RIEOHHS CDS Open EVV – EVV Addendum v1.1

Addendum to
OpenEVV - EVV System
Specification v7.10
## Version Update

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Section</th>
<th>Changes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>v1.0</td>
<td>Pamela Brooks</td>
<td>All</td>
<td>Initial Draft</td>
<td>04.13.2020</td>
</tr>
<tr>
<td>v1.1</td>
<td>Pamela Brooks</td>
<td>2.2</td>
<td>Updated expected value for ClientID (Index 2)</td>
<td>04.28.2020</td>
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</table>

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1 Overview

The OpenEVV-EVV specification is intended to document the requirements for using the Sandata EVV Interface (part of the Open EVV Series of interfaces) for sending clients, employees, schedules and client employee cross-reference, and returning completed visit information to a 3rd party agency management, scheduling or fiscal management system. Sandata supports receiving data via RESTful services with JSON formatting.

This addendum is intended to document any additional required attributes and the attributes for the specification that have values specific for your program pertaining to the OpenEVV-EVV API.

Complete OpenEVV-EVV interface transmission guidelines may be found in the generic specification.

1.1 Intended Audience

The intended audience of this document is:
- Project Management and Technical teams at Sandata.
- Project Management and Technical teams who will be implementing this interface.

1.2 Open-EVV EVV API Transmission Guidelines

- File Format: JSON
- File Delivery: via RESTful API

1.3 Program Specific Assumptions & Business Policies

- Export Mode: 2 – All non-previousy exported visits (updated visits still can export again)
2 Data File Layout

See below for a description of fields and segments supported by the API. As part of the implementation process, required fields may be adjusted and the available fields may be modified based on the program specifics.

None of the segments defined below are required unless explicitly stated. Where noted, certain segments should not be included unless relevant supporting data is also included. The list of segments provided may vary by implementation.

The account identification element will be required as 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. Sample requests will be provided prior to implementation demonstrating the usage of this header.

Required Segment Definitions:
- Data segments may be required or optional. When sending data included in a particular segment, all required fields must be provided.
- If a data segment is optional and will not be sent, you may disregard all data fields including those that are required. The concept of required fields only applies when any given data segment is being sent to Sandata.

Required Field Definitions:
- Required – data element must be provided on the import file, otherwise, the record will be rejected.
- Optional – vendor may choose to send data element or not. If an optional field is being sent, ensure it is included in the header record. Record will not be rejected if this field is null.
- Conditional – specific scenarios exist where this field is required, other scenarios exist where this field may not apply and should not be sent. Conditional rules (or scenarios) will be detailed in the field description.
### 2.1 Account Identification

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
<th>Description</th>
<th>Max Length</th>
<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Account</td>
<td>Sandata account number. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998). It may be up to 10 positions.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g. 0998). 10 char maximum.</td>
</tr>
</tbody>
</table>

### 2.2 Client

The following is the information relative to the client’s receiving service from the agency.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
<th>Description</th>
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<th>Type</th>
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<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g. 0998). 10 char maximum.</td>
</tr>
<tr>
<td>2</td>
<td>ClientID</td>
<td>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</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>Value for ClientMedicaidID 10 digits</td>
</tr>
<tr>
<td>3</td>
<td>ClientLastName</td>
<td>Client’s Last Name.</td>
<td>30</td>
<td>String</td>
<td>Yes</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>4</td>
<td>ClientFirstName</td>
<td>Client’s First Name.</td>
<td>30</td>
<td>String</td>
<td>Yes</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>5</td>
<td>ClientMiddleName</td>
<td>Client’s Middle Initial. May be required if needed for billing. Note that some systems may only use the first letter as the initial.</td>
<td>30</td>
<td>String</td>
<td>Conditional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>6</td>
<td>MissingMedicaidID</td>
<td>Indicator that a patient is a newborn. If this value is provided, ClientMedicaidID will be ignored and will be valid as null. Values true/false.</td>
<td>5</td>
<td>String</td>
<td>Optional</td>
<td>True</td>
</tr>
<tr>
<td>7</td>
<td>ClientEmailAddress</td>
<td>Email address for the client. This value is required for the client if the client is expected to use the Sandata EVV Member Portal.</td>
<td>50</td>
<td>String</td>
<td>Conditional</td>
<td>Format: <a href="mailto:xxx@xxx.xxx">xxx@xxx.xxx</a> Validation Rules: @ and extension (.xxx) are required to validate an address.</td>
</tr>
<tr>
<td>Index</td>
<td>Element [Column Name]</td>
<td>Description</td>
<td>Max Length</td>
<td>Type</td>
<td>Required?</td>
<td>Expected Value(s) / Format / Validation Rules</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>----------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>ClientSuffix</td>
<td>Client Suffix (e.g. Sr. Jr. III, IV, V (no special characters)).</td>
<td>4</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>9</td>
<td>ClientSSN</td>
<td>Client’s social security number. If the field is left empty, RecipientIDCustom2 must be populated. Not required if RecipientIDCustom2 is sent. Numbers only, no dashes and leading zeros must be included.</td>
<td>9</td>
<td>String</td>
<td>N/A</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td></td>
<td><strong>Client Identifiers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>ClientMedicaidID</td>
<td>Unique ID provided by the State Medicaid program to the client.</td>
<td>64</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT 10 digits</td>
</tr>
<tr>
<td>11</td>
<td>RecipientIDCustom1</td>
<td>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.</td>
<td>24</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>12</td>
<td>RecipientIDCustom2</td>
<td>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.</td>
<td>24</td>
<td>String</td>
<td>Conditional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>13</td>
<td>CaseManager</td>
<td>Payer Level Case Managers are individuals who coordinate all aspects of the care of individual patients. Provide full name in this data element.</td>
<td>25</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>14</td>
<td>ClientCaseManagerEmail</td>
<td>Payer Level Case Managers are individuals who coordinate all aspects of the care of individual patients. If the case manager will be logging onto the EVV system, please provide the email address in this field.</td>
<td>64</td>
<td>String</td>
<td>Optional</td>
<td>Format: <a href="mailto:xxx@xxx.xxx">xxx@xxx.xxx</a> Validation Rules: @ and extension (.xxx) are required to validate an address.</td>
</tr>
<tr>
<td>15</td>
<td>Coordinator</td>
<td>The staff member assigned to the client in a specific agency as the coordinator for an employee.</td>
<td>64</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>16</td>
<td>ClientMedicalRecordNumber</td>
<td>The medical record number assigned to the client.</td>
<td>12</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>17</td>
<td>ARNumber</td>
<td>Accounts Receivable number or any other number that can be used to identify the client.</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>18</td>
<td>ProviderAssentContPlan</td>
<td>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.</td>
<td>5</td>
<td>Boolean</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>Index</td>
<td>Column Name</td>
<td>Description</td>
<td>Max Length</td>
<td>Type</td>
<td>Required?</td>
<td>Validation Rules</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------</td>
<td>-----------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>18</td>
<td>ClientGender</td>
<td>Client’s gender. Values: O = Unknown or other; M = Male, F = Female</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>O</td>
</tr>
<tr>
<td>19</td>
<td>ClientBirthDate</td>
<td>Client’s date of birth. Required for billing.</td>
<td>10</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>20</td>
<td>ClientMaritalStatus</td>
<td>Client’s marital status. Values: M = Married, S = Single, W = Widowed, O = Other</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>M</td>
</tr>
<tr>
<td>21</td>
<td>ClientLanguage</td>
<td>Client’s language. The list of acceptable values will be determined during implementation.</td>
<td>32</td>
<td>String</td>
<td>Optional</td>
<td>See Appendix 3 LanguageID column</td>
</tr>
<tr>
<td>22</td>
<td>DischargeDate</td>
<td>Date that the client was last discharged from the hospital.</td>
<td>10</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>23</td>
<td>ClientTimeZone</td>
<td>Client’s primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values.</td>
<td>64</td>
<td>String</td>
<td>Yes</td>
<td>See Appendix 4</td>
</tr>
<tr>
<td>24</td>
<td>ClientPriority</td>
<td>Allows designation of a client’s priority. Generally used to designate clients whose service is critical.</td>
<td>2</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>25</td>
<td>Team</td>
<td>Team, if applicable.</td>
<td>4</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>26</td>
<td>Branch</td>
<td>Used to identify a branch location within a given agency.</td>
<td>2</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>27</td>
<td>Borough</td>
<td>Primarily used for New York City agencies.</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>28</td>
<td>Area</td>
<td>Area code for the client. NOTE this is not area code related to a phone number.</td>
<td>2</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>29</td>
<td>ClientAdTypeID</td>
<td>User defined ID representing ID for Admission Type / payer.</td>
<td>6</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>30</td>
<td>ClientPrimaryDiagnosisCode</td>
<td>The client’s primary diagnosis code in ICD-10 format.</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>31</td>
<td>BillRate</td>
<td>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.</td>
<td>6</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>32</td>
<td>CaseNumber</td>
<td>Case number sent as part of the schedule record. Special use.</td>
<td>9</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>33</td>
<td>CaseSequence</td>
<td>Case sequence. Special use.</td>
<td>4</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>34</td>
<td>MobileDevice</td>
<td>Value in this field determines if the client requires a mobile device to be supplied by the payer/program. Special use only.</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>35</td>
<td>Status</td>
<td>Status of a client. To delete a record, set to D or leave empty for an insert or update.</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
</tbody>
</table>
### 2.2.1 Client Payer Information

The client payer information segment is a child/sub-segment of the client/recipient segment described above. If provided, it would be a child object within the client/recipient. There may be more than one set of client payer information for a single client/recipient. This segment is not required.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
<th>Description</th>
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<th>Type</th>
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<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PayerID</td>
<td>Sandata EVV assigned ID for the payer.</td>
<td>64</td>
<td>String</td>
<td>Yes</td>
<td>See Appendix 1 PayerID column</td>
</tr>
<tr>
<td>2</td>
<td>PayerProgram</td>
<td>If applicable, the program to which this visit belongs.</td>
<td>9</td>
<td>String</td>
<td>Yes</td>
<td>See Appendix 1 ProgramID column</td>
</tr>
<tr>
<td>3</td>
<td>ProcedureCode</td>
<td>This is the billable procedure code which would be mapped to the associated service. For most programs, it is the HCPCS number.</td>
<td>5</td>
<td>String</td>
<td>Yes</td>
<td>See Appendix 2 HCPCS column</td>
</tr>
<tr>
<td>4</td>
<td>ClientPayerID</td>
<td>Unique identifier sent by the payer.</td>
<td>20</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>5</td>
<td>ClientEligibilityDateBegin</td>
<td>Client eligibility begin date. This field is optional if ClientStatus is sent. Format YYYY-MM-DD</td>
<td>10</td>
<td>Date</td>
<td>Conditional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>6</td>
<td>ClientEligibilityDateEnd</td>
<td>Client eligibility end date. This field is optional if ClientStatus is sent. Format YYYY-MM-DD</td>
<td>10</td>
<td>Date</td>
<td>Conditional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>7</td>
<td>EffectiveStartDate</td>
<td>The effective start date for the client payer information.</td>
<td>10</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
</tbody>
</table>
### EffectiveEndDate

The effective end date for the client payer information.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
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</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>EffectiveEndDate</td>
<td>The effective end date for the client payer information.</td>
<td>10</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
</tbody>
</table>

### ClientStatus

The client’s current status. Provide the 2 digit code including the 0. Available values: 02 = Active, 04 = Inactive

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<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>ClientStatus</td>
<td>The client’s current status. Provide the 2 digit code including the 0. Available values: 02 = Active, 04 = Inactive</td>
<td>2</td>
<td>String</td>
<td>Conditional</td>
<td>02</td>
</tr>
</tbody>
</table>

### 2.2.2 PhoneNbr

This phone number segment is a child/sub-segment of the client/recipient segment described above. If provided, it would be a child object within the child/recipient. There may be more than one phone number for a single client/recipient. This segment IS required if scheduling functionality is in use.

<table>
<thead>
<tr>
<th>Index</th>
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<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g. 0998). 10 char maximum.</td>
</tr>
<tr>
<td>2</td>
<td>ClientID</td>
<td>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</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>SANDATA ASSIGNED</td>
</tr>
<tr>
<td>3</td>
<td>ClientPhoneType</td>
<td>Values: Home, Mobile, Business and Other. Note that multiple of the same type can be provided. Default to Other if not available.</td>
<td>12</td>
<td>String</td>
<td>Optional</td>
<td>Home</td>
</tr>
<tr>
<td>4</td>
<td>ClientPhone</td>
<td>Client phone number.</td>
<td>10</td>
<td>String</td>
<td>Required</td>
<td>FORMAT: ###########</td>
</tr>
</tbody>
</table>
2.2.3 Client Address

The address segment is a child/sub-segment of the client/recipient segment described above. If provided, it would be a child object within the client/recipient. There may be more than one address for a single client/recipient. This segment is not required.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
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<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g. 0998). 10 char maximum.</td>
</tr>
<tr>
<td>2</td>
<td>ClientID</td>
<td>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</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>SANDATA ASSIGNED</td>
</tr>
<tr>
<td>3</td>
<td>AddressType</td>
<td>Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available.</td>
<td>50</td>
<td>String</td>
<td>Yes</td>
<td>Home</td>
</tr>
<tr>
<td>4</td>
<td>ClientAddressLine1</td>
<td>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.</td>
<td>30</td>
<td>String</td>
<td>Yes</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>5</td>
<td>ClientAddressLine2</td>
<td>Street address line 2 associated with this address.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>6</td>
<td>ClientCity</td>
<td>City associated with this address.</td>
<td>30</td>
<td>String</td>
<td>Yes</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>7</td>
<td>ClientState</td>
<td>State associated with this address. Two Character standard abbreviation.</td>
<td>2</td>
<td>String</td>
<td>Yes</td>
<td>Format: 2 char standard state abbreviation</td>
</tr>
</tbody>
</table>
| 8     | 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. | 10         | String | Yes       | 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'. |
### 2.2.4 Client Contact

The client contact segment is a child/sub-segment of the client/recipient segment described above. If provided, it would be a child object within the client/recipient. There may be more than one contact for a single client/recipient. This segment is not required.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
<th>Description</th>
<th>Max Length</th>
<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Account</td>
<td>Sandata account number. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g., 0998). It may be up to 10 positions.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g., 0998). 10 char maximum.</td>
</tr>
<tr>
<td>2</td>
<td>ClientID</td>
<td>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.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>SANDATA ASSIGNED</td>
</tr>
<tr>
<td>3</td>
<td>ContactLastName</td>
<td>Client Contact Last Name. Entered by provider agency.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>4</td>
<td>ContactFirstName</td>
<td>Client Contact First Name. Entered by provider agency.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>5</td>
<td>ContactRelationshipToClient</td>
<td>Emergency Contact’s relationship with the Client. The list of acceptable values will be determined during implementation.</td>
<td>20</td>
<td>String</td>
<td>Optional</td>
<td>Values to be determined during implementation.</td>
</tr>
<tr>
<td>6</td>
<td>ClientContactPhoneType</td>
<td>Client Contact’s Phone Type. Values: Business, Home, Mobile, Other.</td>
<td>12</td>
<td>String</td>
<td>Optional</td>
<td>Business</td>
</tr>
<tr>
<td>7</td>
<td>ContactPhoneNumber</td>
<td>Client Contact Home Phone Number. Entered by provider agency. Format: ###############.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: ###############</td>
</tr>
<tr>
<td>8</td>
<td>ContactAddressLine1</td>
<td>Client Contact’s Street Address, Line 1.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>9</td>
<td>ContactAddressLine2</td>
<td>Client Contact’s Street Address, Line 2.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>10</td>
<td>ContactCity</td>
<td>Client Contact’s City.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>11</td>
<td>ContactState</td>
<td>Client Contact’s State. Two Character standard abbreviation.</td>
<td>2</td>
<td>String</td>
<td>Optional</td>
<td>Format: 2 char standard state abbreviation</td>
</tr>
<tr>
<td>12</td>
<td>ContactZip</td>
<td>Client Contact’s Zip Code. 9-digit primary address zip code. If additional 4 digits is not known, provide zeros. Format: ###############.</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>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'.</td>
</tr>
</tbody>
</table>
### 2.3 Employee

The following defines the basic information to be maintained in the Sandata EVV system relative to Employees who are servicing clients.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
<th>Description</th>
<th>Max Length</th>
<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Account</td>
<td>Sandata account number. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998). It may be up to 10 positions.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g. 0998). 10 char maximum.</td>
</tr>
<tr>
<td>2</td>
<td>EmployeePIN</td>
<td>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.</td>
<td>9</td>
<td>String</td>
<td>Yes</td>
<td>SANDATA ASSIGNED</td>
</tr>
<tr>
<td>3</td>
<td>EmployeeLastName</td>
<td>Employee’s Last Name</td>
<td>30</td>
<td>String</td>
<td>Yes</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>4</td>
<td>EmployeeFirstName</td>
<td>Employee’s First Name</td>
<td>30</td>
<td>String</td>
<td>Yes</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>5</td>
<td>EmployeeMiddleInitial</td>
<td>Employee’s Middle Initial</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>6</td>
<td>Department</td>
<td>Employee’s department. The values for this field will be defined during implementation.</td>
<td>3</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>7</td>
<td>EmployeeAPI</td>
<td>Employee client’s alternate provider identifier or Medicaid ID</td>
<td>25</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>8</td>
<td>EmployeeType</td>
<td>Such as nurse or home health attendant. This is user defined and varies based on the source system.</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>9</td>
<td>Discipline</td>
<td>Category of service. The values for this field will be defined during implementation.</td>
<td>17</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>10</td>
<td>EmployeeEmailAddress</td>
<td>Employee’s Email Address. This value is required if the employee is to have access to the Sandata mobile application (SMD) or to the Sandata EVV</td>
<td>50</td>
<td>String</td>
<td>Conditional</td>
<td>Format: <a href="mailto:xxx@xxx.xxx">xxx@xxx.xxx</a></td>
</tr>
</tbody>
</table>

*Format: xxx@xxx.xxx
Validation Rules: @ and extension (.xxx) are required to validate an address.*
<table>
<thead>
<tr>
<th>Index</th>
<th>Element</th>
<th>Description</th>
<th>Max Length</th>
<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>EmployeeAddress1</td>
<td>Street Address Line 1 associated with this address</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>12</td>
<td>EmployeeAddress2</td>
<td>Street address line 2 associated with this address.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>13</td>
<td>EmployeeCity</td>
<td>City associated with this address.</td>
<td>30</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>14</td>
<td>EmployeeState</td>
<td>State associated with this address. Two Character standard abbreviation.</td>
<td>2</td>
<td>String</td>
<td>Optional</td>
<td>Format: 2 char standard state abbreviation</td>
</tr>
<tr>
<td>15</td>
<td>EmployeeZipCode</td>
<td>Zip Code associated with this address. Required for Billing. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros.</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>Format: 9 digit primary address zip code. If the +4 cannot be provided, please send '0000'.</td>
</tr>
<tr>
<td>16</td>
<td>EmployeePhone</td>
<td>Employee’s phone number</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>FORMAT: # #######</td>
</tr>
<tr>
<td>17</td>
<td>EmployeeAltPhone</td>
<td>Employee’s alternate phone number</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>FORMAT: # #######</td>
</tr>
<tr>
<td>18</td>
<td>EmployeeAltPhone2</td>
<td>Employee’s second alternate phone number</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>FORMAT: # #######</td>
</tr>
<tr>
<td>19</td>
<td>EmployeeID</td>
<td>Unique identifier for the employee in the source system</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>Employee FULL SSN</td>
</tr>
<tr>
<td>20</td>
<td>EmployeeIDCustom1</td>
<td>Customized employee ID</td>
<td>64</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>21</td>
<td>EmployeeIDCustom2</td>
<td>Customized employee ID</td>
<td>64</td>
<td>String</td>
<td>Optional</td>
<td>DO NOT PROVIDE</td>
</tr>
<tr>
<td>22</td>
<td>EmployeeSocialSecurity</td>
<td>Employee’s social security number.</td>
<td>9</td>
<td>String</td>
<td>Optional</td>
<td>REQUIRED FOR CT DDS PROGRAM</td>
</tr>
<tr>
<td>23</td>
<td>PayRate</td>
<td>Rate for payroll.</td>
<td>5</td>
<td>Decimal</td>
<td>Optional</td>
<td>FORMAT: Can have values like 5.043 or 1.23 and should not exceed 5 characters. Decimal point is included in the length</td>
</tr>
<tr>
<td>24</td>
<td>EmployeeHireDate</td>
<td>Employee’s date of hire. If more than 1, provide latest hire date.</td>
<td>10</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>25</td>
<td>EmployeeEndDate</td>
<td>Employee’s HR recorded end date.</td>
<td>10</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>26</td>
<td>EmployeeBirthDate</td>
<td>Employee’s date of birth.</td>
<td>10</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>27</td>
<td>EmployeeGender</td>
<td>Employee’s gender. Values: O = Unknown or other, M = Male, F = Female</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>O</td>
</tr>
<tr>
<td>28</td>
<td>EmployeePrimaryLocation</td>
<td>The employee’s primary location.</td>
<td>15</td>
<td>String</td>
<td>Optional</td>
<td>NULL</td>
</tr>
<tr>
<td>29</td>
<td>Status</td>
<td>Status of an employee. To delete a record, set to D or leave empty for an insert or update.</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>NULL</td>
</tr>
</tbody>
</table>
2.4 Schedule NOT IN SCOPE FOR THIS PROGRAM (TABLE REMOVED)

2.5 XREF File

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.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element</th>
<th>Description</th>
<th>Max Length</th>
<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Account</td>
<td>Sandata account number. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998). It may be up to 10 positions.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g. 0998). 10 char maximum.</td>
</tr>
<tr>
<td>2</td>
<td>ClientIDQualifier</td>
<td>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.</td>
<td>20</td>
<td>String</td>
<td>Optional</td>
<td>“ClientMedicaidID”</td>
</tr>
<tr>
<td>3</td>
<td>ClientID</td>
<td>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.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>Value for ClientMedicaidID</td>
</tr>
<tr>
<td>4</td>
<td>EmployeeQualifier</td>
<td>Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.</td>
<td>20</td>
<td>String</td>
<td>Optional</td>
<td>EmployeeSSN</td>
</tr>
<tr>
<td>5</td>
<td>EmployeeID</td>
<td>Unique identifier for the employee in the source system.</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>FORMAT: ############### (Employee FULL SSN)</td>
</tr>
<tr>
<td>6</td>
<td>EmployeePIN</td>
<td>Unique identifier used by the employee when calling into the Santrak 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.</td>
<td>9</td>
<td>String</td>
<td>Yes</td>
<td>SANDATA ASSIGNED</td>
</tr>
<tr>
<td>Index</td>
<td>Element [Column Name]</td>
<td>Description</td>
<td>Max Length</td>
<td>Type</td>
<td>Required?</td>
<td>Expected Value(s) / Format / Validation Rules</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>----------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>ClientStatus</td>
<td>The client’s current status. Provide the 2-digit code including the 0. Available values: 02 = Active, 04 = Inactive. This field is optional if ClientEligibilityDateBegin or ClientEligibilityDateEnd is sent.</td>
<td>2</td>
<td>String</td>
<td>Conditional</td>
<td>02</td>
</tr>
<tr>
<td>8</td>
<td>Service</td>
<td>Service description.</td>
<td>12</td>
<td>String</td>
<td>Yes</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>9</td>
<td>XRefStartDate</td>
<td>Date when the relationship began. If this value is not provided it will be assumed to be the date the record is received.</td>
<td>Date</td>
<td>Date</td>
<td>Yes</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
<tr>
<td>10</td>
<td>XRefEndDate</td>
<td>Date when the relationship ended. If this value is not provided, it will be assumed to be ongoing.</td>
<td>Date</td>
<td>Date</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DD</td>
</tr>
</tbody>
</table>
3 Completed Visit Download

The completed visits API is provided to allow 3rd party vendors to download completed visit information. Applying this data to the source scheduling system will be the responsibility of the vendor and/or system owners. To ensure that all activity for a given calendar day has completed, current day visits will not be provided by this interface until after midnight.

3.1 Basic Description

- An API call is made requesting complete visits for a date range.
- The API returns a session ID which can be used to query a status endpoint.
- The status endpoint will indicate when processing is complete and the visits are ready to be “picked up”.
- An endpoint is used to retrieve the raw visit data. This endpoint supports pagination, as the amount of data may be large.
- Service responds with JSON feed of data matching date range.

3.2 tdsTelephonyActivity (Completed Visits)

See below for a description of fields included in the completed visit download. This service returns data in JSON format, and additional elements may be added over time. 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.

<table>
<thead>
<tr>
<th>Index</th>
<th>Element [Column Name]</th>
<th>Description</th>
<th>Max Length</th>
<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Account</td>
<td>Sandata account number. This number is generated by Santrax as the Provider Account Number. It should be padded with leading zeros to 4 positions (e.g. 0998). It may be up to 10 positions.</td>
<td>10</td>
<td>String</td>
<td>Yes</td>
<td>FORMAT: numeric; it should be padded with leading zeros to a minimum 4 char (e.g. 0998). 10 char maximum.</td>
</tr>
<tr>
<td>2</td>
<td>ScheduleID</td>
<td>Unique Identifier for the schedule record from the source system.</td>
<td>40</td>
<td>String</td>
<td>Optional</td>
<td>NOT IN SCOPE</td>
</tr>
<tr>
<td>3</td>
<td>ClientID</td>
<td>The client id is the unique identifier for the patient / client / individual.</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>SANDATA ASSIGNED</td>
</tr>
<tr>
<td>4</td>
<td>ClientMedicaidId</td>
<td>Unique ID provided by the State Medicaid program to the client.</td>
<td>64</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>5</td>
<td>EmployeePIN</td>
<td>Unique identifier used by the employee when calling into the Santrax EVV system.</td>
<td>9</td>
<td>String</td>
<td>Optional</td>
<td>SANDATA ASSIGNED</td>
</tr>
<tr>
<td>Index</td>
<td>Element</td>
<td>Description</td>
<td>Max Length</td>
<td>Type</td>
<td>Required?</td>
<td>Expected Value(s) / Format / Validation Rules</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td>--------------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>ActivityDate</td>
<td>Actual start date is the date in UTC format. Time set to 0.</td>
<td></td>
<td>DateTime</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DDTHH:MM:SSZ</td>
</tr>
<tr>
<td>7</td>
<td>ActivityEndDate</td>
<td>Actual end date is the date in UTC format. Time set to 0.</td>
<td></td>
<td>DateTime</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DDTHH:MM:SSZ</td>
</tr>
<tr>
<td>8</td>
<td>ScheduleStartTime</td>
<td>Activity / Schedule start date and time.</td>
<td></td>
<td>DateTime</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DDTHH:MM:SSZ</td>
</tr>
<tr>
<td>9</td>
<td>ScheduleEndTime</td>
<td>Activity / Schedule end date and time.</td>
<td></td>
<td>DateTime</td>
<td>Optional</td>
<td>FORMAT: YYYY-MM-DDTHH:MM:SSZ</td>
</tr>
<tr>
<td>10</td>
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<td>Scheduled duration in minutes. Format HH:MM</td>
<td>5</td>
<td>String</td>
<td>Optional</td>
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<tr>
<td>11</td>
<td>StartTime</td>
<td>Actual visit start time. Format HH:MM</td>
<td>5</td>
<td>String</td>
<td>Optional</td>
<td>FORMAT: HH:MM</td>
</tr>
<tr>
<td>12</td>
<td>EndTime</td>
<td>Actual visit end time. Format HH:MM</td>
<td>5</td>
<td>String</td>
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<td>13</td>
<td>PayMinutes</td>
<td>Pay hours in minutes based on the value entered in Sandata EVV Visit Maintenance.</td>
<td></td>
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<td>Units</td>
<td>Calculated units based on rules for the specified payer.</td>
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<td>The type of information used to define the start time. Values: IVR, FVV, MVV, MANUAL, NONSTX, OTHER</td>
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<td>StartPhoneNumber</td>
<td>If an IVR call, the phone number from which the phone call was received.</td>
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<td>Optional</td>
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<td>EndPhoneNumber</td>
<td>If an IVR call, the phone number from which the phone call was received.</td>
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<td>String</td>
<td>Optional</td>
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<td>Miles</td>
<td>Visit travel miles if Mileage Tracking is used.</td>
<td>9999.9999</td>
<td>Decimal</td>
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<td>Optional</td>
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<td>Optional</td>
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<td>Money spent if this feature is enabled.</td>
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<td>Decimal</td>
<td>Optional</td>
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<td>PayerName</td>
<td>The full name of the Payer associated with the visit.</td>
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<td>Service Contract information.</td>
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<td>Discipline</td>
<td>Discipline assigned to the employee.</td>
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<td>Service description.</td>
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RIEOHHS CDS OpenEVV-EVV Addendum v1.1
Proprietary & Confidential
<table>
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<tr>
<th>Index</th>
<th>Element [Column Name]</th>
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<th>Max Length</th>
<th>Type</th>
<th>Required?</th>
<th>Expected Value(s) / Format / Validation Rules</th>
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<tr>
<td>28</td>
<td>CaseNumber</td>
<td>Case number sent as part of the schedule record.</td>
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<td>29</td>
<td>LiveInFlag</td>
<td>Live in flag. Allowed values are Y, N</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>Y</td>
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<tr>
<td>30</td>
<td>VisitType</td>
<td>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.</td>
<td>1</td>
<td>String</td>
<td>Optional</td>
<td>See description.</td>
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<td>Visit unique key. This value is unique to Sandata’s EVV system.</td>
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<td>String</td>
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<td>32</td>
<td>Department</td>
<td>Employee’s department.</td>
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<td>EmployeeId</td>
<td>Unique employee identifier in the source system.</td>
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<td>String</td>
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<td>EMPLOYEE FULL SSN</td>
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<td>34</td>
<td>ApprovalUserName</td>
<td>User Name of approving user</td>
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<td>35</td>
<td>ApprovalDateTime</td>
<td>Approval Date/Time</td>
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<td>Optional</td>
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<td>36</td>
<td>AdjustedIn</td>
<td>Adjusted Time In</td>
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<td>ESVInScore</td>
<td>EVV In Score (Percentage Probability)</td>
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<td>Optional</td>
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<td>ESVOutScore</td>
<td>EVV Out Score (Percentage Probability)</td>
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<td>CSVInScore</td>
<td>Client EVV In Score (Percentage Probability)</td>
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<td>42</td>
<td>EVVCallInPhoneType</td>
<td>C = Cell, L=Landline, blank = other</td>
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<td>44</td>
<td>Memo</td>
<td>The free form memo field from Sandata EVV.</td>
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<td>String</td>
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<tr>
<td>45</td>
<td>CarFare</td>
<td>Car Fare if feature is enabled.</td>
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<tr>
<td>Index</td>
<td>Element</td>
<td>Description</td>
<td>Max Length</td>
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<td>Required?</td>
<td>Expected Value(s) / Format / Validation Rules</td>
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<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
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<tr>
<td>46</td>
<td>BillRate</td>
<td>Rate for billing.</td>
<td>6</td>
<td>Decimal</td>
<td>Optional</td>
<td>FORMAT: Can have values like 5.043 or 1.23 and should not exceed 6 characters. Decimal point is included in the length.</td>
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<tr>
<td>47</td>
<td>ProcCodeQualifier</td>
<td>The procedure code qualifier used in the 837. Most frequent value: ‘ZZ’</td>
<td>2</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
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<tr>
<td>48</td>
<td>ProcedureCode</td>
<td>This is the billable procedure code. It can be the HCPCS number.</td>
<td>5</td>
<td>String</td>
<td>Optional</td>
<td>See Appendix 2 HCPCS column</td>
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<tr>
<td>49</td>
<td>PayerProgram</td>
<td>The program to which this recipient belongs.</td>
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<td>String</td>
<td>Optional</td>
<td>See Appendix 1 ProgramID column</td>
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<tr>
<td>50</td>
<td>PayRate</td>
<td>Rate for payroll.</td>
<td>5</td>
<td>String</td>
<td>Optional</td>
<td>FORMAT: Can have values like 5.043 or 1.23 and should not exceed 5 characters. Decimal point is included in the length.</td>
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<tr>
<td>51</td>
<td>ARNumber</td>
<td>Accounts Receivable number or any other number that can be used to identify the client.</td>
<td>10</td>
<td>String</td>
<td>Optional</td>
<td>LIVE DATA</td>
</tr>
<tr>
<td>52</td>
<td>Modifier1</td>
<td>First modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.</td>
<td>3</td>
<td>String</td>
<td>Optional</td>
<td>See Appendix 2 Modifier columns</td>
</tr>
<tr>
<td>53</td>
<td>Modifier2</td>
<td>Second modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.</td>
<td>3</td>
<td>String</td>
<td>Optional</td>
<td>See Appendix 2 Modifier columns</td>
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<td>Modifier3</td>
<td>Third modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.</td>
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<td>String</td>
<td>Optional</td>
<td>See Appendix 2 Modifier columns</td>
</tr>
<tr>
<td>55</td>
<td>Modifier4</td>
<td>Fourth modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.</td>
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<td>String</td>
<td>Optional</td>
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</tr>
<tr>
<td>56</td>
<td>VisitLocationType</td>
<td>Location of the visit. Valid values to be determined during program implementation.</td>
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### 3.3 Task

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<td>ScheduleID</td>
<td>Unique Identifier for the schedule record from the source system. Used to update the schedule in subsequent transfers.</td>
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<td>3</td>
<td>TaskID</td>
<td>Task id, this task id must map to the Task IDs used for the agency in the Sandata system.</td>
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<td>Task unit.</td>
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Appendices

1  Payers & Programs

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<tr>
<th>Payer ID</th>
<th>Program/Waiver Name</th>
<th>Program ID</th>
<th>Programs &amp; Waivers Covered</th>
<th>Covered Services</th>
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<tbody>
<tr>
<td>RI Medicaid</td>
<td>BHDDH</td>
<td>CDB</td>
<td>S5125, S5130, S5130L, T2017, T2017 U1U2, T1019</td>
<td>CDS Behavioral Health</td>
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<td>CDP</td>
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<td>CDS Personal Choice</td>
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2  Services & Modifiers

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<th>Mod1</th>
<th>Mod2</th>
<th>Mod3</th>
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<td>Homemaker Services not otherwise stated</td>
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<td>CDP</td>
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<td>Homemaker Services not otherwise stated</td>
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<td>Homemaker Services not otherwise stated</td>
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<td>CDB</td>
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<td>U1</td>
<td>U2</td>
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<td>U2</td>
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<td>U2</td>
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## 3 Languages

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<td>Spanish</td>
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## 4 Time Zones

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<td>US/Central</td>
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<td>US/East-Indiana</td>
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<td>US/Eastern</td>
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<td>US/Hawaii</td>
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<tr>
<td>US/Indiana-Starke</td>
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<tr>
<td>US/Michigan</td>
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<td>US/Mountain</td>
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<td>US/Pacific</td>
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<td>America/Puerto_Rico</td>
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<td>Canada/Atlantic</td>
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## Tasks

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<td>Medications-infusion</td>
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<tr>
<td>0011</td>
<td>Injection</td>
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<td>0012</td>
<td>Catheter care</td>
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<td>0013</td>
<td>Empty colostomy bag</td>
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<tr>
<td>0014</td>
<td>Skin Care/Protocol</td>
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<tr>
<td>0015</td>
<td>Monitor Skin Condition</td>
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<td>0016</td>
<td>Apply hot application</td>
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<td>0017</td>
<td>Therapeutic Support</td>
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<td>0018</td>
<td>Tracheostomy care</td>
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<td>0019</td>
<td>Wound care</td>
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<td>0020</td>
<td>Assist Tube Feeding</td>
</tr>
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<td>0021</td>
<td>Assist with Ambulation/Mobility/Transfer</td>
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<td>0022</td>
<td>Assist clean/dressing change</td>
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<tr>
<td>0023</td>
<td>Active Range Of Motion</td>
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<td>0024</td>
<td>Apply cold application</td>
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<td>0025</td>
<td>Urine test</td>
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<td>0027</td>
<td>Oral Care</td>
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<td>0028</td>
<td>Bathing</td>
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<td>Grooming</td>
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<tr>
<td>0079</td>
<td>Make Bed</td>
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<tr>
<td>0085</td>
<td>Skin Care or Protocol with necrotic tissue</td>
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<tr>
<td>0086</td>
<td>Skin Care or Protocol infected and draining</td>
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<td>0125</td>
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<td>Passive and Active Range of Motion Exercises</td>
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<td>Assist with Ambulation</td>
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<td>0167</td>
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<td>Vital Sign: Weight</td>
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<td>Change Linens</td>
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6 Abbreviations

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<tbody>
<tr>
<td>ANI</td>
<td>Automatic Number Identification</td>
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<tr>
<td>BYOD</td>
<td>Bring Your Own Device</td>
</tr>
<tr>
<td>CDS</td>
<td>Consumer Directed Services</td>
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<tr>
<td>EVV</td>
<td>Electronic Visit Verification</td>
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<tr>
<td>FI</td>
<td>Fiscal Intermediary</td>
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<tr>
<td>GPS</td>
<td>Global Positioning System</td>
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<tr>
<td>IVR</td>
<td>Interactive Voice Response – the underlying system used for telephony</td>
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<tr>
<td>MVV</td>
<td>Mobile Visit Verification</td>
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<tr>
<td>PA</td>
<td>Prior Authorization</td>
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<td>PIN</td>
<td>Personal Identity Number</td>
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<td>SMC</td>
<td>Sandata Mobile Connect</td>
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<td>SSN</td>
<td>Social Security Number</td>
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<td>TVV</td>
<td>Telephonic Visit Verification</td>
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## Terminology

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<td>Insurance Company</td>
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<td>Contract</td>
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<td>Managed Care Organization (MCO)</td>
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<tr>
<td><strong>Provider</strong></td>
<td>Agency</td>
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