The California Outcomes Measurement System
Treatment (CalOMS Tx)

CalOMS Tx Access to ITWS and
File Instructions
(For Input Data)

Input File Version 2.0
&
Input File Version 2.1 for LGBT (OPTIONAL)

California Department of Health Care Services

April 2014

Document History

Date	Brief Description of Modifications	File Version
6/23/2005	Initial version issued to counties and direct contract providers	1.0
7/15/2005	Minor corrections and revisions made based on comments from counties and direct providers.	1.0
8/23/2005	Added a list of zip utilities that can be used for CalOMS Tx. Clarified that the provider identifier used in the CalOMS Tx file naming convention is not the same number used in records within the file. The CalOMS Tx file naming convention requires the direct contract provider's number as assigned in the ITWS and used for file submissions to ITWS. The CalOMS Tx records within the file, e.g. the header record and the individual admission and discharge records, require the provider facility number assigned by DHCS (this was the same provider number used in CADDS reporting).	1.0
5/11/2007	Updated Data Elements to reflect changes that are in Production after development and User Acceptance Testing. This represents corrections to the documentation, not changes to the actual processing.	1.0
4/30/2008	Updated Data Elements to reflect the most current changes being released to Production.	1.0
5/09/2009	Corrected File Version.	1.0
8/1/2009	Corrections and new section.	1.0
10/01/2009	Corrections to tables.	1.0
07/15/2010	Corrections to deletion column in tables 5, 6, 7 & 8. Corrections marked in pink.	1.0
11/01/2010	Addition of LGBT data element. (Optional)	1.1
01/01/2014	Re-Branding to DHCS- throughout the document.	2.0
4/1/2014	Added ITWS Approver Process and additional Memberships to document to upload data to State	2.0

Group Item Number	Change or Update
Table 6, AUP-1	Annual Update Date is one of the elements necessary to delete an Annual Update.
Table 8, AUP-1	Annual Update Date is one of the elements necessary to delete an Annual Update.
Table 5, LGBT – 1	Addition of LGBT in field 83

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1 ITWS Access Approval Instructions

1.1 Overview

With the implementation of the California Outcomes Measurement System Treatment (CalOMS Tx) all counties, direct providers, and some of the vendors will be submitting CalOMS Tx data to California Department of Health Care Services (DHCS) through the Information Technology Web Service (ITWS) portal. The ITWS portal will also be the way that counties, direct providers, and vendors monitor the data submissions and receive data submission status and error reports, as well as access the various outcome and other reports available through the CalOMS Tx system.

In order to be able to access the ITWS portal to report CalOMS Tx data, all counties and direct providers, as well as those vendors who have the business need to access ITWS, must complete the ITWS access approval process.

> ⚠ **IMPORTANT:** All counties, direct providers and vendors who have the business need to access ITWS must obtain ITWS access prior to starting Certification Testing of their CalOMS Tx system with ADP.

The ITWS access approval process consists of the following steps:
- **Complete Approver Form** – each county, direct provider and vendor must select two CalOMS Tx "approvers."

- **Complete User Enrollment** – each user must complete the ITWS user enrollment process to gain access to CalOMS Tx interface in ITWS system.

ATTENTION EXISTING ITWS APPROVERS/USERS: Some counties, direct providers and vendors are already using the ITWS portal for other systems (e.g., Drug Medi-Cal, Billing, etc.) and have approvers and users established in ITWS for those systems. DHCS requires that new CalOMS Tx ITWS approver forms be completed for all counties, direct providers, and vendors in order to gain access to the CalOMS Tx interface in ITWS. Users that are currently enrolled in ITWS for other systems must follow an abbreviated enrollment process to gain access to CalOMS Tx (see Existing ITWS User Enrollment section later in this document).

APPROVER CERTIFICATION

USER CERTIFICATION

County /DCP/Vendor Process

County /DCP/Vendor Process	User Certification	
Review ITWS Instructions	In ITWS, Enroll as a New User	Confirm with ITWS Processing of Enrollment and Membership Requests
Identify Approvers	Or, in ITWS, Complete "Request Additional Memberships" Form	
Obtain and Complete Approver Form	User Prints Form and has Approver Signs it (for New Enrollees and or/for Requesting Additional Memberships)	Access to CalOMS Tx ITWS is Obtained
Fax Completed Approver Form to DHCS		
User will receive confirmation via email, once approver is set up in ITWS	Fax Signed Enrollment and/or Additional Membership Request Form to ITWS Form to DHCS.	

DHCS Process

DHCS Process		
Receive, Review and Approve Completed Approver Forms	Receive, Review and Process Completed ITWS Enrollment Forms and Membership Request Forms	Provide Ongoing ITWS Help Desk Support for Users
Initial (Approving) Completed Form and Fax to ITWS Help		
Receive, Review and Process Completed ITWS Approver		

> ⚠ **IMPORTANT:** Each organization is responsible for protecting the confidentiality of individually-identifiable health information and to disclose this information only under proper authorization as required by the Information Practices Act (CA Civil Code 1798-1798.1), the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR part 2), and the Health Insurance Portability and Accountability Act (HIPAA; 45 CFR Parts 160 and 164).
>
> See the attached "Confidentiality Statement to Users of the Information Technology Web Services (ITWS)" for more information.

1.2 Approver Certification Instructions

Approvers are responsible for approving user enrollment requests by county and direct provider/vendor staff for access to the ITWS portal for the submission and retrieval of CalOMS Tx data and reports.

To ensure the confidentiality of county/direct provider CalOMS Tx data, DHCS requires that the county alcohol and drug program administrator or direct provider/vendor executive officer designate a primary and a secondary CalOMS Tx "approver" within their organizations.

Approver Certification Steps

County/Direct Provider/Vendor Responsibility:

1. Identify the approvers within your organization.
2. Download the **CalOMS Tx ITWS County/Direct Provider Approver Form (Form DHCS 5099) or CalOMS Tx ITWS Vendor Approver Form (Form DHCS 5100).** Both forms are available in PDF format from the ITWS site (https://itws.dhcs.ca.gov) as explained below.
3. Complete the CalOMS Tx ITWS County/Direct Provider/Vendor Approver form and fax to DHCS using the fax number indicated on the form.

DHCS Responsibility:
1. Review the submitted form for completeness, including signatures of approvers and administrator/executive officer.
2. Approve the submitted CalOMS Tx ITWs County/Direct Provider/Vendor Approver form if determined complete and accurate.
3. Fax the signed and approved form to DHCS ITWS help desk support.

User Enrollment Process Steps:

County/Direct Provider/Vendor User Responsibility:
1. Navigate to ITWS website main page using the following address: https://itws.dhcs.ca.gov.
2. Select "Enroll" menu button at the top of the page, and then select "Enroll in ITWS" from the drop-down list.
3. Follow the step-by-step instructions to fill out the requested information (see instructions below).
4. Print and sign the resulting ITWS Enrollment Request form.

5. Have the authorized approver for your organization sign the ITWS Enrollment request form that you printed.

6. Fax the approved enrollment request form to ITWS at (916) 440-7312.

ITWS responsibility:

1. ITWS enters the authorized user into their system.

2. ITWS notifies the user of their successful enrollment by email.

1.3 New ITWS User Enrollment Instructions

The following is a description of the six screens the user will encounter as part of completing the onscreen information during the ITWS enrollment process. Please note that the term "Step" as used below refers to Steps 1–6 in the onscreen ITWS enrollment:

Step 1—Description of Enrollment Process
Provides basic information about ITWS procedures, security, and operation. After reading, select the "Next" button.

Step 2—Enter User Information
Enter the information requested including the User Type that matches you and the Organization name from the drop-down boxes.

If you select **Direct Provider** under User Type, the following field called Organization will not work—ignore it. On the following screen you will be able to identify your organization by selecting your six-digit provider number. The Organization drop-down box works fine for **Counties**.

If you are a **Vendor** currently working for either a county or direct provider, select "Vendor" in the User Type drop-down box.

Select a User Name and Password that meets the listed requirements; note that passwords are case sensitive. Make sure to record your user name and password and store in a secure location for future use.

When done, select the "Next" button.

Step 3—Select Memberships

If you are a County employee, select the "ADP" tab in the "Systems" window and then select "California Outcomes Measurement System, (CalOMS)" from the list of data systems. Leave the check-box called "Check box to get System Information and Messages access only" unchecked.

If you are a **Direct Provider** employee, select "California Outcomes Measurement System (CalOMS)" from the "Systems" list and select your provider number from the "Providers" list. Leave the check-box called "Check box to get System Information and Messages access only" unchecked.

When done, select the "Next" button.

Step 4—Approver and Optional Functions

In the "Approver" drop-down box to the right, select one of the two approvers that have been certified for your organization. This is the person who will sign/approve your ITWS enrollment request form at the end of this process. If you see the message **No Approving Contact Found** this means your organization has not completed the approver certification process, and no ITWS user enrollments can proceed until this has been done. Contact your management.

In the "Optional Functions" section, leave all the check boxes unchecked. When done, select the "Next" button.

Step 5—Verify Information and Submit

Check over the information and verify that it is all correct. Click on the "Edit" button to correct any incorrect information. If you selected **Direct Provider** under User Type in Step 2, and you do not see your organization that you want access to listed, please call the DHCS Help Desk at (916) 440-7000.

When ready, select the "Submit" button at the bottom of the page and your enrollment information is sent electronically to ITWS. The ITWS Enrollment Request Form will now appear on your screen.

Step 6—Print and Fax Signed Request

Print the onscreen enrollment request form, sign it, and have it approved by the "Approver" you selected during the enrollment process. Fax the completed form to ITWS at (916) 440-7312.

The requester will receive email responses from ITWS on the status of their enrollment request. Once they have been notified that their enrollment request has been approved, they are now fully capable of accessing ITWS.

If you experience any difficulty during the enrollment process, please contact the ITWS help desk at (916) 440-7000 or (800) 579-0874 or by email at ITWS@dhcs.ca.gov.

1.4 Existing ITWS User Enrollment Instructions

County/direct provider/vendor staff who are currently enrolled as authorized ITWS users for other data systems can request that CalOMS Tx membership to be added to their existing account by completing the following steps.

Requesting Additional Memberships:

County/Direct Provider/Vendor User Responsibility:
1. Log onto the ITWS website at https://itws.dhcs.ca.gov using your existing ITWS user name and password.
2. Click on the "Utilities" menu button at the top of the page.
3. Select "Request Additional Memberships" from the drop-down list and then follow the instructions on the screen.
4. Select CalOMS Tx System from the list of "Available Memberships" and click on "Verify Additional Membership Request" button.
5. Select your approver and click "Continue."
6. Print and sign resulting form.
7. Have the additional membership request form signed by your approver.
8. Fax the signed and authorized form to ITWS at (916) 440-7312.

ITWS responsibility:
1. ITWS will process the request and add CalOMS Tx to the existing user account
2. ITWS will notify the user once CalOMS Tx membership has been added by email.

1.5 Requesting Access to CalOMS Tx Reports in ITWS

The following step-by-step instructions on how to request access to the CalOMS Tx reports available to counties and State contracted direct providers via ITWS.

Completing the steps in this guide will enable users to access the following CalOMS Tx reports:

- **Outcome Reports**—a series of16 reports that can provide many different views of your CalOMS treatment data. This includes:

- o **Assessing Services**
  - Source of Referral
  - Types of Service/Modality
  - Waiting List

- o **Changes During Treatment**
  - Alcohol and Drug Use
  - Criminal Justice
  - Employment/Education
  - Living Arrangement
  - Medical/Health Issues
  - Mental Health Issues
  - Social Support Issues

- o **Service Utilization**
  - Completion Rates
  - Length of Stay

- o **Treatment Admissions**
  - Client Characteristics
  - Demographics
  - Parent and Child Status
  - Substance Use

- **Data Quality and Compliance Report**—provides summary and supporting metrics regarding the timeliness, completeness, and accuracy of your CalOMS Tx data submissions.
- **Error and Submission Detail Report**—provides record-by-record summaries of all errors encountered during your CalOMS Tx data submissions.
- **Open Admissions Report**—lists all of your open SUD treatment admissions older than a user-selected number of months.
- **Parolee Services Network (PSN) Report**—provides quarterly summary data on clients enrolled in this program; only applicable to counties participating in the PSN program.
- **Services Provided Outside County Report**—provides a listing of SUD treatment services performed by providers located outside your county at your request.
- **Open Providers Report**—provides a listing of SUD treatment providers for the selected county that are open, according to the Master Provider File (MPF), any time during the selected report month. Types of treatment services are also included in the Open Providers Report.

Instructions on Accessing CalOMS Tx Reports in ITWS:

1. Log onto the ITWS website at https://itws.dhcs.ca.gov using your existing ITWS user name and password.
2. Click on the "Utilities" menu button at the top of the page.
3. Select "Additional Functions" from the drop-down list to your RIGHT of the screen.
4. Select one or more reports. (hold down the Control Key for multiple reports)
5. Confirm. If the list you selected is correct, hit the "Continue" button. If you need to change anything, hit the "Go Back" button to make your changes.
6. Click on the "Continue" link in the gray box on the right and print form. Sign the form in the signature block next to your name and have the form approved

by the "approver" listed. Fax the completed for to DHCS at 916-440-7312.

1.6 Canceling ITWS User Access

As indicated at the start of this document, each organization is responsible for protecting the confidentiality of individually-identifiable health information and to disclose this information only under proper authorization as required by the Information Practices Act (CA Civil Code 1798-1798.1), the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR part 2), and the Health Insurance Portability and Accountability Act (HIPAA; 45 CFR Parts 160 and 164. This includes managing their staff access to DHCS data systems via the ITWS portal, and cancellation of that access once it is no longer appropriate. Once an enrolled user is no longer authorized to access the ITWS portal, the county, direct provider, or, if applicable, vendor must complete the County/Direct Provider/Vendor User Cancellation (Form 5102), which is available for download in PDF format at the ITWS website, https://itws.dhcs.ca.gov.

NOTE: You do not need to log onto the ITWS site to access CalOMS Tx cancellation form!
1. Navigate to the ITWS portal main page (https://itws.dhcs.ca.gov).
2. Choose the "Support" menu button at the top of the page.
3. Select "ADP Approver Certification Forms" from the drop-down list.
4. On this next page, click on the "CalOMS Treatment Forms" at the top of the page or just scroll down until you get to the "CalOMS Tx" section.
5. Click on the link to the required form (County/Direct Provider/Vendor User Cancellation (Form DHCS 5102)) located on the left-hand side of the page.

The form must be signed by the county alcohol and drug program administrator or direct provider/vendor executive officer. Fax the completed form to DHCS at (916) 322-7117.

2 Filing CalOMS Tx Data to ITWS

The California Outcomes Measurement System Treatment (CalOMS Tx) Input Data File Instructions provide detailed information required to construct the electronic data files submitted by the Counties and Direct Contract Providers (DCP) to the Department of Health Care Services (DHCS) every month. This document defines and describes the expected file layout for admission, annual update, and discharge data submissions for file version 1.0 and file version 1.1.

There are six documents, including this File Instructions document which together provide a complete and detailed explanation of the CalOMS Tx system. A general description of the contents of each of these six documents is as follows:

CalOMS Tx Data Collection Guide – this is a detailed guide that describes how the response to each admission, discharge or annual update question should be collected by treatment providers and data collection resources. These explanations include a description of valid values allowed for answering each question.

CalOMS Tx Data Dictionary – this is a detailed explanation of every data element in admission, discharge, and annual update records that are in the CalOMS Tx system at DHCS. These explanations describe how each valid value will be coded for each question in the electronic record for an admission, discharge, or annual update. Field edits. Errors are also described in this document.

CalOMS Tx File Instructions (For Input Data) – (within this document) this is a detailed explanation of the file format requirements for files submitted to the CalOMS Tx system at DHCS. These explanations include a description of the field layouts for each record type (admissions, discharges, annual updates, provider no activity, header, footer). Also included are descriptions of submission rules and errors.

CalOMS Tx Data Compliance Standards – this is a detailed description of data submission standards and measures for CalOMS data. This document includes such standards as the allowed time for submitting data, error tolerances, and data quality and compliance reporting.

CalOMS Tx Reports Overview –This document is a collection of sample reports that can be generated from the CalOMS Tx application. These reports are available to each county and direct contract provider.

CalOMS Tx plays a key role in DHCS's mission of reducing substance use disorder (SUD) problems in California by providing outcomes measurement data in support of treatment programs. Treatment data collection is required from all providers licensed for narcotic replacement therapy (NTP), and all providers receiving any public funding through DHCS for all of their clients receiving the following services:

❖ Non-Residential / Outpatient Services:
  ✓ Treatment Recovery
    ▪ Outpatient Drug Free
    ▪ Outpatient (medication)
    ▪ Narcotic Treatment Program (NTP) Maintenance
  ✓ Day Care Rehabilitative
  ✓ Outpatient Detoxification
    ▪ Outpatient Detoxification (non-medical)
    ▪ Outpatient Detoxification (medical)
    ▪ NTP Detoxification

❖ Residential / Inpatient Services
  ✓ Detoxification (hospital)
  ✓ Detoxification (non-hospital)
  ✓ Residential (30 days or less)
  ✓ Residential (30 days or more)

Client data for CalOMS Tx are collected and transmitted as described below.

Providers Collect Data from Clients **–** Providers collect client data at admission and at discharge or administrative discharge from the same treatment program. Data are also collected annually as an annual update for clients in treatment 12 months or longer.

Providers Submit Data to Counties **–** County-contracted providers (CCPs) are required to submit their client data to their respective counties as these activities occur. In turn, the counties will collect these data from their providers during the month.

C/DCPs Submit Data to DHCS **–** After the end of each month, counties and direct contract providers (DCPs - providers under contract directly with DHCS) are required to submit the client transaction records for the admissions, annual updates, and discharges that occurred during that month in electronic format to DHCS within 45 calendar days from the end of the report month.

The client data are submitted to DHCS in the form of simple electronic data files. There are two standard formats for the data files to be submitted to CalOMS Tx (1.0 & 1.1). The counties and direct contract providers will submit the CalOMS Tx data files using the Information Technology Web Services (ITWS) portal operated by the Department of Health Care Services (DHCS). More information regarding ITWS can be found in the information in this document and on the Internet at the following link:

https://itws.dhcs.ca.gov/

Figures 1 and 2 on the following pages illustrate the CalOMS Tx data collection and reporting process.

Figure 1 – CalOMS Tx Data Flow
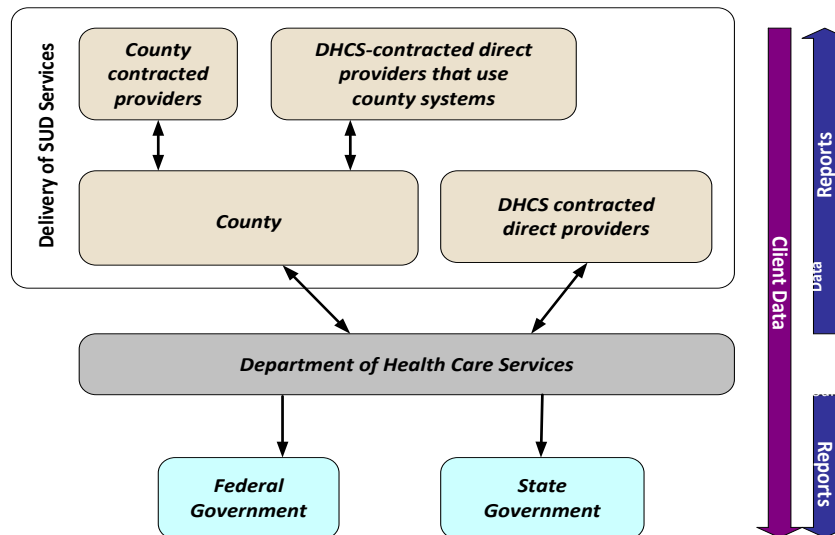
Figure 1 illustrates the flow of incoming data and outgoing reports through CalOMS Tx. Important aspects of these flows include:

Data Collection Flow

- ❖ Collected by CCPs and DCPs.
- ❖ CCPs (and some DCPs) submit data to Counties.
- ❖ Counties and DCPs submit data to DHCS.

Report Flow

- ❖ Distributed by DHCS to State and Federal Government Agencies.
- ❖ Distributed from CalOMS Tx to Counties and DCPs on demand.
- ❖ Distributed by Counties to CCPs.

Figure 2 – System Interface for Data Input CalOMS Tx
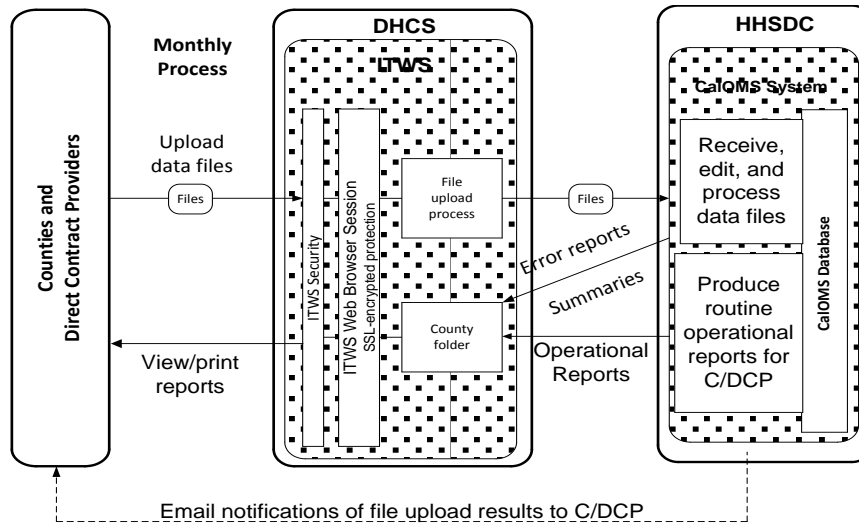
Figure 2 illustrates the process flow for submitting data to CalOMS Tx.

1. C/DCP uploads data files in ITWS.

2. ITWS transmits data files to CalOMS Tx.

3. CalOMS Tx receives, edits, and processes the data files.

4. CalOMS Tx transmits operation reports to ITWS.

5. CalOMS Tx notifies C/DCP via email that operational reports are ready.

6. C/DCP logs into ITWS to retrieve operational reports.

3 Instructions to Submit File to ITWS

This section provides instructions for creating data files according to the file and record requirements for CalOMS Tx.

3.1 Zip File with Password

The electronic file submitted to DHCS will be submitted through the ITWS internet site. The electronic file will be submitted using the ITWS submission standards which include the following.

❖ The file is zipped and password-protected.

- The password to be used will be available on the ITWS website, after logging on.

- WinZip, pkZIP and the zip utility in the Microsoft XP operating system can be used to create password-protected zip files for CalOMS Tx.

❖ The unzipped file is in ASCII format.

❖ The name of the unzipped file must be in the following format:

ADP_COT_(CC or PPPP)_(T or P)_ #####.TXT

- ADP indicates the file is for DHCS.

- COT indicates the file is for the CalOMS Tx Treatment System.

- CC is the County Code. The two-digit County code is included in the file name when a county is submitting the data file to DHCS.

- PPPP is the ITWS direct contract provider code assigned by the Department of Health Care Services (DHCS) for use with the ITWS for file submissions to the State. This four-digit provider code is included in the file name when a direct contract provider is submitting the data file to DHCS. This is not the same number as the provider facility number assigned by DHCS and shown in the header and transaction records.

- T indicates the file is a testing file and P indicates the file is a production file.

- ##### is a sequential, five-digit number assigned to file submissions for CalOMS Tx by the county or direct provider. This sequential number should start with 00001 when a county or direct provider begins submitting files to CalOMS Tx and then increment with every file submitted thereafter. Every file submitted to CalOMS Tx by a county or direct provider must have a unique sequential number.

- Examples of file names in the approved format:
  ADP_COT_01_T_ 00001.TXT

ADP_COT_19AP_P_ 00015.TXT

ADP_COT_0191_P_ 00126.TXT

❖ The external ZIP file name matches the unzipped filename (except for the file extension)

❖ The zipped file contains only one file; when unzipped, multiple files will be rejected.

3.2 CalOMS Tx Data File Characteristics

The data files submitted for CalOMS Tx must have the following characteristics:

❖ Input data files must be delimited files, not fixed record length files.

❖ The file must be an ASCII text file.

❖ The first record in the file must be a Submission Header record.

- The file must contain exactly one Submission Header record.

❖ The last record in the file must be an End of File record.

- The file must contain exactly one End of File record.

❖ All other record types, e.g. Admission and Discharge records, will be submitted between the Submission Header and End of File records. DHCS requires that the sequence of records in the file correspond to the sequence of activities, i.e. admissions, discharges, and re-submissions, as they occur.

❖ Only one record is allowed per line in the file.

❖ The fields within the file must be delimited (separated) by the pipe '|' (vertical line) character (ASCII Decimal Value = 124).

❖ The last field within a record (line) must not be followed by the pipe delimiter ('|'), instead it should be followed by a carriage return and/or line feed (CR or CR/LF).

❖ Items that allow multiple selections (e.g. Race, Disability) must use the tilde '~' character as the sub-delimiter (ASCII Decimal Value = 126). For example to report that a person is White and Japanese you would report '01~11' for race where 01 is the value for White and 11 is the value for Japanese. Given the location of race in our file layout, this value would be enclosed within the main delimiter (e.g. '|01~11|').

❖ Optional fields (such as a CDCR Number for Youth) must still be provided as either null or blank space, so that the order of fields for a record type remains constant.

❖ Trailing spaces (where a field is padded on the right with spaces to fill up the maximum length) will be allowed, although they are not recommended.

❖ For numeric-only fields, leading zeros (where a field is padded on the left with zeros) will be allowed, although they are not recommended.

❖ Each batch file must be for one and only one entity, e.g. for a single county or a single direct contract provider.

❖ If a county performs the CalOMS Tx data submission for a direct contract provider or another county, the data for those entities cannot be commingled in the same file and must be submitted as their own separate file.

❖ A Provider No Activity record is included in the file when no admission, discharge, or annual update records exist for a provider for a specific report month.

❖ CalOMS Tx admission, annual update and discharge records match using the following data elements: (ADM-1) Admission Date, (ADM-3) Provider ID, (ADM-4) Type of Service, (TRN-3) Form Serial Number (FSN), (SYS-2) County code or direct provider ID.

3.3 CalOMS Tx Record Types

CalOMS Tx data submissions are comprised of a discrete group of record types. These record types include:

1. Admission Record

2. Discharge Record

3. Annual Update Record

4. Provider No Activity Record

5. Submission Header Record

6. End of File Record

Each of these record types is described in more detail in Sections 4 through 9 below. Each record type is comprised of data elements that are described in detail in the CalOMS Tx Data Dictionary.

4 Routing Data to Reports

There are two principal categories of reports: data management reports and outcomes reports. These reports can be routed to different individuals. Data management reports are available to the C/DCP that submitted the data file. Outcomes reports are available to the C/DCP that paid for the SUD treatment services. Routing of these reports is explained in detail in the subsections below.

There are multiple identifiers, used for different purposes, in a CalOMS Tx file. Information on the locations and purposes of these identifiers is listed in the **Table 1**.

Table 1 – Identifier Fields

Identifier	Location	Uses
CC or PPPP in the file name	❖ Text file name ❖ Zip file name (CC is the county code, PPPP is the ITWS direct contract provider code assigned by the Department of Health Care Service)	Identifies what county or direct contract provider logged into ITWS to submit the file.
(SYS-2) County Code or Direct Provider ID	❖ Submission Header record	Identifies the county or direct contract provider whose data is in the submission file – Data Management reports will be routed to this entity.
(ADM-3) Provider ID	❖ Admission records ❖ Annual Update records ❖ Discharge records ❖ Provider No Activity records	Used in conjunction with ADM-10 to determine what county or direct contract provider paid for services (please section 3.2 – *Outcomes Reports* below for more information on how these fields interact).
(ADM-10) County Paying for Services	❖ Admission records	See above

4.1 Data Management Reports

Data management reports, such as the Error and Submission Details Report, are routed based on the submitter of a data file. These reports are routed based on the value in element SYS-2 (County Code or Provider ID) in the header record. SYS-2 represents the C/DCP in the header record.

Example:

❖ A file is submitted to CalOMS Tx with SYS-2 set to 19 (Los Angeles).

• Data management reports will be sent to County 19 (Los Angeles).

❖ A file is submitted to CalOMS Tx with SYS-2 set to 378776 (this is a DCP).

• Data management reports will be sent to Direct Contract Provider 378776.

4.2 Outcomes Reports

Outcomes reports, such as the Changes During Treatment and Substance Use Reports, are routed based on the C/DCP that paid for the SUD treatment services based on element ADM-10 (County Paying for Services). When this element is set to Not Applicable, ADM-3 (Provider ID on individual records) is used to route the outcomes reports.

For DCPs, CalOMS Tx uses all six characters of ADM-3 to route the report. For CCPs, CalOMS Tx uses the first two characters of ADM-3 to include data in outcomes reports. These two characters identify the county in which the CCP is physically located.

The logic that represents report routing for outcomes reports is:

If *County Paying for Services* is a valid county code (01 – 58)
    Include data in outcomes reports based on *County Paying for Services*
Else
    If Provider ID is a direct contract provider (DCP)
      Include data in outcomes reports based on all six characters of *Provider ID*
    Else
      Include data in outcomes reports based on first two characters of Provider ID
    End if
End if

It is important to note that SYS-2 (County Code or Direct Provider ID) in the header record is not used in any way for outcomes reporting. In other words, for purposes of outcomes reporting, it does not matter which entity submitted the data.

Examples:

❖ County Paying for Services = 01 and Provider ID = 191919.

- Outcomes reports will include this record in data for County 01 (Alameda).

❖ County Paying for Services = 99902 (None or Not Applicable) and Provider ID = 378776.

- Provider 378776 is a DCP.
- Outcomes reports will include this record in data for Direct Contract Provider 378776.

❖ County Paying for Services = 99902 and Provider ID = 040443.

- Provider 040443 is not a DCP.
- Outcomes reports will include this record in data for County 04 (Butte).

5 Submission Header Records

This section details how a Submission Header record is constructed from the available data items. **Table 2** provides a list of the items that are to be provided in the submission header record. The fields must appear in the record in the order identified by the 'Sequence Within Record' column. Data for multiple report months and providers can be included in one submission file.

For those not collecting and submitting LGBT data a file header of 1.0 must be used.

For those collecting and submitting LGBT data a file header of 1.1 must be used.

Table 2 – Submission Header Record Layout

Sequence Within Record	Group and Item Number	Data Element	Format (additional details in Element Details)	Maximum Length
1	SYS-1	System Record Indicator	H	1
2	SYS-2	County Code or Direct Provider ID	NNNNNN	6
3	SYS-5	File Version	NNN.NN	6

5.1 Example Submission Header Record

The following is an example header record for a file submitted by Yolo County using File Version 1.0.

   H|57|1.0

The following is an example header record for a file submitted by a county that submits LGBT data using File Version 1.1.

   H|XX|1.1

6 End of File Records

This section details how an End of File record is constructed. **Table 3** below describes the one item required in the End of File record. An End of File record must be the last record in the file and it must be preceded by a Header record. All other record types will be submitted between the Header and End of File records. No data is permitted in the file following the End of File record.

Table 3 – End of File Record Layout

Sequence Within Record	Group and Item Number	Data Element	Format (additional details in Element Details)	Maximum Length
1	SYS-1	System Record Indicator	EOF	3

6.1 Example End of File Record

The following is an example End of File record which requires no delimiter since there is only one field with one valid value.

E O F

7 Provider No Activity Records

This section details how a Provider No Activity (PNA) record is constructed from the available data items. **Table 4** provides a list of the items that are to be included in the record. The fields must appear in the record in the order identified by the 'Sequence Within Record' column.

This record is submitted when no admission, discharge, or annual update records exist for a provider for a specific report month. Such submissions are only required when data submissions are due for a specific report month. Reasons for no submission of other records are indicated in the Submission Status (SYS-4) field.

Table 4 – Provider No Activity Record Layout

Sequence Within Record	Group and Item Number	Data Element	Format (additional details in Element Details)	Maximum Length
1	SYS-1	System Record Indicator	PNA	3
2	ADM-3	Provider ID	NNNNNN	6
3	SYS-3	Report Month	YYYYMM	6
4	SYS-4	Submission Status	A	1

7.1 Example Provider No Activity Record

The following is a PNA record for a submittal by Alameda County indicating that provider 010253 had no reportable activity in the November 2012 report month.

P N A | 0 1 0 2 5 3 | 2 0 1 2 1 1 | C

8 Admission Records

The different types of admission records can be determined by the Type of Form (TRN-1) field. Two of the Admission types (Submissions and Re-Submissions) have subtypes that can be determined by the age of the client at admission (determined by the Date of Birth (CID-4) and the Admission Date (ADM-1) fields).

8.1 Submissions

Submission of Admission records have Type of Form (TRN-1) equal to 1 (Admission). There are two subtypes of Submission of Admission records:

❖ **Standard (Std) Admission –** This is a standard Submission of Admission record for an adult (18 or older) client. This record type uses all the admission record fields included in the record layout.

- Age of the client at admission is 18 years or older.

❖ **Youth Admission (Youth) – This** is a Submission of Admission record for a youth (17 or younger) client. Since clients 17 or younger do not answer outcome (MTOQ) questions, this record type only uses some of the admission record fields, the fields not used are reported as null (empty).

- Age of the client at admission is less than 18 years.

8.2 Re-Submissions

Re-Submission of Admission records have Type of Form (TRN-1) equal to 2 (Re-Submission of Admission). There are two subtypes of Re-Submission of Admission records:

❖ **Standard (Std) Admission –** This is a standard Re-Submission of Admission record for an adult (18 or older) client. This record type uses all the admission record fields included in the record layout.

- Age of the client at admission is 18 years or older.

❖ **Youth Admission (Youth) –** This is a Re-Submission of Admission record for a youth (17 or younger) client. Since clients 17 or younger do not answer outcome (MTOQ) questions, this record type only uses some of the admission record fields, the fields not used are reported as null (empty).

- Age of the client at admission is less than 18 years

8.3 Deletions

Deletion of Admission records have Type of Form (TRN-1) equal to 3 (Deletion of Admission). This record type **uses some of the admission record fields**, the fields not used are reported as null (empty). There are no subtypes (i.e., Standard or Youth) for Deletion of Admission records.

8.4 Layouts

Table 4 shows all items that make up the admission record. It includes the following columns:

❖ **Sequence Within Group –** This identifies the order in which the fields must appear within an admission record.

❖ **Group and Item Number –** This identifies the group and item number that must be included. Details for the item number are included in Section 3 of this document.

❖ **Data Element –** This identifies the name of the item represented by the group and item number.

❖ **Max Length –** This identifies the maximum length allowed for the item.

❖ **Std –** An 'X' in this column identifies those fields that are required for a Standard Admission or Re-Submission of a Standard Admission record. All fields are required for a Standard Admission record.

❖ **Youth –** An 'X' in this column identifies those fields that are required for a Youth Admission or Re-Submission of a Youth Admission record. Not all fields are required for a Youth Admission record.

❖ **Del –** An 'X' in this column identifies those fields that are required for a Deletion of Admission record. Not all fields are required for a Deletion of Admission record.

All fields must be provided for every admission record. For required fields (items), all validation rules will be checked and applicable errors generated.

If a field is not required for a particular record, an empty (null) or blank must still be provided for the field and it must continue to be delimited. If data is provided in these fields, it is ignored by CalOMS Tx file processing – no edits are applied, and the data in these fields is not placed in the CalOMS Tx database.

Submission of Admission and Re-Submission of Admission record types have identical layouts, so these record types are displayed together in **Table 5**.

Table 5 – Admission Record Layout

Sequence Within Record	Group and Item Number	Data Element	Max Length	Submissions or Re-Submissions		Del
				Std	Youth	All
1	TRN-1	Type of Form	2	X	X	X
2	TRN-2	Transaction Date and Time	19	X	X	X
3	TRN-3	Form Serial Number	8	X	X	X
4	ADM-1	Admission Date	10	X	X	X
5	ADM-2	Admission Transaction Type	1	X	X	
6	ADM-3	Provider ID	6	X	X	X
7	ADM-4	Type of Service	1	X	X	
8	ADM-5	Source of Referral	2	X	X	
9	ADM-6	Days Waited to Enter Treatment	5	X	X	
10	ADM-7	Number of Prior Episodes	5	X	X	
11	ADM-8	CalWORKs Recipient	5	X	X	
12	ADM-9	Substance Abuse Treatment Under CalWORKs	5	X	X	
13	ADM-10	County Paying for Services	5	X	X	
14	ADM-11	Special Services Contract ID	5	X	X	
15	CID-2	Provider's Participant ID	20	X	X	
16	CID-3	Gender	5	X	X	
17	CID-4	Date of Birth	10	X	X	
18	CID-5	Current First Name	20	X	X	
19	CID-6	Current Last Name	40	X	X	
20	CID-7	SSN	9	X	X	
21	CID-8	Zip Code at Current Residence	5	X	X	
22	CID-9	Birth First Name	20	X	X	
23	CID-10	Birth Last Name	40	X	X	
24	CID-11a	Place of Birth – County	5	X	X	
25	CID-11b	Place of Birth – State	5	X	X	
26	CID-12	Driver's License Number	13	X	X	
27	CID-13	Driver's License State	5	X	X	
28	CID-14	Mother's First Name	20	X	X	

Sequence Within Record	Group and Item Number	Data Element	Max Length	Submissions or Re-Submissions		Del
				Std	Youth	All
29	CID-15	Race	14	X	X	
30	CID-16	Ethnicity	1	X	X	
31	CID-17	Veteran	5	X	X	
32	CID-18	Disability	13	X	X	
33	CID-19	Consent	1	X		
34	ADU-1a	Primary Drug (Code)	5	X	X	
35	ADU-1b	Primary Drug (Name)	50	X	X	
36	ADU-2	Primary Drug Frequency	5	X	X	
37	ADU-3	Primary Drug Route of Administration	5	X	X	
38	ADU-4	Primary Drug Age of First Use	5	X	X	
39	ADU-5a	Secondary Drug (Code)	5	X	X	
40	ADU-5b	Secondary Drug (Name)	50	X	X	
41	ADU-6	Secondary Drug Frequency	5	X	X	
42	ADU-7	Secondary Drug Route of Administration	5	X	X	
43	ADU-8	Secondary Drug Age of First Use	5	X	X	
44	ADU-9	Alcohol Frequency	5	X	X	
45	ADU-10	Needle Use	5	X		
46	ADU-11	Needle Use in Last 12 Months	5	X	X	
47	EMP-1	Employment Status	1	X	X	
48	EMP-2	Work Past 30 Days	5	X		
49	EMP-3	Enrolled in School	5	X	X	
50	EMP-4	Enrolled in Job Training	5	X		
51	EMP-5	Highest School Grade Completed	5	X	X	
52	LEG-1	Criminal Justice Status	5	X	X	
53	LEG-2	CDCR Number	6	X		
54	LEG-3	Number of Arrests Last 30 Days	5	X	X	
55	LEG-4	Number of Jail Days Last 30 days	5	X		

Sequence Within Record	Group and Item Number	Data Element	Max Length	Submissions or Re-Submissions		Del
				Std	Youth	All
56	LEG-5	Number of Prison Days Last 30 days	5	X		
57	LEG-6	Parolee Services Network (PSN)	5	X		
58	LEG-7	FOTP Parolee	5	X		
59	LEG-8	FOTP Priority Status	5	X		
60	MED-1	Medi-Cal Beneficiary	5	X	X	
61	MED-2	Emergency Room Last 30 Days	5	X		
62	MED-3	Hospital Overnight Last 30 Days	5	X		
63	MED-4	Medical Problems Last 30 Days	5	X		
64	MED-5	Pregnant at Admission	5	X	X	
65	MED-7	Medication Prescribed as a Part of Treatment	5	X	X	
66	MED-8	Communicable Diseases: Tuberculosis	5	X		
67	MED-9	Communicable Diseases: Hepatitis C	5	X		
68	MED-10	Communicable Diseases: Sexually Transmitted Disease	5	X		
69	MED-11	HIV Tested	5	X		
70	MED-12	HIV Test Results	5	X		
71	MHD-1	Mental Illness	5	X	X	
72	MHD-2	Emergency Room Use / Mental Health	5	X		
73	MHD-3	Psychiatric Facility Use	5	X		
74	MHD-4	Mental Health Medication	5	X		
75	SOC-1	Social Support	2	X	X	
76	SOC-2	Current Living Arrangements	1	X	X	
77	SOC-3	Living With Someone	5	X		
78	SOC-4	Family Conflict Last 30 Days	5	X		
79	SOC-5	Number of Children	5	X		
80	SOC-6	Number of Children Age 5 Years or Younger	5	X		

Sequence Within Record	Group and Item Number	Data Element	Max Length	Submissions or Re-Submissions		Del
				Std	Youth	All
81	SOC-7	Number of Children Living With Someone Else	5	X		
82	SOC-8	Number of Children Living With Someone Else and Parental Rights Terminated	5	X		
83	LGBT-1	Lesbian, Gay, Bi-sexual, Transgender	1	X	X	

8.5 Example Admission Record (Partial)

The following is an example of an admission record for a deletion of admission showing the first 4 items (TRN-1, TRN-2, TRN-3, ADM-1), and items 13 through 15 (ADM-10, ADM-11, CID-2). It illustrates item ADM-10 provided as a null value, and item ADM-11 provided as a blank since neither of these is required for a deletion of admission. The first ellipsis (…) in the sample represents items 5 through 12 and the second ellipsis (…) represents items 16 through 82.

3|11/10/2005 10:09:34|C1234567|10/01/2005|…|| |234657|…

9 Annual Update Records

The different types of annual update records can be determined by the Type of Form (TRN-1) field. Two of the annual update types (Submissions and Re-Submissions) have subtypes that can be determined by the age of the client at admission (determined by the Date of Birth (CID-4) and the Admission Date (ADM-1) fields).

9.1 Submissions

Submissions of Annual Update records have Type of Form (TRN-1) equal to 7 (Annual Update). There are two subtypes of Submission of Annual Update records:

❖ **Standard (Std) Annual Update –** This is a standard Submission of Annual Update record for an adult (18 or older) client. This uses all the annual update record fields included in the record layout.

- Age of the client at admission is 18 years or older.

❖ **Youth Annual Update (Youth) –** This is a Submission of Annual Update record for a youth (17 or younger) client. Since clients 17 or younger do not answer outcome (MTOQ) questions, this record only uses some of the annual update record fields, the fields not used are reported as null (empty).

- Age of the client at admission is less than 18 years.

9.2 Re-Submissions

Re-Submissions of Annual Update records have Type of Form (TRN-1) equal to 8 (Re-Submission of Annual Update). There are two subtypes of Re-Submission of Annual Update records:

❖ **Standard (Std) Annual Update –** This is a standard Re-Submission of Annual Update record for an adult (18 or older) client. This uses all the annual update record fields included in the record layout.

- Age of the client at admission is 18 years or older.

❖ **Youth Annual Update (Youth) –** This is a Re-Submission of Annual Update record for a youth (17 or younger) client. Since clients 17 or younger do not answer outcome (MTOQ) questions, this record only uses some of the annual update record fields, the fields not used are reported as null (empty).

- Age of the client at admission is less than 18 years.

9.3 Deletions

Deletion of Annual Update records have Type of Form (TRN-1) equal to 9 (Deletion of Annual Update). This record type **uses some of the annual update record fields**, the fields not used are reported as null (empty). There are no subtypes (i.e., Standard or Youth) for Deletion of Annual Update records.

9.4 Layouts

Table 5 includes all items that make up the annual update record. It includes the following columns:

- ❖ **Sequence Within Group –** This identifies the order in which the fields must appear within an annual update record.

- ❖ **Group and Item Number –** This identifies the group and item number that must be included. Details for the item number are included in Section 3 of this document.

- ❖ **Data Element –** This identifies the name of the item represented by the group and item number.

- ❖ **Max Length –** This identifies the maximum length allowed for the item.

- ❖ **Std –** An 'X' in this column identifies those fields that are required for a Standard Annual Update or Re-Submission of a Standard Annual Update record. All fields are required for a Standard Annual Update record.

- ❖ **Youth –** An 'X' in this column identifies those fields that are required for a Youth Annual Update or Re-Submission of a Youth Annual Update record. Not all fields are required for a Youth Annual Update record.

- ❖ **Del –** An 'X' in this column identifies those fields that are required for a Deletion of Annual Update record. Not all fields are required for a Deletion of Annual Update record.

All fields must be provided for every annual update record. For required fields (items), all validation rules will be checked and applicable errors generated.

If a field is not required for a particular record, an empty (null) or blank must still be provided for the field and it must continue to be delimited. Any error encountered in these "optional" fields will not cause an error to be reported.

Submission of Annual Update and Re-Submission of Annual Update record types have identical layouts, so these record types are displayed together in **Table 6**.

Table 6 – Annual Update Record Layout

Sequence Within Record	Group and Item Number	Data Element	Max Length	Submissions or Re-Submissions		Del
				Std	Youth	All
1	TRN-1	Type of Form	2	X	X	X
2	TRN-2	Transaction Date and Time	19	X	X	X
3	TRN-3	Form Serial Number	8	X	X	X
4	AUP-1	Annual Update Date	10	X	X	X
5	AUP-2	Annual Update Number	2	X	X	X
6	ADM-1	Admission Date	10	X	X	
7	ADM-3	Provider ID	6	X	X	X
8	CID-2	Provider's Participant ID	20	X	X	
9	CID-3	Gender	5	X	X	
10	CID-4	Date of Birth	10	X	X	
11	CID-5	Current First Name	20	X	X	
12	CID-6	Current Last Name	40	X	X	
13	CID-7	SSN	9	X	X	
14	CID-8	Zip Code at Current Residence	5	X	X	
15	CID-9	Birth First Name	20	X	X	
16	CID-10	Birth Last Name	40	X	X	
17	CID-11a	Place of Birth – County	5	X	X	
18	CID-11b	Place of Birth – State	5	X	X	
19	CID-12	Driver's License Number	13	X	X	
20	CID-13	Driver's License State	5	X	X	
21	CID-14	Mother's First Name	20	X	X	
22	CID-18	Disability	13	X	X	
23	CID-19	Consent	1	X		
24	ADU-1a	Primary Drug (Code)	5	X	X	
25	ADU-1b	Primary Drug (Name)	50	X	X	
26	ADU-2	Primary Drug Frequency	5	X	X	
27	ADU-3	Primary Drug Route of Administration	5	X	X	
28	ADU-5a	Secondary Drug (Code)	5	X	X	
29	ADU-5b	Secondary Drug (Name)	50	X	X	

Sequence Within Record	Group and Item Number	Data Element	Max Length	Submissions or Re-Submissions		Del
				Std	Youth	All
30	ADU-6	Secondary Drug Frequency	5	X	X	
31	ADU-7	Secondary Drug Route of Administration	5	X	X	
32	ADU-9	Alcohol Frequency	5	X	X	
33	ADU-10	Needle Use	5	X		
34	EMP-1	Employment Status	1	X	X	
35	EMP-2	Work Past 30 Days	5	X		
36	EMP-3	Enrolled in School	5	X	X	
37	EMP-4	Enrolled in Job Training	5	X		
38	LEG-3	Number of Arrests Last 30 Days	5	X	X	
39	LEG-4	Number of Jail Days Last 30 days	5	X		
40	LEG-5	Number of Prison Days Last 30 days	5	X		
41	MED-2	Emergency Room Last 30 days	5	X		
42	MED-3	Hospital Overnight Last 30 days	5	X		
43	MED-4	Medical Problems Last 30 days	5	X		
44	MED-6	Pregnant at Any Time During Treatment	5	X	X	
45	MED-11	HIV Tested	5	X		
46	MED-12	HIV Test Results	5	X		
47	MHD-1	Mental Illness	5	X	X	
48	MHD-2	Emergency Room Use / Mental Health	5	X		
49	MHD-3	Psychiatric Facility Use	5	X		
50	MHD-4	Mental Health Medication	5	X		
51	SOC-1	Social Support	2	X	X	
52	SOC-2	Current Living Arrangements	1	X	X	
53	SOC-3	Living With Someone	5	X		
54	SOC-4	Family Conflict Last 30 Days	5	X		
55	SOC-5	Number of Children	5	X		
56	SOC-6	Number of Children Age 5 Years or Younger	5	X		

| Sequence Within Record | Group and Item Number | Data Element | Max Length | Submissions or Re-Submissions | | Del |
				Std	Youth	All
57	SOC-7	Number of Children Living With Someone Else	5	X		
58	SOC-8	Number of Children Living With Someone Else and Parental Rights Terminated	5	X		

9.5 Example Annual Update Record (Partial)

The following is an example of an annual update record for a deletion of annual update showing the first 7 items (TRN-1, TRN-2, TRN-3, AUP-1, AUP-2, ADM-1, and ADM-3). It illustrates item ADM-1 provided as a null value. The ellipsis (…) in the sample represents items 8 through 58.

9|12/10/2005 10:09:34|C1234567|11/15/2005|1||234657|…

10 Discharge Records

The different types of discharge records can be determined by the Type of Form (TRN-1) field. Two of the Discharge types (Submissions and Re-Submissions) have subtypes that can be determined by the Type of Service (ADM-4), the Discharge Status (DIS-2), and / or the age of the client at admission (determined by the Date of Birth (CID-4) and the Admission Date (ADM-1) fields).

10.1 Submissions

Submission of Discharge records have Type of Form (TRN-1) equal to 4 (Discharge). There are four subtypes of Submission of Discharge records:

❖ **Standard (Std) Discharge –** This is a standard (non-administrative) Submission of Discharge record for an adult (18 or older at admission) client not participating in a detox service. This uses all the discharge record fields included in the record layout. A Standard Discharge record is one in which the following are true:

- Type of Service (ADM-4) is one of the following:

    1 (Nonresidential / Outpatient Treatment / Recovery)

    2 (Nonresidential / Outpatient Day Program-intensive)

    6 (Residential Treatment / recovery (30 days or less))

    7 (Residential Treatment / recovery (31 days or more))

- Discharge Status (DIS-2) is one of the following:

    1 (Completed Treatment / Recovery Plan, Goals / Referred)

    2 (Completed Treatment / Recovery Plan, Goals / Not Referred)

    3 (Left Before Completion w / Satisfactory Progress / Referred)

    5 (Left Before Completion w / Unsatisfactory Progress / Referred)

- Age of the client at admission is 18 years or older.

❖ **Administrative (Admin) Discharge** – This is an administrative Submission of Discharge record for any client. This **uses some of the discharge record fields**, the fields not used are reported as null (empty). An Administrative Discharge record is one in which the following is true:

- Discharge Status (DIS-2) is one of the following:

    4 (Left Before Completion w / Satisfactory Progress / Not Referred)

    6 (Left Before Completion w / Unsatisfactory Progress / Not Referred)

    7 (Death)

    8 (Incarceration)

❖ **Detox Discharge –** This is a Submission of Discharge for detox clients. Since detox clients do not answer outcome (MTOQ) questions at discharge, this record only uses some of the discharge record fields, the fields not used are reported as null (empty). A Detox Discharge record is one in which the following are true:

- Type of Service (ADM-4) is one of the following:

    3 (Nonresidential / Outpatient Detoxification)

    4 (Residential Detoxification (hospital))

    5 (Residential Detoxification (non-hospital))

- Discharge Status (DIS-2) is one of the following:

    3 (Left Before Completion w / Satisfactory Progress / Referred)

    5 (Left Before Completion w / Unsatisfactory Progress / Referred)

    - **Note:** Per ADP Bulletin 10-08, detoxification does not constitute complete treatment. Therefore, neither discharge code 1 nor discharge code 2 can be used for detoxification discharges.

- Age of the client at admission is 18 years or older.

❖ **Youth Discharge –** This is a Submission of Discharge for youth clients. Since clients 17 or younger do not answer outcome (MTOQ) questions, this record only uses some of the discharge record fields, the fields not used are reported as null (empty). A Youth Discharge record is one in which the following are true:

- Discharge Status (DIS-2) is one of the following:

    1 (Completed Treatment / Recovery Plan, Goals / Referred)

    2 (Completed Treatment / Recovery Plan, Goals / Not Referred)

    3 (Left Before Completion w / Satisfactory Progress / Referred)

    5 (Left Before Completion w / Unsatisfactory Progress / Referred)

- Age of the client at admission is less than 18 years.

10.2 Re-Submissions

Re-Submission of Discharge records have Type of Form (TRN-1) equal to 5 (Re-Submission of Discharge). There are four subtypes of Re-Submission of Discharge records:

❖ **Standard (Std) Discharge –** This is a standard (non-administrative) Re-Submission of Discharge record for an adult (18 or older at admission) client not participating in a detox service. This uses all the discharge record fields included in the record layout. A Standard Discharge record is one in which the following are true:

- Type of Service (ADM-4) is one of the following:

  1 (Nonresidential / Outpatient Treatment / Recovery)

  2 (Nonresidential / Outpatient Day Program-intensive)

  6 (Residential Treatment / recovery (30 days or less))

  7 (Residential Treatment / recovery (31 days or more))

- Discharge Status (DIS-2) is one of the following:

  1 (Completed Treatment / Recovery Plan, Goals / Referred)

  2 (Completed Treatment / Recovery Plan, Goals / Not Referred)

  3 (Left Before Completion w / Satisfactory Progress / Referred)

  5 (Left Before Completion w / Unsatisfactory Progress / Referred)

- Age of the client at admission is 18 years or older.

❖ **Administrative (Admin) Discharge –** This is an administrative Re-Submission of Discharge record for any client. This uses some of the discharge record fields, the fields not used are reported as null (empty). An Administrative Discharge record is one in which the following is true:

- Discharge Status (DIS-2) is one of the following:

  4 (Left Before Completion w / Satisfactory Progress / Not Referred)

  6 (Left Before Completion w / Unsatisfactory Progress / Not Referred)

  7 (Death)

  8 (Incarceration)

❖ **Detox Discharge –** This is a Re-Submission of Discharge for detox clients. Since detox clients do not answer outcome (MTOQ) questions at discharge, this record only uses some of the discharge record fields, the fields not used are reported as null (empty). A Detox Discharge record is one in which the following are true:

- Type of Service (ADM-4) is one of the following:

  > 3 (Nonresidential / Outpatient Detoxification)
  >
  > 4 (Residential Detoxification (hospital))
  >
  > 5 (Residential Detoxification (non-hospital))

- Discharge Status (DIS-2) is one of the following:

  > 3 (Left Before Completion w / Satisfactory Progress / Referred)
  >
  > 5 (Left Before Completion w / Unsatisfactory Progress / Referred)
  >
  > ▪ **Note:** Per ADP Bulletin 10-08, detoxification does not constitute complete treatment. Therefore, neither discharge code 1 nor discharge code 2 can be used for detoxification discharges.

- Age of the client at admission is 18 years or older.

❖ **Youth Discharge –** This is a Re-Submission of Discharge for youth clients. Since clients 17 or younger do not answer outcome (MTOQ) questions, this record only uses some of the discharge record fields, the fields not used are reported as null (empty). A Youth Discharge record is one in which the following are true:

- Discharge Status (DIS-2) is one of the following:

  > 1 (Completed Treatment / Recovery Plan, Goals / Referred)
  >
  > 2 (Completed Treatment / Recovery Plan, Goals / Not Referred)
  >
  > 3 (Left Before Completion w / Satisfactory Progress / Referred)
  >
  > 5 (Left Before Completion w / Unsatisfactory Progress / Referred)

- Age of the client at admission is less than 18 years.

10.3 Deletions

Deletion of Discharge records have Type of Form (TRN-1) equal to 6 (Deletion of Discharge). This record type **uses some of the discharge record fields**, the fields not used are reported as null (empty). There are no subtypes (i.e., Standard or Youth) for Deletion of Discharge records.

10.4 Discharge Record Layouts

Table 7 shows all items that make up the discharge record. It includes the following columns:

❖ **Sequence Within Group –** This identifies the order in which the fields must appear within a discharge record.

❖ **Group and Item Number –** This identifies the group and item number that must be included. Details for the item number are included in Section 3 of this document.

❖ **Data Element –** This identifies the name of the item represented by the group and item number.

❖ **Max Length –** This identifies the maximum length allowed for the item.

❖ **Std –** An 'X' in this column identifies those fields that are required for a Standard Discharge or Re-Submission of a Standard Discharge record. All fields are required for a Standard Discharge record.

❖ **Admin –** An 'X' in this column identifies those fields that are required for an Administrative Discharge or Re-Submission of an Administrative Discharge record. Not all fields are required for an Administrative Discharge record.

❖ **Detox –** An 'X' in this column identifies those fields that are required for a Detox Discharge or Re-Submission of a Detox Discharge record. Not all fields are required for a Detox Discharge record.

❖ **Youth –** An 'X' in this column identifies those fields that are required for a Youth Discharge or Re-Submission of a Youth Discharge record. Not all fields are required for a Youth Discharge record.

❖ **Del –** An 'X' in this column identifies those fields that are required for a Deletion of Discharge record. Not all fields are required for a Deletion of Discharge record.

All fields must be provided for every discharge record. For required fields (items), all validation rules will be checked and applicable errors generated. If a field is not required for a particular record, an empty (null) or blank must still be provided for the field and it must continue to be delimited. Any error encountered in these "optional" fields will not cause an error to be reported.

Submission of Discharge and Re-Submission of Discharge record types have identical layouts, so these record types are displayed together in **Table 7**.

Table 7 – Discharge Record Layout

Sequence Within Record	Group and Item Number	Data Element	Max Length	New or Re-Submission				Del
				Std	Admin	Detox	Youth	All
1.	TRN-1	Type of Form	2	X	X	X	X	X
2.	TRN-2	Transaction Date and Time	19	X	X	X	X	X
3.	TRN-3	Form Serial Number	8	X	X	X	X	X
4.	DIS-1	Discharge Date	10	X	X	X	X	X
5.	DIS-2	Discharge Status	1	X	X	X	X	
6.	ADM-1	Admission Date	10	X	X	X	X	
7.	ADM-3	Provider ID	6	X	X	X	X	X
8.	ADM-4	Type of Service	1	X	X	X	X	
9.	CID-2	Provider's Participant ID	20	X	X	X	X	
10.	CID-3	Gender	5	X	X	X	X	
11.	CID-4	Date of Birth	10	X	X	X	X	
12.	CID-5	Current First Name	20	X	X	X	X	
13.	CID-6	Current Last Name	40	X	X	X	X	
14.	CID-7	SSN	9	X	X	X	X	
15.	CID-8	Zip Code at Current Residence	5	X	X	X	X	
16.	CID-9	Birth First Name	20	X	X	X	X	
17.	CID-10	Birth Last Name	40	X	X	X	X	
18.	CID-11a	Place of Birth – County	5	X	X	X	X	
19.	CID-11b	Place of Birth – State	5	X	X	X	X	
20.	CID-12	Driver's License Number	13	X	X	X	X	
21.	CID-13	Driver's License State	5	X	X	X	X	
22.	CID-14	Mother's First Name	20	X	X	X	X	
23.	CID-18	Disability	13	X	X	X	X	
24.	CID-19	Consent	1	X		X		
25.	ADU-1a	Primary Drug (Code)	5	X	X	X	X	
26.	ADU-1b	Primary Drug (Name)	50	X	X	X	X	

Sequence Within Record	Group and Item Number	Data Element	Max Length	New or Re-Submission				Del
				Std	Admin	Detox	Youth	All
27.	ADU-2	Primary Drug Frequency	5	X		X	X	
28.	ADU-3	Primary Drug Route of Administration	5	X		X	X	
29.	ADU-5a	Secondary Drug (Code)	5	X		X	X	
30.	ADU-5b	Secondary Drug (Name)	50	X		X	X	
31.	ADU-6	Secondary Drug Frequency	5	X		X	X	
32.	ADU-7	Secondary Drug Route of Administration	5	X		X	X	
33.	ADU-9	Alcohol Frequency	5	X		X	X	
34.	ADU-10	Needle Use	5	X				
35.	EMP-1	Employment Status	1	X		X	X	
36.	EMP-2	Work Past 30 Days	5	X				
37.	EMP-3	Enrolled in School	5	X		X	X	
38.	EMP-4	Enrolled in Job Training	5	X				
39.	LEG-3	Number of Arrests Last 30 Days	5	X		X	X	
40.	LEG-4	Number of Jail Days Last 30 days	5	X				
41.	LEG-5	Number of Prison Days Last 30 days	5	X				
42.	MED-2	Emergency Room Last 30 days	5	X				
43.	MED-3	Hospital Overnight Last 30 days	5	X				
44.	MED-4	Medical Problems Last 30 days	5	X				
45.	MED-6	Pregnant at Any Time During Treatment	5	X	X	X	X	
46.	MED-11	HIV Tested	5	X				
47.	MED-12	HIV Test Results	5	X				
48.	MHD-1	Mental Illness	5	X		X	X	
49.	MHD-2	Emergency Room Use / Mental Health	5	X				

Sequence Within Record	Group and Item Number	Data Element	Max Length	New or Re-Submission				Del
				Std	Admin	Detox	Youth	All
50.	MHD-3	Psychiatric Facility Use	5	X				
51.	MHD-4	Mental Health Medication	5	X				
52.	SOC-1	Social Support	2	X		X	X	
53.	SOC-2	Current Living Arrangements	1	X		X	X	
54.	SOC-3	Living With Someone	5	X				
55.	SOC-4	Family Conflict Last 30 Days	5	X				
56.	SOC-5	Number of Children	5	X				
57.	SOC-6	Number of Children Age 5 Years or Younger	5	X				
58.	SOC-7	Number of Children Living With Someone Else	5	X				
59.	SOC-8	Number of Children Living With Someone Else and Parental Rights Terminated	5	X				

10.5 Example Discharge Record (Partial)

The following is an example of a discharge record for a deletion of discharge showing the first 8 items (TRN-1, TRN-2, TRN-3, DIS-1, DIS-2, ADM-1, ADM-3, and ADM-4). It illustrates item ADM-1 provided as a null value, and item ADM-4 provided as a blank since neither of these is required for a deletion of discharge. The ellipsis (…) in the sample represents items 9 through 59.

`6|12/10/2005 10:09:34|C1234567|11/15/2005|2||234657| |…`

11 Submission Errors

A list of the errors that have been identified thus far is provided in the Data Dictionary. When the file is submitted, any validation rules that fail will generate errors, and these will be reported back to the county or direct contract provider. The counties and direct contract providers will resubmit any records after corrections have been made.

If the file is unreadable or if there are other structural file problems, error (000) will be generated and the entire file will be rejected. If a record does not conform to the expected record layout (i.e. missing fields or too many fields), error (001) will be generated and the entire file will be rejected. If any errors are generated, the corrected errors must be submitted as Re-Submissions of data.

12 Data Elements by Record Layout

Table 8 displays all record-level data elements by the type of record. Elements marked with an '**X**' must be included and pass validation. Elements marked with an 'N' must be present as a null or a space. Elements in grey must not be included, even as a null value.

For all record categories (Admissions, Annual Updates, and Discharges) the Submission and Re-Submission record types have the same file layout. These have been combined in **Table 8**.

Table 8 – Data Elements by Record Layout

Group and Item Number	Data Element	Admission			Annual Update			Discharge				
		Submissions & Re-Submissions		Del	Submissions & Re-Submissions		Del	Submissions & Re-Submissions				Del
		Std	Youth	All	Std	Youth	All	Std	Admin	Detox	Youth	All
TRN-1	Type of Form	X	X	X	X	X	X	X	X	X	X	X
TRN-2	Transaction Date and Time	X	X	X	X	X	X	X	X	X	X	X
TRN-3	Form Serial Number	X	X	X	X	X	X	X	X	X	X	X
DIS-1	Discharge Date							X	X	X	X	X
DIS-2	Discharge Status							X	X	X	X	N
AUP-1	Annual Update Date				X	X	X					
AUP-2	Annual Update Number				X	X	X					
ADM-1	Admission Date	X	X	X	X	X	N	X	X	X	X	N
ADM-2	Admission Transaction Type	X	X	N								
ADM-3	Provider ID	X	X	X	X	X	X	X	X	X	X	X
ADM-4	Type of Service	X	X	N				X	X	X	X	N
ADM-5	Source of Referral	X	X	N								
ADM-6	Days Waited to Enter Treatment	X	X	N								
ADM-7	Number of Prior Episodes	X	X	N								
ADM-8	CalWORKs Recipient	X	X	N								

Group and Item Number	Data Element	Admission			Annual Update			Discharge				
		Submissions & Re-Submissions		Del	Submissions & Re-Submissions		Del	Submissions & Re-Submissions				Del
		Std	Youth	All	Std	Youth	All	Std	Admin	Detox	Youth	All
ADM-9	Substance Abuse Treatment Under CalWORKs	X	X	N								
ADM-10	County Paying for Services	X	X	N								
ADM-11	Special Services Contract ID	X	X	N								
CID-2	Provider's Participant ID	X	X	N	X	X	N	X	X	X	X	N
CID-3	Gender	X	X	N	X	X	N	X	X	X	X	N
CID-4	Date of Birth	X	X	N	X	X	N	X	X	X	X	N
CID-5	Current First Name	X	X	N	X	X	N	X	X	X	X	N
CID-6	Current Last Name	X	X	N	X	X	N	X	X	X	X	N
CID-7	SSN	X	X	N	X	X	N	X	X	X	X	N
CID-8	Zip Code at Current Residence	X	X	N	X	X	N	X	X	X	X	N
CID-9	Birth First Name	X	X	N	X	X	N	X	X	X	X	N
CID-10	Birth Last Name	X	X	N	X	X	N	X	X	X	X	N
CID-11a	Place of Birth – County	X	X	N	X	X	N	X	X	X	X	N
CID-11b	Place of Birth – State	X	X	N	X	X	N	X	X	X	X	N

Group and Item Number	Data Element	Admission			Annual Update			Discharge				
		Submissions & Re-Submissions		Del	Submissions & Re-Submissions		Del	Submissions & Re-Submissions				Del
		Std	Youth	All	Std	Youth	All	Std	Admin	Detox	Youth	All
CID-12	Driver's License Number	X	X	N	X	X	N	X	X	X	X	N
CID-13	Driver's License State	X	X	N	X	X	N	X	X	X	X	N
CID-14	Mother's First Name	X	X	N	X	X	N	X	X	X	X	N
CID-15	Race	X	X	N								
CID-16	Ethnicity	X	X	N								
CID-17	Veteran	X	X	N								
CID-18	Disability	X	X	N	X	X	N	X	X	X	X	N
CID-19	Consent	X	N	N	X	N	N	X	N	X	N	N
CID-20	Lesbian, Gay, Bisexual, Transgender	X	X	N								
ADU-1a	Primary Drug (Code)	X	X	N	X	X	N	X	X	X	X	N
ADU-1b	Primary Drug (Name)	X	X	N	X	X	N	X	X	X	X	N
ADU-2	Primary Drug Frequency	X	X	N	X	X	N	X	N	X	X	N
ADU-3	Primary Drug Route of Administration	X	X	N	X	X	N	X	N	X	X	N

Group and Item Number	Data Element	Admission			Annual Update			Discharge				
		Submissions & Re-Submissions		Del	Submissions & Re-Submissions		Del	Submissions & Re-Submissions				Del
		Std	Youth	All	Std	Youth	All	Std	Admin	Detox	Youth	All
ADU-4	Primary Drug Age of First Use	X	X	N								
ADU-5a	Secondary Drug (Code)	X	X	N	X	X	N	X	N	X	X	N
ADU-5b	Secondary Drug (Name)	X	X	N	X	X	N	X	N	X	X	N
ADU-6	Secondary Drug Frequency	X	X	N	X	X	N	X	N	X	X	N
ADU-7	Secondary Drug Route of Administration	X	X	N	X	X	N	X	N	X	X	N
ADU-8	Secondary Drug Age of First Use	X	X	N								
ADU-9	Alcohol Frequency	X	X	N	X	X	N	X	N	X	X	N
ADU-10	Needle Use	X	N	N	X	N	N	X	N	N	N	N
ADU-11	Needle Use in Last 12 Months	X	X	N								
EMP-1	Employment Status	X	X	N	X	X	N	X	N	X	X	N
EMP-2	Work Past 30 Days	X	N	N	X	N	N	X	N	N	N	N
EMP-3	Enrolled in School	X	X	N	X	X	N	X	N	X	X	N
EMP-4	Enrolled in Job Training	X	N	N	X	N	N	X	N	N	N	N
EMP-5	Highest School Grade Completed	X	X	N								

Group and Item Number	Data Element	Admission			Annual Update			Discharge				
		Submissions & Re-Submissions		Del	Submissions & Re-Submissions		Del	Submissions & Re-Submissions				Del
		Std	Youth	All	Std	Youth	All	Std	Admin	Detox	Youth	All
LEG-1	Criminal Justice Status	X	X	N								
LEG-2	CDCR Number	X	N	N								
LEG-3	Number of Arrests Last 30 Days	X	X	N	X	X	N	X	N	X	X	N
LEG-4	Number of Jail Days Last 30 days	X	N	N	X	N	N	X	N	N	N	N
LEG-5	Number of Prison Days Last 30 days	X	N	N	X	N	N	X	N	N	N	N
LEG-6	Parolee Services Network (PSN)	X	N	N								
LEG-7	FOTP Parolee	X	N	N								
LEG-8	FOTP Priority Status	X	N	N								
MED-1	Medi-Cal Beneficiary	X	X	N								
MED-2	Emergency Room Last 30 Days	X	N	N	X	N	N	X	N	N	N	N
MED-3	Hospital Overnight Last 30 Days	X	N	N	X	N	N	X	N	N	N	N
MED-4	Medical Problems Last 30 Days	X	N	N	X	N	N	X	N	N	N	N
MED-5	Pregnant at Admission	X	X	N								

Group and Item Number	Data Element	Admission			Annual Update			Discharge				
		Submissions & Re-Submissions		Del	Submissions & Re-Submissions		Del	Submissions & Re-Submissions				Del
		Std	Youth	All	Std	Youth	All	Std	Admin	Detox	Youth	All
MED-6	Pregnant at Any Time During Treatment				X	X	N	X	X	X	X	N
MED-7	Medication Prescribed as a Part of Treatment	X	X	N								
MED-8	Communicable Diseases: Tuberculosis	X	N	N								
MED-9	Communicable Diseases: Hepatitis C	X	N	N								
MED-10	Communicable Diseases: Sexually Transmitted Disease	X	N	N								
MED-11	HIV Tested	X	N	N	X	N	N	X	N	N	N	N
MED-12	HIV Test Results	X	N	N	X	N	N	X	N	N	N	N
MHD-1	Mental Illness	X	X	N	X	X	N	X	N	X	X	N
MHD-2	Emergency Room Use / Mental Health	X	N	N	X	N	N	X	N	N	N	N
MHD-3	Psychiatric Facility Use	X	N	N	X	N	N	X	N	N	N	N
MHD-4	Mental Health Medication	X	N	N	X	N	N	X	N	N	N	N
SOC-1	Social Support	X	X	N	X	X	N	X	N	X	X	N
SOC-2	Current Living Arrangements	X	X	N	X	X	N	X	N	X	X	N

Group and Item Number	Data Element	Admission			Annual Update			Discharge				
		Submissions & Re-Submissions		Del	Submissions & Re-Submissions		Del	Submissions & Re-Submissions				Del
		Std	Youth	All	Std	Youth	All	Std	Admin	Detox	Youth	All
SOC-3	Living With Someone	X	N	N	X	N	N	X	N	N	N	N
SOC-4	Family Conflict Last 30 Days	X	N	N	X	N	N	X	N	N	N	N
SOC-5	Number of Children	X	N	N	X	N	N	X	N	N	N	N
SOC-6	Number of Children Age 5 Years or Younger	X	N	N	X	N	N	X	N	N	N	N
SOC-7	Number of Children Living With Someone Else	X	N	N	X	N	N	X	N	N	N	N
SOC-8	Number of Children Living With Someone Else and Parental Rights Terminated	X	N	N	X	N	N	X	N	N	N	N

13 How to Update Sequential Records

This section details how to change data in sequential records.

❖ DHCS requires that the sequence of records in the file correspond to the sequence of activities, i.e. admissions, annual updates and discharges as they occur. The sequence of individual records is maintained in the database in the sequence that they were received.

❖ To delete or make changes to a record that is part of a sequence, prior records must be deleted, edited and resubmitted based on the reverse order of the submission date.

The **Table 9** below details the actions necessary to make changes to a sequence of records.

Table 9
How to Change Sequential Admission, Annual Update and Discharge Records

To change data in the	and these records have been submitted.	Submit a (TRN-1) Type of Form in the order listed below.
Admission Record	❖ Admission Record	❖ (2) Resubmission of Admission Record
Admission Record	❖ Admission Record ❖ Annual Update Record(s)	❖ (9) Deletion of Annual Update Record(s) ❖ (2) Resubmission of Admission Record(s) ❖ (8) Resubmission of Annual Update Record(s)
Admission Record	❖ Admission Record ❖ Annual Update Record(s) ❖ Discharge Record	❖ (6) Deletion of Discharge Record ❖ (9) Deletion of Annual Update Record(s) ❖ (2) Resubmission of Admission Record ❖ (8) Resubmission of Annual Update Record(s) ❖ (5) Resubmission of Discharge
Annual Update Record(s)	❖ Admission Record ❖ Annual Update Record(s) ❖ Discharge Record	❖ (6) Deletion of Discharge Record ❖ (8) Resubmission of Annual Update Record(s) ❖ (5) Resubmission of Discharge Record

14 Lesbian, Gay, Bi-sexual,Transgender (LGBT)

This section summarizes how to collect and submit LGBT data (optional) to State DHCS, CalOMS Tx database:

❖ LGBT data is collected and submitted for Admission only.

❖ LGBT data is the 83rd field in the Admission record.

❖ For counties that submit LGBT data the header file version is 1.1.

❖ For admissions that were submitted under version 1.0 a resubmission of admission can be submitted using file version 1.1.

❖ If your county is interested in submitting LGBT data to CalOMS Tx, please contact the DHCS help desk at (916) 440-7000 or send an email to ITServiceDesk@dhcs.ca.gov.

❖ For additional details, refer to Section 3.4.20 in the CalOMS Tx Data Dictionary.