CalOMS Tx

Frequently Asked Questions

December, 2014

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CALOMS TX FAQS

1. Duplicate Error Codes

The CalOMS Tx system does not accept any duplicate records nor will it allow overriding the existing record if the record already exists. If you are trying to correct a record, you must "change" one of the data elements (example would be a correct driver's license number, birth date or admission date) and then send in the admission as a "2"- which is a re-submission of admission. You cannot send in a record with a "1"- initial admission, if an initial admission already exists**.**

Note: A duplicate error can be helpful if you treat it more like a "message" - stating that what you are trying to do is rejecting because the record already exists.

2. Why Are We Asking That Particular Data Element Question?

Some questions are asked because they are "unique client identifiers" (UCI) - and help to match up similar client names by matching against unique information, such as a mother's maiden name. These UCI questions help us track and monitor a client's trends and progress of treatment. For example, If the client was homeless, did they find housing since treatment? Did they find employment? Did they stop using? Remember that a client can always decline to answer a question – and the answer of 99900 would be entered.

3. What If A Client Refuses To Answer A Confidential Question?

If a client feels that the question is too personal and chooses not to share a certain answer, the counselor can enter 99900 if it is an option (Client declined to state). If the client is under the influence at the time, the counselor can use 99904 (unable to answer). However, once the client is stable, it would be best to go back and get a more accurate answer to the CalOMS Tx question.

4. When Should You Delete A Record?

Deleting a record is NOT optimal. It is always best to discharge the client no longer in treatment using the full standard discharge questions (Discharge Status Code 3 or 5). If the client is no longer available for a face-to-face or telephone interview to discharge, even an administrative discharge (Discharge Status Code 4 or 6) would be better than deleting a perfectly good record. However, if an admission was sent in inadvertently, or there are just too many old open admissions that can no longer be discharged for a particular reason (a change in vendor systems, ownership or taking on an old Direct Provider (DP) that is now a County Contracted Provider (CCP), etc.). In these instances, DHCS can send the County/DP a spreadsheet and instructions on how to delete old records. Contact the DHCS IT Service Desk for more information on how to delete old records you absolutely cannot discharge.

5. What Is The Difference Between A Transfer And A Referral?

TRANSFERS are identified in the CalOMS Tx admission using the "admission transaction type" field and REFERRALS are identified in the CalOMS Tx discharge record using the

"discharge status" field. Please note that a client must be admitted to the treatment programs within 30 days of the prior discharge in order for the service to which the client was referred to be included in the episode. If there is a break of more the 30 days between discharge from one service and admission to the next treatment service, a new episode begins.

6.   Discharge Scenarios (How To Discharge A Client)

Section 8.3 (beginning on page 93 of the Data Collection Guide) has a listing of discharge status definitions and sample scenarios. Also, Appendix H in the Data Collection Guide has a list of scenarios that can be used as an example of how to discharge a client in a variety of different situations. There is also a Department of Alcohol and Drug Programs,ADP Bulletin 11-10 on "Procedures for Collection of Discharge Data for CalOMS Tx" which may also be a helpful resource. We recommend reading all three resources. Contact the DHCSIT Service Desk for a copy of any of these documents, or. you can find these resources on the DHCS website at http://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx.

NOTE: Please remember to use the Standard Discharge Codes (3 or 5) ONLY if the client is available. If the client is unavailable and cannot answer all of the discharge questions then use the Administrative Discharge Codes 4 or 6.

7.   Services Outside The County (ADM-10 And ADM-11)

Several Counties are submitting these two data elements incorrectly, causing their client data to appear in other counties reports. PLEASE always enter 99902 in ADM-10—UNLESS services are being paid for by another county besides your own. If you do use your county code, you MUST submit a special services contract number provided by the Master Provider File unit in ADM-11. Section 3.1.10 of the CalOMS Tx Data Dictionary explains this in detail.

8.   What Do I Do When One Of My Providers Change Or Close? (Enclosure D Form Process)

Per the Contract with the State, a County is responsible for their County Contracted Providers (CCP). Whenever there is a change in ownership, address, contacts, services being provided, or whether a County has terminated the contract all-together, an Enclosure D form (found in the contract itself) must be submitted explaining any changes to DHCS. You can also find this form on the CalOMS Tx website at http://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx.

This keeps your Open Providers current and keeps you, as a County in Compliance. The same goes for State Contracted Direct Providers (DPs). There is a distinction between a termination of a providers contract (the Master Provider File (MPF) will change from an active CCP to no DHCS funds at this time- or an entity category code "7"), and a provider closing their doors for good (the MPF will close the Provider permanently, by changing the entity category code to a "9"). This also affects any data currently in CalOMS Tx. It is imperative that the County contacts the state before any changes in the status of the Provider occur, so that the client data can be transferred or discharged properly, and open admissions are not left in CalOMS

Tx without the possibility of being transferred or discharged. Call the DHCS IT Service Desk before making any critical changes to the Provider status.

PLEASE NOTE:
- If your facility is a NON-DMC facility, send your completed Enclosure D Form to: DHCSMPF@dhcs.ca.gov.
- If your facility is a DMC facility, please forward your completed Enclosure D form to DHCSDMCRecert@dhcs.ca.gov.
- You may also call 916-323-1945 and select option 4, then 5, then 2, then 7.
- You may also refer to this page: http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx

Once your Enclosure D Form has been sent, you may also email directly to DHCSDMCRecert@dhcs.ca.gov and ask for an update on where DHCS staff are at with the process of your request.

9. If My Provider Drug Medi-Cal Number (DMC #) Changes, Does It Affect How I Submit My CalOMS Tx Data To The State?

If you are a County, how you submit your county data and CCP data to the state does NOT change. You will continue to use the two digit County Cody in the "Header" of your CalOMS Tx submission file. However, if you are a Direct Provider (DP) then your 4 digit (numeric or numeric/alpha number) "Header" will change to the new DMC number, and how you submit your CalOMS Tx data WILL change. It will also affect your file name's sequential number, as you will begin with 00001.

10. If My County Has Already Tested For CalOMS Tx, And I Switch Vendors, Do I Have To Re-Test?

Yes, but only a short abbreviated test will be done. Even though the new vendor you selected may be familiar with the State's CalOMS Tx business requirements and had contract with other counties, it is important that your data gets transferred in a smooth manner so that you do not miss any client records. When you are ready, and all of your open admissions are clean (only active clients are open and all other clients have been discharged), DHCS will give you a sync file of what is in CalOMS Tx, to make sure that you get them all transferred to your new system. It is important to let the State know when this change occurs, so that there is no break in reporting, and your County remains in compliance. Contact the DHCS IT Service Desk for further assistance.

11. Tracking AB 109 Clients In CalOMS Tx

Two of the CalOMS Tx data elements must match in order to properly track an AB 109 client. This is because this business rule for the CalOMS Tx system has not hard coded these two data elements together at this time. Eventually, CalOMS Tx will be edited so that a user will be forced to use the right values. But for now, this must be done manually by the data entry person.

- A CalOMS Tx (ADM-5) Source of Referral code must be included for every client for whom a CalOMS Tx admission record is being submitted. Clients being admitted for treatment as a result of the realignment of Criminal Justice and Rehabilitation programs should be using the (ADM-5) Source of Referral code "8".

- A CalOMS Tx (LEG-1) Criminal Justice Status code must be included for every client for whom a CalOMS Tx admission record is being submitted. When (ADM-5) Source of Referral code "8" is used, (LEG-1) Criminal Justice Status MUST BE "4" to track your AB 109 Clients!!! Yes, you CAN use value 4 for non AB 109 clients, but to track the AB 109 client, your Source of Referral (ADM-5) MUST be a value 8 and your Criminal Justice Status (LEG-1) MUST be a value 4.

12. Loss Of DMC Certification

If your provider loses their Drug Medi-Cal Certification, or it has yet to be re-certified, no new DMC admissions can be processed. However, continue to admit non-DMC clients and submit those records to CalOMS Tx. Having a provider's DMC terminated is not a reason to stop submitting CalOMS Tx data to the State. Once recertification has been approved, you can begin to admit DMC clients again.

For Further Assistance regarding CalOMS Tx, please contact the DHCS IT Service Desk at 916 440-7000 or 800-579-0874, or email at ITServiceDesk@DHCS.ca.gov.

COMMON CALOMS TX ERROR CODES

13. Error Code 374- Unmatched Discharge Record. No Admission Record Found With Matching FSN, Provider ID, Admission Date

This error occurs when there is an accepted admission in CalOMS Tx, and the user is trying to submit a discharge record to match the admission in CalOMS Tx. The discharge record MUST match the accepted admission's FSN, Provider ID, admission date and service type. Most of the time, the discharge record fails because the service type on the discharge record does not match the admission record in CalOMS Tx. Review the discharge record and then ensure the other unique identifiers match so that the discharge record will be accepted.

14. Error Code 560 - Resubmission of Admission Prohibited- Matching Discharge Or Annual Update Records Found

To have a complete data set, an admission must have a matching discharge or annual update, and then a discharge. Once a "set" is made, you cannot correctly send a resubmission of admission to a completed dataset, without first "un-pairing" them. In other words, if you want to change a "paired" admission (it has a discharge or annual update attached to it) you MUST FIRST un-pair them. You must delete the annual update or delete the discharge first, then once the admission is standing alone again, you can send in your resubmission of admission. THEN re-pair the annual update or discharge to once again match the re-submitted admission.

15. Error Code 471- Re-Submission of Admission Exactly Duplicates Original Submission

Duplicate error codes like this one are more of a "message error" that is letting the user know the record they are trying to submit already exists in the system with the exact same data elements. These message error codes do not get corrected or fixed and/or resent. They are simply for your information that the record you sent exactly matches the record already on file in CalOMS Tx. To change or correct a record, you must actually make a change to one of the data elements, and then resubmit the record as a Type of Form "2" (re-submission of admission) or whatever the record may be (a discharge or an annual update).

16. Error Code 201- Type of Service Invalid-Service Does Not Match Services On ADP (Now DHCS) Master Provider File

Error Code 201 is essentially saying that the user has put in a treatment code that does not match what the state has on file for that particular provider. If you are not sure about what services are authorized for each of your providers, you can request a copy of the Master Provider File by first contacting the DHCS IT Service Desk who will route the request to the appropriate CalOMS Tx support group. This report shows what treatment codes are designated for each facility. If the Master Provider File is incorrect, you must get it corrected, based on your contract with the State for treatment services.

17. Error Code 460 And 463 - Duplicate Records

An error code of 460 means that the user is trying to submit an admission record that exactly matched an admission already accepted in the CalOMS Tx system. An error code of 463 means that the user is trying to submit a discharge record that exactly matched a discharge already accepted in the CalOMS Tx system. As in all the other duplicate error codes, this is a "message error" only and no correction is needed. Simply do not continue to submit records that already exist in the database.

18. Error Code 472 - Duplicate Record

An error code of 472 is another duplicate record error. This error means that the user is trying to re-submit (correct) a discharge record that exactly matches the discharge that already exists in the CalOMS Tx database. Again, this error cannot be corrected. In order to change a record that is already in the database, a resubmission must have an edit made to the original record that will change the information already on file.

19. Error Code 192 - Medical Problems Invalid- Allowable Value Not Provided

Data field MED-4 asks the question, "How many days in the past 30 days (from asking this question) have you experienced physical health problems?"
Allowable Answers:

- A number from 0-30
- 99904, client unable to answer. –ONLY USE if type of service field contains a 3, 4, or 5 (detox service) OR disability field (CID-18 contains a 7 (developmentally disabled). Any other circumstance will reject.

Note: This is related to MED-2 data field (ER visit in last 30 days) and MED-3 data field (Hospital overnight in last 30 days). If there is a number greater than 0 in these fields, then MED-4 must be greater than 0.

20. Error Code 550-Not A Valid Parolee Services Network (PSN) Provider

Data field LEG-6 asks if the client is a PSN client. You, as a provider, must be authorized by DHCS to provide PSN services. There are only 17 Counties that are PSN State authorized providers. If you feel you are eligible, contact the DHCS IT Service Desk and request support from the CalOMS Tx group to edit the State's Master Provider File.

21. Error Code 139- Criminal Justice Status Must Not Be A 1 When (ADM-5) Source Of Referral Is A Value 7, 8, 10, Or 12

This error refers to data field LEG-1. You must REMEMBER: The clients Criminal Justice status relates to the Source of Referral Code. This means that LEG-1 Criminal Justice Status, Value 1 (no criminal justice involvement) cannot be used as a valid choice, when the client's source of referral (ADM-5) was actually from the courts.

22. Error Code 55- Consent Invalid. Allowable Value Not Provided

Data Field CID-19 asks the question: "Is there a consent form allowing future possible contact, signed by the client, on file within your agency?" You can only answer this question with a Yes (value 1) or a No (value 0). You either get permission to collect additional treatment outcomes in the future or not. No other value/answer is allowed.

23. Error Code 381- Transaction Date/Time Not provided To Specific Format

The date and time provided in Data Field TRN-2 must be provided in the format specified – (with numeric values only for MM, DD, YYYY, HH, MI and SS) **with a space between the date and time**. The lack of spaces or using other characters is the number one error here.

24. Error Code 160- Admission Date Not Provided In Specified Format

Data Field ADM-1 must list the date and time the admission is provided/submitted. It must be provided in the format specified (with numeric values only for MM/DD/YYYY HH:MI:SS) **with a space between the date and time**. The "/" and the ":" characters must also be used correctly.

25. Error Code 050- Birth Date Not Provided In Specific Format

For Data Field CID-4, the clients Date of Birth MUST follow the following format (including using the "/" properly). Use numeric values only for MM/DD/YYYY.

26. Error Code 032-ZIP Code Invalid-Allowable Value Not Provided

This CID-8 Data Field MUST be populated by either a five digit Zip code number, or one of the specified alpha values below:
- Clients 5 digit zip code
- 00000 (or a 5 digit zip code) for homeless; can use zip code of billing provider (preferred method), zip code of location of homelessness, or 00000.
- XXXXX- for a client who declines to state
- ZZZZZ- for a client who is unable to answer.

27. Error Code 228- Current Living Arrangement Invalid

This Error Code no longer exists in CalOMS Tx, due to the Data Field SOC-2 Edit. If you have any of these errors still in CalOMS Tx, please resubmit these records to clear them out. This field identified the client's current living arrangements. The choices are now:
- Homeless
- Dependent Living
- Independent Living
- And also 99903 (specify in ADU-5b)

28. Error Code 203- HIV Test Invalid- Allowable Value Not Provided

This MED-11 Data Field indicates if the client has been tested for HIV/AIDS. Only the following values are allowed in this field:
- (1)- Yes
- (0)- No
- (99900)- Client declined to state
- (99904)- Client unable to answer

This field MUST be populated by one of the above choices. The "client unable to answer value (99904) is only allowed If Type of Service (ADM-4) is a 3, 4, or 5 (a detox service)or if Disability (CID-18) includes 7 (developmentally disabled).

29. Error Code 282-Primary Drug Frequency Invalid

You are ONLY allowed to use Not Applicable (value 99902) in this ADU-2 Data Field when the Primary Drug Code (ADU-1a) Data Field is None (value 0). Otherwise, you MUST use a value from 0 to 30.

30. Error Code 240- Secondary Drug Code Is Invalid

This ADU-5a Data Field indicated the client's secondary drug problem. There are Only TWO Choices available. Any other choice will cause the record to reject:
- Value 1 to 20
- 99903- (specify in ADU-5b)
-

31. Error Code 252- Number of Children (Age 5 And Younger) Invalid

You are ONLY allowed to use "client unable to answer" (99904) in this SOC-6 Data Field if:
- Type of Service (ADM-4) is a 3, 4, or 5 (detox service) OR
- If Disability (CID-18) field is a value 7 (developmentally disabled).

Otherwise, you MUST use a value from 0 to 30, or the record will reject.

32. Error Code 286- Needle use Invalid- Allowable Value Not Provided

How many days had the client used needles to inject drugs in the past 30 days? You MUST use one of these values only in Data Field ADU-10:
- Values from 0 to 30 are allowed
- 99900 – client declined (refused) to state is allowed
- 99904 – client was unable to answer the question (under the influence or disabled) is allowed.

DATAR FAQS

33. Why Has My Password Expired Again?

DHCS policy is to automatically reset passwords every 60 days. Since DATAR data is due the 10th of each month, you may wish to reset it every time you go in to submit your data. You can re-use the same password.

34. Why Can't I Find My Provider In The Drop Down Menu?

The provider list for DATAR is solely based on the Master Provider File. To make any changes to the Master Provider File, you must submit a form (in your contract) and let the MPF know of your changes. If you have a new Provider, there are several reasons why you may not be able to see your facility in DATAR:
- The MPF has not yet been updated and your new Provider does not yet have a new six digit Provider ID number. Once the MPF is updated, your Provider will automatically show up in DATAR.
- You have not been given authorized access to the new (or any other) provider that is in DATAR. Send in an email from your supervisor to the DHCS IT Service Desk and they will assist you in getting access to the providers you need to submit DATAR.
- Your Providers contract has been terminated from the County. (Entity Code 7) or is now Closed (Entity Code 9). ONLY County Contracted Providers (CCP with an Entity Code of 1, 2, or 3) or State Contracted Direct Providers (Entity Code 4s) are required to report DATAR.

35. How Far Back Can I Go to Correct DATAR Submissions?

At this time, a provider can only go back and correct the last two months of their DATAR reports. DHCS is working on improving how DATAR gets reported to the state, but for now, corrections can only be sent for the last two month's submissions.

36. What If We Took Over A Provider That Has Been VERY Delinquent And We Don't Have Their Past Overdue DATA?

There a times, a county or state contracted direct provider takes over a facility that has not been reporting like they should, and they are months, even years behind. In order to begin reporting for this facility moving forward under the new contract, you must go back and COMPLETE all past-due DATAR reports first. If you do not have this provider's data, you must go in and answer Zero (0) for all questions and submit each month –until you are current. Unfortunately, until DHCS revises how DATAR is reported, this is your only option.

For Further Assistance regarding DATAR, please contact the DHCS IT Service Desk at 916 440-7000 or 800-579-0874, or email at ITServiceDesk@DHCS.ca.gov.

37. How do I Get A Provider Off Of My DATAR List?

Please contact the IT Service Desk for an Enclosure D Form. Complete the form and return it to the Master Provider File (MPF) email at DHCSMPF@DHCS.ca.gov to make the contractual change in the DHCS Master Provider File. This way your provider will no longer show up in your list of reporting providers. Be sure to include either the termination date (the date your county terminated its contract with the provider) or the closure date (the date the provider closed its doors and is no longer providing services). It is important to distinguish the two.