



California EVV Phase II Open EVV Specification v2.6

Provided by



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Version Update

Version	Author	Section	Changes	Date
V1.0	Clella Newcomb		Initial Draft	11/22/2021
V1.1	Clella Newcomb	Employee Data	Update validation to required and clarify description of the EmployeeZipCode to 5 digits from 9 digits	11/23/2021
V1.2	Clella Newcomb		Update descriptions to identify elements needed for Bulk and Batch JSON upload. Update Appendix 3 to remove reason code 120 and update note requirements. Update Appendix 7 for Chinese language reference.	2/14/2022
V1.3	Clella Newcomb	Appendix 1-4	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 140 and 220 and update reason code description for clarity. Update Appendix 4 add MCPs as Jurisdictions in scope for MCP PCS services.	4/21/2022
V2.0	Josh Grimes	Appendix 1, 2, 4 & 8	Update Appendix 1: Payers + Programs, Appendix 2: Services + Modifiers, Appendix 4: Jurisdictional Entities, Appendix 8: Exception Codes to align with HHCS Expansion.	7/26/2022
V2.0	Josh Grimes	Open EVV Data Transmission Interface	Scheduling Data Endpoint Added.	7/26/2022
V2.1	Josh Grimes	Appendix 2	CCS HHCS Service Descriptions Updates	8/25/2022
V2.2	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 progra. Update Appendix 4 add Jurisdictions in scope for CBAS program.	3/31/2023
V2.3	Everett Jenkins	Appendix 2	Update Appendix 2 to add new services and program for CAHHA payer and update service descriptions.	4/18/2023
V2.4	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
V2.5	Nate Purcell	Claim Data EndPoint	Update to EffectiveEndDate entry on page 9 of 32 to note End Date is required for terminated services.	2/7/2025
V2.6	Kristine Lorgan	Appendix 4, Client Data, Schedule Data, Completed Visit Download.	Updated all the fields referencing Medicaid ID to use the updated CIN values. Updated description of Jurisdictional Entities. Updated Appendix 4 for JEs to remove/add based on the latest active list.	11/18/2025

Open EVV Data Transmission Interface

This interface supplies the delivery mechanisms and the data layout / structure necessary to provide externally sourced client and employee data to the Sandata systems on behalf of provider agencies.

Base Version 7.14

Open EVV Interface Transmission Guidelines

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/evv Employee UAT: https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1/evv Client PROD: https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1/evv Employee PROD: https://api.sandata.com/interfaces/intake/employees/rest/api/v1/evv
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

File Delivery Notes

*New** Client and Employee interface Specification utilized for Bulk Upload JSON through a formatted spreadsheet. Bulk Upload elements are noted in the description below. Client and Employee interface Specification utilized for Provider Batch JSON transmissions. The Provider Batch specifications will be made available as requested.*

This endpoint receives information regarding the individual member / beneficiary (known here as the 'Client') that receives care as part of the visit. The Client Data Endpoint elements provided are used for Provider Batch JSON submissions.

Client Data Endpoint

Element	Description	Expected Value	Validation Rule
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<i>Client General Information</i>	<i>Additional fields may be required depending on the program.</i>		<i>[Required]</i>
<p>Account</p>	<p>Sandata STX account number shared with Provider after self - registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>>4 Digit Sandata Account Number</p>	<p>Max Length 10 Digits only</p>
<p>ClientLastName</p>	<p>Client's Last Name.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Client's Last Name</p>	<p>Max Length 30 No Special Characters</p>
<p>ClientFirstName</p>	<p>Client's First Name.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Client's First Name</p>	<p>Max Length 30 No Special Characters</p>
<p>ClientMiddleName</p>	<p>Client's Middle Initial or name. May be required if needed for billing. Note that some systems may use only the first letter as the initial.</p> <p>Bulk Upload optional field.</p>	<p>Client's Middle Initial/Name</p>	<p>Max Length 30 Can be NULL No Special Characters</p>
<p>ClientSuffix</p>	<p>Client Suffix (eg. Sr, Jr, III, IV, V (no special characters)).</p>	<p>Client Suffix</p>	<p>Max Length 4 Can be NULL No Special Characters</p>
<p>MissingMedicaidID</p>	<p>Indicator that a patient is a newborn. If this value is provided, ClientMedicaidID will be ignored and will be valid as null.</p>	<p>DO NOT PROVIDE</p>	<p>DO NOT PROVIDE</p>

ClientID	This must be all digits. The client id is the unique identifier for the patient / client / individual. This can be used to tie the individual to an existing scheduling system OR if the provider does not have an appropriate value any number can be used. This number will be required for entry into the call-in system (telephony, MVV, etc.) system for multi-client cases and when using the FVVD.	DO NOT PROVIDE	DO NOT PROVIDE
ClientEmailAddress	Email Address for the Client. This value is required for the client if the client is expected to use the Sandata EVV Member Portal.	DO NOT PROVIDE	DO NOT PROVIDE
ClientSSN	Client's social security number. If the field is left empty, ClientOtherID must be populated. Not required if ClientOtherID sent. Numbers only, no dashes and leading zeros must be included. May be required if needed for billing. Format #####	DO NOT PROVIDE	DO NOT PROVIDE; value will be stored if provided
<i>Client Identifiers</i>		<i>At least one record for each client is required for the program.</i>	
ClientMedicaidID	<p>Unique ID provided by the State Medicaid program to the client.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) 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><i>[Required]</i></p> <p>For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) 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>

ClientAltMedicaidID

Additional identifier for client as provided by the State Medicaid programs to the client.

Bulk Upload optional field.

Batch client transmission optional element.

For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number)

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

For DHCS, CDA, CDPH, CDSS: CIN

(Client Index Number)

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

RecipientIDCustom1	Additional Client User-Defined ID. Commonly used to customize the built-in client ID within the system. If the billing is in scope, this field will identify the correct claim with the correct patient. Depending on implementation, may be expected to be unique across all clients.	Client key from the Vendor System	Max Length 24 Can be NULL No Special Characters
RecipientIDCustom2	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 client record during import. Depending on implementation, may be expected to be unique across all clients.	Secondary Client key from the Vendor System	Max Length 24 Can be NULL No Special Characters
ClientMedicalRecordNumber	The medical record number assigned to the client.	DO NOT PROVIDE	DO NOT PROVIDE
ARNumber	Accounts Receivable number or any other number that can be used to identify the client.	DO NOT PROVIDE	DO NOT PROVIDE
CaseManager	Payer Level Case Managers are individuals who coordinate all aspects of the care of individual patients. Provide full name in this data element.	DO NOT PROVIDE	DO NOT PROVIDE
ClientCaseManagerEmail	CaseManager email address.	DO NOT PROVIDE	DO NOT PROVIDE
ProviderAssentContPlan	Indicator to capture provider's assent that the member's contingency plan provided will be reviewed with the member every 90 days and documentation will be provided.	DO NOT PROVIDE	DO NOT PROVIDE
Coordinator	The staff member assigned to the Client in a specific Agency as the coordinator for an employee. The values for this field will be defined during implementation.	DO NOT PROVIDE	DO NOT PROVIDE
Client Demographics	<i>At least one record for each client is required for the program.</i>		<i>[Required]</i>

ClientGender	Client's Gender. Values: O=Unknown or Other, M=Male, F=Female.	"O" "M" "F"	String Match = "O" "M" "F" Can be NULL
ClientLanguage	Client's language. The list of acceptable values will be determined during implementation.	Languages Code Column for Valid Values	See Languages tab Can be NULL
ClientTimeZone	Client's primary time zone. Please see the appendix 5 for acceptable values. Bulk Upload required field. Batch client transmission required element.	"US/Pacific"	String match = "US/Pacific"
ClientBirthDate	Client's Date of Birth. Required for billing.	DO NOT PROVIDE	DO NOT PROVIDE
ClientMaritalStatus	Client's Marital Status. Values: M = Married, S = Single, W = Widowed, O = Other.	DO NOT PROVIDE	DO NOT PROVIDE
ClientPriority	Allows designation of a client's priority. Generally used to designate clients whose service is critical. Values will be determined during implementation if applicable.	DO NOT PROVIDE	DO NOT PROVIDE
Team	Team if applicable. Values will be determined during implementation if applicable.	DO NOT PROVIDE	DO NOT PROVIDE
Branch	Used to identify a branch location within a given agency. Values will be determined during implementation if applicable.	DO NOT PROVIDE	DO NOT PROVIDE
Borough	Primarily used for New York City agencies. Values will be determined during implementation if applicable.	DO NOT PROVIDE	DO NOT PROVIDE
Area	Area code for the client.	DO NOT PROVIDE	DO NOT PROVIDE
<i>Client Billing and Payer Information</i>	<i>A record for client is optional for the program.</i>		<i>[DO NOT PROVIDE]</i>

Status	Status of a Client. For delete a record, set to D or leave empty for an insert or update. Bulk Upload optional field. Batch client transmission optional element.	NULL	String Match = "D" NULL Can be NULL No Special Characters
ClientAdType	User defined ID representing ID for Admission Type/ payer	DO NOT PROVIDE	DO NOT PROVIDE
ClientPrimaryDiagnosisCode	The client's primary diagnosis code in ICD-10 format.	DO NOT PROVIDE	DO NOT PROVIDE
BillRate	Rate for billing. Can have values like 5.043 or 1.23 and should not exceed 5 characters. Decimal point is included in the length.	DO NOT PROVIDE	DO NOT PROVIDE
CaseNumber	Case number sent as part of the schedule record. Special Use.	DO NOT PROVIDE	DO NOT PROVIDE
CaseSequence	Case Sequence. Special Use.	DO NOT PROVIDE	DO NOT PROVIDE
MobileDevice	Value in this field determines if the client requires a mobile device to be supplied by the payer/program. Special use only. Expected values: Y or N.	DO NOT PROVIDE	DO NOT PROVIDE
<i>Client Primary Address</i>	<i>One primary address is required to be provided for the client. Additional addresses can be provided in a following segment.</i>		<i>[Required]</i>
ClientAddressLine1	Street Address Line 1 associated with this address. PO Box may not be acceptable for Billing and PO Box will not function correctly for MVV. Bulk Upload required field. Batch client transmission required element.	Address Line 1	Max Length 30 Special Characters _ . ' - # , / space supported
ClientAddressLine2	Street address line 2 associated with this address. Bulk Upload optional field. Batch client transmission optional element.	Address Line 2	Max Length 30 Can be NULL Special Characters _ . ' - # , / space supported

<p>ClientCity</p>	<p>City associated with this address. Batch client transmission required element. Bulk Upload required field.</p>	<p>City</p>	<p>Max Length 30 Special Characters . - space supported</p>
<p>ClientCounty</p>	<p>County associated with this address. Bulk Upload optional field. Batch client transmission optional element.</p>	<p>County</p>	<p>Max Length 25 Can be NULL Special Characters . ' - space supported</p>
<p>ClientState</p>	<p>State associated with this address. Two Character standard abbreviation. Bulk Upload required field. Batch client transmission required element.</p>	<p>State</p>	<p>Format: 2 char standard US state abbreviation</p>
<p>ClientZip</p>	<p>Zip Code associated with this address. Required for Billing. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros. Bulk Upload required field. Batch client transmission required element.</p>	<p>Zip Code</p>	<p>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'.</p>
<p>ClientAddressType</p>	<p>Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available. Bulk Upload required field. Batch client transmission required element.</p>	<p>"Home" "Business" "Other"</p>	<p>String match = "Home" "Business" "Other"</p>
<p>ClientPayerInformation</p>	<p><i>This segment may be required for programs where members/clients and their association to the associated programs and services is not provided by the payer.</i></p>		<p>[Required]</p>

<p>PayerID</p>	<p>Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Payer column</p>	<p>See Payer + Programs tab</p>
<p>PayerProgram</p>	<p>The program to which this visit belongs.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Program code column</p>	<p>See Payer + Programs tab</p>
<p>JurisdictionID</p>	<p>This is the identifier for the Jurisdictional Entity (JE) See Appendix 4 for a detailed listing of all JEs.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Jurisdictional Entity ID code column</p>	<p>See Jurisdictional Entities tab</p>
<p>ProcedureCode</p>	<p>This is the billable procedure code which would be mapped to the associated service.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p> <p>Batch client transmission required element.</p>	<p>HCPCS code column</p>	<p>See Services + Modifiers tab</p>
<p>Modifier1</p>	<p>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. No modifiers in PCS program for CA.</p>	<p>Modifier 1 column</p>	<p>See Services + Modifiers tab Can be NULL</p>
<p>Modifier2</p>	<p>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. No modifiers in PCS program for CA.</p>	<p>Modifier 2 column</p>	<p>See Services + Modifiers tab Can be NULL</p>

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. No modifiers in PCS program for CA.	Modifier 3 column	See Services + Modifiers tab 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. No modifiers in PCS program for CA.	Modifier 4 column	See Services + Modifiers tab Can be NULL
ClientPayerID	Unique identifier sent by the payer.	Client ID Expected by Payer	Max Length 20 Can be NULL No Special Characters
EffectiveStartDate	The effective start date for the client payer information. Bulk Upload required field.	Effective Start Date for the Client	Max Length 10 FORMAT: YYYY-MM-DD
EffectiveEndDate	Batch client transmission required element. The effective end date for the client payer information. Bulk Upload optional field.	Effective End Date for the Client	Max Length 10 Can be NULL FORMAT: YYYY-MM-DD EndDate is required for terminated services
ClientStatus	The client's current status. Provide the 2 digit code including the 0. Available values: 02 = Active 04 = Inactive Bulk Upload required field. Batch client transmission required element.	"02" "04"	String match = "02" "04"
ClientEligibilityDateBegin	Client eligibility begin date. This field is optional if ClientStatus is sent.	Client Eligibility Begin Date	Max Length 10 Can be NULL FORMAT: YYYY-MM-DD
ClientEligibilityDateEnd	Client eligibility end date. This field is optional if ClientStatus is sent.	Client Eligibility End Date	Max Length 10 Can be NULL FORMAT: YYYY-MM-DD

Commented [1]:

Provide if applicable for the client and in the absence of a payer client feed. This is an OPTIONAL segment. If provided, all required fields must be included.

ClientDesignee

[DO NOT PROVIDE]

ClientDesigneeFirstName	First Name of the Client Designee.	DO NOT PROVIDE	DO NOT PROVIDE
ClientDesigneeLastName	Last Name of the Client Designee.	DO NOT PROVIDE	DO NOT PROVIDE
ClientDesigneeEmail	Email address of the Client Designee.	DO NOT PROVIDE	DO NOT PROVIDE
ClientDesigneeStatus	Status of the Client Designee pertaining to Sandata system access. If the ClientDesigneeStatus is sent, ClientDesigneeStartDate and ClientDesigneeEndDate are not required. (Provide the 2-digit code including the 0) Sandata System can either populate the start or end date based on the date of receipt of the status or the source system can send the activation and termination date. (Please note Activation and termination dates cannot be backdated or future dated) Available Values: 02 = Active, 04 = Inactive.	DO NOT PROVIDE	DO NOT PROVIDE
ClientDesigneeStartDate	The date Client Designee was assigned. Future date is not acceptable. If the ClientDesigneeStartDate is sent, ClientDesigneeStatus is not required.	DO NOT PROVIDE	DO NOT PROVIDE
ClientDesigneeEndDate	The date Client Designee was terminated. Future date and Back date is not acceptable. If the ClientDesigneeEndDate is sent, ClientDesigneeStatus is not required.	DO NOT PROVIDE	DO NOT PROVIDE
ClientDesigneeRelationship	Relationship of the Designee to the client	DO NOT PROVIDE	DO NOT PROVIDE

ClientPhone

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

[Optional]

<p>Account</p>	<p>Sandata STX account number shared with Provider after self-registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits. >4 Digit Sandata Account Number</p> <p>Bulk upload required</p> <p>Batch client transmission required element.</p>	<p>Max Length 10 Digits only</p>
<p>ClientPhoneType</p>	<p>Values: Fax, Home, Mobile, Work and Other. Note that multiple of the same type can be provided.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>"Fax" "Home" "Mobile" "Work" "Other"</p> <p>String match = "Fax" "Home" "Mobile" "Work" "Other" Permitted values</p>
<p>ClientPhone</p>	<p>Client phone number including area code. (no country code, no dashes and no parentheses).</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Client Phone Number</p> <p>FORMAT: #####</p>
<p>ClientID</p>	<p>This must be all digits. The client id is the unique identifier for the patient / client / individual. This can be used to tie the individual to an existing scheduling system OR if the provider does not have an appropriate value any number can be used. DO NOT PROVIDE</p> <p>This number will be required for entry into the call-in system (telephony, MVV, etc.) system for multi-client cases and when using the FVVD.</p>	<p>DO NOT PROVIDE</p>
<p>ClientAddress</p>	<p>Submit this child segment for each additional address available for client.</p>	<p>[Optional]</p>

<p>Account</p>	<p>Sandata STX account number shared with Provider after self-registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits. >4 Digit Sandata Account Number</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Max Length 10 Digits only</p>
<p>ClientAddressType</p>	<p>Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>"Home" "Business" "Other"</p> <p>String match = "Home" "Business" "Other"</p>
<p>ClientAddressLine1</p>	<p>Street Address Line 1 associated with this address. PO Box may not be acceptable for Billing and PO Box will not function correctly for MVV.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Address Line 1</p> <p>Max Length 30 Special Characters _ . ' - # , / space supported</p>
<p>ClientAddressLine2</p>	<p>Street address line 2 associated with this address.</p> <p>Bulk Upload optional field.</p> <p>Batch client transmission required element.</p>	<p>Address Line 2</p> <p>Max Length 30 Can be NULL Special Characters _ . ' - # , / space supported</p>
<p>ClientCounty</p>	<p>County associated with this address.</p> <p>Bulk Upload optional field.</p> <p>Batch client transmission optional element.</p>	<p>County</p> <p>Max Length 25 Can be NULL Special Characters . ' - space supported</p>

<p>ClientCity</p>	<p>City associated with this address.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>City</p>	<p>Max Length 30 Special Characters . - space supported</p>
<p>ClientState</p>	<p>State associated with this address. Two Character standard abbreviation.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>State</p>	<p>Format: 2 char standard US state abbreviation</p>
<p>ClientZip</p>	<p>Zip Code associated with this address. Required for Billing. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros.</p> <p>Bulk Upload required field.</p> <p>Batch client transmission required element.</p>	<p>Zip code</p>	<p>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'.</p>
<p>ClientID</p>	<p>This must be all digits. The client id is the unique identifier for the patient / client / individual. This can be used to tie the individual to an existing scheduling system OR if the provider does not have an appropriate value any number can be used. DO NOT PROVIDE This number will be required for entry into the call-in system (telephony, MVV, etc.) system for multi-client cases and when using the FVVD.</p>		<p>DO NOT PROVIDE</p>
<p>ClientContact</p>	<p><i>Provide if applicable for the client and in the absence of a payer client feed.</i></p>		<p>[DO NOT PROVIDE]</p>
<p>Account</p>	<p>Sandata STX account number shared with Provider after self-registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits.</p>	<p>DO NOT PROVIDE</p>	<p>DO NOT PROVIDE</p>
<p>ContactLastName</p>	<p>Client Contact Last Name. Entered by provider agency.</p>	<p>DO NOT PROVIDE</p>	<p>DO NOT PROVIDE</p>

ContactFirstName	Client Contact First Name. Entered by provider agency.	DO NOT PROVIDE	DO NOT PROVIDE
ContactRelationshipToClient	Emergency Contact's relationship with the Client. The list of acceptable values will be determined during implementation.	DO NOT PROVIDE	DO NOT PROVIDE
ClientContactPhoneType	Client Contact's Phone Type. Values: Business, Home, Mobile, Other.	DO NOT PROVIDE	DO NOT PROVIDE
ContactPhoneNumber	Client Contact Home Phone Number. Entered by provider agency. Format #####-####.	DO NOT PROVIDE	DO NOT PROVIDE
ContactAddressLine1	Client Contact's Street Address, Line 1.	DO NOT PROVIDE	DO NOT PROVIDE
ContactAddressLine2	Client Contact's Street Address, Line 2.	DO NOT PROVIDE	DO NOT PROVIDE
ContactCity	Client Contact's City.	DO NOT PROVIDE	DO NOT PROVIDE
ContactState	Client Contact's State. Two Character standard abbreviation.	DO NOT PROVIDE	DO NOT PROVIDE
ContactZip	Client Contact's Zip Code. 9-digit primary address zip code. If additional 4 digits is not known, provide zeros. Format #####-####.	DO NOT PROVIDE	DO NOT PROVIDE
ContactEmail	Client Contact's email address.	DO NOT PROVIDE	DO NOT PROVIDE

ClientID

This must be all digits. The client id is the unique identifier for the patient / client / individual. This can be used to tie the individual to an existing scheduling system OR if the provider does not have an appropriate value any number can be used. DO NOT PROVIDE
 This number will be required for entry into the call-in system (telephony, MVV, etc.) system for multi-client cases and when using the FVVD.

DO NOT PROVIDE

Employee Data Endpoint

The following defines the basic information to be maintained in the Sandata EVV system relative to Employees who are servicing clients. The Employee Data Endpoint elements provided are used for Provider Batch JSON submissions.

Element	Description	Expected Value	Validation Rule
Account	Sandata STX account number shared with Provider after self - registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits. Bulk Upload required field. Batch employee transmission required element.	>4 Digit Sandata Account Number	Max Length 10 Digits only
EmployeeLastName	Employee's last name. Bulk Upload required field. Batch employee transmission required element.	Employee's Last Name	Max Length 30 Special Characters . ' - space supported
EmployeeFirstName	Employee's first name. Bulk Upload required field. Batch employee transmission required element.	Employee's First Name	Max Length 30 Special Characters . ' - space supported
EmployeeMiddleInitial	Employee's middle initial. Bulk Upload optional field. Batch employee transmission optional element.	Employee's Middle Initial	Max Length 1 Can be NULL No Special Characters

EmployeeEmailAddress	<p>Employee's email address should only be provided if the employee is to have access to the Sandata mobile application (SMC). Email address must be a unique email if provided.</p> <p>Bulk Upload optional field.</p> <p>Batch employee transmission optional element.</p>	Employee's Email Address	<p>Max Length 50 Can be NULL FORMAT: xxx@yyy.zzz RULES: @ and extension (.zzz) are required to validate email address.</p>
EmployeeAddress1	Employee's address line 1.	Employee Address Line 1	<p>Max Length 30 Can be NULL Special Characters _ ' - # , / space supported</p>
EmployeeAddress2	Employee's address line 2.	Employee Address Line 2	<p>Max Length 30 Can be NULL Special Characters _ ' - # , / space supported</p>
EmployeeCity	Employee's city.	Employee City	<p>Max Length 30 Can be NULL Special Characters . - space supported</p>
EmployeeState	Employee's state.	Employee State	<p>Format: 2 char standard US state abbreviation Can be NULL</p>
EmployeeZipCode	Employee's 5 digit zip code. Format #####.	Employee Zip Code	<p>Format: ##### Can be NULL Rules: This is the minimal 5 digits of the zip code for a residential mailing zip code.</p>
EmployeePhone	Employee's phone number.	Employee Phone Number	<p>FORMAT: ##### Can be NULL</p>
EmployeeAltPhone	Employee's alternate phone number.	Employee Second Phone Number	<p>FORMAT: ##### Can be NULL</p>

EmployeeAltPhone2	Employee's second alternate phone number.	Employee Third Phone Number	FORMAT: ##### Can be NULL
EmployeeIDCustom1	Unique identifier for the employee in the source system. This will be the unique identifier for the interface. Bulk Upload required field. Batch employee transmission required element.	Provider's Unique Employee Identifier	Max Length 9 Format: #####
EmployeeHireDate	Employee's Date of Hire. If more than 1, provide latest hire date.	Employee Hire Date	FORMAT: YYYY-MM-DD Can be NULL
EmployeeEndDate	Employee's HR Recorded end date. Bulk Upload optional field. Batch employee transmission optional element.	Employee End Date	FORMAT: YYYY-MM-DD Can be NULL
Status	Status of an Employee. For delete a record, set to D or leave empty for an insert or update. Bulk Upload optional field. Batch employee transmission optional element.	NULL	String Match = "D" NULL Can be NULL No Special Characters
EmployeeID	Custom Vendor Employee id.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeeIDCustom2	Additional Custom Employee id.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeeAPI	Employee's Alternate Provider Identifier or Medicaid ID.	DO NOT PROVIDE	DO NOT PROVIDE
PayRate	Rate for payroll. Can have values like 5.043 or 1.23 and should not exceed 5 characters. Decimal point is included in the length.	DO NOT PROVIDE	DO NOT PROVIDE

EmployeeBirthDate	Employee's date of birth.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeeGender	Employee's Gender. Values: O=Unknown or Other, M=Male, F=Female.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeePIN	Unique identifier used by the employee when calling into the Santrax EVV system. This value must be all digits and must be unique within the agency. The system will perform optimally if this value is the same length for all employees and should be no less than 4 digits. Exact length to be provided will be determined during implementation.	SANTRAX ASSIGNED	DO NOT PROVIDE
EmployeeSocialSecurity	Employee's Social Security Number. Format determined during implementation.	DO NOT PROVIDE	DO NOT PROVIDE
Department	Employee's department. The values for this field will be defined during implementation.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeeType	Such as nurse or home health attendant. This is user defined varies based on the source system. The values for this field will be defined during implementation.	DO NOT PROVIDE	DO NOT PROVIDE
Discipline	Category of Service. The values for this field will be defined during implementation.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeePrimaryLocation	The Employee's primary location. The values for this field will be defined during implementation.	DO NOT PROVIDE	DO NOT PROVIDE

The following element includes the schedule information for the client. This includes both the client and employee information. Both client and employee must already exist in the system for a schedule to be successfully uploaded or it must be part of the same transaction set.

Schedule Data Endpoint

Element	Description	Expected Value	Validation Rule
Account	Sandata STX account number shared with Provider after self - registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits.	>4 Digit Sandata Account Number	Max Length 10 Digits only

<p>ClientIDQualifier</p>	<p>Value being sent to unique identify the client. Values: ClientID, ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client/member feed is provided by a payer.</p>	<p>"ClientMedicaidID"</p>	<p>Max Length 20 No Special Characters</p>
<p>ClientID</p>	<p>This must be all digits. The Client ID is the unique identifier for the patient/ client/ individual. This can be used to tie the individual to an existing scheduling system OR if the provider does not have an appropriate value any unique number can be used for the client. This number will be required for entry into the call-in system (telephony, MVV, etc.) system for multi-client cases and when using the FVVD.</p>	<p>For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) 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</p>	<p>For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) 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</p>
<p>EmployeePINQualifier</p>	<p>Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.</p>	<p>"EmployeeCustomID"</p>	<p>String match = "EmployeeCustomID"</p>
<p>EmployeePIN</p>	<p>Unique identifier used by the employee when calling into the Santrax EVV system. This value must be all digits and must be unique within the agency. The system will perform optimally if this value is the same length for all employees and should be no less than 4 digits.</p>	<p>SANTRAX Assigned Employee PIN</p>	<p>Format: ##### (9 char max)</p>
<p>ScheduleID</p>	<p>Unique Identifier for the schedule record from the source system. Used to update the schedule in subsequent transfers.</p>	<p>Vendor Supplied Schedule Identifier</p>	<p>Max Length 40 No Special Characters</p>

ScheduleStartTime

Activity / Schedule start date and time.

Schedule Start Date and Time

Max Length 20
FORMAT: YYYY-MM-DDTHH:MM:SSZ

ScheduleEndTime	Activity / Schedule end date and time.	Schedule End Date and Time	Max Length 20 FORMAT: YYYY-MM-DDTHH:MM:SSZ
ScheduledDuration	Duration of activity / scheduled visit. This is difference between the scheduled start time and scheduled end time. Scheduled Duration in Minutes Provided in minutes.		Max Length 10 Can be NULL Decimal supported digits and "."
ARNumber	Accounts Receivable number or any other number that can be used to identify the client.	Client Identifier for Accounts Receivable	Max Length 10 Can be NULL No Special Characters
PayRate	Rate for payroll. Can have values like 5.043 or 1.23 and should not exceed 5 characters. Decimal point is included in Payroll Rate the length.		Max Length 5 Can be NULL Decimal supported digits and "."
BillRate	Rate for billing. Can have values like 5.043 or 1.23 and should not exceed 6 characters. Decimal point is included in the length.	Billing Rate	Max Length 6 Can be NULL Decimal supported digits and "."
ScheduleFlag	Cluster case indicator. Values are 0 – non-clustered and 1 – clustered.	Clustered Identifier for Scheduling	String match = "0" "1" Can be NULL
DutyFree	Special functionality to deduct time not worked from the total. Must be part of the account implementation.	Duty Free Indication	Max Length 1 Can be NULL No Special Characters

Weekend	Week ending day date and time for the schedule provided. Time should be set to all 0s.	Weekend Day Date	Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ
Discipline	Category of Service provided by the Employee. The values for this field will be defined during implementation.	Discipline Indication	Max Length 17 Can be NULL No Special Characters
Service	Service description. The values for this field will be defined during implementation.	HCPCS code column	See Services + Modifiers tab Can be NULL
ProcedureCode	This is the billable procedure code. For most programs, it is the HCPCS code.	HCPCS code column	See Services + Modifiers tab Can be NULL
ProcCodeQualifier	The procedure code qualifier used in the 837. Most frequent value: 'ZZ'.	Procedure Qualifier	Max Length 2 Can be NULL No Special Characters
BillCode	The bill code associated with the schedule. Note that this may be the same as or different from the procedure code.	Bill Code	Max Length 5 Can be NULL No Special Characters
Modifier1	First modifier if applicable. Schedules may include modifier information.	Modifier 1 column	See Services + Modifiers tab Can be NULL

<p>Modifier2</p>	<p>Second modifier if applicable. Schedules may include modifier information. Modifier 2 column</p>	<p>See Services + Modifiers tab Can be NULL</p>
<p>Modifier3</p>	<p>Third modifier if applicable. Schedules may include modifier information. Modifier 3 column</p>	<p>See Services + Modifiers tab Can be NULL</p>
<p>Modifier4</p>	<p>Fourth modifier if applicable. Schedules may include modifier information. Modifier 4 column</p>	<p>See Services + Modifiers tab Can be NULL</p>
<p>Contract</p>	<p>Service Contract information. The values for this field will be defined during implementation. Service Contract</p>	<p>Max Length 9 Can be NULL No Special Characters</p>
<p>Branch</p>	<p>Branch office if applicable. The values for this field will be defined during implementation. Branch Office</p>	<p>Max Length 2 Can be NULL No Special Characters</p>
<p>VisitType</p>	<p>Used for billing. If visit type is set to 'V' it means charge by the visit. If set to some other value it means charge by hours "v" Char subject to rounding rules. Implementing this feature requires special flags to be enabled for the account.</p>	<p>Max Length 1 Can be NULL No Special Characters</p>

LiveInCase

24 hour live-in case. Values are Y or N. Implementing this feature requires special flags to be enabled for the account.

Values Live-the Account

String match = "Y" | "N"

Can be NULL

OTABHours	Special Use.	Overtime or Absence Hours	Max Length 4 Can be NULL No Special Characters
OTABCode	Special Use.	Overtime or Absence Code	Max Length 2 Can be NULL No Special Characters
OTABApprover	Special Use.	Overtime or Absence Approver	Max Length 3 Can be NULL No Special Characters
CaseNumber	Case number sent as part of the schedule record. Special Use Field.	Case Number	Max Length 9 Can be NULL No Special Characters
CaseSequence	Special Use - Case Sequence. Special Use Field.	Case Sequence	Max Length 4 Can be NULL No Special Characters
ClientTimeZone	Client's primary time zone. To be provided if time zones could vary within a given account's territory. Please see the appendix for acceptable values.	"US/Pacific"	String match = "US/Pacific"
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" Can be NULL

ContingencyPlan	Indicator of member's contingency plan selected by member. Valid values include (CODE should be sent only): CODE- Description CP01 - Reschedule within 2 Hours CP02 - Reschedule within 24 Hours CP03 - Reschedule within 48 Hours CP04 - Next Scheduled Visit CP05 - Non-Paid Caregiver	"CP01 "CP02" "CP03" "CP04" "CP05"	String match = "CP01" "CP02" "CP03" "CP04" "CP05" Can be NULL
Reschedule	Indicator if schedule is a "reschedule"	"true" "false"	String match = "true" "false" Can be NULL

The Cross Reference (XREF) allows the agency to associate the clients with the employees who provide them service. The XREF is only required for programs where the relationship between clients and employees is needed for system functionality. One record is needed for each service the employee is providing to the client.

XREF file

Element	Description	Expected Value	Validation Rule
Account	Sandata STX account number shared with Provider after self - registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits.	>4 Digit Sandata Account Number	Max Length 10 Digits only
ClientIDQualifier	Value being sent to unique identify the client. Values: ClientID, ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the payer if a client feed is provided by the payer.	"ClientMedicaidID"	Max Length 20 No Special Characters
			For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) Format: 8 digits + 1 alpha (Capitalized) For DDS: UCI (Unique Client Identifier) Format: 7 digits

EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	"EmployeeCustomID"	String match = "EmployeeCustomID"
EmployeeID	Unique identifier for the employee in the source system.	Provider's Unique Employee Identifier	Format: ##### (9 char max)
EmployeePIN	Unique identifier used by the employee when calling into the Santrax EVV system. This value must be all digits and must be unique within the agency. The system will perform optimally if this value is the same length for all employees and should be no less than 4 digits.	SANTRAX Assigned Employee PIN	Format: ##### (9 char max)
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" Can be NULL
XRefStartDate	Date when the relationship began. If this value is not provided it will be assumed to be the date the record is received.	XRef Start Date	Max Length 10 FORMAT: YYYY-MM-DD
XRefEndDate	Date when the relationship ended. If this value is not provided, it will be assumed to be ongoing.	XRef End Date	Max Length 10 Can be NULL FORMAT: YYYY-MM-DD
PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	Payer column	See Payer + Programs tab
PayerProgram	If applicable, the program to which this visit belongs. Potential use and list of values to be determined during implementation.	Program code column	See Payer + Programs tab
ProcedureCode	This is the billable procedure code which would be mapped to the associated service. For most programs, it is the HCPCS number.	HCPCS code column	See Services + Modifiers tab Can be NULL

Modifier1	First modifier if applicable. Schedules may include modifier information.	Modifier 1 column	See Services + Modifiers tab Can be NULL
Modifier2	Second modifier if applicable. Schedules may include modifier information.	Modifier 2 column	See Services + Modifiers tab Can be NULL
Modifier3	Third modifier if applicable. Schedules may include modifier information.	Modifier 3 column	See Services + Modifiers tab Can be NULL
Modifier4	Fourth modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.	Modifier 4 column	See Services + Modifiers tab Can be NULL

Completed Visit Download

Completed Visit data returned by this service in JSON format. Additional data elements may be added over time and many of the fields will only be returned based on special setups determined during implementation. The tasks element is a child element, and there may be multiple records per completed visit based on program setup.

tdsTelephonyActivity

Visit data elements in response.

Element	Description	Expected Value	Validation Rule
Account	Sandata STX account number shared with Provider after self-registration. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998) and may be up to 10 digits.	>4 Digit Sandata Account Number	Max Length 10 Digits only
ScheduleID	Unique Identifier for the schedule record from the source system.	No value is expected for program	Max length 40 No Special Characters
ClientID	The client id is the unique identifier for the patient / client / individual.	SANDATA ASSIGNED ID	Max Length 10 Digits only
ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) 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	For DHCS, CDA, CDPH, CDSS: CIN (Client Index Number) 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
EmployeePIN	Unique identifier used by the employee when calling into the Santrax EVV system.	SANDATA ASSIGNED ID	Max Length 9 Format: #####
ActivityDate	Actual start date is the date in UTC format. Time set to 0.	Activity Start Date	Max Length 20 FORMAT: YYYY-MM-DDTHH:MM:SSZ

ActivityEndDate	Actual end date is the date in UTC format. Time set to 0.	Activity End Date	Max Length 20 FORMAT: YYYY-MM-DDTHH:MM:SSZ
ScheduleStartTime	Activity / Schedule start date and time.	No value is expected for program	Max Length 20 FORMAT: YYYY-MM-DDTHH:MM:SSZ
ScheduleEndTime	Activity / Schedule end date and time.	No value is expected for program	Max Length 20 FORMAT: YYYY-MM-DDTHH:MM:SSZ
ScheduledDuration	Scheduled duration in minutes. Format HH:MM	No value is expected for program	Max Length 5 No Special Characters
StartTime	Actual visit start time. Format HH:MM	Start Time Hour:Minutes	Max Length 5 No Special Characters
EndTime	Actual visit end time. Format HH:MM	End Time Hour:Minutes	Max Length 5 Can be NULL No Special Characters
PayMinutes	Pay hours in minutes based on the value entered in Sandata EVV Visit Maintenance.	Pay Minutes	Max Length 8 Can be NULL Decimal supported digits and "."
Units	Calculated units based on rules for the specified payer.	Units	Max Length 3 Can be NULL Digits only
StartType	The type of information used to define the start time. Values: IVR, FVV, MVV, MANUAL, NONSTX, OTHER	"IVR" "FVV" "MVV" "MANUAL" "NONSTX" "OTHER"	String Match = "IVR" "FVV" "MVV" "MANUAL" "NONSTX" "OTHER"
EndType	The type of information used to define the start time. Values: IVR, FVV, MVV, MANUAL, NONSTX, OTHER	"IVR" "FVV" "MVV" "MANUAL" "NONSTX" "OTHER"	String Match = "IVR" "FVV" "MVV" "MANUAL" "NONSTX" "OTHER"

StartPhoneNumber	If an IVR call, the phone number from which the phone call was received.	Start Phone Number	Max Length 10 Can be NULL Digits only
EndPhoneNumber	If an IVR call, the phone number from which the phone call was received.	End Phone Number	Max Length 10 Can be NULL Digits only
Miles	Legacy obsolete	No value is expected for program	Max Length 9 Can be NULL Decimal supported digits and "."
ErrandMiles	Legacy obsolete	No value is expected for program	Max Length 9 Can be NULL Decimal supported digits and "."
TravelTime	Legacy obsolete	No value is expected for program	Max Length 9 Can be NULL Decimal supported digits and "."
MiscTime	Legacy obsolete	No value is expected for program	Max Length 9 Can be NULL Decimal supported digits and "."
MoneySpent	Legacy obsolete	No value is expected for program	Max Length 9 Can be NULL Decimal supported digits and "."
PayerName	The full name of the Payer associated with the visit.	Payer column	See Payer + Programs tab
Contract	Legacy obsolete	No value is expected for program	Max Length 9 Can be NULL No Special Characters
Discipline	Discipline assigned to the employee.	No value is expected for program	Max Length 17 Can be NULL No Special Characters
Service	Service description.	Service Description	Max Length 12 Can be NULL No Special Characters
CaseNumber	Legacy obsolete	No value is expected for program	Max Length 9 Can be NULL No Special Characters

LiveInFlag	Live in flag. Allowed values are "Y"/"N".	"Y" "N"	String Match = "Y" "N" Can be NULL
VisitId	Visit unique key. This value is unique to Sandata's EVV system.	SANDATA ASSIGNED ID	Max Length 64 Can be NULL No Special Characters
Department	Employee's department.	No value is expected for program	Max Length 3 Can be NULL No Special Characters
EmployeeId	Unique employee identifier in the source system.	Vendor Employee ID	Max Length 64 Can be NULL No Special Characters
ApprovalUserName	User Name of approving user	No value is expected for program	Max Length 30 Can be NULL No Special Characters
ApprovalDateTime	Approval Date/Time	No value is expected for program	Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ
AdjustedIn	Adjusted Time In	Adjusted In Date and Time	Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ
AdjustedOut	Adjusted Time Out	Adjusted Out Date and Time	Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ
ESVInScore	EVV In Score (Percentage Probability)	No value is expected for program	Max Length 3 Can be NULL No Special Characters
ESVOutScore	EVV Out Score (Percentage Probability)	No value is expected for program	Max Length 3 Can be NULL No Special Characters

CSVInScore	Client EVV In Score (Percentage Probability)	No value is expected for program	Max Length 3 Can be NULL No Special Characters
CSVOutScore	Client EVV Out Score (Percentage Probability)	No value is expected for program	Max Length 3 Can be NULL No Special Characters
EVVCallInPhoneType	C = Cell, L=Landline, blank = other	"C" "L" NULL	String Match = "C" "L" NULL Can be NULL
EVVCallOutPhoneType	C = Cell, L=Landline, blank = other	"C" "L" NULL	String Match = "C" "L" NULL Can be NULL
Memo	The free form memo field from Sandata EVV.	Memo	Max Length 1024 Can be NULL No Special Characters
BillRate	Rate for billing. Can have values like 5.043 or 1.23 and should not exceed 6 characters. Decimal point is included in the length.	No value is expected for program	Max Length 6 Can be NULL Decimal supported digits and "."
ProcCodeQualifier	The procedure code qualifier used in the 837. Most frequent value: 'ZZ'	No value is expected for program	Max Length 2 Can be NULL No Special Characters
ProcedureCode	This is the billable procedure code. It can be the HCPCS number.	HCPCS code column	See Services + Modifiers tab
PayerProgram	The program to which this recipient belongs.	Program code column	See Payer + Programs tab
PayRate	Rate for payroll. Can have values like 5.043 or 1.23 and should not exceed 5 characters. Decimal point is included in the length.	No value is expected for program	Max Length 5 Can be NULL Decimal supported digits and "."
ARNumber	Accounts Receivable number or any other number that can be used to identify the client.	Vendor Accounts Receiveable Number	Max Length 10 Can be NULL No Special Characters
VisitLocationType	Type of location for the visit. Possible values include: 1 2 (1 = Home; 2 = Community)	"1" "2"	String Match = "1" "2" Can be NULL

Modifier1	First modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.	Modifier 1 column	See Services + Modifiers tab Can be NULL
Modifier2	Second modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.	Modifier 2 column	See Services + Modifiers tab Can be NULL
Modifier3	Third modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.	Modifier 3 column	See Services + Modifiers tab Can be NULL
Modifier4	Fourth modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.	Modifier 4 column	See Services + Modifiers tab Can be NULL
VisitType	Used for billing. If visit type is set to 'V' it means charge by visit. If set to some other value it means charge by hours. Implementing this feature requires special flags to be enabled for the account.	No value is expected for program	Max Length 1024 Can be NULL No Special Characters
CarFare	Legacy obsolete	No value is expected for program	Max Length 1024 Can be NULL No Special Characters
Task	<i>Segment provided if applicable for the visit and in scope for the program.</i>		
VisitId	Visit unique key.	No value is expected for program	Max Length 1024 Can be NULL No Special Characters
ScheduleID	Unique Identifier for the schedule record from the source system. Used to update the schedule in subsequent transfers.	No value is expected for program	Max Length 1024 Can be NULL No Special Characters
TaskID	Task id, this task id must map to the Task IDs used for the agency in the Sandata system.	No value is expected for program	Max Length 1024 Can be NULL No Special Characters
Reading	Task reading.	No value is expected for program	Max Length 1024 Can be NULL No Special Characters

Unit	Task unit.	No value is expected for program	Max Length 1024 Can be NULL No Special Characters
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Appendix 1: Payers + Programs

Payer ID	Department Program Name	Program ID	Program Type
CACCS	California Children's Services (CCS)	HHCS	Home Health Care Services
CADD5	Developmental Disability 1915c Waiver, 1915i State Plan, Self-Determination Program 1915c Waiver	PCS	Personal Care Services
CADD5	Developmental Disability 1915c Waiver, 1915i State Plan, Self-Determination Program 1915c Waiver	HHCS	Home Health Care Services
CAHCBA	Home and Community-Based Alternatives	HHCS	Home Health Care Services
CAHCBA	Home and Community-Based Alternatives	PCS	Personal Care Services
CAHHA	Home Health – Managed Care Plan and FFS	PCS	Personal Care Services
CAHHA	Home Health Care Services – Manged 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	HHCS	Home Health Care Services
CAMSSP	Multipurpose Senior Services Program 1915 (c) Waivers	PCS	Personal Care Services
CACBAS	Community-Based Adult Services (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

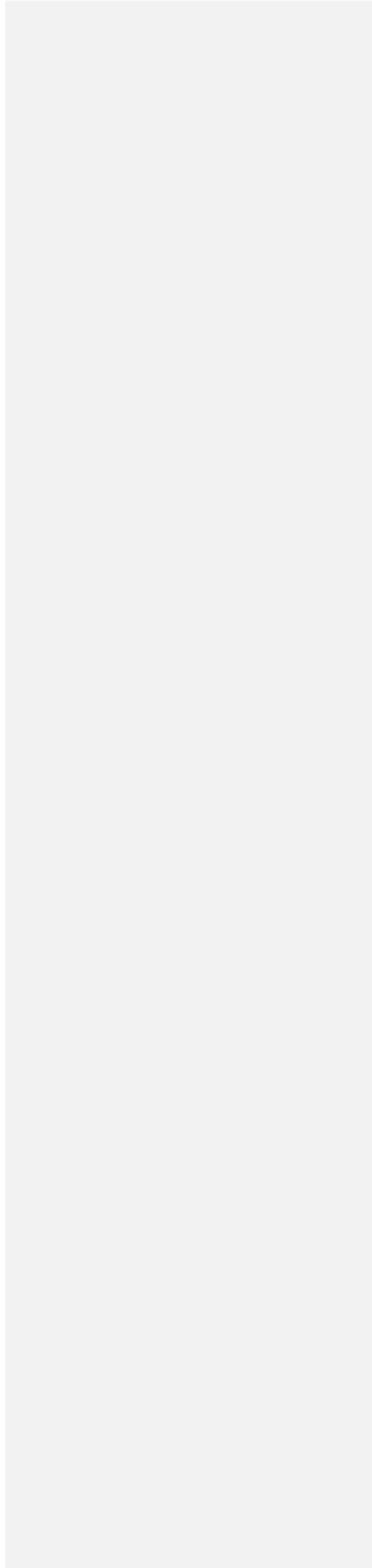
Appendix 2: Services + Modifiers

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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description
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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description
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
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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description
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



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 - Services Were Delivered	No
160	Caregiver Failed to Call Out - Services Were Delivered	No
170	Caregiver Failed to Call In and Out - 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
	ACCS	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
	CACCS	Riversid33	Riverside
	CACCS	Sac34	Sacramento
	CACCS	SBarbara42	Santa Barbara
	CACCS	SBenito35	San Benito
	CACCS	SBerndno36	San Bernardino

CACCS	S Clara43	Santa Clara
CACCS	S Cruz44	Santa Cruz
CACCS	S Diego37	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
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

CADD5	378	North Los Angeles County Regional Center
CADD5	379	San Gabriel/Pomona Regional Center
CADD5	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	HMM	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	CCAH	Central California Alliance for Health
CAHHA	CCHP	Contra Costa Health Plan
CAHHA	CenCal	CenCal Health
CAHHA	CHG	Community Health Group Partnership Plan
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
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

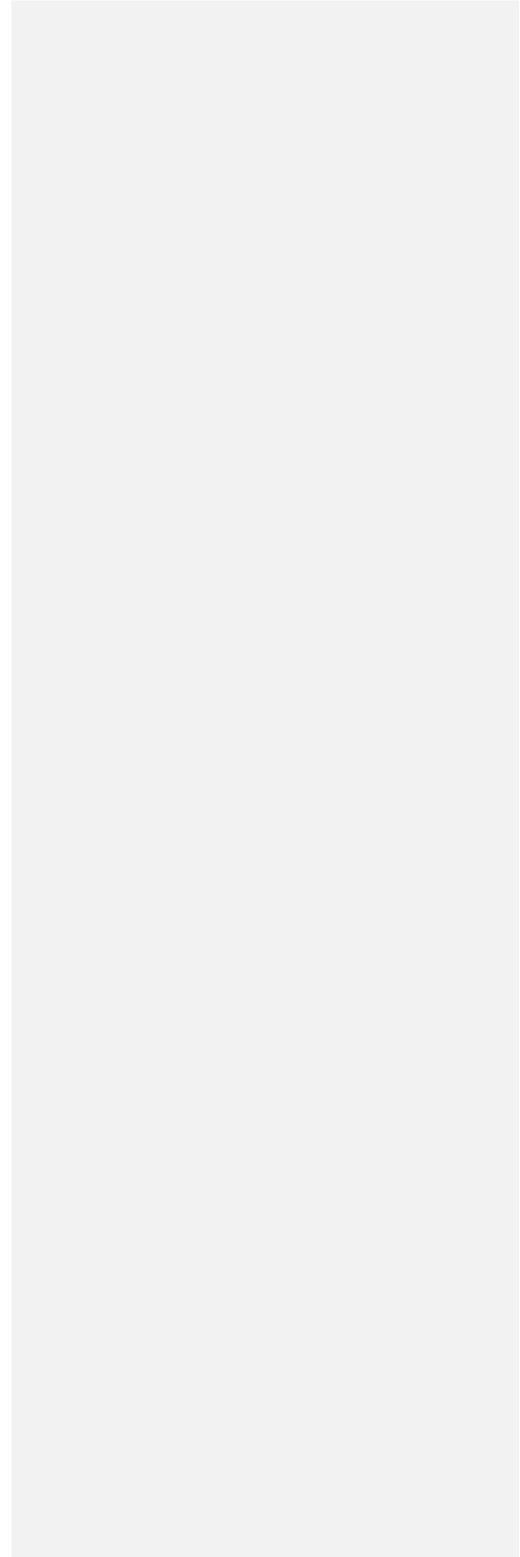
CAMSSP	28	County Of Merced
CAMSSP	32	Area 12 Agency On Aging
CAMSSP	33	County Of Kings/Tulare
CAMSSP	34	County Of Ventura
CAMSSP	37	City Of Fremont
CAMSSP	39	Human Services Association
CAMSSP	40	Partners In Care Foundation-North
CAMSSP	41	Cal-Optima
CAMSSP	43	Partners In Care Foundation-South
CAMSSP	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
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 Timezones

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

Mandarin Chinese

Yue Chinese

Vietnamese

Tagalog

Korean

Egyptian Arabic

Armenian

Appendix 8: Exception Codes

Exception Code	Exception Name	Fix / Acknowledge
0	Unknown Client	Fix
1	Unknown Employee	Fix
23	Missing Service	Fix
2	Visits Without Any Calls	Fix
3	Visits Without In-Call	Fix
4	Visits Without Out Call	Fix
34	Unauthorized Service	Fix