

California EVV Phase II Alternate EVV Vendor Specification v2.8

**Provided by**



Sandata Technologies, LLC

26 Harbor Park Dr.

Port Washington, NY 11050

[**CAaltevv@sandata.com**](mailto:CAaltevv@sandata.com)

Table of Contents

[Version History 3](#_Toc88942765)

[Alternate EVV Vendor Data Transmission Interface 4](#_Toc88942766)

[Alternate EVV Vendor Interface Transmission Guidelines 4](#_Toc88942767)

[Client Data Endpoint 5](#_Toc88942768)

[ProviderIdentification 5](#_Toc88942769)

[Client General Information 5](#_Toc88942770)

[ClientAddress 7](#_Toc88942771)

[ClientPhone 9](#_Toc88942772)

[ClientPayerInformation 9](#_Toc88942773)

[ClientDesignee 11](#_Toc88942774)

[ClientResponsibleParty 11](#_Toc88942775)

[Employee Data Endpoint 12](#_Toc88942776)

[ProviderIdentification 12](#_Toc88942777)

[Employee General Information 12](#_Toc88942778)

[Visit Data Endpoint 14](#_Toc88942779)

[ProviderIdentification 14](#_Toc88942780)

[Visit General Information 14](#_Toc88942781)

[Calls 21](#_Toc88942782)

[VisitChanges 25](#_Toc88942783)

[Tasks 26](#_Toc88942784)

[VisitExceptionAcknowledgement 26](#_Toc88942785)

[Appendix 1: Payers + Programs 28](#_Toc88942786)

[Appendix 2: Services + Modifiers 29](#_Toc88942787)

[Appendix 3: Reason Codes 30](#_Toc88942788)

[Appendix 4: Jurisdictional Entities 31](#_Toc88942789)

[Appendix 5: Valid Time Zones 34](#_Toc88942790)

[Appendix 6: US State Abbreviations 35](#_Toc88942791)

[Appendix 7: Valid Languages 36](#_Toc88942792)

# Version History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Author** | **Section** | **Changes** | **Date** |
| V1.0 | Clella Newcomb |  | Initial Draft | 11/5/2021 |
| V1.1 | Clella Newcomb | Employee Data | Update validation to required and clarify description of the EmployeeOtherID | 11/10/2021 |
| V1.2 | Clella Newcomb | Client Data | Update ClientQualifier value expected and validation to "ClientMedicaidID" | 11/11/2021 |
| V1.3 | Clella Newcomb |  | Update ClientMediciadID char value expected as capitalized and remove spaces in child segment naming; Update Provider Identifier description to reference CalEVV Identifier. | 11/19/2021 |
| V1.4 | Clella Newcomb |  | Update Reason Code appendix to indicate when a note is required. Clarify description for Client Payer Segment and Visit Exception Acknowledgment segment. | 11/24/2021 |
| V1.5 | Josh Grimes |  | Update element ClientTimeZone to correct element case of ClientTimezone; Update validation and format for CallDateTime and ChangeDateTime. Update Appendix 1 to add new payer and program for MCP PCS services. Update Appendix 2 to add new services in scope for MCP PCS services. Update Appendix 3 to remove reason code 120, 140 and 220; update note requirements; and update reason code description for clarity. Update Appendix 4 add MCPs as Jurisdictions in scope for MCP PCS services. Update Appendix 7 for Chinese language reference. | 6/16/2022 |
| V2.0 | Josh Grimes | Appendix 1, 2, 4. | Added Payers + Programs, Services + Modifiers and Jurisdictional Entities to align with HHCS. | 7/27/22 |
| V2.1 | Josh Grimes | Appendix 2 | CCS HHCS Services updated for HCPCS Code: G0156, G0162, G0299, G0300, T1002, T1003 | 8/25/2022 |
| V2.2 | Josh Grimes | Appendix 2 | CAHCBA Jurisdictions have been included. | 9/21/2022 |
| V2.2 | Josh Grimes | Appendix 3 | Reason Code: 100, 110, 130, 180, 230 and 240 Note Required set to No. | 9/21/2022 |
| V2.3 | Josh Grimes | Appendix 2 | Removed ‘ from service description for HCPCS Z9245. | 10/20/2022 |
| V2.3 | Josh Grimes |  | Removed “only and scheduling is not in scope for this program.” From element description for VisitCancelledIndicator. | 10/20/2022 |
| V2.4 | Josh Grimes | Appendix 2 | Added Service – CADDS/HHCS/Z9403/RC Speech Pathology 707 | 11/16/2022 |
| V2.5 | Josh Grimes | Appendix 2 | Updated Program from HHCS to PCS for the following services: Z2911, Z9214 and Z9217.  Removal of \*Services annotated with an asterisk (\*) will be ready for visit transmission starting 10/5/22. For S9123, S9124, T1030, T1031 services.  Removal of CAWPCS Codes T2017, T1005. These codes are now CAHCBA services.  Transition of code T1019 from CAWPCS to CAHCBA.  Removal of CAWPCS Jurisdictions.  Update of service descriptions for the following services: T1005, T2017, T1019. | 11/30/2022 |
| V2.5.1 | Josh Grimes | Appendix 7 | Armenian added to Appendix 7: Languages | 12/06/2022 |
| V2.5.1 | Josh Grimes | Appendix 2 | Updated Payer CAWPCS to CAHCBA for service T1019.  Removed erroneous spaces before all descriptions and codes in Appendix table. | 12/06/2022 |
| V2.5.1 | Josh Grimes | Appendix 4 | Verified/Updated all Jurisdictional Entity Descriptions to Jurisdiction Long Name | 12/06/2022 |
| V2.6 | Clella Newcomb | Appendix 1,2,4 | Update Appendix 1 to add new payer and program for CBAS program. Update Appendix 2 to add new services in scope for CBAS program. Update Appendix 4 add Jurisdictions in scope for CBAS program. | 03/21/2023 |
| V2.7 | Everett Jenkins | Appendix 1, 2 | Update Appendix 2 to add new services and program for CAHHA payer and update service descriptions. Update Appendix 1 to remove CAWPCS payer and correct spelling. | 4/18/2023 |
| V2.8 | Everett Jenkins | Appendix 1, 2 | Update Appendix 2 to remove 5 services and add 28 new services with an update to service descriptions. Updated payer MSSP to include HHCS | 12/1/2023 |

# Alternate EVV Vendor Data Transmission Interface

*This interface supplies the delivery mechanisms and the data layout / structure necessary to provide externally sourced EVV data to the Sandata systems for processing.*

Base Version: 7.15

## Alternate EVV Vendor Interface Transmission Guidelines

| ***TYPE*** | ***GUIDELINE*** |
| --- | --- |
| *File Format* | *JSON* |
| *File Delimiter* | *not applicable* |
| *Headers* | *not applicable* |
| *File Extension* | *not applicable* |
| *File Encryption* | *Delivery to occur over secure HTTPS connection* |
| *Control File* | *not applicable* |
| *RESTful API Endpoint(s)* | *Client: UAT:* [*https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1*](https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1)  *Employee: UAT:* [*https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1*](https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1)  *Visit: UAT:* [*https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1*](https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1)  *Client: Prod:* [*https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1*](https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1)  *Employee: Prod:* [*https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1*](https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1)  *Visit: Prod:* [*https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1*](https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1) |
| *Payload Compression* | *No compression of data during delivery* |
| *Delivery Mechanism* | *Via RESTful API call* |
| *Delivery Frequency* | *No less frequent than Daily (at time decided by each vendor supplying the EVV data). Can be multiple times per day at vendor's discretion.* |

# Client Data Endpoint

*This endpoint receives information regarding the individual member / beneficiary (known here as the 'Client') that receives care as part of the visit. Please note- the Client record must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Client'.*

## ProviderIdentification

REQUIRED. This element is the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the

transmission will be rejected.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| ProviderQualifier | Unique identifier for the provider as determined by the program definition. | "MedicaidID" | String match = "MedicaidID" |
| ProviderID | Unique identifier for the agency. Sandata supplied CalEVV Identifier. | Sandata Assigned; 6-10 digit unique identifier also known as the User ID | Sandata Assigned; 6-10 digit unique identifier also known as the User ID |

### Client General Information

REQUIRED. Required data in the body of the transmission. Additional fields may be required depending on the program; fields below may be ignored if a Payer Client feed is implemented.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| ClientQualifier | Describes what type of identifier is being sent to identify the client. | "ClientMedicaidID" | "ClientMedicaidID" |
| ClientIdentifier | Unique client identifier used by the state to reference the member data across all Medicaid activities. This value will need to be the same value as the ClientMedicaidID. An additional state client Identifier should be provided in the ClientAltMedicaidID. | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits |
| ClientFirstName | Client’s First Name. | Client’s First Name | Max Length 30  No Special Characters |
| ClientMiddleInitial | Client’s Middle Initial | Client’s Middle Initial | Max Length 1  Can be NULL  No Special Characters |
| ClientLastName | Client’s Last Name. | Client’s Last Name | Max Length 30  No Special Characters |
| ClientMedicaidID | Unique ID provided by the State Medicaid program to the client. This identifier will be used for visit submission and must match the value submitted as the Client Identifier above. | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits |
| ClientAltMedicaidID | Additional identifier for client as provided by the State Medicaid programs to the client. This value will not be associated with visit submission for the client visits. | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits  Can be NULL | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits  Can be NULL |
| SequenceID | The Third Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure order of the client data updates. | Third Party EVV Vendor Visit Sequence ID | Max length 16  If TIMESTAMP is used: YYYYMMDDHHMMSS  Numbers only; no other characters |
| ClientOtherID | Additional client user-defined ID. Commonly used to store client’s ID from another system. This value is used to match the client to an existing record during import. | Primary Client Key from the EVV Vendor System | Max Length 24  Can be NULL  No Special Characters |
| ClientTimezone | Client’s primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values. | "US/Pacific" | String match = "US/Pacific" |

## ClientAddress

REQUIRED. At least one record for each client is required for the program.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| ClientAddressType | Values: Home, Business, Other. Note that multiple of the same type can be provided. | "Home"| "Business" | "Other" | String match = "Home"| "Business" | "Other" |
| ClientAddressIsPrimary | A value of true indicates the client address record is the primary address. A false value indicates that this is an additional address for the client. | "true" | "false" | String match = "true" | “false” |
| ClientAddressLine1 | Street address line 1 associated with this client's address. PO Box may impact GPS reporting. | Address Line 1 | Max Length 30  Special Characters \_ . ' - # , / space supported |
| ClientAddressLine2 | Street address line 2 associated with this address. | Address Line 2 | Max Length 30  Can be NULL  Special Characters \_ . ' - # , / space supported |
| ClientCounty | County associated with this address | County | Max Length 25  Can be NULL  Special Characters  . ' - space supported |
| ClientCity | City associated with this address. | City | Max Length 30  Special Characters  . - space supported |
| ClientState | State associated with this address. Two character standard abbreviation referenced in Appendix 6. | State | Format: 2 char standard US state abbreviation |
| ClientZip | Zip Code associated with this address. Required for Billing. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros. | Zip Code | Format: #########  Rules: This is the full nine digits of the zip code for a business mailing zip code. If the +4 cannot be provided, please send ‘0000’. |

## ClientPhone

Optional segment. Provides the phone numbers associated with the client receiving care. Multiple phone numbers can be supplied for a client, each in its own segment.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| ClientPhoneType | Location value for the phone number is this segment: Home, Mobile, Business and Other. Note that multiple of the same type can be provided. | "Home" | "Mobile" | "Business" | "Other" | String match = "Home" | "Mobile" | "Business" | "Other" Permitted values |
| ClientPhone | Client phone number including area code. (no country code, no dashes and no parentheses) | Client Phone Number | FORMAT: ########## |

## ClientPayerInformation

REQUIRED. This segment is required for the CalEVV program. This segment is required to be submitted to add each client service to be provided (EffectiveStartDate can overlap for multiple services) and to end current client services (EffectiveEndDate). Updates to the Client Payer segment to end date current services when care is no longer required or the JurisdictionID is changed is necessary to ensure secure access to PHI for Jurisdiction Entities using the aggregator.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| PayerID | Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process. | Payer column | See Payer + Programs Appendix 1 |
| PayerProgram | If applicable, the program to which this visit belongs | Program code column | See Payer + Programs Appendix 1 |
| JurisdictionID | This is the identifier for the Jurisdictional Entity. CA Jurisdictional Entities include MSSP Sites, Counties, Regional Centers, and Waiver Agencies. | Jurisdictional Entity ID code column | See Jurisdictional Entities Appendix 4 |
| ProcedureCode | This is the billable procedure code which would be mapped to the associated service. | HCPCS code column | See Services + Modifiers Appendix 2 |
| Modifier1 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | Modifier 1 column | See Services + Modifiers Appendix 2  Can be NULL |
| Modifier2 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | Modifier 2 column | See Services + Modifiers Appendix 2  Can be NULL |
| Modifier3 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | Modifier 3 column | See Services + Modifiers Appendix 2  Can be NULL |
| Modifier4 | Modifier for the HCPCS procedure code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the appendix. | Modifier 4 column | See Services + Modifiers Appendix 2  Can be NULL |
| ClientPayerID | Unique identifier sent by the payer. | Payer's Identifier for the Client | Max Length 20  Can be NULL  No Special Characters |
| ClientStatus | The client’s current status. Provide the 2 digit code including the  0. Available values:  02 = Active  04 = Inactive | "02" | "04" | String match = "02" | "04" |
| EffectiveStartDate | The effective start date for the client payer information. | Effective Start Date for the Client | Max Length 10  FORMAT: YYYY-MM-DD |
| EffectiveEndDate | The effective end date for the client payer information. | Effective End Date for the Client | Max Length 10  Can be NULL  FORMAT: YYYY-MM-DD |

## ClientDesignee

DO NOT PROVIDE. Designee for the client if applicable to the program. This is an OPTIONAL segment.

## ClientResponsibleParty

DO NOT PROVIDE. Provide if applicable for the client and in the absence of a payer client feed.

# Employee Data Endpoint

*This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit. Please note- the Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Employee'.*

## ProviderIdentification

REQUIRED. This element is part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "MedicaidID" | String match = "MedicaidID" |
| ProviderID | Unique identifier for the agency. Sandata supplied CalEVV Identifier. | Sandata Assigned; 6-10 digit unique identifier also known as the User ID | Sandata Assigned; 6-10 digit unique identifier also known as the User ID |

### Employee General Information

REQUIRED. Required data in the body of the transmission. This segment provides the basic information about the employee.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| EmployeeQualifier | Descriptive reference of the value being sent to uniquely identify the employee. | "EmployeeCustomID" | String match = "EmployeeCustomID" |
| EmployeeIdentifier | Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission. | Provider's Unique Employee Identifier | Max Length 9  Digits only |
| EmployeeOtherID | Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission. | Provider's Unique Employee Identifier | Can be NULL  Max Length 9  Digits only |
| SequenceID | The Third Party EVV visit sequence ID to which the change applied | Third Party EVV Visit Sequence ID | Max Length 16  If TIMESTAMP is used: YYYYMMDDHHMMSS  Numbers only; no characters |
| EmployeeLastName | Employee’s Last Name | Employee’s Last Name | Max Length 30  Special Characters . ' - space supported |
| EmployeeFirstName | Employee’s First Name | Employee’s First Name | Max Length 30  Special Characters . ' - space supported |
| EmployeeEndDate | Employee’s HR recorded end date. | Employee End Date | FORMAT: YYYY-MM-DD  Can be NULL |

# Visit Data Endpoint

*This endpoint receives the information regarding the EVV visits themselves- including all individual components of the visit, and corrections / changes to the visits over time. Please Note: The visit information must be loaded AFTER the client and the employee associated with the visit have been loaded, or else the visit record will error out.*

## ProviderIdentification

REQUIRED. This element is part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| ProviderQualifier | Identifier being sent as the unique identifier for the provider. | "MedicaidID" | String match = "MedicaidID" |
| ProviderID | Unique identifier for the agency. Sandata supplied CalEVV Identifier. | Sandata Assigned; 6-10 digit unique identifier also known as the User ID | Sandata Assigned; 6-10 digit unique identifier also known as the User ID |

### Visit General Information

REQUIRED. This segment provides the base data regarding an EVV visit. If a visit is changed (corrections, alterations, updates) over time, the same visit may be delivered multiple times, each sharing the same VisitKey, but each change represented with a different Sequence ID- ascending over time- to allow the state's Aggregator system to keep the changes ordered appropriately. Each update to a visit should also be accompanied by a Visit Change segment.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| VisitOtherID | Visit identifier in the external system | Visit Identifier | Max Length 50  No Special Characters |
| SequenceID | The Third Party EVV visit sequence ID to which the change applied | Third Party EVV Visit Sequence ID | Max length 16  If TIMESTAMP is used: YYYYMMDDHHMMSS  Numbers only; no other characters |
| EmployeeQualifier | Descriptive reference of the value being sent to uniquely identify the employee. | "EmployeeCustomID" | String match = "EmployeeCustomID" |
| EmployeeOtherID | Employee identifier identified by EmployeeQualifier. This information will be used to link the received Third Party EVV Employee information with the Visit information and should be the same value as the EmployeeIdentifier submitted in the Employee transmission. | Provider's Unique Employee Identifier | Max Length 9  Format: ######### |
| EmployeeIdentifier | Employee identifier identified by EmployeeQualifier. This information will be used to link the received Third Party EVV Employee information with the Visit information and should be the same value as the EmployeeIdentifier submitted in the Employee transmission. | Provider's Unique Employee Identifier | Max Length 9  Format: ######### |
| GroupCode | GroupCode applies to visits for a single caregiver that provides services to multiple clients that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. If this functionality is provided by the Alternate EVV vendor. | Group Code | Max Length 6  Can be NULL  No Special Characters |
| ClientIDQualifier | Describes what type of identifier is being sent to identify the client. | "ClientMedicaidID" | String match = "ClientMediciadID" |
| ClientID | Unique client identifier used by the state to reference the member data across all Medicaid activities. This value must be the same value used as the ClientMedicaidID in the Client transmission. | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits | For DHCS, CDA, CDPH, CDSS: CIN (Client Identification Number)  Format: 8 digits + 1 alpha (Capitalized)  For DDS: UCI (Unique Client Identifier)  Format: 7 digits |
| ClientOtherID | Additional client user-defined ID. Commonly used to store client’s ID from another system. This value is used to match the client to an existing record during import. | Vendor System Client ID | Max Length 24  Can be NULL  FORMAT: ########## |
| VisitCancelledIndicator | true/false – Set to false as the default. Set to true if a future scheduled visit previously sent and accepted with no call in or call out is to be cancelled / deleted. Only applicable to future schedules. | "false" | String match = "true" | "false" |
| PayerID | Sandata EVV assigned ID for the payer. | Payer column | See Payer + Programs Appendix 1 |
| PayerProgram | If applicable, the program to which this visit belongs. | Program code column | See Payer + Programs Appendix 1 |
| ProcedureCode | This is the billable procedure code which would be mapped to the associated service. | HCPCS code column | See Services + Modifiers Appendix 2 |
| Modifier1 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 1 column | See Services + Modifiers Appendix 2  Can be NULL |
| Modifier2 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 2 column | See Services + Modifiers Appendix 2  Can be NULL |
| Modifier3 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 3 column | See Services + Modifiers Appendix 2  Can be NULL |
| Modifier4 | Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. | Modifier 4 column | See Services + Modifiers Appendix 2  Can be NULL |
| VisitTimeZone | Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Should be provided if the visit is occurring in a time zone other than that of the client. See Appendix 5 for valid time zones. | "US/Pacific" | String match = "US/Pacific" |
| AdjInDateTime | Adjusted visit call in date/time should be provided if electronically collected call time has been adjusted manually. Actual call in and call out values are always preferred. Add Visit Changes segment when submitting adjusted times. | Adjusted In Date and Time | Max Length 20  Can be NULL  FORMAT: YYYY-MM-DDTHH:MM:SSZ |
| AdjOutDateTime | Adjusted visit call in date/time should be provided if electronically collected call time has been adjusted manually. Actual call in and call out values are always preferred. Add Visit Changes segment when submitting adjusted times. | Adjusted Out Date and Time | Max Length 20  Can be NULL  FORMAT: YYYY-MM-DDTHH:MM:SSZ |
| BillVisit | True is the expected value for all visits. False would be set if the visit is not to be considered for claims validation and reporting. False will aslo set the status of the visit to Omit. | "true" | String match = "true" | "false" |
| Memo | Associated free form text. | Memo | Max Length 512  Can be NULL  Special Characters \_ . ' - , space supported |

## Calls

OPTIONAL. Calls include any type of clock in or clock out depending on system capabilities. Note that some vendor systems may not record some visit activity as calls. If this is the case, the call element can be omitted.

If adjusted times are included in the parent visit element of the visit, a Visit Changes segment must be sent. This is an OPTIONAL segment only when visit data is being adjusted.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| CallExternalID | Call identifier in the external system | Call Identifier | Max Length 16  No Special Characters |
| CallDateTime | Event date time. Must be to the second. | Call Date and Time | Max length 20  FORMAT: YYYY-MM-DDTHH:MM:SSZ |
| CallAssignment | This call segment information reference values: Time In, Time Out, Other. Other would be used for a call that is interim using the IVR system if needed for full call capture. | "Time In" | "Time Out" | "Other" | String match = "Time In" | "Time Out" | "Other" |
| GroupCode | GroupCode applies to visits for a single caregiver that provides services to multiple clients that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. If this functionality is provided by the Alternate EVV vendor. | Group Code | Max Length 6  Can be NULL  No Special Characters |
| CallType | The type of device used to create the event. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of fixed verification device. Other is the capture of call data through a method not specified as Mobile, Telephony, FVV, or Manual. Only use based on Sandata team recommendation. Visit Changes segment required for CallType = Manual | "Telephony" | "Mobile" | "FVV" | "Manual" | "Other" | String match = Telephony | Mobile | FVV | Manual | Other |
| ProcedureCode | This is the billable procedure code which would be mapped to the associated service per the program definition. | HCPCS code column | See Services + Modifiers Appendix 2  Can be NULL |
| ClientIdentifierOnCall | If a client identifier was entered on the call, this value should be provided. | Third Party EVV Client Identifier on Call | Max Length 10  No Special Characters |
| MobileLogin | Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile. | Mobile Login | Max Length 64  Can be NULL if not a Mobile CallType  No Special Characters |
| CallLatitude | GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15 digit precision. Required for CallType = Mobile | Lattitude | Decimal with sign if negative 2 primary.15 digit precision  Can be NULL if not a Mobile CallType  Decimal format with (-)XX . XXXXXXXXXXXXXXX digits |
| CallLongitude | GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15 digit precision. Required for CallType = Mobile. | Longitude | Decimal with sign if negative 3 primary.15 digit precision  Can be NULL if not a Mobile CallType  Decimal format with (-)XXX . XXXXXXXXXXXXXXX digits |
| TelephonyPIN | PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony. | Telephony Pin | Max Length 9  Can be NULL if not a Telephony  CallType  No Special Characters |
| OriginatingPhoneNumber | Originating phone number for telephony. Required if CallType = Telephony. | Originating Phone Number | Max Length 10  Can be NULL if not a Telephony  CallType  No Special Characters |
| VisitLocationType | Specific values to be provided based on the program. Values include: 1 = Home, 2 = Community | "1" | "2" | String match = "1" | "2" |

## VisitChanges

OPTIONAL. This segment is not to be supplied for new visits that have call segments included. This segment is provided when a visit has been manually entered, altered, or updated in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change and supply the reason code for why it occurred.

| **Element** | **Description** | **Expected Value** | **Validation Rule** |
| --- | --- | --- | --- |
| SequenceID | The Third Party EVV visit sequence ID to which the change applied | Third Party EVV Visit Sequence ID | Max length 16  If TIMESTAMP is used: YYYYMMDDHHMMSS  Numbers only; no other characters |
| ChangeMadeBy | The unique identifier of the user, system or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified. | Unique Identifier of Change Agent | Max Length 64  No Special Characters |
| ChangeDateTime | Date and time when change is made. At least to the second. | Date and Time When Change is Made | Max length 20  FORMAT: YYYY-MM-DDTHH:MM:SSZ |
| GroupCode | GroupCode applies to visits for a single caregiver that provides services to multiple clients that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. If this functionality is provided by the Alternate EVV vendor. | Group Code | Max Length 6  Can be NULL  No Special Characters |
| ReasonCode | Reason Code associated with the change. | Reason Code column | See Reason codes Appendix 3  Can be NULL |
| ChangeReasonMemo | Reason/Description of the change being made if entered. Required for some reason codes in Appendix 3. | See Note Required? Column | Max Length 256  Can be NULL  No Special Characters |

## Tasks

DO NOT PROVIDE. Conditional segment. This segment contains the non-service specific details regarding activities the caregiver performed during the visit. These detailed activities are known as 'Tasks' and often align to the care plan designed for the individual receiving care.

## VisitExceptionAcknowledgement

DO NOT PROVIDE. All CalEVV exceptions are required to be fixed. Provided for a visit when it has corrections, alterations, or updates that caused exceptions, which have been acknowledged by the provider agency. Every exception that is acknowledgeable (versus exceptions that require a fix- or alteration of the visit data) must have an acknowledgement for the visit to be fully verified and compliant with the EVV program's rules.

This is an OPTIONAL segment- it will not be supplied for new visits (delivered for the first time) but MUST be delivered for any updates or alterations to an existing visit where an acknowledgeable exception has been resolved. If provided, all required fields must be included.

# Appendix 1: Payers + Programs

| **Payer ID** | **Department Program Name** | **Program ID** | **Program Type** |
| --- | --- | --- | --- |
| CACCS | California Children’s Services (CCS) | HHCS | Home Health Care Services |
| CADDS | Developmental Disability 1915c Waiver, 1915i State Plan, Self-Determination Program 1915c Waiver | PCS | Personal Care Services |
| CADDS | Developmental Disability 1915c Waiver, 1915i State Plan, Self-Determination Program 1915c Waiver | HHCS | Home Health Care Services Services |
| CAHCBA | Home and Community-Based Alternatives | HHCS | Home Health Care Services |
| CAHHA | Home Health – Managed Care Plan and FFS | PCS | Personal Care Services |
| CAHHA | Home Health Care Services – Managed Care Plan and FFS | HHCS | Home Health Care Services |
| CAIHSS | In-Home Supportive Services Agency Model (Self Directed) - IHSS Agency Model Only | PCS | Personal Care Services |
| CAMCWP | 1915(c) AIDS Medi-Cal Waiver | HHCS | Home Health Care Services |
| CAMCWP | 1915 (c) HIV/AIDS Waiver | PCS | Personal Care Services |
| CAMSSP | Multipurpose Senior Services Program 1915 (c) Waivers | PCS | Personal Care Services |
| CAMSSP | Multipurpose Senior Services Program 1915 (c) Waivers | HHCS | Home Health Care Services |
| CACBAS | Community-Based Adult Services and (CBAS) Emergency Remote Services (ERS) – CalAIM 1115 Demonstration Waiver | PCS | Personal Care Services |
| CACBAS | Community-Based Adult Services (CBAS) Emergency Remote Services (ERS) – CalAIM 1115 Demonstration Waiver | HHCS | Home Health Care Services |

# Appendix 2: Services + Modifiers

| **Payer** | **Program** | **HCPCS Code** | **Modifier 1** | **Modifier 2** | **Modifier 3** | **Modifier 4** | **Service Description** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CACBAS | PCS | S5136 |  |  |  |  | S5136-CBAS-ERS PCS in the home; per diem |
| CACBAS | HHCS | Q5001 |  |  |  |  | Q5001-CBAS-ERS HHCS in the home; per diem |
| CACCS | HHCS | G0156 |  |  |  |  | G0156-CCS-Home health aide svcs, ea 15 min |
| CACCS | HHCS | G0162 |  |  |  |  | G0162-CCS-RN svcs eval/manage, ea 15 min |
| CACCS | HHCS | S9123 |  |  |  |  | S9123-CCS-INP-RN nursing svcs, per hour |
| CACCS | HHCS | S9124 |  |  |  |  | S9124-CCS-INP-LVN nursing svcs, per hour |
| CACCS | HHCS | T1030 |  |  |  |  | T1030-CCS-INP-RN nursing svcs, per diem |
| CACCS | HHCS | T1031 |  |  |  |  | T1031-CCS-INP-LVN nursing svcs, per diem |
| CACCS | HHCS | G0299 |  |  |  |  | G0299-CCS-RN svcs, ea 15 min |
| CACCS | HHCS | G0300 |  |  |  |  | G0300-CCS-LVN svcs, ea 15 min |
| CACCS | HHCS | T1002 |  |  |  |  | T1002-CCS-RN svcs, up to 15 min |
| CACCS | HHCS | T1003 |  |  |  |  | T1003-CCS-LVN svcs, up to 15 min |
| CADDS | PCS | Z9027 |  |  |  |  | RC Homemaker 858 |
| CADDS | PCS | Z9028 |  |  |  |  | RC Homemaker Service 860 |
| CADDS | PCS | Z9029 |  |  |  |  | RC In-Home Respite Service Agency 862 |
| CADDS | PCS | Z9030 |  |  |  |  | RC In-Home Respite Worker 864 |
| CADDS | PCS | Z9081 |  |  |  |  | RC Participant Directed Respite 465 |
| CADDS | PCS | Z9111 |  |  |  |  | RC Personal Assistance 062 |
| CADDS | PCS | Z9125 |  |  |  |  | RC Supported Living Services 896 |
| CADDS | HHCS | Z9232 |  |  |  |  | RC SDP Home Health Aide 359 |
| CADDS | HHCS | Z9234 |  |  |  |  | RC SDP Skilled Nursing 361 |
| CADDS | HHCS | Z9245 |  |  |  |  | RC SDP Speech/Hearing/Language 372 |
| CADDS | HHCS | Z9248 |  |  |  |  | RC SDP Occupational Therapy 375 |
| CADDS | HHCS | Z9249 |  |  |  |  | RC SDP Physical Therapy 376 |
| CADDS | HHCS | Z9010 |  |  |  |  | RC Physical Therapy 772 |
| CADDS | HHCS | Z9011 |  |  |  |  | RC Occupational Therapy 773 |
| CADDS | HHCS | Z9026 |  |  |  |  | RC Home Health Aide 856 |
| CADDS | HHCS | Z9046 |  |  |  |  | RC Licensed Vocational Nurse 742 |
| CADDS | HHCS | Z9047 |  |  |  |  | RC Registered Nurse 744 |
| CADDS | HHCS | Z9073 |  |  |  |  | RC Participant Directed Nursing 460 |
| CADDS | HHCS | Z9102 |  |  |  |  | RC Home Health Agency 854 |
| CADDS | HHCS | Z9403 |  |  |  |  | RC Speech Pathology 707 |
| CADDS | PCS | Z9211 |  |  |  |  | RC SDP Respite 310 |
| CADDS | PCS | Z9214 |  |  |  |  | RC SDP Homemaker 313 |
| CADDS | PCS | Z9217 |  |  |  |  | RC SDP Community Living Supports 320 |
| CAHCBA | HHCS | S9122 |  |  |  |  | S9122-HCBA Home health aide |
| CAHCBA | HHCS | S9123 |  |  |  |  | S9123-HCBA Nursing care in the home RN |
| CAHCBA | HHCS | S9124 |  |  |  |  | S9124-HCBA Nursing care in the home LVN |
| CAHCBA | HHCS | T1005 |  |  |  |  | T1005-HCBA Respite care in the home |
| CAHCBA | HHCS | T2017 |  |  |  |  | T2017-HCBA Habilitation in the home |
| CAHCBA | PCS | T1019 |  |  |  |  | T1019-HCBA WPCS in the home |
| CAHHA | PCS | H2014 |  |  |  |  | H2014-MCP-CS Day Habilitation, ea 15 min |
| CAHHA | PCS | S5130 |  |  |  |  | S5130-MCP-CS Homemaker services, ea 15 min |
| CAHHA | PCS | S9125 |  |  |  |  | S9125-MCP-CS Respite; home, per diem |
| CAHHA | PCS | T1019 |  |  |  |  | T1019-MCP-CS Personal Care svcs, ea 15 min |
| CAHHA | PCS | T2020 |  |  |  |  | T2020-MCP-CS Day Habilitation, per diem |
| CAHHA | HHCS | 99501 |  |  |  |  | 99501-MCP/FFS-Postnatal Assessment & FU |
| CAHHA | HHCS | 99502 |  |  |  |  | 99502-MCP/FFS-Newborn Care & Assessment |
| CAHHA | HHCS | 99600 |  |  |  |  | 99600-MCP/FFS-Unlisted Home Visit svcs/proc |
| CAHHA | HHCS | G0151 |  |  |  |  | G0151-MCP/FFS-HHCS for PT, ea 15 min |
| CAHHA | HHCS | G0152 |  |  |  |  | G0152-MCP/FFS-HHCS for OT, ea 15 min |
| CAHHA | HHCS | G0153 |  |  |  |  | G0153-MCP/FFS-HHCS for SLP, ea 15mn |
| CAHHA | HHCS | G0155 |  |  |  |  | G0155-MCP/FFS-HHCS for CSW, ea 15 min |
| CAHHA | HHCS | G0156 |  |  |  |  | G0156-MCP/FFS-HH aide svcs, ea 15 min |
| CAHHA | HHCS | G0162 |  |  |  |  | G0162-MCP/FFS-RN svcs eval/manage, ea 15 min |
| CAHHA | HHCS | G0299 |  |  |  |  | G0299-MCP/FFS-RN svcs, ea 15 min |
| CAHHA | HHCS | G0300 |  |  |  |  | G0300-MCP/FFS-LVN svcs, ea 15 min |
| CAHHA | HHCS | S9123 |  |  |  |  | S9123-MCP/FFS-RN nursing svcs, per hour |
| CAHHA | HHCS | S9124 |  |  |  |  | S9124-MCP/FFS-LVN nursing svcs, per hour |
| CAHHA | HHCS | T1002 |  |  |  |  | T1002-MCP/FFS-RN svcs, up to 15 min |
| CAHHA | HHCS | T1003 |  |  |  |  | T1003-MCP/FFS-LVN svcs, up to 15 min |
| CAHHA | HHCS | T1030 |  |  |  |  | T1030-MCP/FFS-INP-RN nursing svcs, per diem |
| CAHHA | HHCS | T1031 |  |  |  |  | T1031-MCP/FFS-INP-LVN nursing svcs, per diem |
| CAHHA | HHCS | X3900 |  |  |  |  | X3900-MCP/FFS-PT 1 mod, 1 area, 1st 30 min |
| CAHHA | HHCS | X3902 |  |  |  |  | X3902-MCP/FFS-PT 1 mod,1 area, ea addl 15 min |
| CAHHA | HHCS | X3904 |  |  |  |  | X3904-MCP/FFS-PT 1 proc, 1 area, 1st 30 min |
| CAHHA | HHCS | X3906 |  |  |  |  | X3906-MCP/FFS-PT 1 proc,1 area,ea addl 15 min |
| CAHHA | HHCS | X3908 |  |  |  |  | X3908-MCP/FFS-PT Mod/Proc,1+ area, 1st 30 min |
| CAHHA | HHCS | X3910 |  |  |  |  | X3910-MCP/FFS-PT Mod/Proc,1+ area, ea addl 15 |
| CAHHA | HHCS | X3912 |  |  |  |  | X3912-MCP/FFS-Hubbard tank, 1st 30 min |
| CAHHA | HHCS | X3914 |  |  |  |  | X3914-MCP/FFS-Hubbard tank, ea addl 15 min |
| CAHHA | HHCS | X3916 |  |  |  |  | X3916-MCP/FFS-Tank/pool thera/exer,1st 30 min |
| CAHHA | HHCS | X3918 |  |  |  |  | X3918-MCP/FFS-Tank/pool thera/exer,add 15 min |
| CAHHA | HHCS | X3936 |  |  |  |  | X3936-MCP/FFS-PT Unlisted svcs |
| CAHHA | HHCS | X4110 |  |  |  |  | X4110-MCP/FFS-OT treatment, 1st 30 min |
| CAHHA | HHCS | X4112 |  |  |  |  | X4112-MCP/FFS-OT treatment, ea addl 15 min |
| CAHHA | HHCS | X4118 |  |  |  |  | X4118-MCP/FFS-OT Unlisted svcs |
| CAHHA | HHCS | X4302 |  |  |  |  | X4302-MCP/FFS-S/l therapy (grp), ea pt |
| CAHHA | HHCS | X4303 |  |  |  |  | X4303-MCP/FFS-S/l therapy, ind, per hour |
| CAHHA | HHCS | X4304 |  |  |  |  | X4304-MCP/FFS-S/l therapy, ind, per 30 min |
| CAHHA | HHCS | X4306 |  |  |  |  | X4306-MCP/FFS-S/l OOO call, 1st pt at loc |
| CAHHA | HHCS | X4320 |  |  |  |  | X4320-MCP/FFS-Unlisted speech therapy svcs |
| CAHHA | HHCS | G0088 |  |  |  |  | G0088-MCP/FFS-Admin IV drug, 1st home visit |
| CAHHA | HHCS | G0089 |  |  |  |  | G0089-MCP/FFS-Admin SQ drug, 1st home visit |
| CAIHSS | PCS | Z9525 |  |  |  |  | IHSS Provider Personal Care Services |
| CAMCWP | PCS | S5130 |  |  |  |  | S5130-MCWP-Homemaker services |
| CAMCWP | HHCS | G0156 |  |  |  |  | G0156-MCWP-Home health aide |
| CAMCWP | HHCS | G0299 |  |  |  |  | G0299-MCWP-Skilled nursing/RN, ea 15 |
| CAMCWP | HHCS | G0300 |  |  |  |  | G0300-MCWP-Skilled nursing/LVN, ea 15 min |
| CAMSSP | ​​PCS​ | S5130 |  |  |  |  | S5130-MSSP-3.1 Homemaker services ea 15 min |
| CAMSSP | ​​PCS​ | S5131 |  |  |  |  | S5131-MSSP-3.1 Homemaker services per diem |
| CAMSSP | ​​PCS​ | T1019 |  |  |  |  | T1019-MSSP-3.2 Personal care services ea 15 min |
| CAMSSP | ​​PCS​ | T1020 |  |  |  |  | T1020-MSSP-3.2 Personal care services per diem |
| CAMSSP | ​​HHCS​ | G0159 |  |  |  |  | G0159-MSSP-3.3 Physical therapy, in the home ea 15 min |
| CAMSSP | ​​HHCS​ | S9131 |  |  |  |  | S9131-MSSP-3.3 Physical therapy, in the home per diem |
| CAMSSP | ​​HHCS​ | H2032 |  |  |  |  | H2032-MSSP-3.3 Activity therapy ea 15 min |
| CAMSSP | ​​HHCS​ | S8990 |  |  |  |  | S8990-MSSP-3.3 PT maintenance therapy, per visit |
| CAMSSP | ​​HHCS​ | S0390 |  |  |  |  | S0390-MSSP-3.3 Foot care preventive maintenance, per visit |
| CAMSSP | ​​PCS​ | S5125 |  |  |  |  | S5125-MSSP-3.7 Attendant care service ea 15 min |
| CAMSSP | ​​PCS​ | S5126 |  |  |  |  | S5126-MSSP-3.7 Attendant care service per diem |
| CAMSSP | ​​PCS​ | S9125 |  |  |  |  | S9125-MSSP-5.1 Respite care, in the home per diem |
| CAMSSP | ​​PCS​ | S5150 |  |  |  |  | S5150-MSSP-5.1 Unskilled respite care ea 15 min |
| CAMSSP | ​​PCS​ | S5135 |  |  |  |  | S5135-MSSP-8.3 Companion care, adult ea 15 min |
| CAMSSP | ​​PCS​ | S5136 |  |  |  |  | S5136-MSSP-8.3 Companion care, adult per diem |
| CAMSSP | ​​PCS​ | T2040 |  |  |  |  | T2040-MSSP-8.5 Financial management waiver ea 15 min |
| CAHHA | ​​HHCS​ | S9122 |  |  |  |  | S9122-MCP/FFS-Home health aide |
| CAHHA | ​​HHCS​ | G0493 |  |  |  |  | G0493-MCP/FFS-Skilled svcs RN for obs/assessment ea 15 min |
| CAHHA | ​​HHCS​ | G0494 |  |  |  |  | G0494-MCP/FFS-Skilled svcs LVN for obs/assessment ea 15 min |
| CAHHA | ​​HHCS​ | G0495 |  |  |  |  | G0495-MCP/FFS-Skilled svcs RN for Edu/Training ea 15 min |
| CAHHA | ​​HHCS​ | G0496 |  |  |  |  | G0496-MCP/FFS-Skilled svcs LVN for Edu/training ea 15 min |
| CAHHA | ​​HHCS​ | S9128 |  |  |  |  | S9128-MCP/FFS-Speech therapy, in the home, per diem |
| CAHHA | ​​HHCS​ | S9129 |  |  |  |  | S9129-MCP/FFS-Occupational therapy, in the home, per diem |
| CAHHA | ​​HHCS​ | S9131 |  |  |  |  | S9131-MCP/FFS-Physical therapy, in the home, per diem |
| CAHCBA | ​​HHCS​ | S5111 |  |  |  |  | S5111-HCBA-Home care training, family, per hour |
| CAHHA | ​​HHCS​ | V5008 |  |  |  |  | V5008-MCP/FFS-Audiometry screening, per visit |
| CAHHA | ​​HHCS​ | X4535 |  |  |  |  | X4535-MCP/FFS-Unlisted audiological svcs |
| CAHHA | ​​HHCS​ | X4526 |  |  |  |  | X4526-MCP/FFS- Hearing therapy, individual, per hour |

\*Services annotated with an asterisk (\*) will be ready for visit transmission starting 10/5/22.

# Appendix 3: Reason Codes

| **Reason Code** | **Reason** | **Note Required**? |
| --- | --- | --- |
| 100 | Member No Show | No |
| 110 | Member Unavailable | No |
| 130 | Member Refused Service | No |
| 150 | Caregiver Failed to Call In - Verified Services Were Delivered | No |
| 160 | Caregiver Failed to Call Out - Verified Services Were Delivered | No |
| 170 | Caregiver Failed to Call In and Out - Verified Services Were Delivered | No |
| 180 | Caregiver Called Using an Alternate Phone | No |
| 190 | Caregiver Change | No |
| 200 | Mobile App Issue/Inoperable | No |
| 210 | Telephony Issue/Inoperable | No |
| 230 | Service Outside the Home | No |
| 240 | Unsafe Environment | No |
| 999 | Other | YES |

# Appendix 4: Jurisdictional Entities

| **Jurisdictional Entities ID** | **Jurisdictional Entities Description** | **State Department (Payer Code)** |
| --- | --- | --- |
| AAH | Alameda Alliance for Health | CACBAS |
| ABCPP | Anthem Blue Cross Partnership Plan | CACBAS |
| Aetna | Aetna Better Health of California | CACBAS |
| AHF | AIDS Healthcare Foundation | CACBAS |
| BSCPHP | Blue Shield CA Promise Health Plan | CACBAS |
| CalOptima | CalOptima | CACBAS |
| CalViva | CalViva Health | CACBAS |
| CCAH | Central California Alliance for Health | CACBAS |
| CCHP | Contra Costa Health Plan | CACBAS |
| CenCal | CenCal Health | CACBAS |
| CHG | Community Health Group Partnership Plan | CACBAS |
| CHW | California Health & Wellness (Centene) | CACBAS |
| DHCS | Department of Health Care Services | CACBAS |
| GCHP | Gold Coast Health Plan | CACBAS |
| HealthNet | Health Net Community Solutions, Inc. (Centene) | CACBAS |
| HPSJ | Health Plan of San Joaquin | CACBAS |
| HPSM | Health Plan of San Mateo | CACBAS |
| IEHP | Inland Empire Health Plan | CACBAS |
| Kaiser | Kaiser Permanente | CACBAS |
| KHS | Kern Family Health Care | CACBAS |
| LACHP | L.A. Care Health Plan | CACBAS |
| MHCPP | Molina Healthcare of California Partner Plan, Inc. | CACBAS |
| PHC | Partnership Health Plan of California | CACBAS |
| SCFHP | Santa Clara Family Health Plan | CACBAS |
| SFHP | San Francisco Health Plan | CACBAS |
| UHC | United Healthcare Community Plan | CACBAS |
| SCAN | SCAN Health Plan | CACBAS |
| Alameda01 | Alameda | CACCS |
| Alpine02 | Alpine | CACCS |
| Amador03 | Amador | CACCS |
| Butte04 | Butte | CACCS |
| Calavera05 | Calaveras | CACCS |
| CCosta07 | Contra Costa | CACCS |
| Colusa06 | Colusa | CACCS |
| DNorte08 | Del Norte | CACCS |
| ElDorado09 | El Dorado | CACCS |
| Fresno10 | Fresno | CACCS |
| Glenn11 | Glenn | CACCS |
| Humboldt12 | Humboldt | CACCS |
| Imperial13 | Imperial | CACCS |
| Inyo14 | Inyo | CACCS |
| Kern15 | Kern | CACCS |
| Kings16 | Kings | CACCS |
| LA19 | Los Angeles | CACCS |
| Lake17 | Lake | CACCS |
| Lassen18 | Lassen | CACCS |
| Madera20 | Madera | CACCS |
| Marin21 | Marin | CACCS |
| Mariposa22 | Mariposa | CACCS |
| Mendo23 | Mendocino | CACCS |
| Merced24 | Merced | CACCS |
| Modoc25 | Modoc | CACCS |
| Mono26 | Mono | CACCS |
| Monterey27 | Monterey | CACCS |
| Napa28 | Napa | CACCS |
| Nevada29 | Nevada | CACCS |
| Orange30 | Orange | CACCS |
| Placer31 | Placer | CACCS |
| Plumas32 | Plumas | CACCS |
| Riversid33 | Riverside | CACCS |
| Sac34 | Sacramento | CACCS |
| SBarbara42 | Santa Barbara | CACCS |
| SBenito35 | San Benito | CACCS |
| SBerndno36 | San Bernardino | CACCS |
| SClara43 | Santa Clara | CACCS |
| SCruz44 | Santa Cruz | CACCS |
| SDiego37 | San Diego | CACCS |
| SF38 | San Francisco | CACCS |
| Shasta45 | Shasta | CACCS |
| Sierra46 | Sierra | CACCS |
| Siskiyou47 | Siskiyou | CACCS |
| SJoaquin39 | San Joaquin | CACCS |
| SLO40 | San Luis Obispo | CACCS |
| SMateo41 | San Mateo | CACCS |
| Solano48 | Solano | CACCS |
| Sonoma49 | Sonoma | CACCS |
| Stanis50 | Stanislaus | CACCS |
| Sutter51 | Sutter | CACCS |
| Tehama52 | Tehama | CACCS |
| Trinity53 | Trinity | CACCS |
| Tulare54 | Tulare | CACCS |
| Tuolumne55 | Tuolumne | CACCS |
| Ventura56 | Ventura | CACCS |
| Yolo57 | Yolo | CACCS |
| Yuba58 | Yuba | CACCS |
| 360 | Frank D. Lanterman Regional Center | CADDS |
| 361 | Golden Gate Regional Center | CADDS |
| 362 | San Diego Regional Center | CADDS |
| 363 | Far Northern Regional Center | CADDS |
| 364 | Alta California Regional Center | CADDS |
| 365 | San Andreas Regional Center | CADDS |
| 366 | Tri-Counties Regional Center | CADDS |
| 367 | Central Valley Regional Center | CADDS |
| 368 | Regional Center of Orange County | CADDS |
| 369 | Inland Regional Center | CADDS |
| 370 | Redwood Coast Regional Center | CADDS |
| 371 | North Bay Regional Center | CADDS |
| 372 | Kern Regional Center | CADDS |
| 373 | Eastern Los Angeles Regional Center | CADDS |
| 374 | South Central Los Angeles Regional Center | CADDS |
| 375 | Harbor Regional Center | CADDS |
| 376 | Westside Regional Center | CADDS |
| 377 | Valley Mountain Regional Center | CADDS |
| 378 | North Los Angeles County Regional Center | CADDS |
| 379 | San Gabriel/Pomona Regional Center | CADDS |
| 380 | Regional Center of the East Bay | CADDS |
| ACC | Access TLC | CAHCBA |
| CEI | Centers for Elders' Independence | CAHCBA |
| DHCS | Department of Health Care Services | CAHCBA |
| HHM | Home Health Care Management | CAHCBA |
| IOA | Institute on Aging | CAHCBA |
| LHH | Libertana Home Health | CAHCBA |
| PIC | Partners in Care | CAHCBA |
| SCO | Sonoma County Human Services Department | CAHCBA |
| SYH | San Ysidro Health | CAHCBA |
| VCO | Ventura County Agency on Aging | CAHCBA |
| AAH | Alameda Alliance for Health | CAHHA |
| ABCPP | Anthem Blue Cross Partnership Plan | CAHHA |
| Aetna | Aetna Better Health of California | CAHHA |
| AHF | AIDS Health Care Foundation | CAHHA |
| BSCPHP | Blue Shield CA Promise Health Plan | CAHHA |
| CalOptima | CalOptima | CAHHA |
| CalViva | CalViva Health | CAHHA |
| CCAH | Central California Alliance for Health | CAHHA |
| CCHP | Contra Costa Health Plan | CAHHA |
| CenCal | CenCal Health | CAHHA |
| CHG | Community Health Group Partnership Plan | CAHHA |
| CHW | California Health & Wellness (Centene) | CAHHA |
| DHCS | Department of Health Care Services | CAHHA |
| GCHP | Gold Coast Health Plan | CAHHA |
| HealthNet | Health Net Community Solutions, Inc. (Centene) | CAHHA |
| HPSJ | Health Plan of San Joaquin | CAHHA |
| HPSM | Health Plan of San Mateo | CAHHA |
| IEHP | Inland Empire Health Plan | CAHHA |
| Kaiser | Kaiser Permanente | CAHHA |
| KHS | Kern Family Health Care | CAHHA |
| LACHP | L.A. Care Health Plan | CAHHA |
| MHCPP | Molina Healthcare of California Partner Plan, Inc. | CAHHA |
| PHC | Partnership Health Plan of California | CAHHA |
| SCFHP | Santa Clara Family Health Plan | CAHHA |
| SFHP | San Francisco Health Plan | CAHHA |
| UHC | United Healthcare Community Plan | CAHHA |
| SCAN | SCAN Health Plan | CAHHA |
| IHSS07 | Contra Costa County - IHSS | CAIHSS |
| IHSS38 | San Francisco County - IHSS | CAIHSS |
| AHF | AIDS Healthcare Foundation | CAMCWP |
| AMHS | AltaMed Health Services Corp. | CAMCWP |
| APEB | AIDS Project of the East Bay | CAMCWP |
| APLA | APLA Health and Wellness | CAMCWP |
| ASF | AIDS Services Foundation | CAMCWP |
| ASN | Access Support Network | CAMCWP |
| CCC | County of Contra Costa | CAMCWP |
| CCMC | Community Care Management Corp. | CAMCWP |
| DAP | Desert AIDS Project | CAMCWP |
| HHCM | Home and Health Care Management | CAMCWP |
| HPC | Health Projects Center | CAMCWP |
| MAP | Minority AIDS Project | CAMCWP |
| PCAH | Primary Care at Home, Inc. | CAMCWP |
| RxS | Rx Staffing and Homecare, Inc | CAMCWP |
| SFAF | Sierra Foothills AIDS Foundation | CAMCWP |
| SMMC | St. Mary Medical Center | CAMCWP |
| TTC | Tarzana Treatment Centers | CAMCWP |
| VCPHD | Ventura County Public Health Department | CAMCWP |
| 1 | City Of Oakland | CAMSSP |
| 4 | Jewish Family Services Of Los Angeles | CAMSSP |
| 5 | Senior Care Action Network (SCAN) | CAMSSP |
| 6 | Institute On Aging | CAMSSP |
| 7 | San Diego County Aging And Independence Services | CAMSSP |
| 8 | Community Care Management Corporation | CAMSSP |
| 9 | Humboldt Senior Resource Center, Inc. | CAMSSP |
| 10 | California State University, Chico | CAMSSP |
| 11 | Sonoma County Area Agency On Aging | CAMSSP |
| 14 | Stanislaus County Department Of Aging And Veterans Services | CAMSSP |
| 16 | Huntington Hospital | CAMSSP |
| 17 | County Of San Bernardino | CAMSSP |
| 20 | Sourcewise | CAMSSP |
| 21 | Fresno-Madera Area Agency On Aging | CAMSSP |
| 23 | Imperial County Work Training Center | CAMSSP |
| 24 | County Of Riverside | CAMSSP |
| 25 | Dignity Health Connected Living | CAMSSP |
| 26 | Jewish Family Services Of Marin | CAMSSP |
| 28 | County Of Merced | CAMSSP |
| 32 | Area 12 Agency On Aging | CAMSSP |
| 33 | County Of Kings/Tulare | CAMSSP |
| 34 | County Of Ventura | CAMSSP |
| 37 | City Of Fremont | CAMSSP |
| 39 | Human Services Association | CAMSSP |
| 40 | Partners In Care Foundation-North | CAMSSP |
| 41 | Cal-Optima | CAMSSP |
| 43 | Partners In Care Foundation-South | CAMSSP |
| 47 | Choice In Aging | CAMSSP |
| 48 | Health Projects Center Santa Cruz | CAMSSP |
| 49 | Catholic Charities Of The Diocese Stockton | CAMSSP |
| 51 | Partners In Care Foundation-Kern | CAMSSP |
| 52 | Health Projects Center Monterey | CAMSSP |
| 53 | California Health Collaborative-Sacramento | CAMSSP |
| 54 | Partners In Care Foundation-Santa Barbara | CAMSSP |
| 55 | California Health Collaborative-Yuba | CAMSSP |
| 56 | Choice In Aging-Napa/Solano | CAMSSP |
| 57 | California Health Collaborative- El Dorado | CAMSSP |

# Appendix 5: Valid Time Zones

| **Time Zone Code** | **Daylight Savings Time Observed?** |
| --- | --- |
| US/Alaska | Active |
| US/Aleutian | Active |
| US/Arizona | Inactive |
| US/Central | Active |
| US/East-Indiana | Active |
| US/Eastern | Active |
| US/Hawaii | Inactive |
| US/Indiana-Starke | Active |
| US/Michigan | Active |
| US/Mountain | Active |
| US/Pacific | Active |
| US/Samoa | Inactive |
| America/Indiana/Indianapolis | Active |
| America/Indiana/Knox | Active |
| America/Indiana/Marengo | Active |
| America/Indiana/Petersburg | Active |
| America/Indiana/Vevay | Active |
| America/Indiana/Vincennes | Active |
| America/Puerto\_Rico | Active |
| Canada/Atlantic | Active |
| Canada/Central | Active |
| Canada/East-Saskatchewan | Inactive |
| Canada/Eastern | Active |
| Canada/Mountain | Active |
| Canada/Newfoundland | Active |
| Canada/Pacific | Active |
| Canada/Saskatchewan | Active |
| Canada/Yukon | Active |

# Appendix 6: US State Abbreviations

| **US State** | **State Abbreviation** | **US State** | **State Abbreviation** |
| --- | --- | --- | --- |
| Alabama | AL | Nebraska | NE |
| Alaska | AK | Nevada | NV |
| Arizona | AZ | New Hampshire | NH |
| Arkansas | AR | New Jersey | NJ |
| California | CA | New Mexico | NM |
| Colorado | CO | New York | NY |
| Connecticut | CT | North Carolina | NC |
| Delaware | DE | North Dakota | ND |
| Florida | FL | Ohio | OH |
| Georgia | GA | Oklahoma | OK |
| Hawaii | HI | Oregon | OR |
| Idaho | ID | Pennsylvania | PA |
| Illinois | IL | Rhode Island | RI |
| Indiana | IN | South Carolina | SC |
| Iowa | IA | South Dakota | SD |
| Kansas | KS | Tennessee | TN |
| Kentucky | KY | Texas | TX |
| Louisiana | LA | Utah | UT |
| Maine | ME | Vermont | VT |
| Maryland | MD | Virginia | VA |
| Massachusetts | MA | Washington | WA |
| Michigan | MI | West Virginia | WV |
| Minnesota | MN | Wisconsin | WI |
| Mississippi | MS | Wyoming | WY |
| Missouri | MO |  |  |
| Montana | MT |  |  |

# Appendix 7: Valid Languages

| **Valid Language Preference** |
| --- |
| English |
| Spanish |
| Simplified Chinese |
| Chinese Traditional |
| Vietnamese |
| Tagalog |
| Korean |
| Egyptian Arabic |
| Armenian |