1 1010CG Integration Interface

This section describes the interface between 1010CG application (client) and Salesforce CARMA Caregiver application.

Service Overview

This service is a Mulesoft application that offers API's that allow submission of 1010CG caregiver application and supporting documentation.

The application will provide two services:

- 1) The service ("1010CG Submit") to submit 1010CG using a POSTwith body containing JSON formatted application data.
- 2) The service ("1010CG Add Document") to attach supporting document (PDF) to previously submitted 1010CG. This service will attach the document to an existing 1010CG in Salesforce and can only be invoked after the 1010CG has been created using the first API call.

The resource naming conventions will be:

https://<domain>/<endpoint>/<resource>

Where <domain> is the relevant mule gov cloud environment domain. For example: "dev.vapi.va.gov"

<endpoint> will be defined as "va-carma-caregiver-xapi/api/<version>/application" and resources

- 1010CG/submit
- 1010CG/addDocument

Below are the examples of the resource URL's for development environment:

- https://dev.vapi.va.gov/va-carma-caregiver-papi/api/v1/application/1010CG/submit
- <a href="https://dev.vapi.va.gov/va-carma-caregiver-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/1010CG/addDocument/to-but-new-papi/api/v1/application/to-but-new-papi/api/v1/api/v1/application/to-but-new-papi/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/api/v1/

1010CG Submit Request Structure

This service will use POST method and provide the structured JSON data (defined in the next section) in the body of the message.

The service will also require the following HTTP headers:

\checkmark	client_id	<cli>d></cli>
\checkmark	client_secret	<cli>client_secret></cli>
\checkmark	Content-Type	application/json

 $\hbox{``client_id'' and ``client_secret'' will be used for authentication. ``Content-Type'' defines the content body to be in JSON format.}$

Message Definition

The message will be following REST/JSON format and the communication will occur over HTTPS connection

Input Request Message definition:

Name	Data Type	Required?	Description
data	Object	Yes	Object containing all data sent via the callout
veteran	Object	Yes	Object representing the veteran
fullName	Object	Yes	Object representing the full name of the veteran
first	String	Yes	First name of veteran
last	String	Yes	Last name of veteran
middle	Sring	No	Middle initial of veteran
suffix	String	No	Additional name suffix (i.e. Jr, III, IV)
ssnOrTin	String	Yes	Social Security Number or Tax Identification Number of veteran
dateOfBirth	String	Yes	Date of birth for the veteran. Format: YYYY-MM-DD
gender	String	Yes	M or F value for gender of veteran
address	Object	Yes	Object representing the address of veteran
street	String	Yes	Street address of the veteran
street2	String	No	Second line of address for veteran. (apt number etc)
city	String	Yes	State veteran resides in
country	String	Yes	Country the veteran resides in
state	String	Yes	Two letter state value where veteran resides
postalCode	String	Yes	String value of the postal code where veteran resides

primaryPhoneNu mber	String	Yes	Primary phone number of the veteran	
alternativePhone Number	String	No	Secondary phone number of the veteran	
email	String	Yes	Primary email address for the veteran	
vaEnrolled	Boolean	Yes	Value representing veterans VA enrollment status	
plannedclinic	String	Yes	Clinic code serving veterans	
lastTreatmentFacil ity	Object	No	Object representing veteran's most recent treatment facility	
name	String	Yes	Name of veteran's most recent treatment facility	
type	String	Yes	Type of facility	
primaryCaregiver	Object	Yes	Primary caregiver of the veteran	
fullName	Object	Yes	Object representing the name of the primary caregiver	
first	String	Yes	First name of primary caregiver	
last	String	Yes	Last name of primary caregiver	
middle	Sring	No	Middle initial of primary caregiver	
suffix	String	No	Additional name suffix (i.e. Jr, III, IV)	
ssnOrTin	String	Yes	Social Security Number or Tax Identification Number of primary caregiver	
dateOfBirth	String	Yes	Date of birth for the primary caregiver. Format: YYYY-MM-DD	
gender	String	Yes	M or F value for gender of primary caregiver	
address	Object	Yes	Object representing the address of primary caregiver	
street	String	Yes	Street address of the primary caregiver	
street2	String	No	Second line of address for primary caregiver. (apt number etc)	
city	String	Yes	State primary caregiver resides in	
country	String	Yes	Country the primary caregiver resides in	
state	String	Yes	Two letter state value where primary caregiver resides	
postalCode	String	Yes	String value of the postal code where primary caregiver resides	
primaryPhoneNu mber	String	Yes	Primary phone number of the primary caregiver	
alternativePhone Number	String	No	Secondary phone number of the veteran	

email	String	No	Primary email address for the veteran	
vetRelationship	String	Yes	Relationship of the primary caregiver to the veteran	
medicaidEnrolled	Boolean	No	True/False value representing primary caregiver's medicaid enrollment status	
medicareEnrolled	Boolean	No	True/False value representing primary caregiver's medicare enrollment status	
champvaEnrolled	Boolean	No	True/False value representing primary caregiver's champva enrollment status	
tricareEnrolled	Boolean	No	True/False value representing primary caregiver's tricare enrollment status	
otherHealthInsura nceName	String	No	Name of other health insurance possessed by primary caregiver	
secondaryCaregiv erOne	Object	No	Object representing a secondary caregiver to a veteran	
fullName	Object	Yes	Object representing the name of the first secondary caregiver	
first	String	Yes	First name of first secondary caregiver	
last	String	Yes	Last name of first secondary caregiver	
middle	Sring	No	Middle initial of first secondary caregiver	
suffix	String	No	Additional name suffix (i.e. Jr, III, IV)	
ssnOrTin	String	No	Social Security Number or Tax Identification Number of first secondary caregiver	
dateOfBirth	String	Yes	Date of birth for the first secondary caregiver. Format: YYYY-MM-DD	
gender	String	No	M or F value for gender of first secondary caregiver	
address	Object	Yes	Object representing the address of first secondary caregiver	
street	String	Yes	Street address of the first secondary caregiver	
street2	String	No	Second line of address for first secondary caregiver. (apt number etc)	
city	String	Yes	State first secondary caregiver resides in	
country	String	Yes	Country the first secondary caregiver resides in	
state	String	Yes	Two letter state value where first secondary caregiver resides	
postalCode	String	Yes	String value of the postal code where first secondary caregiver resides	

primaryPhoneNu mber	String	Yes	Primary phone number of the first secondary caregiver
alternativePhone Number	String	No	Secondary phone number of the first secondary
email	String	No	Primary email address for the first secondary
vetRelationship	String	Yes	Relationship of the first secondary caregiver to the veteran
secondaryCaregiv erTwo	Object	No	Object representing a second secondary caregiver to a veteran
fullName	Object	Yes	Object representing the name of the second secondary caregiver
first	String	Yes	First name of second secondary caregiver
last	String	Yes	Last name of second secondary caregiver
middle	Sring	No	Middle initial of second secondary caregiver
suffix	String	No	Additional name suffix (i.e. Jr, III, IV)
ssnOrTin	String	No	Social Security Number or Tax Identification Number of second secondary caregiver
dateOfBirth	String	Yes	Date of birth for the second secondary caregiver. Format: YYYY-MM-DD
gender	String	No	M or F value for gender of second secondary caregiver
address	Object	Yes	Object representing the address of second secondary caregiver
street	String	Yes	Street address of the second secondary caregiver
street2	String	No	Second line of address for second secondary caregiver. (apt number etc)
city	String	Yes	State second secondary caregiver resides in
country	String	Yes	Country the second secondary caregiver resides in
state	String	Yes	Two letter state value where second secondary caregiver resides
postalCode	String	Yes	String value of the postal code where second secondary caregiver resides
primaryPhoneNu mber	String	Yes	Primary phone number of the second secondary caregiver
alternativePhone Number	String	No	Secondary phone number of the second secondary
email	String	No	Primary email address for the second secondary

vetRelationship	String	Yes	Relationship of the second secondary
			caregiver to the veteran

The following example JSON message illustrates the *input* payload:

```
Example:
{
  "data": {
     "veteran": {
       "fullName": {
          "first": "Ray",
          "last": "Jones Vet",
          "middle": "A",
          "suffix": "IV"
       },
       "ssnOrTin": "789787896",
       "dateOfBirth": "1990-07-03",
       "gender": "M",
       "address": {
          "street": "111 2nd St S",
          "street2": "#501",
          "city": "Seattle",
          "country": "USA",
          "state": "WA",
          "postalCode": "98101"
       },
       "primaryPhoneNumber": "8887775544",
       "alternativePhoneNumber": "8887775544",
       "email": "veteranEmail@email.com",
       "vaEnrolled": true,
       "plannedClinic": "635GF",
       "lastTreatmentFacility": {
          "name": "My Hospital",
          "type": "hospital"
       }
     "primaryCaregiver": {
       "fullName": {
          "first": "Joan",
```

```
"last": "Jerde",
     "middle": "Bednar",
     "suffix": "Jr."
  },
  "ssnOrTin": "202901417",
  "dateOfBirth": "1978-07-03",
  "gender": "F",
  "address": {
     "street": "111 2nd St S",
     "street2": "#501",
     "city": "Seattle",
     "country": "USA",
     "state": "WA",
     "postalCode": "98101"
  },
  "primaryPhoneNumber": "1112929933",
  "alternativePhoneNumber": "9990239330",
  "email": "primaryCaregiverEmail@email.com",
  "vetRelationship": "Spouse",
  "medicaidEnrolled": false,
  "medicareEnrolled": true,
  "champvaEnrolled": false,
  "tricareEnrolled": true,
  "otherHealthInsuranceName": "MyHealth Global"
},
"secondaryCaregiverOne": {
  "fullName": {
     "first": "Pauline",
     "last": "Moen",
     "middle": "Amber",
     "suffix": "II"
  },
  "ssnOrTin": "994328447",
  "dateOfBirth": "1981-03-29",
  "gender": "F",
  "address": {
     "street": "1022 East Dedraburgh",
     "street2": "Unit 101",
     "city": "Seattle",
     "country": "USA",
     "state": "WA",
     "postalCode": "98101"
  "primaryPhoneNumber": "1118293993",
```

```
"alternativePhoneNumber": "0002938484",
     "email": "secondaryOneCaregiverEmail@email.com",
     "vetRelationship": "Daughter"
  "secondaryCaregiverTwo": {
     "fullName": {
       "first": "Derrick",
       "last": "Jaskolski",
       "middle": "J.",
       "suffix": "II"
     },
     "ssnOrTin": "091449499",
     "dateOfBirth": "1980-09-06",
     "gender": "M",
     "address": {
       "street": "1946 Bahringer Way",
       "street2": "A",
       "city": "Seattle",
       "country": "USA",
       "state": "WA",
       "postalCode": "98101"
     },
     "primaryPhoneNumber": "8784844999",
     "alternativePhoneNumber": "8788894300",
     "email": "secondaryTwoCaregiverEmail@email.com",
     "vetRelationship": "Friend/Neighbor"
  }
}
```

Output Response Message Definition:

Name	Data Type	Required?	Description
data	Object	Yes	Object containing all data sent from the service
id	String	Yes	Id value of record inserted into Salesforce
type	String	Yes	Type of application record created in Salesforce
attributes	Object	Yes	Object representing other data related to the transaction
confirmationNum ber	String	Yes	Confirmation code for application

submittedAt String	Yes	Date time value of creation of application
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The following example JSON message illustrates the *output* payload which contains data relating to the application:

Example:

Note: The API call returns all records associated with the veteran so the veteran ICN is the same on all records. Benefit End Date is empty for the second record which indicates that the caregiver is still active.

```
{
  "data": {
    "id": "",
    "type": "form1010cg_submissions",
    "attributes": {
        "confirmationNumber": "aB935000000F7JxCAK",
        "submittedAt": "2020-06-24 12:07:25"
     }
  }
}
```

1010CG Add Document Request structure

This service will use the POST method and provide PDF data inside the message body. The service will use the following HTTP headers:]

Content-Type	application/json
client_id	<cli>d></cli>
client_secret	<cli>client_secret></cli>

"client_id" and "client_secret" will be used for authentication. "Content-Type" defines the content body to be a PDF document and "Content-Length" defines the length of PDF document.

PDF Input Request

Name	Data Type	Required?	Description
records	Object	Yes	List of objects representing the records in Salesforce
type	String	Yes	Static String to reference the target object in salesforce for Files.
referenceId	String	Yes	A string that will be returned in the response that can be correlated to the salesforce unique id of the created file. This is not persisted in salesforce.

			The expected format is: <carma_document_typec> +'_'+ <veteranfirstname> +'_'+ <veteranlastname> +'_'+ <submitteddatemm-dd-yyyy> 1. <carma_document_typec> - Type litral for the document valid values are '10-10CG' for the online application and 'POA' for Power of attorney 2. <veteranfirstname> - First Name of the Veteran. 3. <veteranfirstname> - Last</veteranfirstname></veteranfirstname></carma_document_typec></submitteddatemm-dd-yyyy></veteranlastname></veteranfirstname></carma_document_typec>
Title	String	Yes	Name of the Veteran. 4. <submitteddatemm-dd-yyyy> - Date the file was submitted in the format MM-DD-YYYY.</submitteddatemm-dd-yyyy>
PathOnClient	String	Yes	The actual file pdf file name.
CARMA_Document_Typec	String	Yes	Accepted values are '10-10CG' for the online application and 'POA' for Power of attorney document.
CARMA_Document_Datec	String	Yes	Date the file was submitted in the format YYYY-MM-DD
FirstPublishLocationId	String	Yes	18 character salesforce id returned in the application submission service call response(carmacase.id).
VersionData	Blob	Yes	The base64 encoded binary of the pdf file content

```
Sample request:
 "records": [
   "attributes": {
    "type": "ContentVersion",
    "referenceId": "1010CG"
   "Title": "10-10CG_Veter_<VeteranLastName>_<SubmittedDateMM-DD-YYYY>",
   "PathOnClient": "<Filename>.pdf",
   "CARMA_Document_Type__c": "10-10CG",
   "CARMA_Document_Date__c": "2020-03-30",
   "FirstPublishLocationId": "aB9r00000004GW9CAM",
   "VersionData": "JVBERi0xLjMKJcTl8uXrp<.....rest of the base64 ecoded pdf file content>"
  },
   "attributes": {
    "type": "ContentVersion",
    "referenceId": "POA"
   },
   "Title": "POA VeteranFirstName VeteranLastName SubmittedDateMM-DD-YYYY",
   "PathOnClient": "Test[ContentVersion] POA-0330-3.pdf",
   "CARMA Document Type c": "POA",
   "CARMA_Document_Date__c": "2020-03-30"
   "FirstPublishLocationId": "aB9r00000004GW9CAM",
   "VersionData": "JVBERi0xLjMKJcTl8uXrp<.....rest of the base64 ecoded pdf file content>"
]
}
```

PDF Response Message Definition:

Name	Data Type	Required?	Description
id	18 digit alpha numeric value	The Salesforce ld of the inserted object	aB9r00000004GW9CAM
fileName	Name of the PDF	The string name of the pdf being inserted	filename.pdf
success	Boolean	A boolean value stating if the file was inserted correctly.	true
errors	Array of strings	An array of strings containing any errors which occurred upon insert of PDF.	

Sample response: