

**REPORTING REQUIREMENT MATRIX**

Document 1F(b)

**DIRECT CONTRACT PROVIDER SUBMISSION REQUIREMENTS FOR  
THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS)**

**Fiscal Year 2017-18**

Division/Branch/ Section	Name of Document, Report, or Data	Due Date(s) to DHCS	Authority for DHCS Requesting Document/Report/Data	Purpose of Report/Document/Data
Division of Audits and Investigations, Financial Audits Branch	A-133 Audit Report	3/31 (Annually)	OMB Circular A-133 Single Audit Report	Requirement of Single Audit Act for audits of federal funds
Enterprise Innovation Technology Services (EITS) – Applications Development Unit (ADU)	<p><b>California Outcome Measurement System for Treatment (CalOMS Tx)</b></p> <ol style="list-style-type: none"> <li>1) CalOMS Tx Data Collection Guide</li> <li>2) CalOMS Tx Data Dictionary</li> <li>3) CalOMS Tx File Instructions</li> <li>4) CalOMS Tx Data Quality and Compliance Standards</li> <li>5) CalOMS Tx Web Based Training (WBT)</li> </ol>	<p>45 days after the end of the reporting month (Monthly)</p> <p>All corrected errors due 75 days after the reporting month.</p>	<p>HSC Sections 11755(O) (1, 2 &amp; 9) and (P)</p> <p>And Section 11758.29 €</p>	<p>Meets TEDS and NOMS federal requirements for reporting client treatment data, providing data needed by state and counties for planning, budgeting and reporting measurable outcomes in performance and improvements in quality of care, making a positive impact on the lives of Californians and their families, communities, public health and social systems.</p>

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ITSD - Data Management Services Section	<b>Drug and Alcohol Treatment Access Report (DATAR)</b>  An On-Line data submission of facility capacity and wait list of entering Tx.	10 days after the end of the reporting month (Monthly)	45 CFR 96, Sections 96.126 and 96.131	Meet federal capacity/waiting list requirements and to provide data needed for capacity management
Substance Use Disorder, Compliance Division - Narcotic Treatment Programs Section (NTPS)	Annual License Renewal for Narcotic Treatment Programs (NTPs)	5/31 (Annually)	CCR, Title 9, Section 10055(b)(2)	Recommendation for each NTP license renewal
SUD-Compliance Division, NTPS	Initial Licensure for NTPs	Once before DHCS reviews	CCR, Title 9, Section 10040	A certification of need for the proposed NTP, a certification that all local ordinances, fire regulations, and local planning agency requirements have been complied with, and a recommendation for program licensure
SUD-Compliance Division-NTPS	Relocation for NTPs	Once before DHCS reviews	Policy	Recommendation for new program address

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SUD-Compliance Division- NTPS	NTP County Certification Form	Once before DHCS approves	Policy	Recommendation <ul style="list-style-type: none"> <li>- patient slot increase</li> <li>- patient slot decrease</li> <li>- to allow NTPs to enter patients into maintenance treatment without two year history of opiate addiction and without two failed detoxes.</li> </ul>
SUD-Compliance Division-Licensing and Certification Section (LCS)	Adolescent Waiver	Every time an adult program wants to serve adolescents (Only Once)	Title 9, Section 10605	To demonstrate need for adolescent services
SUD-Compliance Division- LCS	Alcohol and Other Drug (AOD) Program Certification	Prior to Certification (Once and if relocation occurs)	Alcohol and/or Other Drug Certification Standards 3035(c)	Zoning approval
SUD-Compliance Division-LCS, NTPS	Application for Certification and/or Licensure	Prior to Review and Approval (Continuous until approval as well as at renewal either annually or biannually)	Title 9, Section 11834.01 for Residential Licensure. Title 9, Section 10010 for Narcotic Treatment Programs. Policy for Certification.	To apply for licensure or certification
Substance Use Disorder– Program, Policy and Fiscal Division, Fiscal Management and Accountability Branch (FMAB)	Cost Reports including applicable Drug Medi-Cal (DMC) forms	November 1 (Annually)	W&I Code 14124.24	Ensure expenditures meet Federal and State requirements

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SUD-PPFD, PSGMB	Contract	Within 60 days after notification of final allocation	HSC Section 11758.10	To encumber funds
SUD-PPFD, FMAB	DMC claims	Within 30 days from the end of the service month	Contract Title 22, Section 51490.1	To bill for DMC services to Medi-Cal beneficiaries
SUD-PPFD, FMAB	DMC Form = Multiple Billing Override (DHCS Form MC 6700)	As Required Per Form Instructions	Title 22, Section 51490.1	To report DMC services that have been provided for the same client on the same day
SUD-PPFD, FMAB	DMC Forms = Good Cause Certification (DHCS Forms 6065A or 6065B )	As Required Per Form Instructions	Title 22, Section 51490.1	To report the reason for late submission of DMC claims
SUD-PPFD, FMAB	DMC Forms – DMC Claim Submission – Direct Contract Provider (DHCS 100185)	At time the claim is submitted for adjudication	Contract	For direct provider's certification of claims to be true and accurate in order for reimbursement to be issued.