



# California EVV Phase II Alternate EVV Vendor Specification v3.1

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Provided by



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## 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 ClientMedicaidID 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	7/27/22

			Jurisdictional Entities to align with HHCS.	
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
V2.9	Phoebe Seiders	ClientPayerInformation	Updated EffectiveEndDate to note End Date is required for terminated services	11/27/2024
V3.0	Kristine Lorgan	Client Data	Updated Medicaid ID information with new CIN format.	9/2/2025
V3.1	Kristine Lorgan	Appendix 4	Updated Appendix 4 Jurisdictional Entities list with new and removed JEs.	11/11/2025
V3.1	Kristine Lorgan	ClientPayerInformation	Updated Jurisdiction ID Description.	11/11/2025

## 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

<u>TYPE</u>	<u>GUIDELINE</u>
<u>File Format</u>	<u>JSON</u>
<u>File Delimiter</u>	<i>not applicable</i>
<u>Headers</u>	<i>not applicable</i>
<u>File Extension</u>	<i>not applicable</i>
<u>File Encryption</u>	<i>Delivery to occur over secure HTTPS connection</i>
<u>Control File</u>	<i>not applicable</i>
<u>RESTful API Endpoint(s)</u>	Client: UAT: <a href="https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1">https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1</a> Employee: UAT: <a href="https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1">https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1</a> Visit: UAT: <a href="https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1">https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1</a>  Client: Prod: <a href="https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1">https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1</a> Employee: Prod: <a href="https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1">https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1</a> Visit: Prod: <a href="https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1">https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1</a>
<u>Payload Compression</u>	<i>No compression of data during delivery</i>
<u>Delivery Mechanism</u>	<i>Via RESTful API call</i>
<u>Delivery Frequency</u>	<i>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.</i>

## 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"

Element	Description	Expected Value	Validation Rule
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 Index Number) CIN is a total of 9 alphanumeric characters. CIN must start with a "9". CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows: •Allowed ending alphabetical character: A, C through H, M, N, S through W •Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z  For DDS: UCI (Unique Client Identifier) Format: 7	For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) CIN is a total of 9 alphanumeric characters. CIN must start with a "9". CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows: •Allowed ending alphabetical character: A, C through H, M, N, S through W •Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z  For DDS: UCI (Unique Client Identifier) Format: 7
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

Element	Description	Expected Value	Validation Rule
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.	<p>CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows:</p> <ul style="list-style-type: none"> <li>•Allowed ending alphabetical character: A, C through H, M, N, S through W</li> <li>•Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z</li> </ul> <p>For DDS: UCI (Unique Client Identifier) Format: 7</p>	<p>CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows:</p> <ul style="list-style-type: none"> <li>•Allowed ending alphabetical character: A, C through H, M, N, S through W</li> <li>•Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z</li> </ul> <p>For DDS: UCI (Unique Client Identifier) Format: 7</p>

Element	Description	Expected Value	Validation Rule
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 Index Number) CIN is a total of 9 alphanumeric characters. CIN must start with a "9". CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows: •Allowed ending alphabetical character: A, C through H, M, N, S through W •Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z  For DDS: UCI (Unique Client Identifier) Format: 7 digits Can be NULL	For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) CIN is a total of 9 alphanumeric characters. CIN must start with a "9". CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows: •Allowed ending alphabetical character: A, C through H, M, N, S through W •Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z  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

Element	Description	Expected Value	Validation Rule
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

Element	Description	Expected Value	Validation Rule
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 CA Jurisdictional Entity (JE). See Appendix 4 for a detailed listing of all JEs	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

Element	Description	Expected Value	Validation Rule
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"

Element	Description	Expected Value	Validation Rule
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 except in the case a service is no longer available  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

<b>Element</b>	<b>Description</b>	<b>Expected Value</b>	<b>Validation Rule</b>
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

Element	Description	Expected Value	Validation Rule
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: #####

Element	Description	Expected Value	Validation Rule
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

Element	Description	Expected Value	Validation Rule
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.	<p>For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) CIN is a total of 9 alphanumeric characters. CIN must start with a "9". CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows: •Allowed ending alphabetical character: A, C through H, M, N, S through W •Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z</p> <p>For DDS: UCI (Unique Client Identifier) Format: 7 digits</p>	<p>For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) CIN is a total of 9 alphanumeric characters. CIN must start with a "9". CIN must have seven numeric digits after the "9". CIN must always end in a capitalized alphabetical character as follows: •Allowed ending alphabetical character: A, C through H, M, N, S through W •Disallowed CIN ending alphabetical character: B, I, J, K, L, O, P, Q, R, X, Y, Z</p> <p>For DDS: UCI (Unique Client Identifier) Format: 7 digits</p>
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	<p>Max Length 24</p> <p>Can be NULL</p> <p>FORMAT: #####</p>

Element	Description	Expected Value	Validation Rule
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

<b>Element</b>	<b>Description</b>	<b>Expected Value</b>	<b>Validation Rule</b>
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

Element	Description	Expected Value	Validation Rule
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 also 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"

Element	Description	Expected Value	Validation Rule
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

Element	Description	Expected Value	Validation Rule
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

Element	Description	Expected Value	Validation Rule
CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15 digit precision. Required for CallType = Mobile	Latitude	Decimal with sign if negative 2 primary.15 digit precision  Can be NULL if not a Mobile CallType  Decimal format with (-)XX .XXXXXXXXXXXXXXXXXX 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 .XXXXXXXXXXXXXXXXXX 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.

<b>Element</b>	<b>Description</b>	<b>Expected Value</b>	<b>Validation Rule</b>
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

Element	Description	Expected Value	Validation Rule
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**

<b>Payer ID</b>	<b>Department Program Name</b>	<b>Program ID</b>	<b>Program Type</b>
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**

<b>Payer</b>	<b>Program</b>	<b>HCPCS Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>	<b>Modifier 3</b>	<b>Modifier 4</b>	<b>Service Description</b>
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

<b>Payer</b>	<b>Program</b>	<b>HCPCS Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>	<b>Modifier 3</b>	<b>Modifier 4</b>	<b>Service Description</b>
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

<b>Payer</b>	<b>Program</b>	<b>HCPSC Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>	<b>Modifier 3</b>	<b>Modifier 4</b>	<b>Service Description</b>
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/I therapy (grp), ea pt
CAHHA	HHCS	X4303					X4303-MCP/FFS-S/I therapy, ind, per hour
CAHHA	HHCS	X4304					X4304-MCP/FFS-S/I therapy, ind, per 30 min
CAHHA	HHCS	X4306					X4306-MCP/FFS-S/I 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

<b>Payer</b>	<b>Program</b>	<b>HCPCS Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>	<b>Modifier 3</b>	<b>Modifier 4</b>	<b>Service Description</b>
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**

<b>Reason Code</b>	<b>Reason</b>	<b>Note Required</b>
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

State Department (Payer Code)	Jurisdictional Entity ID	Jurisdiction Long Name
CACCS	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	EIDorado09	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

State Department (Payer Code)	Jurisdictional Entity ID	Jurisdiction Long Name
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
CADDS	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

State Department (Payer Code)	Jurisdictional Entity ID	Jurisdiction Long Name
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
CAHCBA	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
CAHHA	AAH	Alameda Alliance for Health
CAHHA	ABCPP	Anthem Blue Cross Partnership Plan
CAHHA	AHF	AIDS Healthcare Foundation
CAHHA	BSCPHP	Blue Shield CA Promise Health Plan
CAHHA	CalOptima	CalOptima
CAHHA	CalViva	CalViva Health
CAHHA	CAAH	Central California Alliance for Health
CAHHA	CCHP	Contra Costa Health Plan
CAHHA	CenCal	CenCal Health
CAHHA	CHG	Community Health Group Partnership Plan

State Department (Payer Code)	Jurisdictional Entity ID	Jurisdiction Long Name
CAHHA	CHPIV	Community Health Plan of Imperial Valley
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	MVHP	Mountain Valley Health Plan
CAHHA	PHC	Partnership Health Plan of California
CAHHA	SCFHP	Santa Clara Family Health Plan
CAHHA	SFHP	San Francisco Health Plan
CAHHA	SCAN	SCAN Health Plan
CAIHSS	IHSS07	Contra Costa County - IHSS
CAIHSS	IHSS38	San Francisco County - IHSS
CAMCWP	AHF	AIDS Healthcare Foundation
CAMCWP	AMHS	AltaMed Health Services Corp.
CAMCWP	APLA	APLA Health and Wellness
CAMCWP	ASF	AIDS Services Foundation
CAMCWP	RHC	Radiant Health Centers
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

State Department (Payer Code)	Jurisdictional Entity ID	Jurisdiction Long Name
CAMCWP	SFAF	Sierra Foothills AIDS Foundation
CAMCWP	SMMC	St. Mary Medical Center
CAMCWP	TTC	Tarzana Treatment Centers
CAMCWP	VCPHD	Ventura County Public Health Department
CAMSSP	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

State Department (Payer Code)	Jurisdictional Entity ID	Jurisdiction Long Name
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
CACBAS	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	CAAH	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

State Department (Payer Code)	Jurisdictional Entity ID	Jurisdiction Long Name
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
CAMSSP	SHE	Self Help for the Elderly
CAHHA	CHPIV	Community Health Plan of Imperial Valley
CAHHA	MVHP	Mountain Valley Health Plan

## 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

<b>Time Zone Code</b>	<b>Daylight Savings Time Observed?</b>
Canada/Eastern	Active
Canada/Mountain	Active
Canada/Newfoundland	Active
Canada/Pacific	Active
Canada/Saskatchewan	Active
Canada/Yukon	Active

**Appendix 6: US State Abbreviations**

<b>US State</b>	<b>State Abbreviation</b>	<b>US State</b>	<b>State Abbreviation</b>
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**

<b>Valid Language Preference</b>
English
Spanish
Simplified Chinese
Chinese Traditional
Vietnamese
Tagalog
Korean
Egyptian Arabic
Armenian