature of the problem is noted.

E. **Researching Apparent Data Discrepancies**

At times, an agency may believe that it has submitted items for payment that have not been recognized by PHS. In such instances, the agency should:

1. Find specific examples of services that it believes should have been paid but do NOT appear on the MIR.
2. Verify that the examples have been properly entered in eSHARE. Please consult this Guide's sections on Payability Rules for that service type, with special attention to "Payment Processing" rules; these rules articulate the minimum threshold of data quality without which an item will not be processed for payment.
3. If the examples appear to be properly entered, send those examples via email to your PHS contract manager. The example must include date, service type and client ID (unless it is an anonymous group service).

Although eSHARE data is the basis of payment, the logic of payment resides in Public Health Solutions' information systems, not in eSHARE. Agencies are therefore requested to contact Public Health Solutions' contract managers (not the Department of Health and Mental Hygiene) about apparent payment discrepancies. If necessary, Public Health Solutions' staff will reroute questions to DOHMH staff responsible for eSHARE.

IV. **The Data Review and Correction/Recoupment Processes**

Some items that are processed for payment may turn out not to meet the criteria for payability. In some situations, the problem may be a data entry error that can be fixed so that the item will become payable. In other situations, the item cannot be made

payable, either because it does not represent work done, or because the work that was done does not meet programmatic rules for payability.

PHS has two ways of identifying problematic items. Some are identified automatically by software routines, while others are identified by contract managers during site visits. In both cases, the problematic items will be shaded in color on the MIR and the nature of the problem will be identified in the Issue Noted column.

A. Automatic Software-Based Review

Items submitted in the data extract are reviewed automatically when they are received by PHS. Items that are duplicates (or possible duplicates) may be marked, as are items that need certain data corrections or violate certain programmatic rules. The kinds of issues reviewed differ depending on the service category. *Each service category section below has a subsection on Payability Rules that contains information on “Rules Assessed Automatically That May Make Items Recoupable”.*

Note that the automatic review identifies both definite duplicates and possible duplicates.

- A *definite duplicate* means that there is more than one item of the same PHS service type for the same client on the same day, and that service type is such that no programmatic or clinical scenario could make it valid to provide more than one service. (Permanent Housing Placement would be an example.)
- A *possible duplicate* is a situation where there is more than one item of the same PHS service type for the same client on the same day, but it is programmatically possible that the second service is a valid separate service. (For example, some individual counseling service types could occur more than once on the same day.)

B. Site Visit Review by PHS Staff

PHS staff review reported items during site visits. The procedure is for the Contract Manager and/or Contract Coordinator to use a recent MIR to identify and select records for review. This list is sent to the agency prior to the site visit. During the site visit review, staff use a review tool to note any issues discovered with service tracking and documentation. At the exit interview, PHS staff discuss in detail the issues discovered and any necessary corrective actions.

The PHS staff then enters the issues discovered into the PHS payment system, attached to each specific item’s record. At that point, the problematic items will show up on the MIR with their issues noted. The contract manager will keep in contact with the agency about the issues found and the actions pending.

PHS staff may also, during site visits, review items that have been automatically marked on the MIR as requiring review (e.g. possible duplicates). If those services are found to be valid, PHS staff may then validate them in the PHS payment system so that they are shown as valid on the MIR.

Below is a list of the reasons for correction, recoupment or validation that may appear on the MIR as a result of site visit findings:

Correction/Recoupment/Validation Reasons Resulting From Site Visit Findings

| Reason Shown on MIR | Definition/Scope/Usage Notes |
|--|--|
| INVALID/REMOVE: No Documentation for Service Provided | No reference to service in paper or electronic progress notes, encounter forms, service log or sign-in sheet; OR there is documentation that may be meant to refer to the service submitted, but the documentation indicates a different date. (Note: For technical reasons, the date shown on the MIR for Linkage to Care services may be different from the date shown in agency documentation.) |
| INVALID/REMOVE: Duplicate Data Entry Error | Used when PHS needs to manually flag as definitely duplicate a record previously marked for review as possible duplicate (e.g. if PHS needs to override an agency’s attestation that a possible duplicate was a separate service); OR when an otherwise duplicate record has been entered on a different date, and therefore has not been marked automatically. |
| INVALID: Minimum Required Data Elements Missing or Inadequate | For all services reviewed for “verification” during a site visit, specific data elements must be documented to consider the reported service verified. These data elements typically include client ID, date of service, notation of service provided, etc. If any one of these elements has not been documented, the service is flagged as recoupable. |
| INVALID: Extended Required Data Elements Missing or Inadequate | A sample of records reviewed for verification are also selected for an extended review to verify that all required data elements are documented. For each service type, specific data elements have been identified as necessary for verification. If any one of those elements has not been documented, the service is flagged as recoupable. |
| INVALID: No Documentation HIV+ | No M11-Q, lab results, physician statement, etc. Applies to index clients. Applies to all services except Low Threshold (for which HIV- are permitted in first 90 days) and testing. |
| REMOVE & REENTER: Service Reported as Incorrect Service Type | Documentation indicates that a service provided was of a different type than entered. |
| MUST CORRECT BEGIN/END TIME TO AGREE WITH DOCUMENTATION | Documentation for a Direct Legal Advocacy service reviewed during site visit disagrees with begin/end time entered in eSHARE. Correction of times will result in recalculation of payment. |

| | |
|---|--|
| INVALID: Overdose Prevention Without Provision of Narcan | Documentation does not indicate that Narcan was provided or prescribed. |
| INVALID: Medical Outreach in SRO Requirements Not Met | Documentation does not indicate that at least 1.5 hours were spent and/or that at least one client was reached. |
| INVALID: Three Required Elements Not Collected/ Discussed | Documentation does not indicate that Care Coordination (PCP) included collection of elements regarding (a) appointment adherence; (b) most recent CD4 and VL; (c) HAART & prophylaxis adherence as applicable. OR documentation does not indicate that Treatment Adherence Counseling service included discussion of these elements. |
| INVALID: Reconstructed Documentation is Impermissible | Instances where documentation is known to have been deliberately created after the fact in order to meet contractual requirements. Includes claims found to be fraudulent. |
| INVALID: Payer of Last Resort Violation | For situations where there is affirmative documentation that the client had insurance, or the program had another funding source that was available to pay for the service. (Not applicable to most Prevention categories.) |
| INVALID: Double Billing | For services found to have been billed to other funding sources. (Applicable to both Ryan White and Prevention.) |
| INVALID: Lack of Required Provider Credential | For services found to have been performed by staff who did not possess the contractually required credential. |
| INVALID: Inadequate/ Inappropriate Service Per Service Definition | For situations where, e.g. a Mental Health service has no indication that mental health issues were discussed; a Harm Reduction rapid test with a positive result has no indication that a linkage to care was attempted. |
| VALID: Confirmed Separate | PHS staff have confirmed that a possible duplicate was, in fact, a separate service. |
| VALID: Times Verified | PHS staff have verified the times of a legal service. |
| VALID: Confirmed as Referral by Different Recruiter | PHS staff have verified that a second rapid test for the same client was the result of a second referral by a different recruiter. |
| INVALID: Deleted Client Records Still in System | PHS staff received information from a contractor and Data Link that for technical reasons, a record intended for deletion is still present in the data repository. |
| VALID/INVALID: Special Circumstance (See Note in Payment System) | Used for special circumstances |

C. Taking Action Regarding Problematic Items

Some kinds of problematic items require that the agency take a specific action. Often, the action to be taken is mentioned in the first words of the message shown on the MIR (e.g. "REVIEW Possible Duplicate").

The basic principles of correcting data problems are as follows:

1. If an item does not represent work done for a program-eligible client, it may be marked with a message containing the word REMOVE. If the information system being used will permit removal of the item, then the item should be removed. Examples include duplicate data entry errors and instances where there is no documentation that a service took place. Removal will automatically trigger a negative adjustment in the PHS payment system. If it is not possible to remove the item, then it will be recouped during closeout.
2. If an item represents work done for a program-eligible client but does not meet the requirements for payment, it will be marked with a message that begins with the word INVALID. Examples would include violations of frequency rules, or groups with fewer than three participants. These records should NOT be removed!
3. Some items do not meet the requirements for payment but might be made payable by correcting a data entry problem. Providers should consult with their contract manager if they need further information about the possibility of fixing these.
4. Some items identified during site visits as non-payable may become payable based on the provision of further information. Providers should consult with their contract manager if they think they may have a situation of this kind. In such instances, the contract manager may later note that an item's issues have been resolved; at that point, the item will no longer be marked as problematic on the MIR.
5. Some kinds of items may require that providers make an attestation, during closeout, about the service provided. If attestations are required, specific instructions will be provided during closeout.

D. Recoupment and Holding of Payments

PHS identifies problematic payment items on an ongoing basis. Recoupment for items that cannot be corrected is calculated during closeout and added as a negative adjustment to the last payment.

However, PHS may require contractors having a high volume of data entry problems to address those problems well in advance of closeout. For example, contractors who have duplicates may be required to delete them mid-year (thereby triggering a negative adjustment in PHS' payment system). If the volume of problems grows large and a contractor fails to implement required data entry work, PHS may hold payments, pending completion of the corrections.

Toward the end of the contract year, PHS assesses the monetary value of items that are unlikely to be correctible. If the value of those items grows large, PHS may hold payments during final contract months in anticipation of the pending recoupment.

V. Ryan White Performance-Based Service Categories

A. **Housing Placement Assistance [HPA, HPC]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|---|--|----------|------------------|
| Housing Placement | Permanent Housing Placement <i>Placement and maintenance in a permanent type of housing for at least 30 consecutive days.</i> | 047 | Individual Event |
| Non-Reimbursable Housing Placement Services | Short-Term Housing Placement <i>Placement and maintenance in a transitional or short-term type of housing for at least 30 consecutive days.</i> | 266 | Individual Event |
| | Intake and Assessment | 115 | Individual Event |
| | Client Advocacy | 281 | Individual Event |
| | Referral to Benefits and Services | 470 | Individual Event |
| | Apartment Inspection | P71 | Individual Event |

Payability Rules

| Permanent Housing Placement (047) | |
|---|---|
| Payment Processing | A placement must have lasted for at least 30 days in order to be processed for payment. A placement record which has an end date in the future will not be processed for payment. |
| Rules Assessed Automatically That May Make Items Recoupable | Only one placement per client is permitted during a contract year. |
| Other Rules and/or Data Reporting Required for Compliance with Contract | Programs must follow up on permanent placements on a monthly basis for at least one year post-placement. |

B. **Care Coordination [CCR]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|--|---|-----------------|---------------------------------|
| Assessment and Planning | Intake and Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| | Self-Management Assessment | N82 | Individual Event |
| Service Coordination – Core Services | Accompaniment | 030 | Individual Event |
| | Case Conference (without client) | N83 | Individual Event |
| | Case Conference (with client) | N84 | Individual Event |
| | Coordination with Service Providers | P29 | Individual Event |
| | Client Engagement | P55 | Individual Event |
| | Outreach for Client Re-engagement | P56 | Individual Event |
| | Linkage to Services | P69 | Individual Event |
| | Client Assistance | P85 | Individual Event |
| Health Education – Core Services | Individual Health Promotion | P22 | Individual Event |
| | Health Education – Group | Q20 | Group – PAID PER ATTENDEE - CAP |
| Immediate Antiretroviral (iART) Services | iART – Same Day | N73 | Individual Event |
| | iART – 1-4 Days | N74 | Individual Event |
| Modified Directly Observed Therapy – Core Services | Modified Directly Observed Therapy (mDOT) by Licensed Staff | N85 | Individual Event |
| | Modified Directly Observed Therapy (mDOT) by Navigator | N86 | Individual Event |
| Outreach | Case Finding | 545 | Anon Group – PAID AS EVENT |
| Staff Travel | Staff Travel | P83 | Individual Event |

Payability Rules

| See Common Rules Section for These Services | |
|--|---|
| Reassessment (076) | |
| Self-Management Assessment Questions (N82) | |
| Case Conference (with client) (N84) | |
| Service Plan Update (226) | |
| Payment Processing | The service site for all services must be a field site. Clarify field site as either “client home” or “other field site”. |

| Coordination with Service Providers (P29) | |
|--|--|
| Payment Processing | Must specify "case conference" as coordination activity. |

| Linkage to Services (P69) | |
|----------------------------------|---|
| Payment Processing | Must specify "verification" as coordination activity. |

C. Transitional Care Coordination [TCC]
Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|-----------------------------|--|-----------------|----------------------------|
| Case Finding & Verification | Targeted Case Finding | 545 | Anon Group - PAID AS EVENT |
| Care Coordination | Intake and Assessment | 115 | Individual Event |
| | Comprehensive Care Plan Development | 225 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Comprehensive Care Plan Update | 226 | Individual Event |
| | Coordination with Service Providers | P29 | Individual Event |
| | Accompaniment Services | 030 | Individual Event |
| Milestone Services | Linkage to Primary Care – Known Positive – Any Timeframe | P27 | Individual Event |
| | Linkage to Housing Services | P23 | Individual Event |
| | Health Promotion | P22 | Individual Event |
| | Transfer to Case Management | P45 | Individual Event |
| | Graduation | P24 | Individual Event |

Payability Rules

| See Common Rules Section for These Services | |
|--|--|
| Targeted Case Finding (545) | |
| Reassessment (076) | |
| Linkage to Primary Care (P27) | |
| Intake & Assessment (115) | |
| Comprehensive Care Plan Development (225) | |

| Reassessment (076) | |
|---|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only four Reassessment services are payable within a 365-day period. |

| Comprehensive Care Plan Update (226) | |
|---|---|
| Rules Assessed Automatically That May Make Items Recoupable | Only four Comprehensive Care Plan Reassessment and Update services are payable within a 365-day period. |

| Transfer to Case Management (P45) | |
|---|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only one Transfer to Case Management is payable for each client enrollment period. |

| Linkage to Primary Care (P27) | |
|---|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only one Linkage to Primary Care is payable for each client enrollment period. |

| Linkage to Housing Services (P23) | |
|---|--|
| Payment Processing | A linkage to housing services will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. |
| Rules Assessed Automatically That May Make Items Recoupable | Only one Linkage to Housing Services is payable for each client enrollment period. |

| Graduation (P24) | |
|-------------------------|---|
| Payment Processing | <p>Graduation will be credited when the client has been enrolled continuously (without disenrollment /reenrollment) for at least nine months and has received the following services:</p> <ul style="list-style-type: none"> • Linkage to Housing Services (P23) • Linkage to Primary Care (P27) <u>OR</u> a linkage via the work of another case management agency. The latter option must be indicated in eSHARE as a Coordination with Service Providers with details specifying Primary Care <u>and</u> Verification. • Transfer to Case Management Program (P45) • Health Promotion (P22) sessions on at least six different topics <p>Only one Graduation is payable for each client enrollment period.</p> |

D. **Food and Nutrition Services [FNS]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|---------------------------------|--|----------|------------------------------------|
| Assessment & Treatment Planning | Intake and Assessment | 115 | Individual Event |
| | Comprehensive Treatment Plan Development | 225 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Comprehensive Care Plan Update | 226 | Individual Event |
| Linkage to Care | Linkage to Care | P27 | Individual Event |
| Nutritional Services | Comprehensive Nutritional Assessment | 035 | Individual Event |
| | Nutritional Counseling w/o Supplements | P10 | Individual Event |
| | Nutritional Counseling w/Supplements | P09 | Individual Event |
| | Nutritional Education Group | 061 | Family/Group - PAID AS EVENT |
| Food Services | Congregate Meals | P46 | Group - PAID PER ATTENDEE - NO CAP |
| | Home-Delivered Meals | 046 | Individual Event |
| | Pantry Bags Distribution | 066 | Individual Event |
| | Supplemental Food Voucher - \$20 | P13 | Individual Event |
| | Emergency Food Voucher - \$40 | P14 | Individual Event |

Payability Rules

| See Common Rules Section for These Services | |
|--|--|
| Reassessment (076) | |
| Intake & Assessment (115) | |
| Comprehensive Care Plan Development (225) | |

| Comprehensive Care Plan Update (226) and Reassessment (076) | |
|--|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only three services of each of these types is payable per client within a twelve-month period. |

| Comprehensive Nutritional Assessment (035) | |
|---|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only one comprehensive nutritional assessment per client is payable within an enrollment period. |

| Individual Nutritional Counseling (P09 and P10) | |
|---|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only one nutritional counseling session per client within a seven-day period is payable. |

| Nutritional Education Group (061) | |
|--|---|
| Rules Assessed Automatically That May Make Items Recoupable | A nutritional education group is only payable if at least three participants attend. |
| Rules Assessed During Site Visits That May Make Items Recoupable | Only one nutritional education group per client within a seven-day period is payable. |

| Congregate Meals, Home-Delivered Meals and Pantry Bag Distribution (P46, 046, 066) | |
|---|---|
| Rules Assessed During Site Visits That May Make Items Recoupable | No more than twenty one meals of all three types together (congregate meals, home-delivered meals, pantry bag distribution) per index client are payable per week. An index client's dependent children are the only collaterals who are eligible to receive meals. |

E. **Supportive Counseling and Family Stabilization [SCG, SCI]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|--------------------------------|--|-----------------|---------------------------------|
| Assessment & Planning | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| Staff Travel | Travel – Higher Rate | P81 | Individual Event |
| | Travel – Lower Rate | P83 | Individual Event |
| Service Coordination | Accompaniment | 030 | Individual Event |
| | Accompaniment – With Translation | P82 | Individual Event |
| | Client Assistance | P85 | Individual Event |
| | Coordination with Service Providers | P29 | Individual Event |
| | Coordination with Service Providers – With Translation | P84 | Individual Event |
| | Outreach for Client Re-engagement | P56 | Individual Event |
| Supportive Counseling | Biomedical Counseling – Partners | P86 | Individual Event |
| | Family Counseling | 329 | Family/Group - PAID AS EVENT |
| | Group Counseling – Supportive | P91 | Group - PAID PER ATTENDEE - CAP |
| | Individual Counseling | 319 | Individual Event |
| | Pastoral Counseling | P80 | Individual Event |
| | Pastoral Counseling - Family | P75 | Family/Group - PAID AS EVENT |
| Evidence – Based Interventions | Seeking Safety – Individual | P61 | Individual Event |
| | Seeking Safety – Group | Q14 | Group - PAID PER ATTENDEE - CAP |

Payability Rules

| See Common Rules Section for These Services | |
|--|--|
| Reassessment (076) | |
| Outreach for Client Reengagement (P56) | |
| Intake & Assessment (115) | |
| Service Plan Development (225) | |
| Service Plan Update (226) | |
| Group Counseling – Supportive (P91) | |
| Seeking Safety – Individual (P61) | |
| Seeking Safety – Group (Q14) | |

| Accompaniment – With Translation (P82) and Coordination with Service Providers – With Translation (P84) | |
|--|--|
| Payment Processing | Translation must be provided for this service. |

| Group Counseling – Supportive (P91) | |
|--|---|
| Payment Processing | The payment unit is the attendee. A maximum of six attendees are payable per session. |

F. General Non-Medical Case Management [NMG]

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|-----------------------|--|-----------------|---------------------|
| Assessment & Planning | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| Service Coordination | Accompaniment | 030 | Individual Event |
| | Accompaniment – With Translation | P82 | Individual Event |
| | Client Assistance | P85 | Individual Event |
| | Coordination with Service Providers | P29 | Individual Event |
| | Coordination with Service Providers – With Translation | P84 | Individual Event |
| | Outreach for Client Re-engagement – Home | H01 | Individual Event |
| | Outreach for Client Re-engagement – Office | H02 | Individual Event |

Payability Rules

| See Common Rules Section for These Services | |
|--|--|
| Reassessment (076) | |
| Intake & Assessment (115) | |
| Service Plan Development (225) | |
| Service Plan Update (226) | |

| Accompaniment – With Translation (P82) and Coordination with Service Providers – With Translation (P84) | |
|--|--|
|--|--|

| | |
|--------------------|--|
| Payment Processing | Translation must be provided for this service. |
|--------------------|--|

| Outreach for Client Reengagement (H01 & H02) | |
|---|--|
| Payment Processing | An outreach for client reengagement is payable only within the 90 days following the most recent face-to-face service with the client. |

G. **Health Education and Risk Reduction [HER]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|-------------------------|-------------------------------|----------|------------------------------------|
| Case Finding | Targeted Case Finding | 545 | Anonymous Group - PAID AS EVENT |
| Assessment and Planning | Intake Assessment | 115 | Individual Event |
| | Outcome Evaluation - PreTest | Q03 | Individual Event |
| | Outcome Evaluation - PostTest | Q04 | Individual Event |
| | Outcome Evaluation - 90 Day | Q05 | Individual Event |
| Service Coordination | Referral and Assistance | P93 | Individual Event |
| Health Education | Alumni Series | Q06 | Group - PAID PER ATTENDEE - NO CAP |
| | Health Workshop | Q07 | Group - PAID PER ATTENDEE - NO CAP |

Payability Rules

| Alumni Series (Q06) | |
|----------------------------|---|
| Payment Processing | Only payable if it occurs on the same day or after an Outcome Evaluation – Post Test (Q04) for the same client. |

| Health Workshop (Q07) | |
|---|---|
| Rules Assessed Automatically That May Make Items Recoupable | The Health Workshop is recoupable if it occurs after an Outcome Evaluation – Post Test (Q04) for the same client. |

H. **Harm Reduction Services [HRM]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|------------------------------|---|-----------------|---------------------------------|
| Case Finding | Targeted Case Finding | 545 | Anonymous Group - PAID AS EVENT |
| Assessment and Planning | Intake Assessment | 115 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| AOD Services | Individual Counseling - AOD | 049 | Individual Event |
| | Group Counseling - AOD | P87 | Group - PAID PER ATTENDEE - CAP |
| | Family Counseling - AOD | 031 | Family/Group - PAID AS EVENT |
| | Auricular Acupuncture | 286 | Individual Event |
| | Overdose Prevention Training - Individual | 262 | Individual Event |
| | Overdose Prevention Training - Group | Q12 | Group - PAID PER ATTENDEE - CAP |
| | Overdose Prevention Training - Family | Q11 | Family/Group - PAID AS EVENT |
| Health Education | Biomedical Counseling - Partners | P86 | Individual Event |
| | One-on-One Health Promotion | P22 | Individual Event |
| | Health Education - Group | Q20 | Group - PAID PER ATTENDEE - CAP |
| Service Coordination | Accompaniment | 030 | Individual Event |
| | Client Engagement Activities | P55 | Individual Event |
| | Outreach for Client Reengagement | P56 | Individual Event |
| | Travel - Higher Rate | P81 | Individual Event |
| | Travel - Lower Rate | P83 | Individual Event |
| | Client Assistance | P85 | Individual Event |
| Medical Services | Buprenorphine Initial Visit | 276 | Individual Event |
| | Buprenorphine Routine Visit | 277 | Individual Event |
| Evidence-Based Interventions | Therapeutic Education System | Q16 | Individual Event |
| | Seeking Safety - Individual | P61 | Individual Event |
| | Seeking Safety - Group | Q14 | Group - PAID PER ATTENDEE - CAP |

Payability Rules

| See Common Rules Section for These Services | |
|---|---|
| Targeted Case Finding (545) | |
| Outreach for Client Reengagement (P56) | |
| Service Plan Update (226) | |
| Family Counseling - AOD (031) | |
| Overdose Prevention Training - Family (Q11) | |
| Overdose Prevention Training - Group (Q12) | |
| Group Counseling - AOD (P87) | |
| Reassessment (076) | |
| Seeking Safety - Individual (P61) | |
| Seeking Safety - Group (Q14) | |
| Group Counseling - AOD (P87) | |
| Payment Processing | The payment unit is the attendee. A maximum of six attendees are payable per session. |
| Auricular Acupuncture (286) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only 12 Acupuncture services authorized per month per client. |
| Overdose Prevention Training - Group (Q12) | |
| Payment Processing | The payment unit is the attendee. A maximum of six attendees are payable per session. |
| Therapeutic Education System (Q16) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only one Therapeutic Education per day per client. |
| Health Education - Group (Q20) | |
| Payment Processing | The payment unit is the attendee. A maximum of six attendees are payable per session. |

I. **Mental Health Services [MHV]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|------------------------------|---|-----------------|---------------------------------|
| Assessment & Planning | Mental Health Intake and Assessment | 058 | Anonymous Group - PAID AS EVENT |
| | Service Plan Development | 225 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| Mental Health Services | Individual Counseling - MH | 050 | Individual Event |
| | Group Counseling - MH | P88 | Group - PAID PER ATTENDEE - CAP |
| | Family Counseling - MH | 032 | Family/Group - PAID AS EVENT |
| | Psychiatric Evaluation | 073 | Individual Event |
| | Psychiatric Visits | 074 | Individual Event |
| | Travel - Higher Rate | P81 | Individual Event |
| | Travel - Lower Rate | P83 | Individual Event |
| Other Counseling Services | Individual Counseling - AOD | 049 | Individual Event |
| | Group Counseling - AOD | P87 | Group - PAID PER ATTENDEE - CAP |
| | Family Counseling - AOD | 031 | Family/Group - PAID AS EVENT |
| | Individual Counseling - Treatment Adherence | 239 | Individual Event |
| | Group Counseling - Treatment Adherence | P89 | Group - PAID PER ATTENDEE - CAP |
| | Family Counseling - Treatment Adherence | 237 | Family/Group - PAID AS EVENT |
| | Biomedical Counseling - Partners | P86 | Individual Event |
| | Wellness Individual | P57 | Individual Event |
| | Wellness Group | Q15 | Group - PAID PER ATTENDEE - CAP |
| | Client Assistance | P85 | Individual Event |
| | Accompaniment | 030 | Individual Event |
| | Outreach for Client Reengagement | P56 | Individual Event |
| | Client Engagement Activities | P55 | Individual Event |
| Evidence-Based Interventions | Seeking Safety - Individual | P61 | Individual Event |
| | Seeking Safety - Group | Q14 | Group - PAID PER ATTENDEE - CAP |

Payability Rules

| See Common Rules Section for These Services | |
|--|--|
| Outreach for Client Reengagement (P56) | |
| Service Plan Update (226) | |
| Mental Health Counseling - Group (P88) | |
| Treatment Adherence Counseling - Group (P89) | |
| Seeking Safety - Group (Q14) | |
| AOD Counseling - Group (P87) | |
| Reassessment (076) | |
| Seeking Safety - Individual (P61) | |

| AOD Counseling Services - Family (031), Individual (049), and Group (P87) | |
|--|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only ten services are payable per month. |

| Mental Health Counseling Services - Family (032), Individual (050), and Group (P88) | |
|--|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only ten services are payable per month. |

| Treatment Adherence Counseling Services - Family (237), Individual (239), Group (P89) | |
|--|--|
| Rules Assessed Automatically That May Make Items Recoupable | Only two services are payable per month. |

| Group Services - Treatment Adherence Counseling (P89), Mental Health Counseling (P88), and AOD Counseling (P87) | |
|--|---|
| Payment Processing | The payment unit is the attendee. A maximum of six attendees are payable per session. |

J. Legal Services [LSN/LST]

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|---------------------------------|--------------------------------|-----------------|-----------------------------|
| Planning and Assessment | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| Direct Legal Advocacy | Direct Legal Advocacy | 026 | Individual Event |
| Group Legal Services/ Workshops | Group Legal Services/Workshops | N79 | Anon Group - PAID PER EVENT |

Payability Rules

| Direct Legal Advocacy (026) | |
|---|---|
| Rules Assessed Automatically That May Make Items Recoupable | An attorney cannot bill for overlapping services with the same staff. |

VI. Tri-County Performance-Based Service Categories

A. Emergency Financial Services [EFS]

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|-------------------------|---------------------------------|-----------------|---------------------|
| Assessment and Planning | Intake Assessment | 115 | Individual Event |
| Fiscal Assistance | Emergency Assistance Payment | M56 | Individual Event |
| Navigation | Assistance with Social Services | P69 | Individual Event |

B. Tri-County Food and Nutrition Services [FBT]

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|--------------------------------------|--|-----------------|---------------------------------|
| Assessment and Planning | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| Linkage to Services | Linkage to Social Services | P69 | Individual Event |
| Nutritional Services - Core Services | Comprehensive Nutritional Assessment | 035 | Individual Event |
| | Nutritional Education Group | M49 | Group – PAID PER ATTENDEE - CAP |
| | Nutritional Counseling with Supplements | P09 | Individual Event |
| | Nutritional Counseling without Supplements | P10 | Individual Event |
| Food Services – Core Services | Home-Delivered Meal | 046 | Individual Event |
| | Pantry Bag Meal | 066 | Individual Event |
| | Supplemental Food Voucher - \$20 | P13 | Individual Event |
| | Full Food Voucher - \$40 | P14 | Individual Event |
| | Congregate Meal | P46 | Group – PAID PER ATTENDEE - CAP |

C. *Tri-County Housing/Short Term Services [HOT]*

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|-------------------------|--|-----------------|---------------------|
| Planning and Assessment | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Care/ Service Plan Development | 225 | Individual Event |
| | Care/ Service Plan Update | 226 | Individual Event |
| | Rental Assistance Eligibility Verification | P72 | Individual Event |
| Navigation | Apartment Inspection | P71 | Individual Event |
| Fiscal Assistance | Rental/Utility Assistance Payment | P73 | Individual Event |

D. *Tri-County Care Coordination Services [MCT]*

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|--|---|-----------------|---------------------------------|
| Assessment and Planning | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| | Self-Management Assessment | N82 | Individual Event |
| Service Coordination – Core Services | Accompaniment | 030 | Individual Event |
| | Linkage to Services | N43 | Individual Event |
| | Case Conference (without client) | N83 | Individual Event |
| | Case Conference (with client) | N84 | Individual Event |
| | Client Engagement | P55 | Individual Event |
| | Outreach for Client Re-engagement | P56 | Individual Event |
| | Client Assistance | P85 | Individual Event |
| Health Education – Core Services | Health Education (Individual) | 221 | Individual Event |
| | Health Education (Group) | Q20 | Group – PAID PER ATTENDEE - CAP |
| Modified Directly Observed Therapy – Core Services | Modified Directly Observed Therapy (mDOT) by Licensed Staff | N85 | Individual Event |
| | Modified Directly Observed Therapy (mDOT) by Navigator | N86 | Individual Event |
| Outreach | Case Finding | 545 | Anon Group – PAID AS EVENT |

| Service Family | PHS Service Type | PHS Code | Payment Type |
|----------------|------------------|----------|------------------|
| Staff Travel | Staff Travel | M50 | Individual Event |

Payability Rules

| See Common Rules Section for These Services |
|---|
| Reassessment (076) |
| Self-Management Assessment Questions (N82) |
| Case Conference (with client) (N84) |

| Linkage to Services (N43) |
|---|
| Payment Processing Must specify "verification" as coordination activity. |

E. *Tri-County Mental Health Services [MNT]*

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|---|---|---------------------------------|---------------------------------|
| Assessment and Planning | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Services Plan Update | 226 | Individual Event |
| Mental Health Services – Core Services | Mental Health Counseling – Family | 032 | Family/Group – PAID AS EVENT |
| | Mental Health Counseling – Individual | 050 | Individual Event |
| | Psychiatric Evaluation | 073 | Individual Event |
| | Psychiatric Visit | 074 | Individual Event |
| | Mental Health Counseling – Group | P88 | Group – PAID PER ATTENDEE – CAP |
| Other Counseling Services – Core Services | AOD Counseling – Family | 031 | Family/Group – PAID AS EVENT |
| | AOD Counseling – Individual | 049 | Individual Event |
| | Treatment Adherence Counseling – Family | 237 | Family/Group – PAID AS EVENT |
| | Treatment Adherence Counseling – Individual | 239 | Individual Event |
| | Wellness – Individual | P57 | Individual Event |
| | Biomedical Counseling – Partners | P86 | Individual Event |
| | AOD Counseling – Group | P87 | Group – PAID PER ATTENDEE – CAP |
| | Treatment Adherence Counseling – Group | P89 | Group – PAID PER ATTENDEE – CAP |
| Wellness - Group | Q15 | Group – PAID PER ATTENDEE – CAP | |
| Evidence-Based | Seeking Safety – Individual | P61 | Individual Event |

| Service Family | PHS Service Type | PHS Code | Payment Type |
|-------------------------------|---|-----------------|---------------------------------|
| Interventions – Core Services | Seeking Safety – Group | Q14 | Group – PAID PER ATTENDEE – CAP |
| Service Coordination | Accompaniment | 030 | Individual Event |
| | Care Coordination – Primary Care Provider | 247 | Individual Event |
| | Client Engagement | P55 | Individual Event |
| | Outreach for Client Re-engagement | P56 | Individual Event |
| | Client Assistance | P85 | Individual Event |
| Staff Travel | Staff Travel – High | P81 | Individual Event |
| | Staff Travel - Low | P83 | Individual Event |

F. *Tri-County Psychosocial Support Services [PST]*

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|---|-------------------------------------|-----------------|---------------------------------|
| Assessment and Planning | Intake Assessment | 115 | Individual Event |
| | Reassessment | 076 | Individual Event |
| | Service Plan Development | 225 | Individual Event |
| | Service Plan Update | 226 | Individual Event |
| Psychosocial Support Services – Core Services | Counseling – Individual | 319 | Individual Event |
| | Counseling – Family | 329 | Family/Group – PAID AS EVENT |
| | Pastoral Counseling – Individual | P80 | Individual Event |
| | Biomedical Counseling – Partners | P86 | Individual Event |
| | Counseling – Group | P91 | Group – PAID PER ATTENDEE - CAP |
| Service Coordination | Accompaniment | 030 | Individual Event |
| | Coordination with Service Providers | P29 | Individual Event |
| | Outreach for Client Re-engagement | P56 | Individual Event |
| | Client Assistance | P85 | Individual Event |
| Evidence-Based Interventions – Core Services | Seeking Safety – Individual | P61 | Individual Event |
| | Seeking Safety – Group | Q14 | Group – PAID PER ATTENDEE - CAP |
| Outreach | Case Finding | 545 | Anon Group – PAID AS EVENT |
| Staff Travel | Staff Travel | M50 | Individual Event |

Payability Rules

| Coordination with Services Providers (P29) | |
|---|---|
| Payment Processing | The service site for all services must be a field site. Clarify field site as either “client home” or “other field site”. |

VII. Prevention Performance-Based Service Categories

A. *Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City Services [CON]*

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|-----------------------|---|-----------------|----------------------------|
| Condoms | Recruitment of Non-Traditional Condom Distribution Site | C19 | Individual Event |
| | Condom Distribution – Non-Traditional Site | C20 | Individual Event |
| | Condom Distribution – Hourly | C21 | Anon Group – PAID AS EVENT |

| All Services | |
|---------------------|---|
| Payment Processing | Services must occur at sites within approved zip codes. |

| Recruitment – Non-Traditional Site (C19) | |
|---|---|
| Rules Assessed Automatically That May Make Items Recoupable | Only one Recruitment service per site in a contract term. |

| Distribution – Non-Traditional Site (C20) | |
|---|---|
| Payment Processing | <p>(1) Effective July 1st 2019 at least 250 male condoms must be distributed to be successful. Effective January 1st 2020, at least 250 male condoms AND 25 internal condoms must be distributed to be successful.</p> <p>(2) Only one (1) Distribution Service per site per month.</p> <p>(3) A Distribution Service will not be processed for payment if a previous <i>Recruitment Service</i> already exists for the same site of the same month.</p> <p>(4) A contract is allowed up to 160 unique sites per month.</p> |
| Rules Assessed Automatically That May Make Items Recoupable | <p>(1) Up to two (2) unsuccessful Distribution Services will be paid per venue within 365 days.</p> <p>(2) If multiple distribution services made in one month, only one can be paid (either 1st unsuccessful or 1st successful).</p> |

| Distribution Targeted Outreach (C21) | |
|---|---|
| Payment Processing | <p>(1) A service must last between one and five hours.</p> <p>(2) A service must have a minimum of 20 people contacted.</p> |

B. **IDU Harm Reduction Services [HRS]**

Service Families and Service Types

| Service Family | PHS Service Type | PHS Code | Payment Type |
|----------------------|-------------------------------------|----------|--------------------------------|
| Service Coordination | Intake Assessment | 115 | Individual Event |
| | Referral | 470 | Individual Event |
| | Targeted Case Finding | 545 | Anon Group - PAID AS EVENT |
| Health Education | Individual Health Promotion | P22 | Individual Event |
| | Health Promotion - Group | P58 | Family/Group - PAID AS EVENT |
| Hepatitis Care | Hepatitis Care Coordination | H04 | Individual Event |
| | Hepatitis Treatment Counseling | H05 | Individual Event |
| Health Care | Health Care Complementary Services | H06 | Individual Event |
| | Health Care Coordination | H07 | Individual Event |
| | Health Care Encounter | H08 | Individual Event |
| Medical Services | Infectious Disease Testing - Agency | H10 | Individual Event |
| | Infectious Disease Testing - Field | H11 | Individual Event |
| | Vaccinations | N15 | Individual Event |
| | Medication Assisted Treatment | 276 | Individual Event |
| | Naloxone Dispensing | 258 | Individual Event |
| Syringe Exchange | Syringe Exchange | H12 | Anon Group - PAID PER ATTENDEE |
| | Syringe Exchange - Peer Delivered | H13 | Anon Group - PAID PER ATTENDEE |

Payability Rules

| Hepatitis Care Coordination (H04), Health Care Coordination (H07), Health Care Encounter (H08), & Individual Health Promotion (P22) | |
|--|---|
| Payment Processing | For services entered through the anonymous forms, the total number of contacts must be equal to one. |
| Infectious Disease Testing - Agency (H10) & Syringe Exchange (H12) | |
| Payment Processing | The service site for all services must be an agency site. |
| Infectious Disease Testing – Field (H11) | |
| Payment Processing | The service site for all services must be a field site. Clarify field site as either “client home” or “other field site”. |
| Syringe Exchange - Peer Delivered (H13) | |
| Payment Processing | The service site for all services must be “other field site”. |
| Health Promotion - Group (P58) | |
| Payment Processing | The total number of contacts must be greater than or equal to three. |
| Referral (470) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only one service linkage of each type per client per day. |

VIII. Service Categories that Offer or Link to PEP and/or PrEP or that offer incentives for suppressed viral load [ADL, BCP, BTP, EBP, LTP, OCP, PCC, PCE, SBH, SNC, UND, NCT, TPT]

***Please see Common Rules Section for services under these categories**

| | |
|------------|--|
| SBH | Sexual and Behavioral Health for Priority Populations |
| LTP | Leveraging HIV Testing for Linkage to Prevention: HIV Testing Programs |
| OCP | Outreach and Education for Combination Prevention: Community Based Organizations |
| EBP | Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings |
| ADL | PrEP for Adolescents |
| PCE | PEP Centers of Excellence |
| PCC | PEP Center of Excellence - On Call Clinical Services |
| BTP | HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn |
| BCP | Outreach and Status Neutral Prevention and Care Navigation in Brooklyn |
| SNC | Status Neutral - Care Coordination |
| UND | Undetectables Viral Load Suppression Program |
| NCT | Status Neutral Linkage and Navigation in Clinical Settings |
| TPT | Targeted HIV Testing Among Priority Populations |

****The different categories in this section do not necessarily place the same service types under the same service families. This section therefore organizes service types into general substantive groupings instead of service families.***

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| Service Group | PHS Service Type | PHS Code | Payment Type | SBH | LTP | OCP | EBP | ADL | PCE | PCC | BTP | BCP | SNC | UND | NCT | TPT | |
|--|---|------------------|----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Outreach Services | Targeted Outreach | 545 | Anon Group - PAID AS EVENT | | | ✓ | | ✓ | | | ✓ | ✓ | | | | ✓ | |
| | H-PLUS Screen | N21 | Anon Group - PAID AS EVENT | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | | ✓ | |
| | Brief Intervention | N22 | Anon Group - PAID AS EVENT | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | | ✓ | |
| Assessment & Education Services | Intake Assessment | 115 | Individual Event | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | Short Intake Assessment | N71 | Individual Event | | | | | | | | | | | | ✓ | | |
| | Reassessment | 076 | Individual Event | ✓ | | | ✓ | ✓ | | | | | | ✓ | ✓ | | |
| | Service Plan Development | 225 | Individual Event | | | | | | | | | | ✓ | | ✓ | | |
| | Service Plan Update | 226 | Individual Event | | | | | | | | | | ✓ | | | | |
| | Health Education | N92 | Individual Event | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| | Mental Health/Substance Use Screening, Brief Intervention & Referral to Treatment | P96 | Individual Event | ✓ | | | | | | | | | | | | | |
| Behavioral Health Services | Counseling - Substance Use Individual | 049 | Individual Event | ✓ | | | | | | | | | | | | | |
| | Counseling - Mental Health Individual | 050 | Individual Event | ✓ | | | | | | | | | | | | | |
| Testing Services | Health Education/Promotion | P22 | Individual Event | | | | | | | | | | ✓ | | | | |
| | HIV Test | 218 | Individual Event | ✓ | | | | | | | | | | | ✓ | ✓ | |
| | HIV Rapid Test Third Party Payer | M60 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | | |
| | Confirmatory Test | 333 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | ✓ | | | | ✓ | ✓ | |
| | HIV Confirmatory Test Third Party Payer | M59 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | | |
| | STI Testing - Syphilis | M06 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | ✓ | | | | ✓ | | |
| | STI Testing – Syphilis Third Party Payer | M61 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | | |
| | STI Testing - Gonorrhea / Chlamydia | M62 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | ✓ | | | | ✓ | | |
| | STI Testing - Gonorrhea / Chlamydia - Third Party Payer | M63 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | | |
| | Hepatitis B and C Screenings | P67 | Individual Event | ✓ | | | | | | | | | | | | | |
| | Hepatitis C RNA Testing | P99 | Individual Event | ✓ | | | | | | | | | | | | | |
| | Lab-based 4th Generation HIV Testing | N52 | Individual Event | | | | | | | | | ✓ | | | | | |
| Point of Care 4th Generation HIV Testing | N53 | Individual Event | | | | | | | | | ✓ | | | | | | |

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| | PHS Service Type | PHS Code | Payment Type | SBH | LTP | OCP | EBP | ADL | PCE | PCC | BTP | BCP | SNC | UND | NCT | TPT |
|------------------------|---|----------|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Other Medical Services | STI Treatment Syphilis | P98 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | STI Treatment Syphilis Third Party Payer | N24 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | STI Treatment Gonorrhea/Chlamydia | P97 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | STI Treatment Gonorrhea/Chlamydia - Third Party Payer | N25 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | Vaccination | N15 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | Vaccination - Third Party Payer | N26 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| PrEP Medical Services | PrEP Eligibility Assessment | N23 | Individual Event | | | | | | ✓ | | | | | | | |
| | PrEP Initial Medical Visit | N09 | Individual Event | ✓ | | | ✓ | ✓ | | | | | | | ✓ | |
| | PrEP Initial Medical Visit - Third Party Payer | N27 | Individual Event | | | | ✓ | ✓ | | | | | | | ✓ | |
| | PrEP Follow-up – Medical | N12 | Individual Event | ✓ | | | ✓ | ✓ | | | | | | | ✓ | |
| | PrEP Follow-up – Medical - Third Party Payer | N30 | Individual Event | | | | ✓ | ✓ | | | | | | | ✓ | |
| PEP Medical Services | PEP Eligibility Assessment | N01 | Individual Event | | | | | | | ✓ | | | | | | |
| | PEP Initial Medical Visit | N05 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | PEP Initial Medical Visit - Third Party Payer | N34 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | PEP Emergency Prescription (Medical) | N36 | Individual Event | | | | | | | ✓ | | | | | | |
| | PEP Starter Pack Distribution | N37 | Individual Event | | | | | | | ✓ | | | | | | |
| | PEP Follow-up Medical Visit | N89 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| | PEP Follow-up Medical Visit - Third Party Payer | N90 | Individual Event | | | | ✓ | ✓ | ✓ | | | | | | | |

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| | PHS Service Type | PHS Code | Payment Type | SBH | LTP | OCP | EBP | ADL | PCE | PCC | BTP | BCP | SNC | UND | NCT | TPT |
|----------------------------|---|-------------|------------------|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Linkage & Support Services | Benefits Navigation | 470 | Individual Event | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| | Linkage to STI Treatment | N56 | Individual Event | | | | | | | | ✓ | | | | | |
| | Assistance to Social Services | P69 | Individual Event | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ |
| | Linkage to Services | N43 | Individual Event | | | | | | | | | | | ✓ | | |
| | Linkage to PrEP Provider | N31 | Individual Event | | ✓ | ✓ | | | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| | Linkage to PEP Provider | N42 | Individual Event | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | Appointment Support | N44 | Individual Event | | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| | Appointment Support with Transportation | N45 | Individual Event | | ✓ | ✓ | | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| | Follow-up Communication | N46 | Individual Event | | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | | | ✓ |
| | Linkage to Care within 14 days | N54 | Individual Event | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ |
| | Linkage to Care between 15 and 30 days | N55 | Individual Event | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ |
| | Linkage to Care between 31 and 365 days | N57 | Individual Event | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ |
| | Linkage to iART – Same day | N77 | Individual Event | | | | | | | | | | | | | ✓ |
| | Linkage to iART – 1-4 days | N78 | Individual Event | | | | | | | | | | | | | ✓ |
| | iART Services | PEP Support | N91 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | | | | | | ✓ |
| PrEP Support | | N95 | Individual Event | ✓ | | | ✓ | ✓ | | | | | | | ✓ | |
| Medication Services | iART - Same day | N73 | Individual Event | ✓ | | | ✓ | ✓ | | ✓ | | | | | ✓ | |
| | iART - 1-4 days | N74 | Individual Event | ✓ | | | ✓ | ✓ | | ✓ | | | | | ✓ | |
| Medication Services | PrEP Starter Pack/PrEP Medication | N29 | Individual Event | ✓ | | | ✓ | ✓ | | | | | | | ✓ | |
| | PEP Starter Pack/PEP Medication | N20 | Individual Event | ✓ | | | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | |

Payability Rules for Sexual and Behavioral Health Contracts [SBH]

| | |
|--|--|
| See Common Rules Section for These Services | |
| Rapid Tests (218) | |
| Confirmatory Test (333) | |
| STI Gonorrhea/Chlamydia Treatment (P97) and STI Syphilis Treatment (P98) | |
| PrEP Initial Medical Visit (N09) | |
| Vaccination (N15) | |
| PEP Initial Medical Visit (N05) | |
| Linkage to Social Services (P69) | |
| Mental Health/Substance Use Screening, Brief Intervention & Referral to Treatment (P96) | |
| Payment Processing | In order to be processed for payment, the record must show that all four screenings (PHQ9, GAD, DAST and AUDIT) have been completed. The record must also show that the client either received or refused the brief intervention for mental health or substance use. |
| Hepatitis B and C Screenings (P67) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only one hepatitis screening is payable per client per contract year. |
| Hepatitis C RNA Testing (P99) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only one Hepatitis C RNA Testing is payable per client per contract year. |
| Mental Health/Substance Use Referral (P70) | |
| Rules Assessed Automatically That May Make Items Recoupable | Each referral type (e.g. to Legal Services, to Health Insurance, to Mental Health Services) is only payable once per client. |
| Counseling - Substance Use Group (049) & Counseling - Mental Health Individual (050) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only ten individual counseling – AOD services per contract year per client are payable. Only ten individual counseling – MH services per contract year per client are payable. |
| Rapid Tests (218) | |
| Payment Processing | A test will not be processed for payment if there is a PEP initial medical visit (N05) or a PEP Follow-up medical visit (N07 or N08) on the same date; or a PrEP initial medical visit (N09) or PrEP Follow-up medical visit (N12) within the seven days on or following the HIV test. |

Payability Rules for HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn [BTP]

| | |
|--|--|
| See Common Rules Section for These Services | |
| Intake and Assessment (115) | |
| Confirmatory Test (333) | |
| Case Finding (545) | |
| Appointment Support with Transportation (N45) | |
| Linkage to Social Services (P69) | |

| | |
|--|--|
| Lab-based 4th generation HIV Test (N52) | |
| Payment Processing | A test record that has no test result will not be processed for payment. The test must be one of the acceptable test types in order to be processed for payment. |

| | |
|--|--|
| Point of Care 4th generation HIV Test (N53) | |
| Payment Processing | A test record that has no test result will not be processed for payment. The test must be the acceptable test type in order to be processed for payment. |

| | |
|--|--|
| Linkage to Care - Immediate (N54) | |
| Payment Processing | A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. The linkage to care must happen within 14 days of the HIV screening test. |

| | |
|--|--|
| Linkage to Care - Expedient (N55) | |
| Payment Processing | A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. The linkage to care must happen between 15 and 30 days of the HIV screening test. |

| | |
|--|---|
| Linkage to Care between 31 and 365 days (N57) | |
| Payment Processing | A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. The linkage to care must happen between 31 and 365 days of the HIV screening test. |

Payability Rules for Status Neutral – Care Coordination [SNC]

| | |
|--|--|
| See Common Rules Section for These Services | |
| Service Plan Development (225) | |
| Appointment Support with Transportation (N45) | |

| | |
|---|--|
| Linkage to PrEP Provider (N31) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only three Linkage to PrEP Provider services are payable per client per contract year. |

| | |
|---|--|
| Service Plan Update (226) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only one Service Plan Update per six months. |

Payability Rules for Undetectables Viral Load Suppression Program [UND]

| | |
|---|--|
| Provision of Financial Incentive (Q17) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only four Provision of Financial Incentive services are payable in 365 Days. |

Payability Rules for Status Neutral Linkage and Navigation in Clinical Settings [NCT]

| | |
|---|--|
| Payment Processing: There must be a previous intake record in the same enrollment period in order to be payable. | |
| Reassessment (076) | |
| HIV Testing (218) | |
| Confirmatory Test (333) | |
| STI Testing – Gonorrhea/Chlamydia (M62) & STI Testing – Gonorrhea/Chlamydia Third Party Payer (M63) | |
| STI Testing – Syphilis (M06) & STI Testing – Syphilis Third Party Payer (M61) | |
| STI Treatment Syphilis (P98) & STI Treatment Syphilis Third Party Payer (N24) | |
| STI Treatment Gonorrhea/Chlamydia (P97) & STI Treatment Gonorrhea/Chlamydia Third Party Payer (N25) | |
| iART – Same day (N73) | |
| iART – 1-4 days (N74) | |
| iART Care Plan Development (225) | |
| Linkage to Care - 0-14 days (N54) | |
| Linkage to Care - 15-30 days (N55) | |
| Linkage to Care - 31-365 days (N67) | |
| Appointment Support (N44) | |
| Appointment Support with Transportation (N45) | |
| Linkage to Services (P69) | |
| Benefits Navigation (470) | |
| Linkage to PrEP Provider (N31) | |
| Linkage to PEP Provider (N42) | |
| PrEP Initial Medical Visit (N09) & PrEP Initial Medical Visit Third Party Payer (N27) | |
| PrEP Follow-up (Medical) (N12) & PrEP Follow-up – Medical Third Party Payer (N30) | |
| PEP Initial Medical Visit (N05) & PEP Initial Medical Visit Third Party Payer (N34) | |
| PEP Follow-up Visit (N89) & PEP Follow-up Medical Visit Third Party Payer (N90) | |
| PrEP Starter Pack/ PrEP Medication (N29) | |
| PEP Starter Pack/ PEP Medication (N20) | |
| Health Education (N92) | |

| | |
|--|---|
| iART – Same day (N73) & iART – 1-4 days (N74) | |
| Payment Processing | iART services are distinguished based on a clock that starts with enrollment date and ends with the service date. |

| | |
|---|--|
| Short Intake Assessment (N71) | |
| Rules Assessed Automatically That May Make Items Recoupable | Only one Short Intake Assessment per client per enrollment is payable. |

Payability Rules for Targeted HIV Testing Among Priority Populations [TPT]

| | |
|---|--|
| Payment Processing: Payment Processing: There must be a previous intake record in the same enrollment period in order to be payable. | |
| HIV Testing (218) | |
| Confirmatory Test (333) | |
| H-PLUS Screen (N21) | |
| Brief Intervention (N22) | |
| Linkage to PrEP Provider (N31) | |
| Linkage to PEP Provider (N42) | |
| Linkage to iART – Same day (N77) | |
| Linkage to iART – 1-4 days (N78) | |
| Linkage to Care – 0-14 days (N54) | |
| Linkage to Care – 15-30 days (N55) | |
| Linkage to Care – 31-365 days (N57) | |
| Appointment Support (N44) | |
| Appointment Support with Transportation (N45) | |
| Benefits Navigation (470) | |
| Linkage to Services (P69) | |

| | |
|--|--|
| Linkage to iART – Same day (N77) & Linkage to iART – 1-4 days (N78) | |
| Payment Processing | Linkage to iART services are distinguished based on a clock that starts with the date the HIV screening test result (with a reactive result) was delivered to the client. If the HIV screening test does not exist, the enrollment date is used as a start date instead. |

IX. Common Rules

A. Outreach, Intake, and Service Planning

| Case Finding (545) | | |
|--|---|---|
| TCC HRM OCP ADL BTP BCP TPT | Payment Processing | Only events which made at least ten contacts or at least three engagements will be processed for payment. |
| HRS | Payment Processing | Must have ten people contacted. |
| HRM OCP ADL BTP BCP TPT | Payment Processing | The event must last at least two hours. |
| Intake and Assessment (115) | | |
| FNS TCC | Rules Assessed Automatically That May Make Items Recoupable | Only one Intake & Assessment service is payable for each client enrollment period. |
| NMG SCG, SCI CCR | Rules Assessed Automatically That May Make Items Recoupable | Assessment-related services (the original Intake Assessment and subsequent Reassessments) are payable only four times within a 365-day period. |
| Service Plan Development (225) | | |
| FNS TCC SNC | Rules Assessed Automatically That May Make Items Recoupable | Only one Assessment and Comprehensive Care Plan Development is payable for each client enrollment period. |
| NMG SCG, SCI CCR | Rules Assessed Automatically That May Make Items Recoupable | Service Plan-related services (the original Service Plan Development and subsequent Service Plan Updates) are payable only four times within a 365-day period. |
| Reassessment (076) | | |
| FNS HRM MHV NMG SCG, SCI TCC CCR | Payment Processing | A reassessment service (Code 076), which is based on the eSHARE service type detail 'Reassessment (clinical, psychosocial, general health/well-being, housing, enrollments, etc.)', will not be recognized unless both an Individual Services Delivered form and a Reassessment form have been entered in eSHARE, with the service date on the former having the same date as the Date of Reassessment on the latter. |
| Service Plan Update (226) | | |
| HRM MHV NMG SCG, SCI CCR | Rules Assessed Automatically That May Make Items Recoupable | Service Plan Updates are payable only four times within a 365-day period. |

B. HIV Testing and Linkage to Care

| HIV Pre-test Counseling and Rapid Testing (218) & HIV Testing Third Party Payer (M60) | | |
|--|---|---|
| SBH ADL EBP PCE BCP BTP NCT TPT | Payment Processing | A test record that has no test result will not be processed for payment. |
| | Rules Assessed Automatically That May Make Items Recoupable | <p>(1) In the case of two screening tests under the same form ID with the same test type for the same client on the same day, with one having a reactive result and one having a non-reactive result, neither will be payable.</p> <p>(2) In the case of two Point of Care screening tests under the same form ID with reactive results for the same client on the same day, only one is payable unless they use two different Point of Care test types.</p> <p>(3) In the case of two screening tests with non-reactive results for the same client on the same day, only one is payable, unless one is a Point of Care test while the other is lab-based. For both to be payable, both screening tests must be entered under the same eSHARE Form ID.</p> <p>(4) In the case of two screening tests for the same client on the same day with different Form IDs, only one test will be payable.</p> |
| SBH ADL EBP PCE BCP BTP NCT TPT | Rules Assessed Automatically That May Make Items Recoupable | Any test that is reported for the same client on the same day in more than one of an agency's contracts will have both records (under both contracts) marked for recoupment. It is the responsibility of the agency to review marked records, determine which contract actually provided the test, and correct the reporting. |
| SBH ADL EBP PCE BCP BTP NCT TPT | Rules Assessed Automatically That May Make Items Recoupable | Each client may be tested up to four times per contract year. For SBH, bundled tests do not count towards to payment cap. |

| HIV Positive Confirmatory Test, Results Provided (333) & Confirmatory Test Third Party Payer (M59) | | |
|---|---|--|
| SBH BTP EBP ADL PCE NCT TPT | Payment Processing | A confirmatory test that does not have an earlier HIV screening test entered in eSHARE under the same Form ID will not be processed for payment. |
| | Rules Assessed Automatically That May Make Items Recoupable | <p>A confirmatory test is only payable if an earlier HIV antibody test was reactive OR if the confirmatory test uses NAAT/RNA technology.</p> <p>Only one confirmatory test per client is payable, with the exception of situations where a second test is necessary because the first test was (a) indeterminate; (b) negative and an OraSure HIV-1 western blot; or (c) invalid.</p> <p>A confirmatory test is not payable if it is performed using rapid test technology.</p> |

| Linkage to Care within 14 days (N54), Linkage to Care between 15 and 30 days (N55), & Linkage to Care between 31 and 365 days (N57) | | |
|--|--------------------|--|
| SBH ADL EBP PCE BCP BTP OCP NCT TPT | Payment Processing | A linkage to care for a client identified by testing must have an earlier HIV Screening test with a date of test results received. The timeframe for a linkage to care for a client who was known positive will be based on the enrollment date. |

| Payment Processing: A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. | | | | | |
|---|-----|-----|----------|--------------------|----------|
| | SBH | TCC | BTP, BCP | ADL, EBP, PCE, OCP | NCT, TPT |
| Linkage to Care for Known Positive - Any Timeframe (P27) | | ✓ | | | |
| Linkage to Care within 14 days (N54) | ✓ | | ✓ | ✓ | ✓ |
| Linkage to Care between 15 and 30 days (N55) | ✓ | | ✓ | ✓ | ✓ |
| Linkage to Care between 31 and 365 days (N57) | ✓ | | ✓ | ✓ | ✓ |

| Linkage to Care within 14 days (N54), Linkage to Care between 15 and 30 days (N55), & Linkage to Care between 31 and 365 days (N57) | | |
|--|---|--|
| SBH BTP BCP ADL EBP PCE NCT TPT | Payment Processing | Linkage to care services are distinguished based on a clock that starts with the date the HIV screening test (with a reactive result) was delivered to the client. If the client is a known positive, the enrollment date is used as a start date instead. |
| | Rules Assessed Automatically That May Make Items Recoupable | A second linkage to care for the same client is not payable. |

C. Family and Group Services

| Recoupment Rules: Family Services that are only payable if they have at least two participants. | | | |
|--|-----|-----|----------|
| | HRM | MHV | SCG, SCI |
| AOD Counseling - Family (031) | ✓ | ✓ | |
| Mental Health Counseling - Family (032) | | ✓ | |
| Treatment Adherence Counseling - Family (237) | | ✓ | |
| Overdose Prevention Training - Family (Q11) | ✓ | | |
| Family Counseling – Office (329) | | | ✓ |

| Recoupment Rules: Group Services are only payable if they have at least three participants, including both those paid by Ryan White and those paid by other funding sources. In the situation of only one or two participants arriving for a scheduled group service, a service provider may provide each client with a separate individual counseling session. Providing a joint service to two participants and reporting it as two individual services is not permitted. | | | |
|--|-----|-----|----------|
| | HRM | MHV | SCG, SCI |
| AOD Counseling - Group (P87) | ✓ | ✓ | |
| Mental Health Counseling - Group (P88) | | ✓ | |
| Treatment Adherence Counseling - Group (P89) | | ✓ | |
| Group Counseling – Supportive (P91) | | | ✓ |
| Overdose Prevention Training - Group (Q12) | ✓ | | |
| Seeking Safety - Group (Q14) | ✓ | ✓ | ✓ |

| Seeking Safety – Group (Q14) | | |
|-------------------------------------|---|---|
| HRM MHV SCG, SCI | Payment Processing | The payment unit is the attendee. A maximum of six attendees are payable per session. |
| | Rules Assessed Automatically That May Make Items Recoupable | Only one Seeking Safety - Group per day per client. |

D. PrEP, PEP and Primary Behavioral and Sexual Health Services

| Payment Processing: Client must be insured at the time of service. | | | | |
|---|------------|------------|------------|------------|
| | EBP | ADL | PCE | NCT |
| HIV Testing - Third Party Payer (M60) | ✓ | ✓ | ✓ | ✓ |
| HIV Confirmatory Test - Third Party Payer (M59) | ✓ | ✓ | ✓ | ✓ |
| STI Testing - Syphilis - Third Party Payer (M61) | ✓ | ✓ | ✓ | ✓ |
| STI Testing - Gonorrhea/Chlamydia - Third Party Payer (M63) | ✓ | ✓ | ✓ | ✓ |
| STI Treatment Syphilis - Third Party Payer (N24) | ✓ | ✓ | ✓ | ✓ |
| STI Treatment Gonorrhea/Chlamydia - Third Party Payer (N25) | ✓ | ✓ | ✓ | ✓ |
| Vaccination - Third Party Payer (N26) | ✓ | ✓ | ✓ | ✓ |
| PrEP Initial Medical Visit - Third Party Payer (N27) | ✓ | ✓ | | ✓ |
| PrEP Follow Up Medical - Third Party Payer (N30) | ✓ | ✓ | | ✓ |
| PEP Initial Medical Visit - Third Party Payer (N34) | ✓ | ✓ | ✓ | ✓ |
| PEP Follow Up Medical Visit – Third Party Payer (N90) | ✓ | ✓ | ✓ | ✓ |

| STI Testing - Syphilis (M06) & STI Testing - Syphilis Third Party (M61) | | |
|--|---|--|
| SBH BTP ADL EBP PCE NCT | Rules Assessed Automatically That May Make Items Recoupable | Only four services are payable per client per contract year. |

| STI Testing - Gonorrhea/Chlamydia (M62) & STI Testing - Gonorrhea/Chlamydia Third Party (M63) | | |
|--|---|---|
| SBH BTP ADL EBP PCE NCT | Payment Processing | A unit of payment is counted for each anatomical site tested. |
| | Rules Assessed Automatically That May Make Items Recoupable | Only four services are payable per client per contract year. |

| STI Treatment Gonorrhea/Chlamydia (P97) & STI Treatment Gonorrhea/Chlamydia Third Party Payer (N25) | | |
|--|--------------------|---|
| SBH EBP ADL PCE | Payment Processing | An STI treatment record will not be processed for payment unless it indicates that treatment was initiated for the appropriate STD. |

| STI Treatment Syphilis (P98) & STI Treatment Syphilis Third Party Payer (N24) | | |
|--|--------------------|---|
| SBH EBP ADL PCE | Payment Processing | An STI treatment record will not be processed for payment unless it indicates that treatment was initiated for the appropriate STD. |

| Vaccination (N15) & Vaccination Third Party Payer (N26) | | |
|--|---|--|
| SBH EBP ADL PCE NCT | Rules Assessed Automatically That May Make Items Recoupable | A vaccination service for Hepatitis A (Alone), or for Hepatitis B (Alone), is not payable if the client also has a TwinRix vaccination on the same date. |

| Linkage to Social Services (P69) | | |
|--|---|---|
| SBH LTP OCP EBP ADL PCE BTP BCP NCT TPT | Payment Processing | The Linkage to Social Services (P69) is only payable if its disposition is one of the following three: Completed, Refused or cancelled by agency staff, Client showed but appointment not completed, not rescheduled. |
| | Rules Assessed Automatically That May Make Items Recoupable | Each referral type (e.g. to Legal Services, to Health Insurance, to Mental Health Services) is only payable once per client. Only four Linkage to services (P69) are payable per client per contract year. |

| PEP Starter Pack/PEP Medication (N20) and PrEP Starter Pack/PrEP Medication (N29) | | |
|--|--------------------|--|
| SBH ADL EBP PCC PCE NCT | Payment Processing | Payment units are based on the number of days provided in the starter pack or regimen. |

E. Other Individual Services

| Outreach for Client Reengagement (P56) | | |
|---|--------------------|--|
| HRM MHV SCG, SCI | Payment Processing | An outreach for client reengagement is payable only within the 90 days following the most recent face-to-face service with the client. |

| Seeking Safety - Individual (P61) | | |
|--|---|---|
| HRM MHV SCG, SCI | Rules Assessed Automatically That May Make Items Recoupable | Only one Seeking Safety - Individual is payable per day per client. |

| Appointment Support (N44) | | |
|--|---|--|
| ADL BCP BTP LTP OCP SNC | Rules Assessed Automatically That May Make Items Recoupable | Only one Appointment Support is payable per client per day |

| Appointment Support with Transportation (N45) | | |
|--|---|--|
| ADL BCP BTP LTP OCP SNC | Payment Processing | Must be escorted to medical appointment. |
| | Rules Assessed Automatically That May Make Items Recoupable | Only one Appointment Support with Transportation is payable per client per day |

| Self-Management Assessment (N82) | | |
|---|--------------------|---|
| CCR MCT | Payment Processing | The service site for all services must be a field site. Clarify field site as either "client home" or "other field site". |

| Case Conference (with client) (N84) | | |
|--|--------------------|-------------------------------------|
| CCR MCT | Payment Processing | Must specify if client was present. |