CT-(DSS-DMHAS)
Home Health & Personal Care
EVV Vendor Specification v1.5

Sandata Technologies, LLC
220 Duffy Ave. Unit 266A
Hicksville NY 11801

Version History

Name	Title	Version	Changes	Date
Michael Frosty	Technical Account Manager	1.0	Initial Version – Home Health Expansion. Consolidated generic specifications	10/20/2022
Michael Frosty	Technical Account Manager	1.1	Updated expected field values and formats to further clarify field expectations. Updated ClientID field in the Visit General segment to Required. Removed AUI program code. Changed VisitTasks segment name to Tasks	02/28/2023
Michael Frosty	Technical Account Manager	1.2	Updated Client Payer Segment to Conditional from Required. Updated Reason Codes.	03/08/2023
Michael Frosty	Technical Account Manager	1.3	Added program AUI	06/12/2023
Michael Frosty	Technical Account Manager	1.4	Changed Provider ID max length to 64 from 50. Updated Calls - Conditional description. Updated the ProcedureCode description to include revenue center code in all locations. Update 9.1.1 and 9.1.2 description to include Revenue Center Codes (RCCs). Changed the ClientPayer segment to Optional from Conditional. Removed the Client Designee Segment.	01/10/2024
Michael Frosty	Technical Account Manager	1.5	Updated Document Name from CT-(DSS-HH) EVV Vendor Specification to CT- (DSS – DMHAS) EVV Vendor Specification. Added Payer CTMHW and Programs ABP, AUP, CHP, PCP & MHP. Added PCS Services and Tasks. Tasks segment TaskID description updated to note the tasks are required for ABP, AUP, CHP, PCP & MHP. Added a link for Task Listing by program on the CTDSS Agency Task list section.	2/14/2024

Contents

This interface supplies the delivery mechanisms and the data layout/structure necessary to provide externally sourced EVV data to the Sandata systems for processing.	
Base Version	*7.14*

1 EVV Vendor 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 Employee: UAT: https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1 Visit: UAT: https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1 Client: Prod: https://api.sandata.com/interfaces/intake/clients/rest/api/v1.1 Employee: Prod: https://api.sandata.com/interfaces/intake/employees/rest/api/v1.1 Visit: Prod: https://api.sandata.com/interfaces/intake/visits/rest/api/v1.1
Payload Compression	No compression of data during delivery
Delivery Mechanism	Via RESTful API call
Delivery Frequency	No less frequent than daily (at time decided by each vendor supplying the EVV data). Can be multiple times per day at the vendor's discretion.

2 Overview

This specification is intended to document the requirements for using the Sandata Real Time Interface (part of the Open EVV Series of Interface) for receiving information from 3rd party EVV Vendors into the Sandata Aggregator. This interface is also referred to as the Alternate EVV Data Interface. An Alternate EVV Data Collection System will build one data pipe to the Aggregator and send synchronous data 'packages' per defined provider agency.

2.1 Intended Audience

The intended audience of this document is:

Project Management and Technical teams at Sandata.

Project Management and Technical teams at designated Providers/Vendors who will be implementing this interface.

2.2 Transmission Frequency

For optimal system performance, it is recommended that visits should be sent in near real time and at least daily. It is expected that information is sent as it is added/changed/deleted in the Alternate EVV Data Collection.

System Note: Rejection responses will be delivered on a separate API call that is initiated by the third party–in near real time.

2.3 Transmission Limits

A single transaction may contain from 1 to 5,000 records. A single record set would include all associated elements. If the group size exceeds the maximum limit for the group, the complete group will be rejected.

During peak loads, records received may be queued and processed as resources permit. Other transactions received for the Provider ID will be queued behind these until they are processed since they must be processed in the proper order.

Expected result of queued data is…Error Message: “The result for the input UUID is not ready yet. Please try again”.

Expected vendor action: Wait 5 minutes before attempting the GET status response.

2.4 Data Type Format Details

The user will send information in JSON or XML format. JSON and XML allow multiple “child” entities for a parent.

The format of the information sent must match exactly the format defined below and must be sent via web service using JSON or XML. Ultimately, we support only three data types during transmission: string, number, and Boolean. The specification uses more additional data types to ensure that data is received in the expected formats and appropriate record level editing can be incorporated. Except where numeric, the assumed JSON and XML format should be string. The data type provided in the specification is based on the following field definitions.

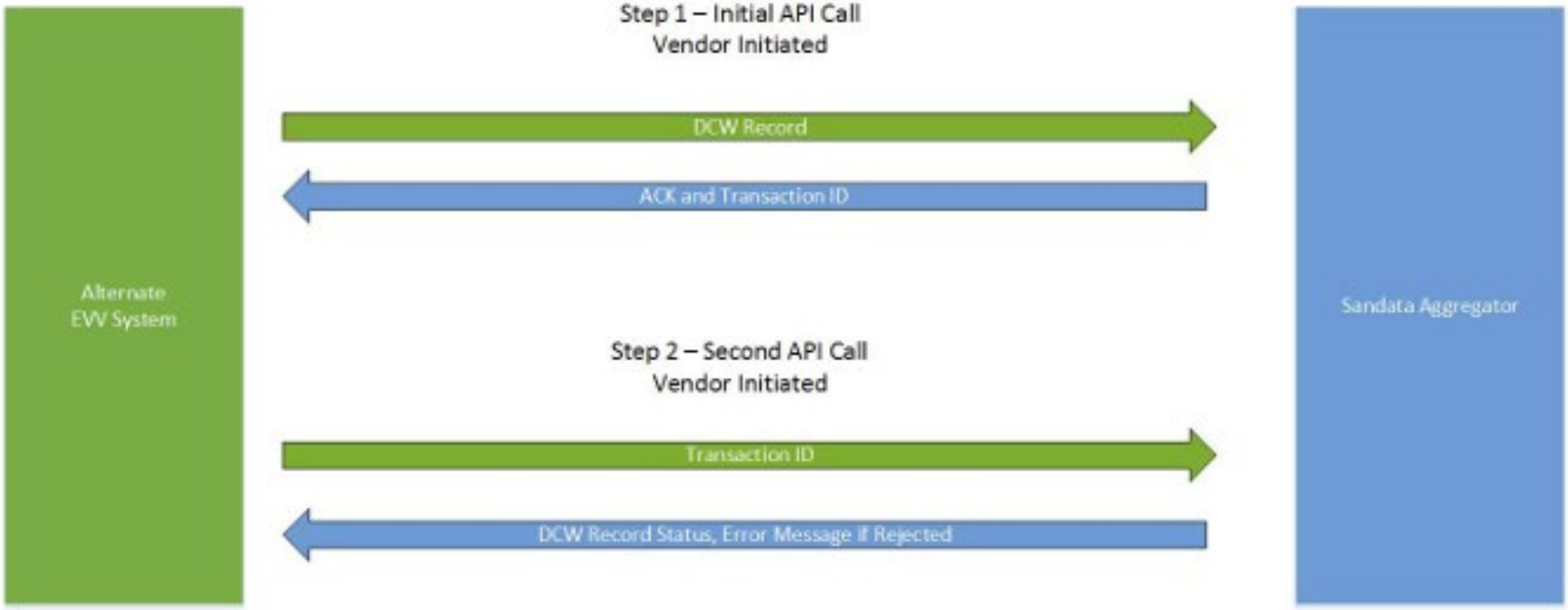
Note that the format is case sensitive. All field names must be provided in EXACTLY the casing used in the definitions below. Sandata recommends using RESTful services with JSON formatting.

Data Type	Description	Example
DateTime	The **date** and **time** are represented as a string with the following format: YYYY-MM-DDTHH:MM:SSZ All times will be provided in UTC. If time is not material, it will be provided as is expected.	2016-12-20T16:10:28Z
Date (Only Date)	The data is represented as a string with the following format: YYYY-MM-DD Date only will be sent in UTC format.	2016-12-20
Timezone	All time for tracking visits will be in UTC. All time zone values will be derived from the Internet Assigned Numbers Authority (IANA) time zone database, which contains data that represents the history of local time for locations around the globe. It is updated periodically to reflect changes made by political bodies to time zone boundaries, UTC offsets, and daylight-saving rules. The time zone name expected in each transaction is the actual time zone where the event took place. i.e., US/Eastern.	A complete list of time zones can be found at: https://www.iana.org/time- zones See Appendix for the list of time zones.

Data Type	Description	Example
String	A **string** is a row of zero or more characters that can include letters, numbers, or other types of characters as a unit, not an array of single characters. (e.g., plain text).	"This is a string"
Integer	An **integer** is a numeric value without a decimal. Integers are whole numbers and can be positive or negative.	52110 (positive) -87721 (negative)
Decimal	A floating-point number is referred to as a **decimal**. Can be positive or negative.	8221.231 (positive) -71.214 (negative)
Boolean	A logic predicate indicator that can be either true or false.	true false

3 Rejected Record Process

When records are received, Sandata will return against each group a transaction ID and an ACK (acknowledgment of receipt). This transaction ID can be queried by the caller for status of the records in the transaction. This process will allow the provider/vendor to "GET status" on any of the records that may have been rejected. The example below is for an employee record.



3.1 New Record and Updates

New records and updates for previously sent data should be provided via clients, employees, visits interfaces ('data packages'). If a set of records is sent (either client, employee, or visit), all associated applicable elements should be sent. Partial updates will be rejected. An update that deletes a record will not actually remove information since Sandata will not physically delete information. The deleted record/s will no longer be visible on the application. However, the record history will maintain the original data received.

4 Transmission Method

Sandata supports an SOA architecture. Sandata will provide an API for 3rd party vendors or agency's internal IT organizations to utilize. Sandata will provide sample JSON format information (Java equivalent to XML), as well as the WADL (JSON equivalent of the WSDL) to those parties developing the interface. This specification will include the REST endpoints needed to request status on record acceptance /rejection.

4.1 Rules

The following rules apply to information received through this interface. For all rules that result in a rejection, it is expected that the issue will be resolved in the Alternate Data Collection System and the information subsequently retransmitted.

There is one set of Interfaces per Sandata Provider Agency State ID.

There will be 3 independent types of data provided through the Alternate EVV interface:

- Clients
- Employees (Field Staff)
- Visit Information

Each will be sent individually but can be delivered through the same single connection.

THE ALTERNATE DATA COLLECTION SYSTEM WILL BE RESPONSIBLE FOR:

Visit transmittals: Visits should be transmitted near real time. Actual payer frequency requirements may vary. Note that rejection responses will be delivered as separate API calls initiated by the third party. Information should be sent for only those records that are added, changed, or deleted. This is an incremental interface. Records which have not changed should not be resent.

Complete transmissions:

- When sending a client, all applicable elements and sub elements must be sent during each transmission.
- When sending an employee, all applicable elements and sub elements must be sent during each transmission.
- When sending a visit, all applicable elements and sub elements must be sent during each transmission.

Call matching: Calls received regardless of the collection method used by the Alternate Data Collection System are received together into a complete visit by the Aggregator, per the specification. Sandata will not attempt to match or rematch the visits received.

Data quality: All data will be accepted from third party data "as is," including any calculated fields.

Latitude and Longitude: Alternate EVV Data Collection Systems are responsible for providing latitude and longitude on all client addresses provided. Latitude and longitude must be provided for both the visit start and visit end time, assuming it is collected via a GPS-enabled device.

Assigning sequence numbers: For each of the 3 types of records (client, employee, visit), the Alternate Data Collection System will be responsible for assigning sequence numbers for each interface to ensure that updates are applied in the appropriate sequence. If a record is rejected, an incremented sequence is expected on the next transmission of that record set. Sequence numbers are per unique record (client, employee, visit) and record set (modifications to the same client, employee, visit). For example, the first time a particular client is sent, the sequence would be set to 1. The second time that same client is sent, the sequence would be set to 2, etc.

Ability to correct defined exceptions: Exceptions must be corrected using the standard set of reason codes provided by Payer/State. Some of the defined reason codes require additional text to provide additional information; this information must also be sent as part of this interface.

Change log transmission: Changes made to all visit information must be fully logged, and the log information must be transmitted as part of the visit record, as applicable. The log must be completed in the VisitChanges segment.

Standard date/time format: All dates and times provided must be sent in UTC (Coordinated Universal Time) format in GMT.

GENERAL PROCESSING RULES:

If a record is received and any required data is missing, malformed, or incomplete as defined in the specification, the record will be rejected or set to default values in accordance with the detailed specifications.

If an optional field is provided with an invalid value (one not listed in this specification), the field will be set to the default value, null and/or rejected, unless otherwise specified in this specification.

If text (string) field length is longer (>/greater than) than the maximum allowed for that field value, unless otherwise noted, the field will be truncated to the maximum length specified for that field.

Any record without a sequence number will be rejected. Sequence numbers are per unique record (client, employee, visit). For example, the first time a particular client is sent, the sequence would be set to 1. The second time the same client is sent, the sequence would be set to 2, etc.

Records will be processed in the order received using the assigned sequence number.

If the record is received with a sequential number that is less than the one already processed, the data will be rejected with error "Version number is duplicated or older than current." The vendor must correct the SequenceID and resend the data.

Header information as determined for the payer and program must be included in each transmission for each record (client, employee, visit), otherwise the entire collection of records will be rejected.

CLIENT RULES:
The following represents a subset of the requirements for client information. Please see the Field Information section of this document for all applicable rules.

If the client does not include at least 1 complete address (address line 1, city, state, zip code) the client will be rejected.

If the client does not include the defined unique identifier, the client will be rejected.

If the client does not include first name, last name and time zone, the client will be rejected.

EMPLOYEE RULES:
The following represents a subset of the requirements for employee information. Please see the Field Information section of this document for all applicable rules.

If SequenceID and Staff ID are not provided, the employee will be rejected.

If employee first name and last name are not provided, the employee will be rejected.

VISIT RULES:
Clients and Employees must be sent before visits, to ensure they exist in the Sandata system at the time of visit receipt.

No Client Provided - To allow the Aggregator to determine if the visit is for a Payer/State client, the visit must include a client. If a visit does not include a client, the complete visit will be rejected.

Invalid/Unknown Client Provided - To allow the Aggregator to determine if the visit is for a Payer/State Client, the visit must include a valid client associated with the payer. If a visit includes a client that is unknown to Sandata (has not been received and accepted), the complete visit record will be rejected.

No Employee Provided / Invalid or Unknown Employee Provided - If a visit does not include an employee (visit record send without an employee associated), The visit will be rejected as 'Worker not found'. The data will not process with an 'Unknown Employee' exception in Aggregator.

The Alternate EVV system is expected to be able to handle a visit that crosses calendar days.

A visit can only be cancelled if it does not have any calls associated with it or any adjusted times. If a visit has calls but is being cancelled in the source EVV system, the "Bill Visit" indicator should be set to False to indicate that the visit should be disregarded for billing purposes. The visit status will be set to Omit by the Aggregator.

The following rules apply to the dates and times provided for the visit:

Date and Time Exists for the Following:				Rule
Call In	Call Out	Adjusted In	Adjusted Out	
x	x			Call Out must be > Call In Otherwise record rejected.
Superseded by Adj. In	Superseded by Adj. Out	x	x	Adj. Out must be > Adj. In Otherwise record rejected.
x	Superseded by Adj. Out		x	Adj. Out must be > Call In Otherwise record rejected.
Superseded by Adj. In	x	x		Call Out must be > Adj. In Otherwise record rejected.

Upon receipt, Sandata will calculate all configured Payer/Program exceptions and apply those exceptions as applicable. For those exceptions that may be recalculated over the life of the visit, these exceptions will be calculated as appropriate.

It is assumed that there are some exceptions that cannot be "fixed" in the Alternate Data Collection System by their nature. They are configured for the Payer/State program as requiring acknowledgement by the system user. One of the included visit elements provides the ability for the user to

send their acknowledgement. These exceptions require attestation that the exception has been reviewed/acknowledged in the system along with the appropriate reason code and attestation that appropriate documentation exists. Exceptions are specific to a given Payer/Program and will be noted in the associated appendix.

Upon receipt, Sandata will calculate and apply visit status as defined for the Payer/Program.

The Alternate Data Collection System will be expected to send a reason code and optionally the defined resolution code if it applies to the payer. Based on the definitions of the reason codes, some reason codes require additional information explaining the change. If additional information is required, the alternate data collection system must collect the information and include it when transmitting the visit to Sandata.

5 Sequencing

The SequenceID on all three types of records (clients, employees, visits) should be independent per record and should be incremented each time any record is sent. The Sequence ID will be used to ensure that a record is processed only once and that the most current information is used for reporting and claims processing. In the event a visit update is not accepted (rejected), the SequenceID on that transmission should not be reused. The next update should increment to the next number in the sequence. Failure to do so will cause the new record to be rejected as a duplicate.

Sequence Rules:

- If the latest SequenceID is greater than the highest value previously received, the record set will not be rejected. i.e., latest SequenceID = 5, previous SequenceID = 4 Record accepted, and latest record is displayed.
- If the latest SequenceID is less than the value previously received, and the record has not yet been processed, it will be accepted and recorded as historical information. i.e., latest SequenceID

  = 8, previous SequenceID = 10 Record accepted, and latest record is still SequenceID = 10.
- If the Sequence ID is equal to a value previously received, it will be rejected. i.e., latest SequenceID = 15, previous SequenceID = 15 Record rejected.
- Gaps in sequence will be allowed.

Please Note:

For those agencies that wish to use the Alternate EVV interface, and would prefer to use timestamps as the sequence number in their deliveries, the Sandata system can accept the timestamp value as the sequence number, under two conditions:

1. *The timestamp value provided must contain only numbers, and no other symbols (i.e. "/", "-", and ":" characters removed)*
2. *The timestamp value provided must be formatted as YYYYMMDDHHMMSS. For example:*

6 Message Acknowledgement (ACK) and Transaction ID

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency.	10	String
2	ProviderID	Unique identifier for the agency.	64	String
3	TransactionID	Unique identifier for the request generated by the payer.	50	String
4	Reason	Default and only value provided: "Transaction Received"	250	String

7 Response for Record Status

Index	Column Name	Description	Max Length	Type
1	AgencyIdentifier	Unique identifier for the agency.	10	String
2	ProviderID	Unique identifier for the agency.	64	String
3	RecordType	Type of record that was rejected. Values: Client, Employee, Visit	10	String
4	RecordOtherID	Value of the record identifier	50	String
5	Reason	Default and only value provided: “Transaction Received”	250	String

8.0 EVV- Element- Activity

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

Note: Conditional means if it is present then it is required.

8.1 Client Data Endpoint

This endpoint receives information regarding the individual member/beneficiary (known here as the 'Client') that receives care as part of the visit. Please note - the Client record must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will be rejected due to "Client not found".

Index	Element	Description	Max Length	Type	Required?	Expected Value
ProviderIdentification – Required						
1	ProviderQualifier	Unique identifier for the provider as determined by the program definition.	20	String	Yes	MedicaidID
2	ProviderID	Unique identifier for the agency. ID type must match to the ProviderQualifier value being passed for Provider validation and lookup.	64	String	Yes	DSS-AVRS ID (MedicaidID) Example: ######### (9 Digits)
ClientGeneralInformation - Required						
1	ClientQualifier	Value being sent to uniquely identify the client. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	ClientCustomID
2	ClientIdentifier	Unique client identifier used by the state to reference the member data across all Medicaid activities. This value will need to be the same as the ClientCustomID.	64	String	Yes	MedicaidID (9-digit ID) Format: #########
3	ClientFirstName	Client's First Name.	30	String	Yes	Client's First Name (See Field Level Errors in Appendix 9.7)
4	ClientMiddleInitial	Client's Middle Initial.	1	String	Optional	Client's Middle Initial

Index	Element	Description	Max Length	Type	Required?	Expected Value
5	ClientLastName	Client's Last Name.	30	String	Yes	Client's Last Name (See Field Level Errors in Appendix 9.7)
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	MedicaidID (9-digit ID) Format: #########
7	MissingMedicaidID	Indicator that a patient is a newborn.	5	String	Optional	"false"
8	SequenceID	The Third-Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure the order of the client data updates. For HHA System users, the value is the system-generated key.	16	Integer	Yes	Third-Party EVV Vendor Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
9	ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing record during import.	24	String	Optional	Primary Client Key from the EVV Vendor System (No Special Characters)
10	ClientTimeZone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated.	64	String	Yes	"US/Eastern"
11	ClientCustomID	Unique client identifier used by the state to reference the member data across all Medicaid activities. This value will need to be the same as the ClientIdentifier.	24	String	Yes	MedicaidID (9-digit ID) Format: #########
12	ClientSSN	Client's social security number. Not required if ClientOtherID is sent.	9	Integer	Optional	Last 5-digits of SSN Format: 0000#####

Index	Element	Description	Max Length	Type	Required?	Expected Value
13	Coordinator	The staff member is assigned to the client in a specific agency as the coordinator for an employee.			Do not provide	Do not provide
15	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
ClientAddress – Required						
Required segment. At least one record for each client is required for the program. Multiple addresses are accepted with different address types.						
1	ClientAddressType	This field designates the client address type. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Yes	"Home"| "Business" | "Other"
2	ClientAddressIsPrimary	One address must be designated as primary by sending true. Additional addresses will be false.	5	String	Yes	"true" | "false"
3	ClientAddressLine1	Street address line 1 associated with this address. PO Box may be used for Safe at Home participants. PO Box may impact GPS reporting.	30	String	Yes	Address Line 1
4	ClientAddressLine2	Street address line 2 associated with this address.	30	String	Optional	Address Line 2
5	ClientCounty	County associated with this address.	25	String	Optional	County
6	ClientCity	City associated with this address.	30	String	Yes	City
7	ClientState	State associated with this address.	2	String	Yes	Two-character standard state abbreviation. (Must be capitalized)

Index	Element	Description	Max Length	Type	Required?	Expected Value
8	ClientZip	Zip Code associated with this address. If additional 4 digits are not known, provide zeros.	9	String	Yes	Zip Code Format: #########
9	ClientAddressLongitude	Calculated for each address.			Do not provide	Do not provide
10	ClientAddressLatitude	Calculated for each address.			Do not provide	Do not provide
ClientPayerInformation – Optional						
1	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	Valid Values = CTDSS, CTHH, CTMHW
2	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	Valid Values = HHI, ABI, AUI, CHI, PCI, ABP, AUP, CHP, PCP, MHP
3	ProcedureCode	This is the billable Procedure Code/Revenue Center Code which would be mapped to the associated service.	5	String	Yes	Billing Service code as listed. See Appendix 9.1.1
4	Modifier1	Modifier for the Procedure Code/Revenue Center Code (when applicable). Up to 4 modifiers are allowed. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1

Index	Element	Description	Max Length	Type	Required?	Expected Value
5	Modifier2	Modifier for the Procedure Code/Revenue Center Code 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.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
6	Modifier3	Modifier for the Procedure Code/Revenue Center Code 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.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
7	Modifier4	Modifier for the Procedure Code/Revenue Center Code 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.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
8	ClientPayerID	Unique identifier sent by the payer.			Do not provide	Do not provide
9	ClientStatus	The client's status. Provide the 2-digit code including the 0.	2	String	Yes	String match = "02" | "04" Available values: 02 = Active 04 = Inactive
10	EffectiveStartDate	The effective start date for the client payer information.	10	Date	Optional	Date Format: YYYY-MM-DD

Index	Element	Description	Max Length	Type	Required?	Expected Value
11	EffectiveEndDate	The effective end date for the client payer information.	10	Date	Optional	Date Format: YYYY-MM-DD
12	ClientEligibilityDateBegin	Client eligibility end date. This field is optional if ClientStatus is sent.			Do not provide	Do not provide
13	ClientEligibilityDateEnd	Client eligibility begin date. This field is optional if ClientStatus is sent.			Do not provide	Do not provide
ClientPhone – Conditional						
The fields in this segment marked as required "Yes" are only needed when this segment is sent.						
1	ClientPhoneType	This is the client phone type. Note that multiple of the same type can be provided.	12	String	Yes	"Home" | "Mobile" | "Business" | "Other"
2	ClientPhone	Client phone number including area code.	10	String	Yes	Client Phone Number Format: ##########

8.2 Employee Data Endpoint

This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit. Please note- the Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will be rejected due to 'Worker not found'.

ProviderIdentification – Required						
1	ProviderQualifier	Identifier being sent as the unique identifier for the provider.	20	String	Yes	MedicaidID

Index	Element	Description	Max Length	Type	Required?	Expected Value
2	ProviderID	Unique identifier for the agency. ID type must match to the ProviderQualifier value being passed for Provider validation and lookup.	64	String	Yes	DSS-AVRS ID(MedicaidID) Example: ######### (9 Digits)
EmployeeGeneralInformation – Required						
Required data in the body of the transmission. This segment provides the basic information about the employee.						
1	EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	20	String	Yes	EmployeeSSN
2	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission. Employee Identifier is to be provided in one of the three acceptable formats. The EmployeeIdentifier format must be consistent in both the EmployeeGeneral and VisitGeneral segments. Santrax Agency Formats need to be Reviewed.	9	String	Yes	Format: 4 generic leading digits & Last 5-digits of SSN Format: #########
3	EmployeeOtherID	Unique employee identifier in the external system, if any.	64	String	Optional	Vendor Supplied value based on Vendor's solutions. Unique ID for each employee.
4	SequenceID	The Third-Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	Third-Party EVV Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS

Index	Element	Description	Max Length	Type	Required?	Expected Value
						Numbers only; no other characters.
5	EmployeeSSN	Employee Social Security Number.	9	String	Yes	Format: 4 generic leading digits & Last 5-digits of SSN Format: #########
6	EmployeeLastName	Employee's last name.	30	String	Yes	Employee's Last Name (See Field Level Errors in Appendix 9.7)
7	EmployeeFirstName	Employee's first name.	30	String	Yes	Employee's First Name (See Field Level Errors in Appendix 9.7)
8	EmployeeEmail	Employee's email address.	64	String	Conditional	Employee's Email Address Format: "@" and extension (.xxx) are required to validate as an email address
9	EmployeeManagerEmail	Email of the employee's manager.			Do not provide	Do not provide
10	EmployeeHireDate	Employee's Date of Hire.			Do not provide	Do not provide
11	EmployeeEndDate	Employee's HR recorded end date.			Do not provide	Do not provide
12	EmployeeAPI	Employee client's alternate provider identifier or Medicaid ID.			Do not provide	Do not provide
13	EmployeePosition	Values for payer/state programs to be determined during implementation. If multiple positions, send primary.			Do not provide	Do not provide

Index	Element	Description	Max Length	Type	Required?	Expected Value

8.3 Visit Data Endpoint

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

ProviderIdentification – Required						
1	ProviderQualifier	Identifier being sent as the unique identifier for the provider.	20	String	Yes	MedicaidID
2	ProviderID	Unique identifier for the agency. ID type must match to the ProviderQualifier value being passed for Provider validation and lookup.	64	String	Yes	DSS-AVRS ID(MedicaidID) Example: ######### (9 Digits)
VisitGeneralInformation – Required						
Required segment provides the base data regarding an EVV visit. If a visit is changed (corrections, alterations, updates) over time, the same visit may be delivered multiple times, **each sharing the same 'VisitOtherID'**, but each change represented with a different Sequence ID- ascending over time- to allow the state's Aggregator system to keep the changes ordered appropriately. Each update requires a 'VisitChanges' segment.						
1	VisitOtherID	Visit identifier in the external system.	50	String	Yes	Visit Identifier
2	SequenceID	The Third-Party EVV visit sequence ID to which the change applied. For HHA System users, the value is the system-generated key.	16	Integer	Yes	Third-Party EVV Visit Sequence ID If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.
3	EmployeeQualifier	Descriptive reference of the value being sent to uniquely identify the employee.	20	String	Yes	EmployeeSSN

Index	Element	Description	Max Length	Type	Required?	Expected Value
4	EmployeeOtherID	Unique employee identifier in the external system, if any. The EmployeeOtherID format must be consistent in both the EmployeeGeneral and VisitGeneral segments.	64	String	Optional	Vendor Supplied value based on Vendor's solutions. Unique ID for each employee.
5	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. This value must equal the EmployeeIdentifier provided in the Visit transmission. Employee Identifier is to be provided in one of the three acceptable formats. The EmployeeIdentifier format must be consistent in both the EmployeeGeneral and VisitGeneral segments.	9	String	Yes	Format: 4 generic leading digits & Last 5-digits of SSN Format: #########
6	GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients or multiple caregivers providing service to a single client that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	Optional	GroupCode
7	ClientIDQualifier	Describes what type of identifier is being sent to identify the client.	20	String	Yes	ClientCustomID

Index	Element	Description	Max Length	Type	Required?	Expected Value
8	ClientIdentifier	Unique client identifier used by the state to reference the member data across all Medicaid activities.	64	String	Yes	MedicaidID (9-digit ID) Format: #########
9	ClientID	Unique client identifier used by the state to reference the member data across all Medicaid activities.	64	String	Yes	MedicaidID (9-digit ID) Format: #########
10	ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing record during import.	24	String	Optional	Vendor System Client ID
11	VisitCancelledIndicator	Set to false as the default. Set to true if a future scheduled visit previously sent and accepted with NO “CallIn”, “CallOut” or “Adjusted” times to be cancelled / deleted. Can only be applicable to future schedules.	5	String	Conditional	"true" | "false" Can only be true or false.
12	PayerID	Sandata EVV assigned ID for the payer.	64	String	Yes	Valid Values = CTDSS, CTHH, CTMHW
13	PayerProgram	If applicable, the program to which this visit belongs.	9	String	Yes	Valid Values = HHI, ABI, AUI, CHI, PCI, ABP, AUP, CHP, PCP, MHP
14	ProcedureCode	This is the billable Procedure Code/Revenue Center Code which would be mapped to the associated service.	5	String	Yes	Billing Service code as listed. See Appendix 9.1.1

Index	Element	Description	Max Length	Type	Required?	Expected Value
15	Modifier1	Modifier for the Procedure Code/Revenue Center Code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
16	Modifier2	Modifier for the Procedure Code/Revenue Center Code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
17	Modifier3	Modifier for the Procedure Code/Revenue Center Code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1
18	Modifier4	Modifier for the Procedure Code/Revenue Center Code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. It is required to apply modifier values in the order specifically listed in the Appendix.	2	String	Conditional	Service Code modifiers as listed in Appendix. Value must match distinct values from reference tables and modifiers must be in order as defined. Should be "NULL" if nothing is provided. See Appendix 9.1.1

Index	Element	Description	Max Length	Type	Required?	Expected Value
19	VisitTimeZone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Should be provided if the visit is occurring in a time zone other than that of the client.	64	String	Yes	"US/Eastern"
20	AdjInDateTime	Adjusted in date/time required only if manually adjusted. **The VisitChanges segment is required.**	20	DateTime	Conditional	Adjusted In Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
21	AdjOutDateTime	Adjusted out date/time required only if manually adjusted. **The VisitChanges segment is required.**	20	DateTime	Conditional	Adjusted Out Date and Time Format: YYYY-MM-DDTHH:MM:SSZ
22	BillVisit	True for all visits to be billed. False is only sent if the visit is not to be considered for claims validation and set to omit status.	5	String	Yes	"true" | "false"
23	Memo	Associated free form text.	1024	String	Optional	Memo
24	ClientVerifiedTimes	If the client did verify times in EVV Vendor system set this value to true. If the client did not verify times in EVV Vendor system set this value to false.	5	String	Optional	"true" | "false"
25	ClientVerifiedTasks	If the client did verify tasks performed in EVV Vendor system set this value to true. If the client did not verify tasks performed in EVV Vendor system set this value to false.	5	String	Optional	"true" | "false"

Index	Element	Description	Max Length	Type	Required?	Expected Value
26	ClientVerifiedService	If the client did verify service performed in EVV Vendor system set this value to true. If the client did not verify service performed in EVV Vendor system set this value to false.	5	String	Optional	"true" | "false"
27	ClientSignatureAvailable	The actual signature will not be transferred. The originating system will be considered the system of record. If the client signature is captured in EVV Vendor system set this value to true. If the client signature is not captured in EVV Vendor system set this value to false.	5	String	Optional	"true" | "false"
28	ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record. If the client voice recording is captured in EVV Vendor system set this value to true. If the client voice recording is not captured in EVV Vendor system set this value to false.	5	String	Optional	"true" | "false"

Index	Element	Description	Max Length	Type	Required?	Expected Value
29	ScheduleStartTime	Activity/Schedule start date and time. This field is generally required but may be omitted if the schedule denotes services that can happen at any time within the service date. Schedules are required in all cases. Lack of a schedule is on an exception basis.			Do not provide	Do not provide
30	ScheduleEndTime	Activity/Schedule end date and time. This field is generally required but may be omitted if the schedule denotes services that can happen at any time within the service date. Schedules are required in all cases. Lack of schedule is on an exception basis.			Do not provide	Do not provide
31	ContingencyPlan	Indicator of member's contingency plan selected by member. Valid values include (CODE should be sent only): CODE- DescriptionCP01 - Reschedule within 2 HoursCP02 - Reschedule within 24 HoursCP03 - Reschedule within 48 HoursCP04 - Next Scheduled VisitCP05 - Non-Paid Caregiver			Do not provide	Do not provide
32	Reschedule	Indicator if schedule is a "reschedule".			Do not provide	Do not provide
33	HoursToBill	Hours that are going to be billed.			Do not provide	Do not provide

Index	Element	Description	Max Length	Type	Required?	Expected Value
34	HoursToPay	If payroll is in scope for the payer program, the hours to pay.			Do not provide	Do not provide
Calls – Conditional						
CallAssignment providing both "Time In" and "Time Out" are expected with the first instance of every visit, representing visit as captured. Visit updates, with Adjusted times, can omit this segment, or send this segment exactly as originally sent. These segment details cannot be changed, after submitted. The fields in this segment marked as required "Yes" are only needed when this segment is sent. Note that some vendor systems may not record some visit activity as calls. If this is the case, the call element can be omitted. Sandata will treat visit information without calls as manually entered.						
1	CallExternalID	Call identifier in the external system.	16	String	Yes	Call Identifier
2	CallDateTime	Event date time. Must be to the second.	20	DateTime	Yes	Call Date Time Format: YYYY-MM-DDTHH:MM:SSZ
3	CallAssignment	This identifies the call assignment type.	10	String	Yes	"Time In" | "Time Out"
4	GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients or multiple caregivers providing service to a single client that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	Optional	GroupCode

Index	Element	Description	Max Length	Type	Required?	Expected Value
5	CallType	The type of device used to create the event. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of fixed visit verification device. VisitChanges segment is required for CallType = Manual.	20	String	Yes	"Telephony" | "Mobile" | "FVV" | "Manual"
6	ProcedureCode	This is the billable Procedure Code/Revenue Center Code which would be mapped to the associated service.	5	String	Yes	Procedure Code/Revenue Center Code See Appendix 9.1.1
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional	Format: #########
8	MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	64	String	Conditional	Mobile Login of employee
9	CallLatitude	GPS latitude recorded during the event. Latitude has a range of -90 to 90 with a 15-digit precision. Required for CallType = Mobile	19	Decimal	Conditional	Latitude Value Decimal with sign if negative 2 primary.15digit precision. Decimal format with (-)XX.XXXXXXXXXXXXXX digits
10	CallLongitude	GPS longitude recorded during the event. Longitude has a range of -180 to 180 with a 15-digit precision. Required for CallType = Mobile	20	Decimal	Conditional	Longitude Value Decimal with sign if negative 3 primary.15digit precision. Decimal format with (-)XXX.XXXXXXXXXXXXXX digits

Index	Element	Description	Max Length	Type	Required?	Expected Value
11	TelephonyPIN	PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony.	9	Integer	Conditional	Telephony PIN Numbers only
12	OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	10	String	Conditional	Originating Phone Number No Special Characters
13	Location	Specific values to be provided based on the program.			Do not provide	Do not provide
14	VisitLocationType	Self-Reported visit location REQUIRED for all call types. Value to be sent should be "1 "or "2" 1=Home, 2=Community	25	String	Optional	"1" | "2"
VisitChanges – Conditional						
Conditional segment provided when a visit has been manually entered, adjusted, or updated in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change and supply the reason code for why it occurred. The fields in this segment marked as required "Yes" are only needed when this segment is sent.						
1	SequenceID	The Third-Party EVV visit sequence ID to which the change applied. For HHA System users, the value is the system-generated key.	16	String	Yes	Third-Party EVV Visit Sequence ID. If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters.

Index	Element	Description	Max Length	Type	Required?	Expected Value
2	ChangeMadeBy	The unique identifier of the user, system, or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	64	String	Yes	Unique Identifier of Change Agent Required – Username or User Identifier who completed the change to the visit information (Audit)
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	DateTime	Yes	Date and Time When Change is Made Format: YYYY-MM-DDTHH:MM:SSZ
4	GroupCode	GroupCode applies to visits for a single caregiver that provides services to multiple clients or multiple caregivers providing service to a single client that occur during the same time span. It is used to reassemble all members of the group and will impact state reporting and analytics for overlapping visits. Use only if this functionality is provided by the Alternate EVV vendor.	6	String	Optional	GroupCode
5	ReasonCode	Reason Code associated with the change.	4	String	Yes	See Appendix 9.3 for values
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes and CallType “Manual” or if “Adjusted” times are included.	256	String	Conditional	Required if ReasonCode = Other, Participant Refusal Optional otherwise
7	ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	4	String	Do Not Provide	

Index	Element	Description	Max Length	Type	Required?	Expected Value
Tasks – Conditional						
Conditional segment. This segment contains the non-service specific details regarding activities the caregiver performed during the visit. These detailed activities are known as 'Tasks' and often align to the care plan designed for the individual receiving care. Please refer to the service task Appendix to determine if one or more tasks must be submitted with this visit.						
1	TaskID	TaskID, this TaskID must map to the Task IDs used for the agency in the Sandata system. Tasks are **required** for the **ABP, AUP, CHP, PCP & MHP** programs. Please reference the task id that is associated with the service in the Task List Appendix.	4	String	Yes	See Task List Appendix
2	TaskReading	Task reading recorded during the service.	10	String	Optional	Can be NULL No Special Characters
3	TaskRefused	True, False	5	Boolean	Optional	String match = “True" | "False" Can be NULL
VisitExceptionAcknowledgement – Conditional						
Conditional segment provided for a visit when it has corrections, alterations, or updates that caused exceptions, which have been acknowledged by the provider agency. Every exception that is acknowledgeable (versus exceptions that require a fix- or alteration of the visit data) must have an acknowledgement for the visit to be fully verified and compliant with the EVV program's rules. The fields in this segment marked as required “Yes” are only needed when this segment is sent.						
1	ExceptionID	ID for the exception being acknowledged.	2	String	Yes	See Appendix 9.4 for values
2	ExceptionAcknowledged	True to acknowledge exceptions that are indicated as acknowledgeable only. False by default.	5	String	Yes	"true" or "false"

9 Appendices

9.1 Payers & Programs

PayerID	Payer Program	Payer Name	Program Description
CTDSS	ABI, AUI, CHI, PCI	Connecticut Department of Social Services	Home Health for Waiver Programs
CTDSS	ABP, AUP, CHP, PCP	Connecticut Department of Social Services	Acquired Brain Injury, Autism Professional, CT Home Care, Personal Care Assistant non-Clinical Programs
CTHH	HHI	Connecticut Department of Social Services	Home Health for Non-Waiver Programs
CMHW	MHP	Connecticut Mental Health Wavier	Connecticut Mental Health Wavier Program - Agency

9.1.1 Non-Waiver Home Health Procedure Codes – Revenue Center Codes (RCCs)

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTHH	HHI	G0162					RN MGMT and EVAL of POC, 15 min
CTHH	HHI	G0162	TT				RN MGMT and EVAL of POC, 15 min Subsequent Client
CTHH	HHI	G0162	U2				RN MGMT and EVAL of POC, 15 min 1X Only
CTHH	HHI	G0162	U2	TT			RN MGMT and EVAL of POC, 15 min Subsequent Client 1X Only
CTHH	HHI	G0151					PT in HH/Hospice EVAL of POC, 15 min
CTHH	HHI	G0151	TT				PT in HH/Hospice EVAL of POC, 15 min Subsequent Client
CTHH	HHI	G0151	U2				PT in HH/Hospice EVAL of POC, 15 min 1X Only
CTHH	HHI	G0151	U2	TT			PT in HH/Hospice EVAL of POC, 15 min Subsequent Client 1X Only
CTHH	HHI	G0152					OT in HH/Hospice EVAL of POC, 15 min
CTHH	HHI	G0152	TT				OT in HH/Hospice EVAL of POC, 15 min Subsequent Client
CTHH	HHI	G0152	U2				OT in HH/Hospice EVAL of POC, 15 min 1X Only

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTHH	HHI	G0152	U2	TT			OT in HH/Hospice EVAL of POC, 15 min Subsequent Client 1X Only
CTHH	HHI	G0153					ST in HH/Hospice EVAL of POC, 15 min
CTHH	HHI	G0153	TT				ST in HH/Hospice EVAL of POC, 15 min Subsequent Client
CTHH	HHI	G0153	U2				ST in HH/Hospice EVAL of POC, 15 min 1X Only
CTHH	HHI	G0153	U2	TT			ST in HH/Hospice EVAL of POC, 15 min Subsequent Client 1X Only
CTHH	HHI	G0493					RN Care 15 Mins HH/Hospice (Req TB Diag)
CTHH	HHI	G0494					LPN Care 15 Mins HH/Hospice (Req TB Diag)
CTHH	HHI	H0033					Oral MED ADMIN, Direct Observation
CTHH	HHI	H0033	TT				Oral MED ADMIN, Direct Observation Subsequent Client
CTHH	HHI	H0033	U2				Oral MED ADMIN, Direct Observation 1X Only
CTHH	HHI	H0033	U2	TT			Oral MED ADMIN, Direct Observation Subsequent Client 1X Only
CTHH	HHI	S9123					Nursing Care, RN
CTHH	HHI	S9123	TG				Nursing Care, RN Complex Care
CTHH	HHI	S9123	TG	TT			Nursing Care, RN Complex Care Subsequent Client
CTHH	HHI	S9123	TH				Nursing Care, RN Obstetrics
CTHH	HHI	S9123	TH	TT			Nursing Care, RN Obstetrics Subsequent Client
CTHH	HHI	S9123	TT				Nursing Care, RN Subsequent Client
CTHH	HHI	S9123	U2				Nursing Care, RN 1X Only
CTHH	HHI	S9123	U2	TT			Nursing Care, RN Subsequent Client 1X Only
CTHH	HHI	S9124					Nursing Care, LPN
CTHH	HHI	S9124	TG	TE			Nursing Care, LPN Complex Care
CTHH	HHI	S9124	TG	TE	TT		Nursing Care, LPN Complex Care Subsequent Client
CTHH	HHI	S9124	TH				Nursing Care, LPN Obstetrics
CTHH	HHI	S9124	TH	TT			Nursing Care, LPN Obstetrics Subsequent Client
CTHH	HHI	S9124	TT				Nursing Care, LPN Subsequent Client
CTHH	HHI	S9124	U2				Nursing Care, LPN 1X Only
CTHH	HHI	S9124	U2	TT			Nursing Care, LPN Subsequent Client 1X Only

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTHH	HHI	T1001					Nursing ASSESS/EVAL
CTHH	HHI	T1001	TD				Nursing ASSESS/EVAL Initial
CTHH	HHI	T1001	TD	TT			Nursing ASSESS/EVAL Initial Subsequent Client
CTHH	HHI	T1001	TD	U2			Nursing ASSESS/EVAL Initial 1X Only
CTHH	HHI	T1001	TD	U2	TT		Nursing ASSESS/EVAL Initial Subsequent Client 1X Only
CTHH	HHI	T1002					Addl RN Services /15 Mins max 1 Hr
CTHH	HHI	T1002	TT				Addl RN Services /15 Mins max 1 Hr Subsequent Client
CTHH	HHI	T1002	U2				Addl RN Services /15 Mins max 1 Hr 1X Only
CTHH	HHI	T1002	U2	TT			Addl RN Services /15 Mins max 1 Hr Subsequent Client 1X Only
CTHH	HHI	T1002	TH				Addl RN Services /15 Mins max 1 Hr Obstetrics
CTHH	HHI	T1002	TH	TT			Addl RN Services /15 Mins max 1 Hr Obstetrics Subsequent Client
CTHH	HHI	T1003					Addl LPN Services /15 Mins max 1Hr
CTHH	HHI	T1003	TT				Addl LPN Services /15 Mins max 1Hr Subsequent Client
CTHH	HHI	T1003	U2				Addl LPN Services /15 Mins max 1Hr 1X Only
CTHH	HHI	T1003	U2	TT			Addl LPN Services /15 Mins max 1Hr Subsequent Client 1X Only
CTHH	HHI	T1003	TH				Addl LPN Services /15 Mins max 1Hr Obstetrics
CTHH	HHI	T1003	TH	TT			Addl LPN Services /15 Mins max 1Hr Obstetrics Subsequent Client
CTHH	HHI	T1004					Nursing Aide Services /15 Mins
CTHH	HHI	T1004	TT				Nursing Aide Services /15 Mins Subsequent Client
CTHH	HHI	T1004	U2				Nursing Aide Services /15 Mins 1X Only
CTHH	HHI	T1004	U2	TT			Nursing Aide Services /15 Mins Subsequent Client 1X Only
CTHH	HHI	T1021					MED TECH (HHA OR CNA) Per Visit
CTHH	HHI	T1021	TT				MED TECH (HHA OR CNA) Per Visit Subsequent Client
CTHH	HHI	T1021	U2				MED TECH (HHA OR CNA) Per Visit 1X Only
CTHH	HHI	T1021	U2	TT			MED TECH (HHA OR CNA) Per Visit Subsequent Client 1X Only
CTHH	HHI	T1502					MED ADMIN, Oral, IM/SUBQ Per Visit

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTHH	HHI	T1502	TT				MED ADMIN, Oral, IM/SUBQ Per Visit Subsequent Client
CTHH	HHI	T1502	U2				MED ADMIN, Oral, IM/SUBQ Per Visit 1X Only
CTHH	HHI	T1502	U2	TT			MED ADMIN, Oral, IM/SUBQ Per Visit Subsequent Client 1X Only
CTHH	HHI	T1503					MED ADMIN, Non IM/SUBQ, Oral Per Visit
CTHH	HHI	T1503	TT				MED ADMIN, Non IM/SUBQ, Oral Per Visit Subsequent Client
CTHH	HHI	T1503	U2				MED ADMIN, Non IM/SUBQ, Oral Per Visit 1X Only
CTHH	HHI	T1503	U2	TT			MED ADMIN, Non IM/SUBQ, Oral Per Visit Subsequent Client 1X Only
CTHH	HHI	421					PT, in the Home
CTHH	HHI	424					PT EVAL
CTHH	HHI	424	TT				PT EVAL Subsequent Client
CTHH	HHI	424	U2				PT EVAL 1X Only
CTHH	HHI	424	U2	TT			PT EVAL Subsequent Client 1X Only
CTHH	HHI	431					OT, in the Home
CTHH	HHI	434					OT EVAL
CTHH	HHI	434	TT				OT EVAL Subsequent Client
CTHH	HHI	434	U2				OT EVAL 1X Only
CTHH	HHI	434	U2	TT			OT EVAL Subsequent Client 1X Only
CTHH	HHI	441					ST, in the Home
CTHH	HHI	444					ST EVAL
CTHH	HHI	444	TT				ST EVAL Subsequent Client
CTHH	HHI	444	U2				ST EVAL 1X Only
CTHH	HHI	444	U2	TT			ST EVAL Subsequent Client 1X Only

9.1.2 Waiver Home Health Procedure Codes – Revenue Center Codes (RCCs)

These Services can be used with any of the following program codes (ABI, AUI, CHI, PCI)

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS		G0162					RN MGMT and EVAL of POC, 15 min
CTDSS		G0162	TT				RN MGMT and EVAL of POC, 15 min Subsequent Client
CTDSS		G0162	U2				RN MGMT and EVAL of POC, 15 min 1X Only
CTDSS		G0162	U2	TT			RN MGMT and EVAL of POC, 15 min Subsequent Client 1X Only
CTDSS		G0151					PT in HH/Hospice EVAL of POC, 15 min
CTDSS		G0151	TT				PT in HH/Hospice EVAL of POC, 15 min Subsequent Client
CTDSS		G0151	U2				PT in HH/Hospice EVAL of POC, 15 min 1X Only
CTDSS		G0151	U2	TT			PT in HH/Hospice EVAL of POC, 15 min Subsequent Client 1X Only
CTDSS		G0152					OT in HH/Hospice EVAL of POC, 15 min
CTDSS		G0152	TT				OT in HH/Hospice EVAL of POC, 15 min Subsequent Client
CTDSS		G0152	U2				OT in HH/Hospice EVAL of POC, 15 min 1X Only
CTDSS		G0152	U2	TT			OT in HH/Hospice EVAL of POC, 15 min Subsequent Client 1X Only
CTDSS		G0153					ST in HH/Hospice EVAL of POC, 15 min
CTDSS		G0153	TT				ST in HH/Hospice EVAL of POC, 15 min Subsequent Client
CTDSS		G0153	U2				ST in HH/Hospice EVAL of POC, 15 min 1X Only
CTDSS		G0153	U2	TT			ST in HH/Hospice EVAL of POC, 15 min Subsequent Client 1X Only
CTDSS		H0033					Oral MED ADMIN, Direct Observation
CTDSS		H0033	TT				Oral MED ADMIN, Direct Observation Subsequent Client
CTDSS		H0033	U2				Oral MED ADMIN, Direct Observation 1X Only

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS		H0033	U2	TT			Oral MED ADMIN, Direct Observation Subsequent Client 1X Only
CTDSS		S9123					Nursing Care, RN
CTDSS		S9123	TT				Nursing Care, RN Subsequent Client
CTDSS		S9123	U2				Nursing Care, RN 1X Only
CTDSS		S9123	U2	TT			Nursing Care, RN Subsequent Client 1X Only
CTDSS		S9124					Nursing Care, LPN
CTDSS		S9124	TT				Nursing Care, LPN Subsequent Client
CTDSS		S9124	U2				Nursing Care, LPN 1X Only
CTDSS		S9124	U2	TT			Nursing Care, LPN Subsequent Client 1X Only
CTDSS		T1001					Nursing ASSESS/EVAL
CTDSS		T1001	TD				Nursing ASSESS/EVAL Initial
CTDSS		T1001	TD	TT			Nursing ASSESS/EVAL Initial Subsequent Client
CTDSS		T1001	TD	U2			Nursing ASSESS/EVAL Initial 1X Only
CTDSS		T1001	TD	U2	TT		Nursing ASSESS/EVAL Initial Subsequent Client 1X Only
CTDSS		T1002					Addl RN Services /15 Mins max 1 Hr
CTDSS		T1002	TT				Addl RN Services /15 Mins max 1 Hr Subsequent Client
CTDSS		T1002	U2				Addl RN Services /15 Mins max 1 Hr 1X Only
CTDSS		T1002	U2	TT			Addl RN Services /15 Mins max 1 Hr Subsequent Client 1X Only
CTDSS		T1003					Addl LPN Services /15 Mins max 1Hr
CTDSS		T1003	TT				Addl LPN Services /15 Mins max 1Hr Subsequent Client
CTDSS		T1003	U2				Addl LPN Services /15 Mins max 1Hr 1X Only
CTDSS		T1003	U2	TT			Addl LPN Services /15 Mins max 1Hr Subsequent Client 1X Only
CTDSS		T1004					Nursing Aide Services /15 Mins
CTDSS		T1004	TT				Nursing Aide Services /15 Mins Subsequent Client
CTDSS		T1004	U2				Nursing Aide Services /15 Mins 1X Only

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS		T1004	U2	TT			Nursing Aide Services /15 Mins Subsequent Client 1X Only
CTDSS		T1021					MED TECH (HHA OR CNA) Per Visit
CTDSS		T1021	TT				MED TECH (HHA OR CNA) Per Visit Subsequent Client
CTDSS		T1021	U2				MED TECH (HHA OR CNA) Per Visit 1X Only
CTDSS		T1021	U2	TT			MED TECH (HHA OR CNA) Per Visit Subsequent Client 1X Only
CTDSS		T1502					MED ADMIN, Oral, IM/SUBQ Per Visit
CTDSS		T1502	TT				MED ADMIN, Oral, IM/SUBQ Per Visit Subsequent Client
CTDSS		T1502	U2				MED ADMIN, Oral, IM/SUBQ Per Visit 1X Only
CTDSS		T1502	U2	TT			MED ADMIN, Oral, IM/SUBQ Per Visit Subsequent Client 1X Only
CTDSS		T1503					MED ADMIN, Non IM/SUBQ, Oral Per Visit
CTDSS		T1503	TT				MED ADMIN, Non IM/SUBQ, Oral Per Visit Subsequent Client
CTDSS		T1503	U2				MED ADMIN, Non IM/SUBQ, Oral Per Visit 1X Only
CTDSS		T1503	U2	TT			MED ADMIN, Non IM/SUBQ, Oral Per Visit Subsequent Client 1X Only
CTDSS		421					PT, in the Home
CTDSS		424					PT EVAL
CTDSS		424	TT				PT EVAL Subsequent Client
CTDSS		424	U2				PT EVAL 1X Only
CTDSS		424	U2	TT			PT EVAL Subsequent Client 1X Only
CTDSS		431					OT, in the Home
CTDSS		434					OT EVAL
CTDSS		434	TT				OT EVAL Subsequent Client
CTDSS		434	U2				OT EVAL 1X Only
CTDSS		434	U2	TT			OT EVAL Subsequent Client 1X Only
CTDSS		441					ST, in the Home

Payer	Program	HCPCS/RCC	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS		444					ST EVAL
CTDSS		444	TT				ST EVAL Subsequent Client
CTDSS		444	U2				ST EVAL 1X Only
CTDSS		444	U2	TT			ST EVAL Subsequent Client 1X Only

9.1.3 Mental Health Waiver Procedure Codes

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTMHW	MHP	1206Z	GW				Chore Service Agency per 15 min NA to hospice condition
CTMHW	MHP	1206Z	TT				Chore Service Agency per 15 min subsequent client
CTMHW	MHP	1206Z	TU				Chore Service Agency per 15 min OT
CTMHW	MHP	1206Z	U2				Chore Service Agency per 15 min 1x only
CTMHW	MHP	1206Z					Chore Service Agency per 15 min
CTMHW	MHP	1213M	GW				Recovery Assist Agency per 15 min NA to hospice condition
CTMHW	MHP	1213M	TT				Recovery Assist Agency per 15 min subsequent client
CTMHW	MHP	1213M	TU				Recovery Assist Agency per 15 min OT
CTMHW	MHP	1213M	U2				Recovery Assist Agency per 15 min 1x only
CTMHW	MHP	1213M					Recovery Assist Agency per 15 min
CTMHW	MHP	1217M	GW				Recovery Assist Overngt per 15 min NA to hospice condition
CTMHW	MHP	1217M	TT				Recovery Assist Overnight per 15 min subsequent client
CTMHW	MHP	1217M	TU				Recovery Assist Overnight per 15 min OT
CTMHW	MHP	1217M	U2				Recovery Assist Overnight per 15 min 1x only
CTMHW	MHP	1217M					Recovery Assist Overnight per 15 min
CTMHW	MHP	1229Z	GW				Brief Episode Stabilization per 15 min NA to hospice condition

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTMHW	MHP	1229Z	TT				Brief Episode Stabilization per 15 min subsequent client
CTMHW	MHP	1229Z	TU				Brief Episode Stabilization per 15 min OT
CTMHW	MHP	1229Z	U2				Brief Episode Stabilization per 15 min 1x only
CTMHW	MHP	1229Z					Brief Episode Stabilization per 15 min
CTMHW	MHP	1247Z	GW				Mental Health Counseling per visit NA to hospice condition
CTMHW	MHP	1247Z	TT				Mental Health Counseling per visit subsequent client
CTMHW	MHP	1247Z	U2				Mental Health Counseling per visit 1x only
CTMHW	MHP	1247Z					Mental Health Counseling per visit
CTMHW	MHP	G9012	GW				Transitional Case Management per 15 min NA to hospice condition
CTMHW	MHP	G9012	TT				Transitional Case Management per 15 min subsequent client
CTMHW	MHP	G9012	TU				Transitional Case Management per 15 min OT
CTMHW	MHP	G9012	U2				Transitional Case Management per 15 min 1x only
CTMHW	MHP	G9012					Transitional Case Management per 15 min
CTMHW	MHP	H0038	GW				Self-Help Peer Services per 15 min NA to hospice condition
CTMHW	MHP	H0038	TT				Self-Help Peer Services per 15 min subsequent client
CTMHW	MHP	H0038	TU				Self-Help Peer Services per 15 min OT
CTMHW	MHP	H0038	U2				Self-Help Peer Services per 15 min 1x only
CTMHW	MHP	H0038					Self-Help Peer Services per 15 min
CTMHW	MHP	H2015	GW				Community Support Service per 15 min NA to hospice condition
CTMHW	MHP	H2015	TT				Community Support Service per 15 min subsequent client
CTMHW	MHP	H2015	TU				Community Support Service per 15 min OT
CTMHW	MHP	H2015	U2				Community Support Service per 15 min 1x only
CTMHW	MHP	H2015					Community Support Service per 15 min
CTMHW	MHP	H2023	GW				Supported Employment per 15 min NA to hospice condition
CTMHW	MHP	H2023	TT				Supported Employment per 15 min subsequent client

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTMHW	MHP	H2023	TU				Supported Employment per 15 min OT
CTMHW	MHP	H2023	U2				Supported Employment per 15 min 1x only
CTMHW	MHP	H2023					Supported Employment per 15 min

9.1.4 Acquired Brain Injury Non-Clinical Procedure Codes

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	ABP	1021Z					Personal Care Services per 15 min
CTDSS	ABP	1021Z	TT				Personal Care Services per 15 min subsequent client
CTDSS	ABP	1021Z	TT	TU			Personal Care Services per 15 min subsequent client OT
CTDSS	ABP	1021Z	TU				Personal Care Services per 15 min OT
CTDSS	ABP	1021Z	U2				Personal Care Services per 15 min 1X only
CTDSS	ABP	1021Z	U2	TT			Personal Care Services per 15 min 1X only subsequent client
CTDSS	ABP	1021Z	U2	TT	TU		Personal Care Services per 15 min 1X only subsequent client OT
CTDSS	ABP	1021Z	U2	TU			Personal Care Services per 15 min 1X only OT
CTDSS	ABP	1022Z					Personal Care Services Overnight per visit
CTDSS	ABP	1022Z	TT				Personal Care Services Overnight per visit subsequent client
CTDSS	ABP	1022Z	U2				Personal Care Services Overnight per visit 1X only
CTDSS	ABP	1022Z	U2	TT			Personal Care Services Overnight per visit 1X only sub client
CTDSS	ABP	1023Z					Personal Care Services Per Diem
CTDSS	ABP	1023Z	TT				Personal Care Services Per Diem subsequent client
CTDSS	ABP	1023Z	U2				Personal Care Services Per Diem 1X only
CTDSS	ABP	1023Z	U2	TT			Personal Care Services Per Diem 1X only subsequent client
CTDSS	ABP	1211P					Recovery Assistant per 15 min

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	ABP	1211P	TT				Recovery Assistant per 15 min subsequent client
CTDSS	ABP	1211P	TT	TU			Recovery Assistant per 15 min subsequent client OT
CTDSS	ABP	1211P	TU				Recovery Assistant per 15 min OT
CTDSS	ABP	1211P	U2				Recovery Assistant per 15 min 1X only
CTDSS	ABP	1211P	U2	TT			Recovery Assistant per 15 min 1X only subsequent client
CTDSS	ABP	1211P	U2	TT	TU		Recovery Assistant per 15 min 1X only subsequent client OT
CTDSS	ABP	1211P	U2	TU			Recovery Assistant per 15 min 1X only OT
CTDSS	ABP	1212P					Recovery Assistant II per 15 min
CTDSS	ABP	1212P	TT				Recovery Assistant II per 15 min subsequent client
CTDSS	ABP	1212P	TT	TU			Recovery Assistant II per 15 min subsequent client OT
CTDSS	ABP	1212P	TU				Recovery Assistant II per 15 min OT
CTDSS	ABP	1212P	U2				Recovery Assistant II per 15 min 1X only
CTDSS	ABP	1212P	U2	TT			Recovery Assistant II per 15 min 1X only subsequent client
CTDSS	ABP	1212P	U2	TT	TU		Recovery Assistant II per 15 min 1X only subsequent client OT
CTDSS	ABP	1212P	U2	TU			Recovery Assistant II per 15 min 1X only OT
CTDSS	ABP	1225Z					PCA Per Diem Cannot Be Completed Hrly
CTDSS	ABP	1225Z	TT				PCA Per Diem Cannot Be Completed Hrly subsequent client
CTDSS	ABP	1225Z	U2				PCA Per Diem Cannot Be Completed Hrly 1X only
CTDSS	ABP	1225Z	U2	TT			PCA Per Diem Cannot Be Completed Hrly 1X only subsequent client
CTDSS	ABP	1232Z					Respite Care Other Hrly
CTDSS	ABP	1232Z	TT				Respite Care Other Hrly subsequent client
CTDSS	ABP	1232Z	U2				Respite Care Other Hrly 1X only
CTDSS	ABP	1232Z	U2	TT			Respite Care Other Hrly 1X only subsequent client
CTDSS	ABP	1531P					Community Living Support Services per visit
CTDSS	ABP	1531P	TT				Community Living Support Services per visit subsequent client

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	ABP	1531P	U2				Community Living Support Services per visit 1X only
CTDSS	ABP	1531P	U2	TT			Community Living Support Services per visit 1X only sub client
CTDSS	ABP	1532P					Chore Services per 15 min
CTDSS	ABP	1532P	TT				Chore Services per 15 min subsequent client
CTDSS	ABP	1532P	U2				Chore Services per 15 min 1X only
CTDSS	ABP	1532P	U2	TT			Chore Services per 15 min 1X only subsequent client
CTDSS	ABP	1534P					Community Living Support Services 1/2 Day
CTDSS	ABP	1534P	TT				Community Living Support Services 1/2 Day subsequent client
CTDSS	ABP	1534P	U2				Community Living Support Services 1/2 Day 1X only
CTDSS	ABP	1534P	U2	TT			Community Living Support Services 1/2 Day 1X only sub client
CTDSS	ABP	1536P					Companion Services per 15 min
CTDSS	ABP	1536P	TT				Companion Services per 15 min subsequent client
CTDSS	ABP	1536P	TT	TU			Companion Services per 15 min subsequent client OT
CTDSS	ABP	1536P	TU				Companion Services per 15 min OT
CTDSS	ABP	1536P	U2				Companion Services per 15 min 1X only
CTDSS	ABP	1536P	U2	TT			Companion Services per 15 min 1X only subsequent client
CTDSS	ABP	1536P	U2	TT	TU		Companion Services per 15 min 1X only subsequent client OT
CTDSS	ABP	1536P	U2	TU			Companion Services per 15 min 1X only OT
CTDSS	ABP	1542P					Homemaker Services per 15 min
CTDSS	ABP	1542P	TT				Homemaker Services per 15 min subsequent client
CTDSS	ABP	1542P	U2				Homemaker Services per 15 min 1X only
CTDSS	ABP	1542P	U2	TT			Homemaker Services per 15 min 1X only subsequent client
CTDSS	ABP	1546P					Independent Living Skill per 15 min
CTDSS	ABP	1546P	TT				Independent Living Skill per 15 min subsequent client
CTDSS	ABP	1546P	U2				Independent Living Skill per 15 min 1X only

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	ABP	1546P	U2	TT			Independent Living Skill per 15 min 1X only subsequent client
CTDSS	ABP	1562P					Respite Care Hrly
CTDSS	ABP	1562P	TT				Respite Care Hrly subsequent client
CTDSS	ABP	1562P	U2				Respite Care Hrly 1X only
CTDSS	ABP	1562P	U2	TT			Respite Care Hrly 1X only subsequent client
CTDSS	ABP	3022Z					PCA Overnight Hrly
CTDSS	ABP	3022Z	TT				PCA Overnight Hrly subsequent client
CTDSS	ABP	3022Z	U2				PCA Overnight Hrly 1X only
CTDSS	ABP	3022Z	U2	TT			PCA Overnight Hrly 1X only subsequent client

9.1.5 Acquired Brain Injury Non-Clinical (Optional) Procedure Codes

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	ABP	1560P					PreVocational Services Hrly
CTDSS	ABP	1560P	TT				PreVocational Services Hrly subsequent client
CTDSS	ABP	1560P	U2				PreVocational Services Hrly 1X only
CTDSS	ABP	1560P	U2	TT			PreVocational Services Hrly 1X only subsequent client
CTDSS	ABP	1572P					Supported Employment Hrly
CTDSS	ABP	1572P	TT				Supported Employment Hrly subsequent client
CTDSS	ABP	1572P	U2				Supported Employment Hrly 1X only
CTDSS	ABP	1572P	U2	TT			Supported Employment Hrly 1X only subsequent client

9.1.6 Autism Professional Procedure Codes

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	AUP	1302Z					Job Coach Agency per 15 min
CTDSS	AUP	1302Z	TT				Job Coach Agency per 15 min subsequent client
CTDSS	AUP	1302Z	U2				Job Coach Agency per 15 min 1X only
CTDSS	AUP	1302Z	U2	TT			Job Coach Agency per 15 min 1X only subsequent client
CTDSS	AUP	1304Z					Life Skills Coach Agency per 15 min
CTDSS	AUP	1304Z	TT				Life Skills Coach Agency per 15 min subsequent client
CTDSS	AUP	1304Z	U2				Life Skills Coach Agency per 15 min 1X only
CTDSS	AUP	1304Z	U2	TT			Life Skills Coach Agency per 15 min 1X only subsequent client
CTDSS	AUP	1396Z					Community Mentor Agency per 15 min
CTDSS	AUP	1396Z	TT				Community Mentor Agency per 15 min subsequent client
CTDSS	AUP	1396Z	U2				Community Mentor Agency per 15 min 1X only
CTDSS	AUP	1396Z	U2	TT			Community Mentor Agency per 15 min 1X only subsequent client
CTDSS	AUP	1404Z					Respite Agency in Home Individual per 15 min
CTDSS	AUP	1404Z	TT				Respite Agency in Home Individual per 15 min subsequent client
CTDSS	AUP	1404Z	U2				Respite Agency in Home Individual per 15 min 1X only
CTDSS	AUP	1404Z	U2	TT			Respite Agency in Home Individual per 15 min 1X only sub client

9.1.7 Autism Professional (Optional) Procedure Codes

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	AUP	H2019					Therapeutic Behavioral Services per 15 min
CTDSS	AUP	H2019	TT				Therapeutic Behavioral Services per 15 min subsequent client
CTDSS	AUP	H2019	U2				Therapeutic Behavioral Services per 15 min 1X only
CTDSS	AUP	H2019	U2	TT			Therapeutic Behavioral Services per 15 min 1X only sub client

9.1.8 CT Home Care Program Non-Clinical Procedure Codes

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	CHP	1021Z					Personal Care Services per 15 min
CTDSS	CHP	1021Z	TT				Personal Care Services per 15 min subsequent client
CTDSS	CHP	1021Z	TT	TU			Personal Care Services per 15 min subsequent client OT
CTDSS	CHP	1021Z	TU				Personal Care Services per 15 min OT
CTDSS	CHP	1021Z	U2				Personal Care Services per 15 min 1X only
CTDSS	CHP	1021Z	U2	TT			Personal Care Services per 15 min 1X only subsequent client
CTDSS	CHP	1021Z	U2	TT	TU		Personal Care Services per 15 min 1X only subsequent client OT
CTDSS	CHP	1021Z	U2	TU			Personal Care Services per 15 min 1X only OT
CTDSS	CHP	1022Z					Personal Care Services Overnight per visit
CTDSS	CHP	1022Z	TT				Personal Care Services Overnight per visit subsequent client
CTDSS	CHP	1022Z	U2				Personal Care Services Overnight per visit 1X only
CTDSS	CHP	1022Z	U2	TT			Personal Care Services Overnight per visit 1X only sub client
CTDSS	CHP	1023Z					Personal Care Services Per Diem

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	CHP	1023Z	TT				Personal Care Services Per Diem subsequent client
CTDSS	CHP	1023Z	U2				Personal Care Services Per Diem 1X only
CTDSS	CHP	1023Z	U2	TT			Personal Care Services Per Diem 1X only subsequent client
CTDSS	CHP	1206Z					Chore Service per 15 min
CTDSS	CHP	1206Z	TT				Chore Service per 15 min subsequent client
CTDSS	CHP	1206Z	U2				Chore Service per 15 min 1X only
CTDSS	CHP	1206Z	U2	TT			Chore Service per 15 min 1X only subsequent client
CTDSS	CHP	1210Z					Companion Service per 15 min
CTDSS	CHP	1210Z	TT				Companion Service per 15 min subsequent client
CTDSS	CHP	1210Z	TT	TU			Companion Service per 15 min subsequent client OT
CTDSS	CHP	1210Z	TU				Companion Service per 15 min OT
CTDSS	CHP	1210Z	U2				Companion Service per 15 min 1X only
CTDSS	CHP	1210Z	U2	TT			Companion Service per 15 min 1X only subsequent client
CTDSS	CHP	1210Z	U2	TT	TU		Companion Service per 15 min 1X only subsequent client OT
CTDSS	CHP	1210Z	U2	TU			Companion Service per 15 min 1X only OT
CTDSS	CHP	1213M					Recovery Assistance per 15 min
CTDSS	CHP	1213M	TT				Recovery Assistance per 15 min subsequent client
CTDSS	CHP	1213M	TT	TU			Recovery Assistance per 15 min subsequent client OT
CTDSS	CHP	1213M	TU				Recovery Assistance per 15 min OT
CTDSS	CHP	1213M	U2				Recovery Assistance per 15 min 1X only
CTDSS	CHP	1213M	U2	TT			Recovery Assistance per 15 min 1X only subsequent client
CTDSS	CHP	1213M	U2	TT	TU		Recovery Assistance per 15 min 1X only subsequent client OT
CTDSS	CHP	1213M	U2	TU			Recovery Assistance per 15 min 1X only OT
CTDSS	CHP	1214Z					Homemaker per 15 min
CTDSS	CHP	1214Z	TT				Homemaker per 15 min subsequent client
CTDSS	CHP	1214Z	U2				Homemaker per 15 min 1X only
CTDSS	CHP	1214Z	U2	TT			Homemaker per 15 min 1X only subsequent client

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	CHP	1225Z					PCA Per Diem Cannot Be Completed Hrly
CTDSS	CHP	1225Z	TT				PCA Per Diem Cannot Be Completed Hrly subsequent client
CTDSS	CHP	1225Z	U2				PCA Per Diem Cannot Be Completed Hrly 1X only
CTDSS	CHP	1225Z	U2	TT			PCA Per Diem Cannot Be Completed Hrly 1X only subsequent client
CTDSS	CHP	1226Z					Respite Care Companion per 15 min
CTDSS	CHP	1226Z	TT				Respite Care Companion per 15 min subsequent client
CTDSS	CHP	1226Z	TT	TU			Respite Care Companion per 15 min subsequent client OT
CTDSS	CHP	1226Z	TU				Respite Care Companion per 15 min OT
CTDSS	CHP	1226Z	U2				Respite Care Companion per 15 min 1X only
CTDSS	CHP	1226Z	U2	TT			Respite Care Companion per 15 min 1X only subsequent client
CTDSS	CHP	1226Z	U2	TT	TU		Respite Care Companion per 15 min 1X only sub client OT
CTDSS	CHP	1226Z	U2	TU			Respite Care Companion per 15 min 1X only OT
CTDSS	CHP	1228Z					Respite Care Homemaker per 15 min
CTDSS	CHP	1228Z	TT				Respite Care Homemaker per 15 min subsequent client
CTDSS	CHP	1228Z	U2				Respite Care Homemaker per 15 min 1X only
CTDSS	CHP	1228Z	U2	TT			Respite Care Homemaker per 15 min 1X only subsequent client
CTDSS	CHP	1230Z					Respite Care HHA per 15 min
CTDSS	CHP	1230Z	TT				Respite Care HHA per 15 min subsequent client
CTDSS	CHP	1230Z	U2				Respite Care HHA per 15 min 1X only
CTDSS	CHP	1230Z	U2	TT			Respite Care HHA per 15 min 1X only subsequent client
CTDSS	CHP	1232Z					Respite Care Other Hrly
CTDSS	CHP	1232Z	TT				Respite Care Other Hrly subsequent client
CTDSS	CHP	1232Z	U2				Respite Care Other Hrly 1X only
CTDSS	CHP	1232Z	U2	TT			Respite Care Other Hrly 1X only subsequent client

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	CHP	1247Z					Mental Health Counseling Individual per visit
CTDSS	CHP	1247Z	TT				Mental Health Counseling Individual per visit sub client
CTDSS	CHP	1247Z	U2				Mental Health Counseling Individual per visit 1X only
CTDSS	CHP	1247Z	U2	TT			Mental Health Counseling Individual visit 1X only sub client
CTDSS	CHP	1322Z					Bill Payer per 15 min
CTDSS	CHP	1322Z	TT				Bill Payer per 15 min subsequent client
CTDSS	CHP	1322Z	U2				Bill Payer per 15 min 1X only
CTDSS	CHP	1322Z	U2	TT			Bill Payer per 15 min 1X only subsequent client
CTDSS	CHP	3022Z					PCA Overnight Hrly
CTDSS	CHP	3022Z	TT				PCA Overnight Hrly subsequent client
CTDSS	CHP	3022Z	U2				PCA Overnight Hrly 1X only
CTDSS	CHP	3022Z	U2	TT			PCA Overnight Hrly 1X only subsequent client
CTDSS	CHP	3024Z					PCA Respite Overnight, Cannot be Completed Hrly
CTDSS	CHP	3024Z	TT				PCA Respite Overnight, Cannot be Completed Hrly sub client
CTDSS	CHP	3024Z	U2				PCA Respite Overnight, Cannot be Completed Hrly 1X only
CTDSS	CHP	3024Z	U2	TT			PCA Respite Overnight, Cannot be Completed Hr 1X only sub client
CTDSS	CHP	3025Z					PCA Respite Per Diem Cannot Be Completed Hrly
CTDSS	CHP	3025Z	TT				PCA Respite Per Diem Cannot Be Completed Hrly subsequent client
CTDSS	CHP	3025Z	U2				PCA Respite Per Diem Cannot Be Completed Hrly 1X only
CTDSS	CHP	3025Z	U2	TT			PCA Respite Per Diem Cannot Be Completed Hrly 1X only sub client
CTDSS	CHP	3026Z					Personal Care Respite Services Overnight
CTDSS	CHP	3026Z	TT				Personal Care Respite Services Overnight subsequent client
CTDSS	CHP	3026Z	U2				Personal Care Respite Services Overnight 1X only
CTDSS	CHP	3026Z	U2	TT			Personal Care Respite Services Overnight 1X only sub client

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	CHP	3027Z					Personal Care Respite Services per 15 min
CTDSS	CHP	3027Z	TT				Personal Care Respite Services per 15 min subsequent client
CTDSS	CHP	3027Z	U2				Personal Care Respite Services per 15 min 1X only
CTDSS	CHP	3027Z	U2	TT			Personal Care Respite Services per 15 min 1X only sub client
CTDSS	CHP	3028Z					Personal Care Respite Services Per Diem
CTDSS	CHP	3028Z	TT				Personal Care Respite Services Per Diem subsequent client
CTDSS	CHP	3028Z	U2				Personal Care Respite Services Per Diem 1X only
CTDSS	CHP	3028Z	U2	TT			Personal Care Respite Services Per Diem 1X only sub client

9.1.9 Personal Care Assistant Non-Clinical Procedure Codes

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	PCP	1021Z					Personal Care Services per 15 min
CTDSS	PCP	1021Z	TT				Personal Care Services per 15 min subsequent client
CTDSS	PCP	1021Z	TT	TU			Personal Care Services per 15 min subsequent client OT
CTDSS	PCP	1021Z	TU				Personal Care Services per 15 min OT
CTDSS	PCP	1021Z	U2				Personal Care Services per 15 min 1X only
CTDSS	PCP	1021Z	U2	TT			Personal Care Services per 15 min 1X only subsequent client
CTDSS	PCP	1021Z	U2	TT	TU		Personal Care Services per 15 min 1X only subsequent client OT
CTDSS	PCP	1021Z	U2	TU			Personal Care Services per 15 min 1X only OT
CTDSS	PCP	1022Z					Personal Care Services Overnight per visit
CTDSS	PCP	1022Z	TT				Personal Care Services Overnight per visit subsequent client
CTDSS	PCP	1022Z	U2				Personal Care Services Overnight per visit 1X only

Payer	Program	HCPCS	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
CTDSS	PCP	1022Z	U2	TT			Personal Care Services Overnight per visit 1X only sub client
CTDSS	PCP	1023Z					Personal Care Services Per Diem
CTDSS	PCP	1023Z	TT				Personal Care Services Per Diem subsequent client
CTDSS	PCP	1023Z	U2				Personal Care Services Per Diem 1X only
CTDSS	PCP	1023Z	U2	TT			Personal Care Services Per Diem 1X only subsequent client
CTDSS	PCP	1225Z					PCA Per Diem Cannot Be Completed Hrly
CTDSS	PCP	1225Z	TT				PCA Per Diem Cannot Be Completed Hrly subsequent client
CTDSS	PCP	1225Z	U2				PCA Per Diem Cannot Be Completed Hrly 1X only
CTDSS	PCP	1225Z	U2	TT			PCA Per Diem Cannot Be Completed Hrly 1X only subsequent client
CTDSS	PCP	1247Z					Mental Health Counseling Individual per visit
CTDSS	PCP	1247Z	TT				Mental Health Counseling Individual per visit sub client
CTDSS	PCP	1247Z	U2				Mental Health Counseling Individual per visit 1X only
CTDSS	PCP	1247Z	U2	TT			Mental Health Counseling Individual visit 1X only sub client
CTDSS	PCP	3022Z					PCA Overnight Hrly
CTDSS	PCP	3022Z	TT				PCA Overnight Hrly subsequent client
CTDSS	PCP	3022Z	U2				PCA Overnight Hrly 1X only
CTDSS	PCP	3022Z	U2	TT			PCA Overnight Hrly 1X only subsequent client

9.2 Tasks

Home Health Task List

Task ID	Task Description	Notes / Comments
130	Bathing/personal care/grooming	Waiver/Non-Waiver
131	Oral Care	Waiver/Non-Waiver
132	Turning, positioning and transferring	Waiver/Non-Waiver
133	Skin Observation	Waiver/Non-Waiver
134	Catheter care	Waiver/Non-Waiver
135	Passive and Active Range of Motion Exercises	Waiver/Non-Waiver
136	Feeding	Waiver/Non-Waiver
137	Laundry	Waiver/Non-Waiver
138	Safety/ Fall Precautions	Waiver/Non-Waiver
139	HHA-Spcl Precautions-contact, airborne, bloodborne	Waiver/Non-Waiver
140	Dressing/ Undressing	Waiver/Non-Waiver
141	Toileting/ Bowel and Bladder Care	Waiver/Non-Waiver
142	Assisting with Ambulation/Mobility	Waiver/Non-Waiver
143	Skin Care/ Treatment	Waiver/Non-Waiver
144	Ostomy Care	Waiver/Non-Waiver
145	Meal preparation	Waiver/Non-Waiver
146	Medication reminder/cueing	Waiver/Non-Waiver
147	Light housework	Waiver/Non-Waiver
148	Oxygen Precautions	Waiver/Non-Waiver
149	Monitor intake and output	Waiver/Non-Waiver
801	Nursing & Therapy Evaluation	Non-Waiver Only
802	Health Maintenance/Mental status, Skin check, Vitals/Weight CK	Non-Waiver Only
803	Wound Care	Non-Waiver Only
804	Medication Pre-Pour/Administration	Non-Waiver Only
805	Self-Feeding/Training	Non-Waiver Only
806	Strength & Mobility Training	Non-Waiver Only
807	Cognition Monitoring/Training	Non-Waiver Only

Task ID	Task Description	Notes / Comments
808	Safety Evaluation/Training	Non-Waiver Only
809	Dysphagia Care/Swallowing	Non-Waiver Only
810	Pain Management	Non-Waiver Only
811	Manipulation of soft tissue, bones, joints & nerves	Non-Waiver Only
812	Application of Compression Sleeves/Orthotic/Stockings/Prosthetic	Non-Waiver Only
813	PRN Visits	Non-Waiver Only
814	Oasis Assessment/Admission	Non-Waiver Only
815	Stoma Care/J/G Tube (Care/Flush)	Non-Waiver Only
816	Trach Care	Non-Waiver Only

CTDSS Agency (ABP, CHP, PCP) Task List

Please reference the CT EVV Finalized Task List for the correct task ID to use for your Program.

Task ID	Task Description	Notes / Comments
1	Bathing/personal care/grooming	
2	Dressing/undressing	
3	Oral Care	
4	Toileting/bowel and bladder care	
5	Turning, positioning and transferring	
6	Assist with ambulation/mobility/transfer	
7	Monitor Skin Condition	
8	Skin care/observation	
9	Skin care/ treatment	
10	Catheter care (excluding catheter insertion or removal)	
11	Ostomy care	
12	Tracheotomy care	
13	Assist tube feeding	
14	Passive and Active Range Of Motion Exercises	
15	Diet monitoring/meal preparation /education	
16	Feeding	
17	Medication reminder/cueing	
18	Laundry	
19	Light housework	
21	Outdoor work (i.e. water plants, fill bird feeder)	
22	Make bed	
23	Grocery shop/ errands	
25	Personal business (bill paying, communications)	
26	Socialization/ Hobbies	
27	Accompany to medical appointment	
28	Accompany to other location	
29	Snack	
30	Bathing/personal care/grooming	

Task ID	Task Description	Notes / Comments
31	Dressing/undressing	
32	Oral Care	
33	Toileting/bowel and bladder care	
34	Turning, positioning and transferring	
35	Assist with ambulation/mobility/transfer	
36	Diet monitoring/meal preparation education	
37	Feeding	
38	Medication reminder/cueing	
39	Instruction, teaching, cueing	
40	Supportive assistance, supervision	
41	Interpersonal, social skills	
42	Educational planning	
43	Emergency and safety skills	
44	Money management	
50	Medication reminder/cueing	
51	Laundry	
52	Housekeeping	
53	Outdoor work (i.e. water plants, fill bird feeder)	
54	Make bed	
55	Grocery shop/ errands	
57	Personal business (bill paying, communications)	
58	Meal preparation and planning	
60	Heavy cleaning	
61	Yardwork	
62	Routine chores	
70	Diet monitoring/meal preparation education	
71	Medication reminder/cueing	
72	Instruction, teaching, cueing	
73	Interpersonal, social skills	
74	Educational planning	

Task ID	Task Description	Notes / Comments
75	Emergency and safety skills	
76	Money management	
77	Safety/Monitoring	
80	Diet monitoring/meal preparation education	
81	Interpersonal, social skills	
82	Instruction, teaching, cueing	
83	Educational planning	
84	Emergency and safety skills	
85	Money management	
88	Light Meal Prep	
89	Medication Reminder	
90	Safety/monitoring	
91	Socialization/ Hobbies	
92	Accompany on walks	
93	Accompany to medical appointment	
94	Accompany to other location	
95	Shopping/ errands	
96	Assist with phone calls	
97	Mental health assessment and treatment	
98	SPCSB - Service plan developing and hiring PCAs	
99	Client has had a change in status	
150	Educational time	
151	Career exploration	
152	Appropriate hygiene and social skills for work	
153	Volunteer work	
154	Workplace safety and mobility training	
156	Work preparation and/or evaluation	
157	Transportation	
158	Perform work hours	

CTDSS Autism Agency Task List (AUP)

Task ID	Task Description	Notes / Comments
99	Client has had a change in status	
160	AUT – Supervise and Train at Work Site	
161	AUT – Instruction/Training Areas of Need	
162	AUT – Implement Strategies on Service Plan	
163	AUT – Training or Practice in Basic Life Skills	
164	AUT – Instruct/Train to Live/Work in Community	
165	AUT – Assist in Daily Activity/Daily Living Needs	
166	AUT – Cueing and Supervisory of Activities	
167	AUT – Support in Home/Community for Personal Goals	
168	AUT – Provide When Unable to Care for Self	
169	AUT – Relief for Those Normally Providing Care	
170	AUT – Assess/Evaluate Behavior/Clinical Needs	
171	AUT – Develop Behavioral Plan	
172	AUT – Train Individual/Family/Providers to Implement Plan	
173	AUT – Evaluate Effectiveness of Behavioral Plan	

CTMHW Mental Health Waiver Task List (MHP)

Task ID	Task Description	Notes / Comments
97	Mental health assessment and treatment	
99	Client has had a change in status	
201	MHW - Bathing/personal care/grooming	
202	MHW - Dressing/undressing	
203	MHW - Oral Care	
204	MHW - Diet monitoring/meal preparation education	
205	MHW - Medication reminder/cueing	
206	MHW - Interpersonal, social skills	
207	MHW - Emergency and safety skills	
208	MHW - Money management	
209	MHW - Accompany to healthcare appointment	
210	MHW - Assist with public transportation	
211	MHW - Exercise	
212	MHW - Facilitate/encourage Coping Skills	
213	MHW - Facilitate Natural Supports	
214	MHW - Grocery Shopping/Errands	
215	MHW - Laundry	
216	MHW - Maintain benefits/entitlements	
217	MHW - Misc. Personal business	
218	MHW - Rejecting Substance Abuse	
219	MHW - Schedule healthcare appointments	
220	MHW - Socialization/Hobbies	
221	MHW - Housekeeping Max Assist	
222	MHW - Housekeeping Mod Assist	
223	MHW - Housekeeping Min Assist	
224	MHW - Housekeeping Standby Assist	
225	MHW - Housekeeping Independent	

9.3 Reason Codes

Reason Code	Reason	Note Required?	Payer
01	Client Requested a Different Visit Time	No	CTDSS/CTHH/CTMHW
02	Staff Entered Wrong Santrax ID	No	CTDSS/CTHH/CTMHW
03	No Calls Received; Documentation Provided	No	CTDSS/CTHH/CTMHW
04	No Out Call; Documentation Provided	No	CTDSS/CTHH/CTMHW
05	Scheduling Error	No	CTDSS/CTHH/CTMHW
06	No In Call; Documentation Provided	No	CTDSS/CTHH/CTMHW
07	System Cancel	No	CTDSS/CTHH/CTMHW
08	Client Requested Staff Change	No	CTDSS/CTHH/CTMHW
09	Phone in Use by Patient/Family	No	CTDSS/CTHH/CTMHW
10	Phone Disconnected	No	CTDSS/CTHH/CTMHW
11	Client Emergency during scheduled visit	No	CTDSS/CTHH/CTMHW
12	Staff Late	No	CTDSS/CTHH/CTMHW
13	Staff Injured During Shift	No	CTDSS/CTHH/CTMHW
14	Staff Family Emergency During Shift	No	CTDSS/CTHH/CTMHW
15	Different Staff Reported for Shift	No	CTDSS/CTHH/CTMHW
16	Staff Had Transportation Issue	No	CTDSS/CTHH/CTMHW
17	Staff Scheduling Issue, Unable to Staff Entire Shift	No	CTDSS/CTHH/CTMHW
18	Additional Staff needed for this case	No	CTDSS/CTHH/CTMHW
19	Staff Arrived Early	No	CTDSS/CTHH/CTMHW
20	Severe Inclement Weather or Natural Disaster	No	CTDSS/CTHH/CTMHW
21	Staff Requested Time Off	No	CTDSS/CTHH/CTMHW
22	Other; Documentation Provided	No	CTDSS/CTHH/CTMHW
23	Phone not Functioning	No	CTDSS/CTHH/CTMHW
24	Check-In Not Functioning; Documentation Provided	No	CTDSS/CTHH/CTMHW
25	Check-Out Not Functioning; Documentation Provided	No	CTDSS/CTHH/CTMHW
26	Update to Tasks; Documentation Provided	No	CTDSS/CTHH/CTMHW
27	FVV Unavailable; Documentation Provided	No	CTDSS/CTHH/CTMHW
28	Schedule Change	No	CTDSS/CTHH/CTMHW
29	Extended Shift	No	CTDSS/CTHH/CTMHW

Reason Code	Reason	Note Required?	Payer
30	Blended Services Correction	No	CTDSS/CTHH/CTMHW
71	Virtual Visit	No	CTDSS/CTHH/CTMHW

9.4 Exceptions

Exception Code	Acknowledge/Fix	Exception Name	Description
0	Fix: Resubmit visit	Unknown Client	Exception for a visit that was performed for a recipient of care that is not yet entered or not found in the EVV system. Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
1	Fix: Resubmit visit	Unknown Employee	(Telephony only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded). Note: Visit data will reject on intake. Client on visit must match to an existing client within the distinct Provider Agency Account.
3	Fix: Resubmit visit	Visits Without In-Calls	Exception thrown when a visit is recorded without an "in" call that began the visit. Note: All visits will require the Call segment to be provided.
4	Fix: Resubmit visit	Visits Without Out-Calls	Exception thrown when a visit is recorded without an "out" call that completed the visit. Note: All visits will require the Call segment to be provided.
15	Acknowledge: submit VisitExceptionAcknowledgement segment	Unmatched Client ID / Phone	(Telephony only) Exception when the visit was recorded from a phone number that was not matched to a recipient of care in the EVV system.
23	Fix: Resubmit visit	Missing Service	Exception when the service provided during a visit is not recorded or present in the system. Note: Visit data will reject if the inbound service (ProcedureCode/Revenue Center Code) does not match a record defined in the specification Appendix.

9.5 Acronyms & Definitions

Abbreviation	Name
AKA	Also Known As
API	Application Programming Interface
GMT	Greenwich Mean Time
HTTP	Hyper Text Transfer Protocol
TBD	To Be Determined
UTC	Universal Time Coordinated

9.6 Terminology

Sandata Terminology	Other Possible References
Agency	Agency Provider Provider Account Billing Agency
Authorization	Service Plan Prior Auth
Client	Individual Patient Member Recipient Beneficiary
Contract	Program Program Code
Employee	Caregiver Admin
HCPCS	Healthcare Common Procedure Coding System
Payer	Admission Insurance Company Contract Managed Care Organization (MCO) State
Provider	Agency Third-Party Administrator (TPA)
RCC	Revenue Center Code

9.7 Field Level Errors

Section	Field Name	Description
Client General	ClientFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Client General	ClientLastName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Client General	ClientQualifier	The value is the actual string value "ClientQualifier" and is required to be mixed case.
Employee General	EmployeeLastName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeFirstName	Only the following special character will be accepted: Alpha Letters Hyphens Periods Apostrophe All other special characters will be rejected.
Employee General	EmployeeQualifier	The value is the actual string value "EmployeeQualifier" and is required to be mixed case.

9.8 Time Zone List

This is the common list of time zones we used. If your area is not covered by this list, please contact Sandata support to get additional time zone value that we accept. Please note that the value sent must exactly match the value and case shown.

Text Value	Daylight Saving
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