

The background of the slide features a hand in a white lab coat pointing at a futuristic digital interface. The interface consists of various icons and data visualizations, including a large circular gauge, a first aid kit, a person wearing a mask, a syringe, a magnifying glass, a pill, and a network diagram. The overall color scheme is blue and white, with a prominent orange and white diagonal graphic on the left side.

# Sandata

Get more right from the start

21<sup>st</sup> Century Cures Act Overview  
New York State

# Overview

## How does Section 12006 of the Cures Act impact HCBS programs?

- ▶ The Cures Act mandates that states require EVV use for Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS) for in-home visits by a provider.
- ▶ Section 12006 of the Cures Act was signed into law on December 13, 2016, and added section 1903(I) to the Social Security Act (the Act).
- ▶ The requirement covers all 50 states including the District of Columbia, as well as the territories of Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.



# Overview

Cures Act signed in December 2016 with following deadlines:

- ▶ Personal Care Services: January 1, 2021
- ▶ Home Health Services: January 1, 2023



# EVV Requirements

The EVV system must verify the following:

- ▶ Date of service;
- ▶ Location of service;
- ▶ Individual providing service;
- ▶ Type of service;
- ▶ Individual receiving service; and
- ▶ Time the service begins and ends.



# EVV Design Models

- ▶ There are five EVV system models:
- ▶ All five models provide similar solutions but vary with respect to state involvement in vendor selection and EVV management.
  1. **Provider Choice:** Providers select their EVV vendor-of-choice and self-fund its implementation.
  2. **Managed Care Plan (MCP) Choice:** MCPs select their EVV vendor-of-choice and self-fund its implementation.
  3. **State Mandated External Vendor:** State contracts with a single EVV vendor that all providers must use.
  4. **State Mandated In-house System:** State creates, runs, and manages their own EVV system.
  5. **Open Vendor:** State contracts with a single EVV vendor or builds their own system, but allows providers and MCPs to use other vendors.
- ▶ States can choose more than one model.



# EVV Applicable Billing Codes – Fee for Service

PROGRAM	SERVICE DESCRIPTION	RATE CODE
CDPA	CDPAP 1 CLIENT, QUARTER HOUR	2422
CDPA	CDPAP 2 CLIENTS, PER CLIENT, QUARTER HOUR	2423
CDPA	CDPAP 1 CLIENT, ENHANCED RATE, QUARTER HOUR	2424
CDPA	CDPAP 2 CLIENTS, PER CLIENT, ENHANCED RATE, QTR HR	2425
CDPA	CDPAP 1 CLIENT HOURLY	2401
CDPA	CDPAP 2 OR MORE CLIENTS, HOURLY PER CLIENT	2402
CDPA	CDPAP 1 CLIENT HOURLY, ENHANCED	2403
CDPA	CDPAP 2 OR MORE CLIENTS, HOURLY PER CLIENT ENHANCED	2404
CDPA	CONSUMER DIRECT PERSONAL ASSIST 1 CLNT LIVE-IN	2405
CDPA	CONS DIR PERS ASSIST 2 OR > CLNTS PER CLNT LIVE-IN	2406
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION INDIVIDUAL	8012
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP OF 2	8013
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP 3+	8014
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL UP TO 6 HOURS	8023
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL PER DIEM OVER 6 HOURS	8024
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL 12-24 HOURS	8025
HCBS CHILDRENS	PLANNED RESPITE GROUP 6-12 HOURS	8026
HCBS CHILDRENS	PLANNED RESPITE GROUP UP TO 6 HOURS	8027
HCBS CHILDRENS	CRISIS RESPITE UP TO 6 HOURS	8028
HCBS CHILDRENS	CRISIS RESPITE MORE THAN 6 HOURS, LESS THAN 12 HOURS	8029
HCBS CHILDRENS	CRISIS RESPITE INDIVIDUAL 12+HOURS, LESS THAN 24 HOURS	8030
<b>NOTE: For HCBS Children's Waiver Respite EVV Claims, providers must apply Modifier 96 where applicable.</b>		



# EVV Applicable Billing Codes – Fee for Service

PROGRAM	SERVICE DESCRIPTION	RATE CODE
HCBS NHTD	RESPITE, IN HOME (1-DAY MAX)	9768
HCBS NHTD	HCSS LEVEL I	9795
HCBS OPWDD	COM HAB; CERT FAC RESID; AGY SUP; VOL; IND	4757
HCBS OPWDD	COM HAB; CERT FAC RESID; AGY SUP; VOL; GRP	4758
HCBS OPWDD	COM HAB; CERT FAC RESID; VIA FI; VOL; IND	4767
HCBS OPWDD	COM HAB; CERT FAC RESID; VIA FI; VOL; GRP	4768
HCBS OPWDD	COM HAB; CERT FAC RESID; VOL; IND	4796
HCBS OPWDD	COM HAB; CERT FAC RESID; VOL; GRP	4797
HCBS OPWDD	COM HAB; CERT FAC RESID; STATE; IND	4798
HCBS OPWDD	COM HAB; CERT FAC RESID; STATE; GRP	4799
HCBS OPWDD	RESPITE; INTENSIVE; VOL	7425
HCBS OPWDD	RESPITE; AGY SUP INTENSIVE; VOL	7427
HCBS OPWDD	COM HAB; VOL; INDIV;1/4 HR	4722
HCBS OPWDD	COM HAB; VOL; GROUP-2 INDIVIDUALS	4723
HCBS OPWDD	COM HAB; VOL; GROUP-3 INDIVIDUALS	4724
HCBS OPWDD	COM HAB; VOL; GROUP-4+ INDIVIDUALS	4725
HCBS OPWDD	COM HAB; STATE; GROUP-1 INDIVIDUAL	4741
HCBS OPWDD	COM HAB; STATE; GROUP-2 INDIVIDUALS	4742
HCBS OPWDD	COM HAB; STATE; GROUP-3 INDIVIDUALS	4743



# EVV Applicable Billing Codes – Fee for Service

PROGRAM	SERVICE DESCRIPTION	RATE CODE
HCBS OPWDD	COM HAB; AGY SUP; VOL; IND	4755
HCBS OPWDD	COM HAB; AGY SUP; VOL; GRP	4756
HCBS OPWDD	COM HAB; VIA FI; VOL; IND	4765
HCBS OPWDD	COM HAB; VIA FI; VOL; GRP	4766
HCBS OPWDD	RESPITE; VIA FI FEE; VOL	4764
HCBS OPWDD	RESPITE; IN HOME; VOL	7421
HCBS OPWDD	RESPITE; AGY SUP; IN HOME; VOL	7426
HCBS OPWDD	RESPITE; IN HOME; VOL; PER DIEM	7428
HCBS OPWDD	RESPITE; IN HOME; STATE	7430
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9879
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9880
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9881
HCBS TBI	HOME AND COMMUNITY SUPPORT, HOURLY	9882
HCBS TBI	RESPITE, IN HOME (24 HOURS)	9875
PCAI	PCAI, SHARED AIDE, BASIC, HOURLY	2501
PCAI	PCAI, SHARED AIDE, BASIC, QUARTER HOUR	2507
PCAI	PCA LEVEL I, 1 CLIENT, QUARTER HOUR	2593
PCAI	PCA LEVEL I, 2 CLIENTS, PER CLIENT 1/4 HOUR	2594
PCAI	PCA LEVEL I, ONE CLIENT HOURLY	2601
PCAI	PCA LEVEL I, 2 CLIENTS, HOURLY (PER CLIENT)	2602





# EVV Applicable Billing Codes – Fee for Service

PROGRAM	SERVICE DESCRIPTION	RATE CODE
PCAIL	PCAIL, SHARED AIDE, BASIC, HOURLY	2502
PCAIL	PCAIL, SHARED AIDE, BASIC, QUARTER HOUR	2508
PCAIL	PCA LEVEL II, 1 CLIENT, 1/4 HOUR	2595
PCAIL	PCA LEVEL II, 2 CLIENTS PER CLIENT 1/4 HOUR	2596
PCAIL	PCA LEVEL II, 1 CLIENT HARD TO SERVE 1/4 HOUR	2597
PCAIL	PCA LVL 2, 2 CLNTS/CLNT HARD TO SERVE 1/4 HOUR	2598
PCAIL	PCA LEVEL 2, ONE CLIENT, HOURLY	2622
PCAIL	PCA LEVEL 2, TWO CLIENTS, HOURLY (PER CLIENT)	2623
PCAIL	PCA LEVEL 2, ONE CLIENT, HOURLY-SECONDARY CODE	2626
PCAIL	PCA LEVEL 2, CLIENTS HOURLY, PER CLNT-SECONDARY CD	2627
CDPA	PCA LEVEL 2, ONE CLIENT, DAILY	2632
CDPA	PCA LEVEL 2, 2 CLIENTS, DAILY (PER CLIENT)	2633
PCAIL	PCA II – NURSING SUPERVISION	2742
PCAIL	NURSING ASSESSMENT	2787



# EVV Applicable Billing Codes – Managed Care

<b>Managed Care EVV Applicable Procedure Codes</b>			
<b>Program</b>	<b>Service Description</b>	<b>Procedure Code</b>	<b>Modifier</b>
PCAI	PCS LEVEL I MULTIPLE CLIENT	S5130	U3
PCAI	PCS LEVEL I – 15 MINUTES	S5130	U1
PCAI	PCS LEVEL I TWO CLIENT	S5130	U2
PCAI	PCS LEVEL I WEEKEND/HOLIDAY	S5130	TV
PCAI	PCS LEVEL II WEEKEND/HOLIDAY	T1019	TV
PCAI	PCS LEVEL II MULTIPLE CLIENT	T1019	U3
PCAI	PCS LEVEL II BASIC – 15 MINUTES	T1019	U1
PCAI	PCS LEVEL II BASIC TWO CLIENT	T1019	U2
PCAI	PCS LEVEL II HARD TO SERVE	T1019	U4
PCAI	PCS LEVEL II TWO CLIENT HARD TO SERVE	T1019	U5
PCAI	PCS LEVEL II LIVE-IN	T1020	NONE
PCAI	PCS LEVEL II LIVE-IN TWO CLIENT	T1020	U2
PCAI	PCS LEVEL II LIVE-IN WEEKEND/HOLIDAY	T1020	TV
PCAI	PCS LEVEL II LIVE IN TWO CLIENT HARD TO SERVE	T1020	U5
CDPA	CDPA BASIC – 15 MINUTES	T1019	U6
CDPA	CDPA ENHANCED	T1019	U8
CDPA	CDPA TWO CONSUMER	T1019	U7
CDPA	CDPA TWO CONSUMER ENHANCED	T1019	U9



# EVV Applicable Billing Codes – Managed Care

<b>Managed Care EVV Applicable Procedure Codes</b>			
<b>Program</b>	<b>Service Description</b>	<b>Procedure Code</b>	<b>Modifier</b>
CDPA	CDPA LIVE IN	T1020	U6
CDPA	CDPA LIVE IN ENHANCED	T1020	U8
CDPA	CDPA LIVE IN TWO CONSUMER	T1020	U7
CDPA	CDPA LIVE IN TWO CONSUMER ENHANCED	T1020	U9
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION INDIVIDUAL	H2014	HA
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP OF 2	H2014	HA, UN
HCBS CHILDRENS	COMMUNITY HCBS HABILITATION GROUP 3+	H2014	HA, UP
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL UP TO 6 HOURS	S5150	HA
HCBS CHILDRENS	PLANNED RESPITE INDIVIDUAL PER DIEM OVER 6 HOURS	S5151	HA
HCBS CHILDRENS	PLANNED RESPITE GROUP UP TO 6 HOURS	S5150	HA, HQ
HCBS CHILDRENS	PLANNED RESPITE GROUP OVER 6 HOURS UP TO 12	S5150	HA, HK, HQ
HCBS CHILDRENS	CRISIS RESPITE UP TO 6 HOURS	S5150	HA, ET
HCBS CHILDRENS	CRISIS RESPITE MORE THAN 6 HOURS, LESS THAN 12 HOURS	S5151	HA, ET
HCBS CHILDRENS	CRISIS RESPITE INDIVIDUAL 12+HOURS, LESS THAN 24 HOURS	S5151	HA, ET, HK



# Penalties for Non-Compliance

- ▶ The Cures Act Section 12006 requires that states that **do not comply** with the Cures Act by the applicable deadlines will have their Federal Medical Assistance Percentage (FMAP) reduced as shown in the table.
- ▶ Reduction percentages **do not** compound each year.

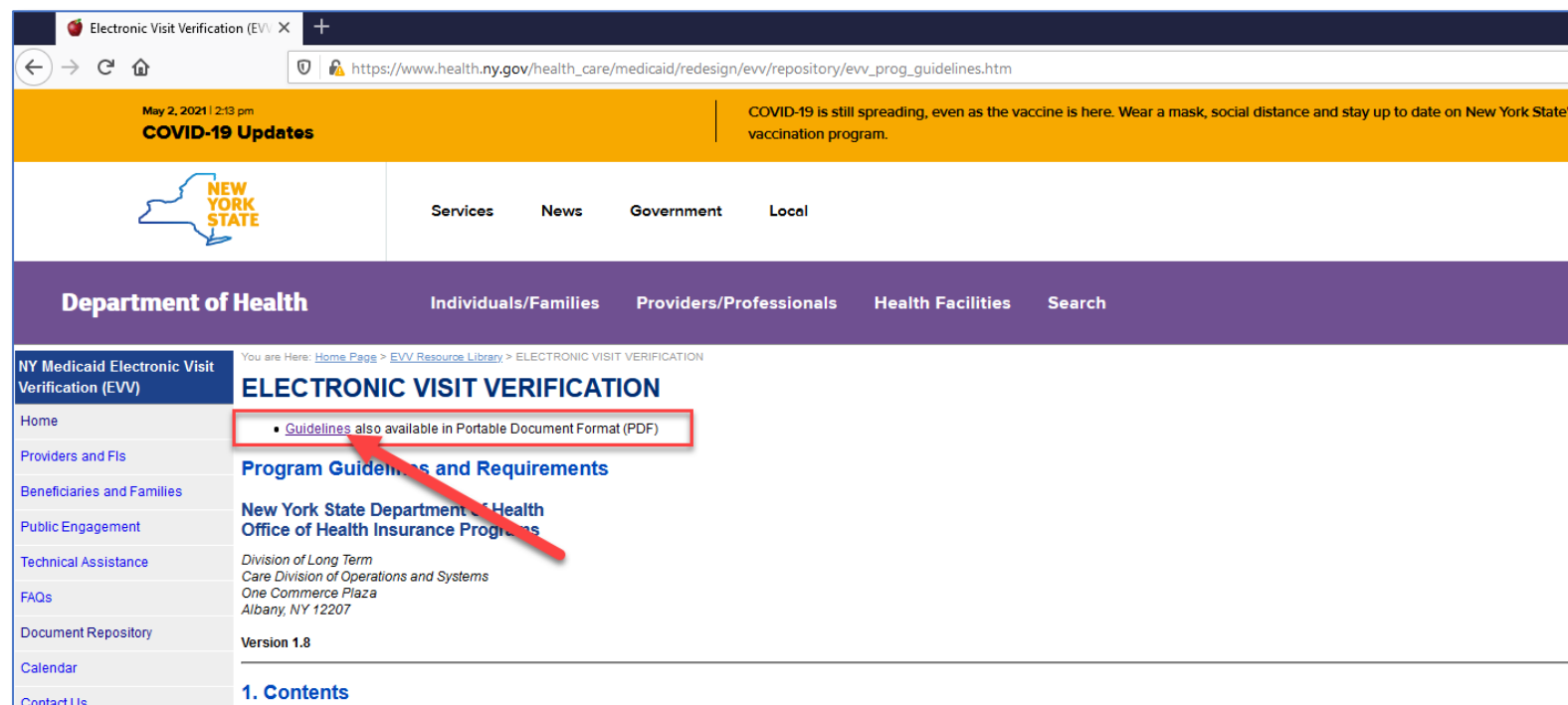
Year	PCS	HHCS
2020	0.25%	-
2021	0.50%	-
2022	0.75%	-
2023	1%	0.25%
2024	1%	0.25%
2025	1%	0.50%
2026	1%	0.75%
2027 & thereafter	1%	1%



# Accessing NYS EVV Information

To learn more information about Electronic Visit Verification for New York State, go to:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/evv/repository/evv\\_prog\\_guidelines.htm](https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/evv_prog_guidelines.htm)



The screenshot shows a web browser window displaying the NYS EVV Guidelines page. The browser's address bar shows the URL: [https://www.health.ny.gov/health\\_care/medicaid/redesign/evv/repository/evv\\_prog\\_guidelines.htm](https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/evv_prog_guidelines.htm). The page features a yellow header with a "COVID-19 Updates" section and a purple navigation bar for the "Department of Health". The main content area is titled "ELECTRONIC VISIT VERIFICATION" and includes a sidebar with navigation links. A red box highlights the link "Guidelines also available in Portable Document Format (PDF)", with a red arrow pointing to it. Below this, the page lists "Program Guidelines and Requirements" and "New York State Department of Health Office of Health Insurance Programs" information, including the address: "Division of Long Term Care Division of Operations and Systems, One Commerce Plaza, Albany, NY 12207". The version is noted as "Version 1.8" and the page begins with "1. Contents".



# EVV Program Rules and Guidelines

To review the Electronic Visit Verification (EVV) Program Guidelines and Requirements for New York State, go to:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/evv/repository/docs/evv\\_prog\\_guidelines.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/docs/evv_prog_guidelines.pdf)

