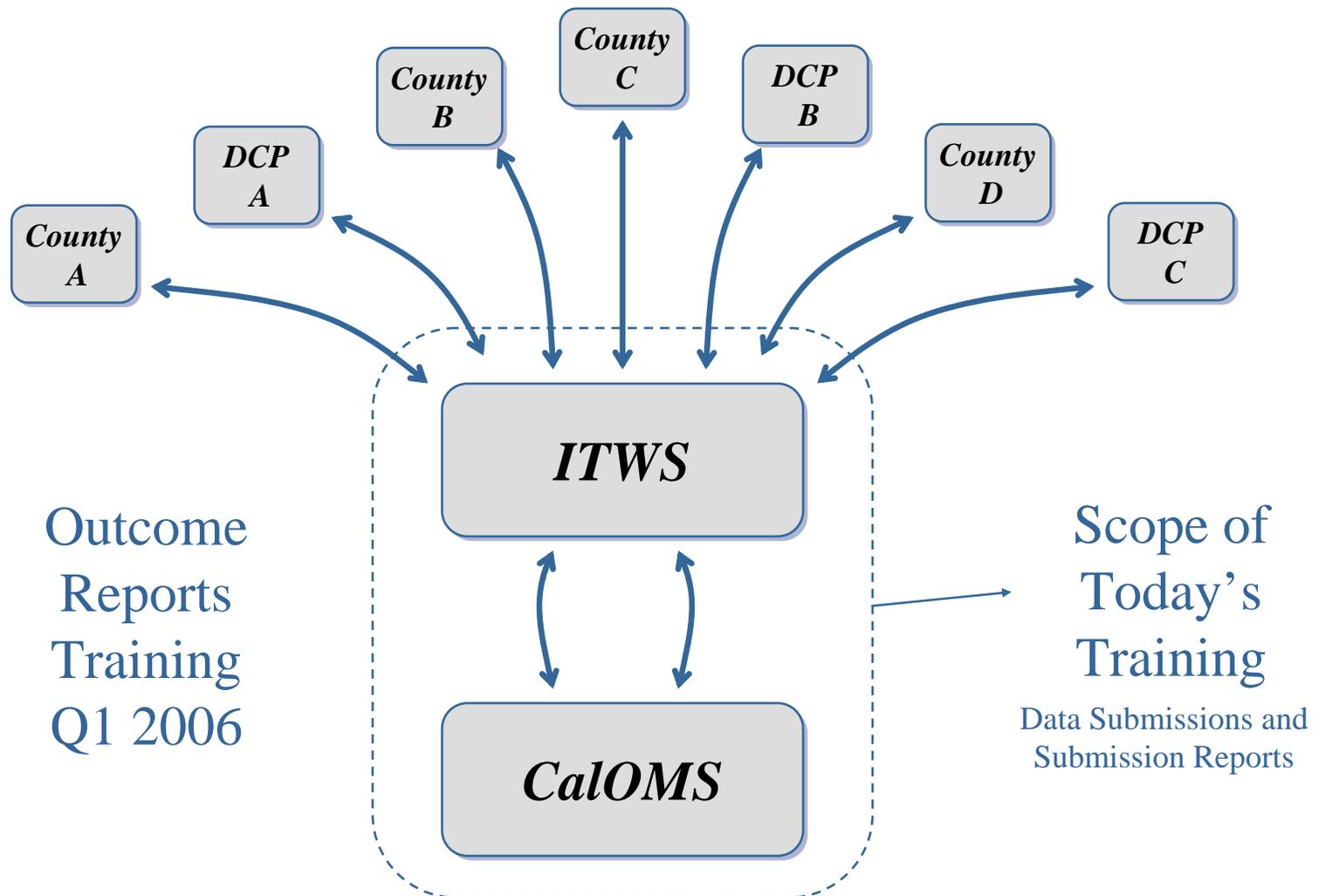




# CalOMS Tx Input System Training

**George Lembi**

# Road Map - Input System



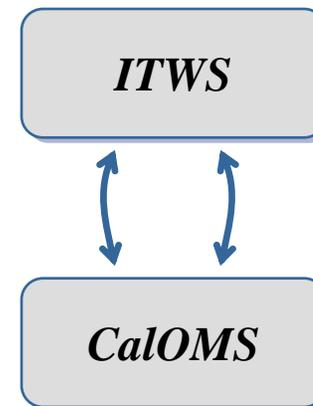


# What you will learn today...

## *How to...*

- 1. *Submit a CalOMS File***
- 2. *Receive a Submission Report***
- 3. *Request a Submission Report***

***...all via ITWS***



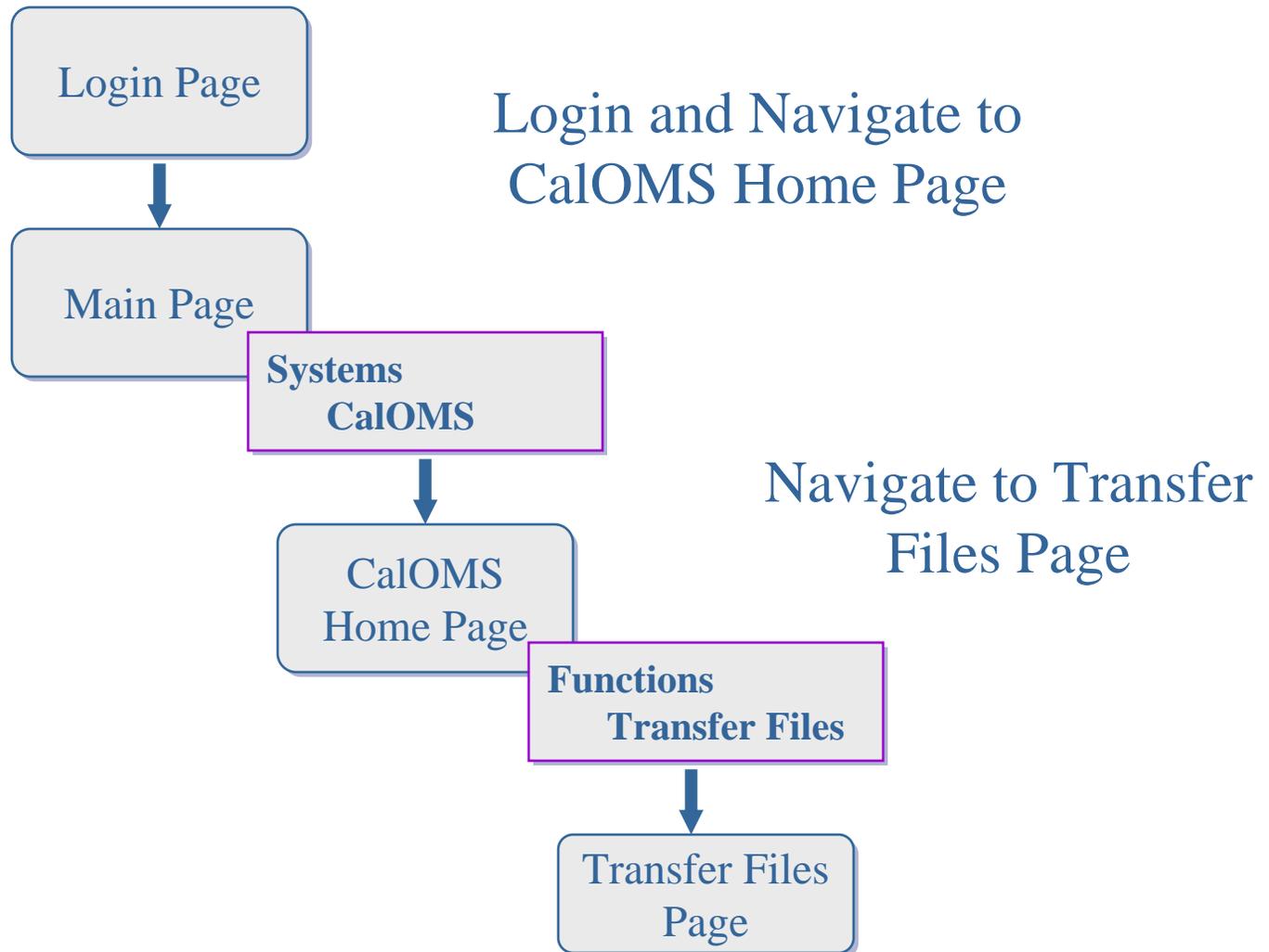


## Submit – *Create a File*

- **Counties and DCPs create CalOMS files**
  - Resources
    - Data Dictionary
    - File Instructions
    - Data Standards
    - User Documentation
- **Submit files to ADP via ITWS**
  - ITWS is Information Technology Web Services portal operated by Department of Mental Health (DMH)



# Submit – *via ITWS*





# Submit - *Notification*

**Email... to submitter** (*Successful Submission*)

**Subject: CalOMS File Processing Summary**

*Provides a  
Relevant  
Subject Line*

## **PROCESSING SUMMARY**

**File name: ADP\_COT\_19\_T\_00055.TXT**

*Names the  
File You Sent*

**Total Records Processed: 19**

**Records Accepted: 9**

**Records Rejected: 10**

**File Level Errors: 0**

*Provides a  
Total Records  
Count*

*No File Level  
Errors Reported*

*Record  
Acceptance/ Rejection  
Summary*



# Submit - *Notification*

## Email... to submitter (*Un-successful Submission*)

**Subject: CalOMS File Processing Summary**

*Provides a  
Relevant  
Subject Line*

**PROCESSING SUMMARY**

**File name: ADP\_COT\_19\_T\_00056.TXT**

*Names the  
File You Sent*

**Processing Errors: Load of file ADP\_COT\_19\_T\_00056.TXT failed on line 28 due to the following errors:**

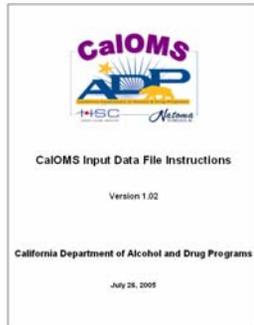
**Only one header is allowed.**

**000 (Fatal): File is unreadable or not in expected format. File rejected.**

*Identifies the  
specific file  
level error*

**Note: No Error and Submission Report produced**

# Submit - *Troubleshooting*



## *Using the File Instructions*

### 3 Submission Header Records

This section details how a Submission Header record is constructed from the available data items. Table 1 on the next page 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. Data for another County or Direct Provider must be provided in a separate submission file.

*Table 1 – 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              |

#### 3.1 Example Submission Header Record

The following is an example header record for a file submitted by Alameda County using File Version 1.01.

**H|01|1.01**

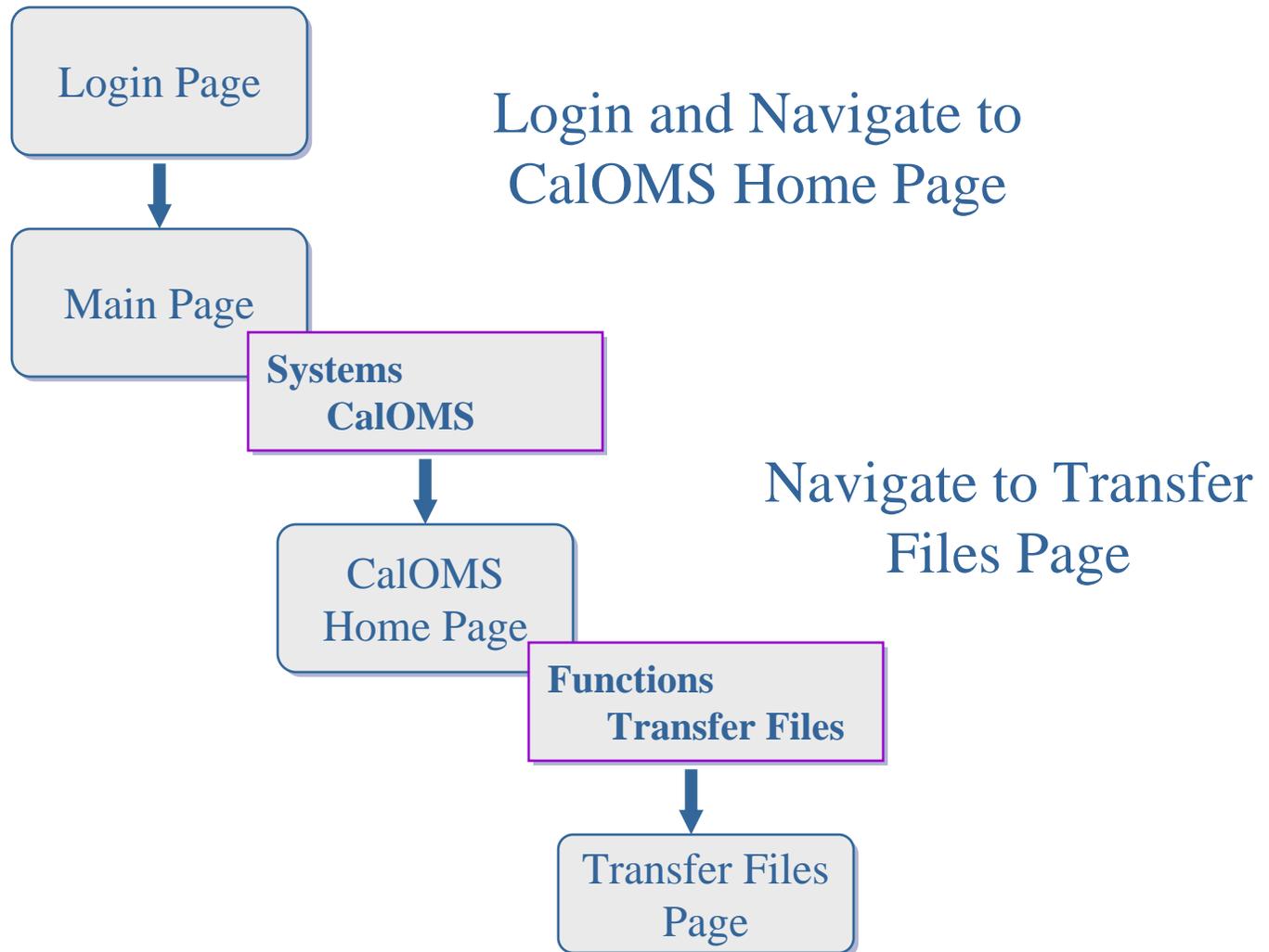


# Receive a Submission Report

- “*Error and Submission Detail Report*”
- **Provided automatically**
- **Provided for each successful submission**
- **Provided in PDF format, zipped**
- **Delivered to ITWS folder**



# Receive – *ITWS Navigation*



# Receive – Report Description

1

## Error and Submission Detailed Report

### California Outcomes Measurement System

Report Dates: 10/3/2005 to 10/3/2005

Created By: testID1

Date Created: 10/3/2005 9:14:39 AM

2

## C/DCP: Los Angeles

Submission Date: 10/3/2005 09:07:26 AM

File Name: ADP\_COT\_19\_T\_00057.TXT

3

Total Records: 3

Records Rejected: 2

Records Accepted: 1

4

5

| Provider ID | Status   | Report Month | Type of Form | Transaction Date    | Form Number |
|-------------|----------|--------------|--------------|---------------------|-------------|
| 198965      | Rejected | 200408       | 1            | 07/29/2005 00:00:00 | D0234732    |

#### ERRORS:

(040) Gender invalid -- allowable value not provided.

(176) IF FOTP Parolee is yes, gender must be female.

(182) IF FOTP Priority Status is 1, 2, or 3 then Gender must be female (2).

6

|        |          |        |   |                     |          |
|--------|----------|--------|---|---------------------|----------|
| 198965 | Rejected | 200408 | 1 | 07/29/2005 00:00:00 | D0234733 |
|--------|----------|--------|---|---------------------|----------|

#### ERRORS:

(055) Consent invalid -- allowable value not provided.

(231) Primary Drug invalid -- 0 is only allowed for discharge records.

7

(281) Primary Drug Frequency invalid -- frequency must be 99902 since Primary Drug is None (0).

(283) Primary Drug Route of Administration must be 99902 if Primary Drug Code is None (0).

(241) Secondary Drug invalid -- 0 (none) was selected for Primary Drug, Secondary Drug must also be 0 (none).

|        |          |        |   |                     |          |
|--------|----------|--------|---|---------------------|----------|
| 198965 | Accepted | 200408 | 1 | 07/29/2005 00:00:00 | D0234712 |
|--------|----------|--------|---|---------------------|----------|

# Receive – *How to Use the Report*

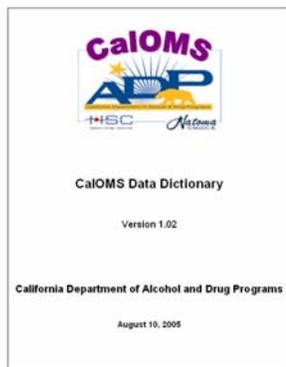
Use list of errors to determine what corrections must be made

Errors Identify Data Field, Error Number & Failure Description

| Provider ID   | Status   | Report Month | Type of Form | Transaction Date    | Form Number |
|---|----------|--------------|--------------|---------------------|-------------|
| 198965  | Rejected | 200408       | 1            | 07/29/2005 00:00:00 | D0234732    |
| ERRORS:   |          |              |              |                     |             |
| (040) Gender invalid -- allowable value not provided.   |          |              |              |                     |             |
| (176) IF FOTP Parolee is yes, gender must be female.  |          |              |              |                     |             |
| (182) IF FOTP Priority Status is 1, 2, or 3 then Gender must be female (2).                                   |          |              |              |                     |             |
| 198965  | Rejected | 200408       | 1            | 07/29/2005 00:00:00 | D0234733    |
| ERRORS:   |          |              |              |                     |             |
| (055) Consent invalid -- allowable value not provided.  |          |              |              |                     |             |
| (231) Primary Drug invalid -- 0 is only allowed for discharge records.  |          |              |              |                     |             |
| (281) Primary Drug Frequency invalid -- frequency must be 99902 since Primary Drug is None (0).               |          |              |              |                     |             |
| (283) Primary Drug Route of Administration must be 99902 if Primary Drug Code is None (0).                    |          |              |              |                     |             |
| (241) Secondary Drug invalid -- 0 (none) was selected for Primary Drug, Secondary Drug must also be 0 (none). |          |              |              |                     |             |
| 198965  | Accepted | 200408       | 1            | 07/29/2005 00:00:00 | D0234712    |

Using the Provider ID, Type of Form, T Date, and Form Number to find the record that needs to be corrected

# Receive - *Troubleshooting*



## Using The Data Dictionary

### 4.23 Consent (CID-19)

This item identifies whether a participant has given consent to be contacted in the future.

*Table 22 – Details for CID-19*

|                              |   |              |
|------------------------------|---|--------------|
| <b>Group and Item Number</b> | CID-19  |              |
| <b>Data Element</b>          | Consent   |              |
| <b>Question</b>              | Is there a consent form allowing future possible contact signed by the client on file within your agency? |              |
| <b>Format and Type</b>       | Numeric   |              |
| <b>Maximum Length</b>        | 1   |              |
| <b>Instrument X-Ref</b>      | Privacy   |              |
| <b>Error Action</b>          | If any validation rules fail, report the error to the submitter for correction and resubmission.          |              |
| <b>Allowable Values</b>      |   |              |
| <b>Value / Format</b>        | <b>Meaning</b>  |              |
| 1                            | Yes   |              |
| 0                            | No  |              |
| <b>Validation Rules</b>      |   |              |
| <b>Rule #</b>                | <b>Rule</b>   | <b>Error</b> |
| 1                            | Must be an allowable value.   | 055          |

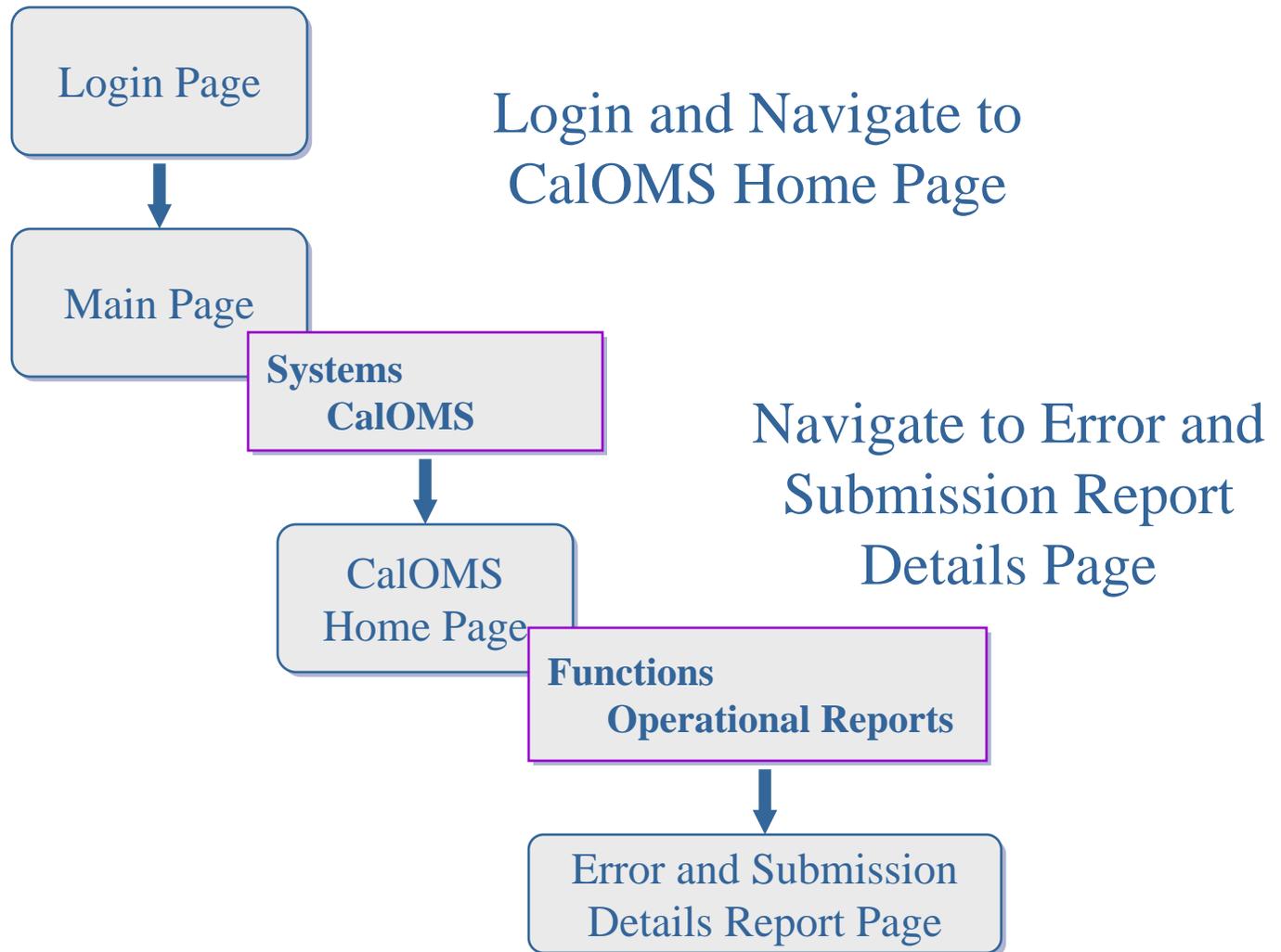


# Request a Report

- **Creates “*Error and Submissions Detail Report*”**
- **Same format as automated report**
- **Select submission *Begin & End Dates***
- **If report generated immediately**
  - Provided as PDF on screen
- **If report generation delayed...**
  - Email notice provided when completed
  - Report sent to ITWS Folder



# Request – *ITWS Navigation*



# Request – Web Page



ITWS Look & Feel

1 Start Date:  2 End Date:  (MM/DD/YYYY)

C/DCP: Alameda 3

Record Status: (Select) 4

(Select)  
Errors  
All

View 5

Data Extract 6

# Request – *Report Description*

1

## Error and Submission Detailed Report

### California Outcomes Measurement System

Report Dates: 10/3/2005 to 10/3/2005

Created By: testID1

Date Created: 10/3/2005 9:14:39 AM

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## C/DCP: Los Angeles

Submission Date: 10/3/2005 09:07:26 AM

File Name: ADP\_COT\_19\_T\_00057.TXT

Total Records: 3

Records Rejected: 2

Records Accepted: 1

3

5

| Provider ID | Status   | Report Month | Type of Form | Transaction Date    | Form Number |
|-------------|----------|--------------|--------------|---------------------|-------------|
| 198965      | Rejected | 200408       | 1            | 07/29/2005 00:00:00 | D0234732    |

#### ERRORS:

(040) Gender invalid -- allowable value not provided.

(176) IF FOTP Parolee is yes, gender must be female.

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6

|        |          |        |   |                     |          |
|--------|----------|--------|---|---------------------|----------|
| 198965 | Rejected | 200408 | 1 | 07/29/2005 00:00:00 | D0234733 |
|--------|----------|--------|---|---------------------|----------|

#### ERRORS:

(055) Consent invalid -- allowable value not provided.

(231) Primary Drug invalid -- 0 is only allowed for discharge records.

7

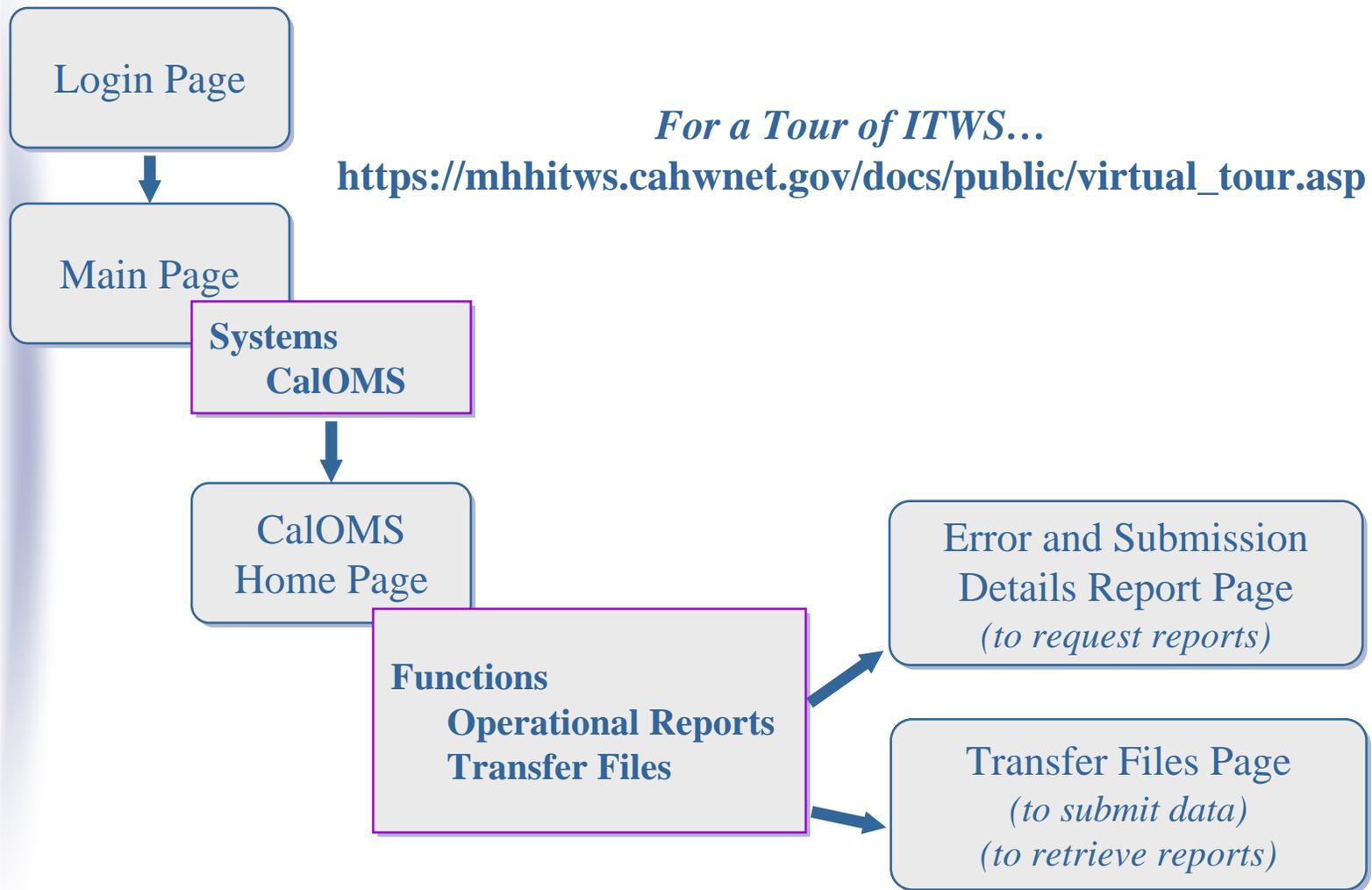
(281) Primary Drug Frequency invalid -- frequency must be 99902 since Primary Drug is None (0).

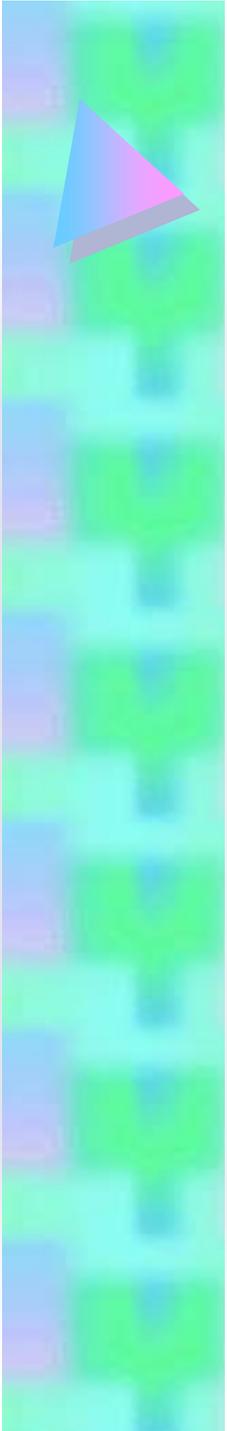
(283) Primary Drug Route of Administration must be 99902 if Primary Drug Code is None (0).

(241) Secondary Drug invalid -- 0 (none) was selected for Primary Drug, Secondary Drug must also be 0 (none).

|        |          |        |   |                     |          |
|--------|----------|--------|---|---------------------|----------|
| 198965 | Accepted | 200408 | 1 | 07/29/2005 00:00:00 | D0234712 |
|--------|----------|--------|---|---------------------|----------|

# Navigation Overview





# Questions