CalOMS Treatment Data Dictionary

Input File Version 1.0

California Department of Alcohol and Drug Programs

Last Updated May 21, 2007

Document History

Date	Brief Description of Modifications	File Version
6/23/2005	Initial version issued to counties and direct providers.	1.0
7/15/2005	Minor corrections and revisions made based on comments from counties and direct providers.	1.0
8/10/2005	Corrected the maximum length of the Annual Update Number field on page 40.	1.0

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1 Introduction

The CalOMS Treatment Data Dictionary provides a detailed explanation of every CalOMS data element for file version 1.0. These elements are part of CalOMS electronic records submitted by the Counties and Direct Contract Providers to ADP for CalOMS every month. This is a companion document to the CalOMS Treatment File Instructions, the CalOMS Treatment Data Collection Guide, and the CalOMS Treatment Data Quality Standards documents. A general description of the contents of each of these documents is as follows:

There are six documents, including this Data Dictionary, that together provide a complete and detailed explanation of the CalOMS system. A general description of the contents of each of these six documents is as follows:

CalOMS 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 Data Dictionary – (this document) this is a detailed explanation of every data element in admission, discharge, and annual update records that are in the CalOMS system at ADP. 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 and errors are also described in this document.

CalOMS File Instructions – this is a detailed explanation of the file format requirements for files submitted to the CalOMS system at ADP. 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 Data Quality 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 User Reports Guide – this is a detailed description of the design and analytic uses for the Outcomes reports included in CalOMS. This document includes information about what data is included and excluded from reports, what methods are used for totals and averages on reports, and what analytic questions the reports are intended to answer.

CalOMS User Documentation – this is a guide focused on the user interface, to assist CalOMS users while they are logged into the system. This includes screen shots and help information to support the user while they are producing reports.

The California Outcomes Measurement System (CalOMS) for treatment services plays a key role in California's Department of Alcohol and Drug Programs (ADP) mission of reducing alcohol and other drug (AOD) problems in California. CalOMS plays this role by providing outcomes measurement in support of treatment programs. Treatment data collection is required from all providers licensed for narcotic replacement therapy and all providers receiving ADP funding for all clients receiving the following services:

- Non-Residential / Outpatient
  - ✓ Treatment Recovery
    - Outpatient Drug Free
    - Outpatient (medication)
    - NTP Maintenance
  - ✓ Day care rehabilitative
  - ✓ Outpatient Detoxification
    - Outpatient Detoxification (non-medical)
    - Outpatient Detoxification (medical)
    - NTP Detoxification
- Residential / Inpatient
  - ✓ Detoxification (hospital)
  - ✓ Detoxification (non-hospital)
  - ✓ Residential (30 days or less)
  - ✓ Residential (31 days or more).

Any provider that receives any public funding for AOD treatment services and all Narcotic Treatment Program (NTP) providers must report CalOMS data for all of their clients receiving treatment, whether those individual client services are funded by public funds or not. An exemption exists for providers that receive funds under the Substance Abuse Crime Prevention Act (SACPA) only and are not an NTP provider. A treatment provider that falls into this category must collect and report CalOMS data only for the clients that are funded through SACPA. They are not required to report CalOMS data for their other clients.

Providers will collect client data at admission and at discharge or administrative discharge from the same treatment program. Data will also be collected annually as an annual update for clients in treatment for over twelve months.

The purpose of the Data Dictionary is to provide details on the specific CalOMS data elements to be collected by the providers and counties and submitted to ADP. This document contains the following sections:

- Section 2 *Data Organization* - identifies the Data Groups into which the Data Elements have been organized, the Data Description Format which is how each data element is described, the Alternative Values that are allowed for many of the data elements, and relevant AOD Treatment Data Sets.

- Section 3 *Data Element Details* - provides the details for each data element to be collected for CalOMS and submitted to ADP.
- Section 4 *List of County Codes* - provides the list of valid county codes that must be used for data elements that require California county codes.
- Section 5 *List of State Codes* - provides the list of valid state codes that must be used for data elements that require state codes.
- Section 6 *List of Error Codes and Messages* - provides a comprehensive list of error codes and messages for all data elements.
- Section 7 *List of Data Element Attributes and Valid Values* – provides a list of valid values and formats for all data elements in one table. Also provided is a mapping of valid alternative value codes (999XX codes) for each data element.
- Section 8 *List of Data Element Uses and Data Set Mapping* – provides a crosswalk of how each data field uses other data fields or is used by other data fields for data validation. This section also maps the data elements to the common data sets described in Section 2.5.

2 Data Organization

2.1 Data Groups

This document describes various data elements to be collected for CalOMS. The individual elements are organized into Data Groups. A list of these groups and their description is included in Table 1 below. Each of these Data Groups is further divided into Data Elements and numbered sequentially (e.g. ADM-1). Section 3 provides details for the data elements that are collected and submitted to ADP. How these data are aggregated into specific records is described in the File Instructions document.

It is important to note that some allowable values for some data elements vary with record type. See Section 8 for a crosswalk of these records and the File Instructions for further guidance on how to construct a valid record and allowable value set.

Table 1–Data Item Groups

Abbreviation	Group Description
ADM	Admission Data
ADU	Alcohol and Drug Use Data
AUP	Annual Update Data
CID	Client Identification and Demographic Data
DIS	Discharge Data
EMP	Employment Data
LEG	Criminal Justice Data
MED	Medical / Physical Health Data
MHD	Mental Health Data
SOC	Family / Social Data
SYS	System Required – Items that are needed to track file submissions.
TRN	Transaction Data

2.2 Data Description Format

The figure below provides an orientation to how Data Element information is presented in Section 3.

Figure 1: The Detailed Data Item Information Format

The data elements are organized alphabetically by these Group-Item Numbers

This describes the specific format of the data and "Type" of data. These "Types" are listed and described in a table below.

This lists any relevant data sets that this data element satisfies… See the Data Sets described in a table below

This field identifies the Maximum Length. Note that data lengths can vary but cannot exceed this maximum

This describes what CalOMS will do if an error is encountered in the data

This section describes allowable data values and their format. This includes range descriptions.

"Alternative Values" are sometimes supported…see the list below… for a complete list of these 999XX values.

Group-Item Number	ADM-1
Data Element	Admission Date
Format (Type)	MM/DD/YYYY (Date)
Maximum Length	10
Data Set X-Ref	CADDS-14, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values

Value / Format	Meaning
MM	Two digit month, must be a value from 01 through 12.
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.
YYYY	Four digit year, must be a value from 1999 through 2099.

Validation Rules

Rule #	Rule	Error
1	The date submitted must be provided in the specified format.	160
2	YYYY must fall within the allowable range.	161
3	The date submitted must be a valid calendar date.	162
4	Admission Date must be no more than five years earlier than Transaction Date (TRN-2).	163

This section describes validation rules that are applied to this data element

See the Error & Submission Details Report for a listing of errors against any of these validation rules when submitting data to CalOMS

This identifies the Error Number. Use this Number to see the expected error text in the table near the end of this document

2.3 Alternative Values

There are various alternative values that are used for many of the data elements, these alternative values are provided in Table 2 below. These values are only allowed for specific fields and in specific circumstances. Please refer to the specific item details to determine where these values are acceptable.

Counties and Direct Contract Providers are required to use these alternative value codes in their data files submitted to ADP.

Table 2 – Alternative Values Used Throughout the Data Elements

Value	Definition	Use
99900	Client declined to state	This value is used when the client has declined to state an answer for the question.
99901	Unknown or Not sure / Don't know	This value is used to indicate that the answer is unknown to the provider or to indicate that the client response is "Not sure or Don't know."
99902	None or not applicable	This value is used to indicate that the question is not applicable to the client or that the answer to the question is "none."
99903	Other	This value is used when the client's answer is not of the specific options provided.
99904	Client unable to answer	This value is reserved for developmentally disabled clients that are unable to answer the question and for clients undergoing detoxification services that have not stabilized.

2.4 Data Types

CalOMS Data Elements are represented by different data types. These different data types are described in the table below.

Table 3 – Data Types for CalOMS Data Elements

Type	Definition	Example
Numeric	Numeric characters only (0-9) or some restricted subset of these characters. (ASCII Decimal Values 48-57)	Provider ID …NNNNNN (County Code + Facility ID), 0-999 and 99901, 99904 Report Month (SYS-3) … YYYYMM
Alpha	Alphabetic characters only (a-z, A-Z) or some restricted subset of these characters. (ASCII Decimal Values 65-90 and 97-122)	Mother's First Name System Record Indicator (SYS-1)
Alpha Numeric	String can be made up of one or more alpha numeric characters including a-z, A-Z, 0-9, all special characters (except pipe and sometimes tilde)**. However, valid values can be further restricted by the "Value / Format" information for that data element. (ASCII Decimal Values 32-126)	Example of unrestricted values: Form Serial Number (TRN-3) Example of restricted values: Zip Code at Current Residence (CID-8)
Date	Numeric data that conforms to valid month, day, and year combinations and the specified date format.	MM/DD/YYYY
Date Time	Numeric data that conforms to valid date and time values in the specified date and time format.	MM/DD/YYYY HH:MI:SS

The pipe character (ASCII Decimal Value = 124) is used as a data delimiter/separator for all CalOMS data fields and cannot be included as a valid data character in any field.

The tilde character (ASCII Decimal Value = 126) is used as data delimiter /separator for CID-18 (Disability) and CID-15 (Race) and cannot be included as a valid data character within those data elements.

CalOMS converts all lowercase alpha characters to uppercase for the purposes of data matching for the following data elements:

- Birth First Name (CID-9)
- Birth Last Name (CID-10)

- Date of Birth (CID-4)
- Mother's First Name (CID-14)
- Place of Birth County (CID-11a)
- Place of Birth State (CID-11b)

These data elements are stored 'as-is' – the conversion to uppercase is only for purposes of matching records to identify unique clients.

2.5 Treatment Data Sets

The CalOMS treatment data set consists of five smaller sets of data elements:

Unique Client Identifier (UCI): The UCI is a set of 13 elements that collect personal information about the client. This information is critical as it enables us to track clients as they move through the system of care. This information will be used to identify the collection of treatment services an individual receives during a treatment episode.

Treatment Episode Data Set (TEDS): This is a set of federally required data elements that inform about each client's admission and discharge. Admission and discharge data on all clients served in California's publicly funded treatment programs must be reported via TEDS.

California Alcohol and Drug Data Set (CADDS): This is the system ADP built in 1991 to collect TEDS required data. The elements of the CADDS data set include all the required TEDS elements, optional TEDS elements used for state reporting, and state-required data elements. The CADDS/TEDS questions have been included in the CalOMS data set to continue collecting required data and because CalOMS will ultimately replace the CADDS system.

National Outcome Measures (NOM): The NOM data set evolved from the Performance Partnership Grants (PPG), which was a set of data elements proposed by CSAT and designed to measure outcomes. The PPG data would have been reported by states annually in order to comply with the proposed federal funding allocation method that would have replaced the Substance Abuse Prevention and Treatment (SAPT) block grant. However, as the Center for Substance Abuse Treatment (CSAT) continued to work with states in developing the PPG, the proposed PPG evolved into the NOM.

The NOM includes outcome data elements that will be reported annually in the State's SAPT block grant application. These elements will enable measurement of change in a number of life areas including: alcohol/drug use, employment and education, criminal justice, family and living conditions, access/capacity, social connectedness, and retention/length of stay. Some of these life areas are still being defined by CSAT. Therefore, not all the proposed measures and life areas will be collected in CalOMS Phase 1.

Minimum Treatment Outcome Questions (MTOQ): The MTOQ data set consists of 30 questions and was developed by ADP in collaboration with the Treatment Sub Work Group of the Implementation Working Group (IWG). Like the NOM, this set of questions is designed to measure outcomes in a number of life areas. The MTOQ will enable measurement of change in seven life areas: alcohol use, drug use, employment, family/social, medical, legal, and psychological..

3 Data Element Details

3.1 Admission Data Group

3.1.1 (ADM-1) Admission Date

The admission date is used to indicate the date of the client's admission to the provider's treatment program. This is a provider-supplied field.

Table 4- Details for ADM-1

Group-Item Number	ADM-1	
Data Element	Admission Date	
Format (Type)	MM/DD/YYYY (Date)	
Maximum Length	10	
Data Set X-Ref	CADDS-14, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
MM	Two-digit month, must be a value from 01 through 12.	
DD	Two-digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four-digit year, must be a value from 1999 through 2099.	
Validation Rules		
Rule #	**Rule**	**Error**
1	The date submitted must be provided in the specified format.	160
2	YYYY must fall within the allowable range.	161
3	The date submitted must be a valid calendar date.	162
4	Admission Date must be no more than five years earlier than Transaction Date (TRN-2).	163
5	Admission Date must not be later than Transaction Date (TRN-2)	159

3.1.2 (ADM-2) Admission Transaction Type

The admission transaction type is used to indicate the type of admission, whether it be an initial admission, a transfer, or a change in service. This is a provider-supplied field.

Table 5 – Details for ADM-2

Group-Item Number	ADM-2	
Data Element	Admission Transaction Type	
Format (Type)	N (Numeric)	
Maximum Length	1	
Data Set X-Ref	CADDS-15, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Initial Admission	
2	Transfer or Change in Service	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	190

3.1.3 (ADM-3) Provider ID

The Provider ID is used to identify the provider providing the service. This is a provider-supplied field.

Table 6 – Details for ADM-3

Group-Item Number	ADM-3	
Data Element	Provider ID	
Format (Type)	NNNNNN (County Code + Facility ID) (Numeric)	
Maximum Length	6	
Data Set X-Ref	CADDS-1, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
NN	The first two digits of this field represent the county code of the provider which must be a value from 01 through 58. Please refer to Section 4 for a list of valid county codes.	
NNNN	The remaining four digits of this field represent the 4-digit Provider ID (Facility ID) assigned by ADP.	
Validation Rules		
Rule #	**Rule**	**Error**
1	Provider ID must be exactly 6 digits in length.	010
2	The Provider ID must be found in ADP's Master Provider File (MPF).	013

3.1.4 (ADM-4) Type of Service

The type of service is used to indicate the type of treatment service for the client. This is a provider-supplied field.

Table 7 – Details for ADM-4

Group-Item Number	ADM-4	
Data Element	Type of Service	
Format (Type)	N (Numeric)	
Maximum Length	1	
Data Set X-Ref	CADDS-16, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Nonresidential / Outpatient Treatment / Recovery	
2	Nonresidential / Outpatient Day Program-intensive	
3	Nonresidential / Outpatient Detoxification	
4	Residential Detoxification (hospital)	
5	Residential Detoxification (non-hospital)	
6	Residential Treatment / Recovery (30 days or less)	
7	Residential Treatment / Recovery (31 days or more)	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	200
2	Type of service must be one of the provider's licensed services as indicated in the Master Provider File (MPF).	201

3.1.5 (ADM-5) Source of Referral

This is a provider-supplied field indicating the principal source of referral.

Table 8 – Details for ADM-5

Group-Item Number	ADM-5
Data Element	Source of Referral
Question	What is the client's principal source of referral?
Format (Type)	N to NN (Numeric)
Maximum Length	2
Data Set X-Ref	CADDS-10, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
1	Individual, including self-referral
2	Alcohol / Drug Abuse Program
3	Other Health Care Provider
4	School / Educational
5	Employer / EAP
6	12 Step Mutual Aid
7	SACPA Court / Probation
8	SACPA Parole
9	DUI/DWI
10	Drug Court Partnership (DCP)
11	Comprehensive Drug Court Implementation (CDCI)
12	Non-SACPA Court / Criminal Justice
13	Other Community Referral
14	Dependency Court / Child Protective Services

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	120

3.1.6 (ADM-6) Days Waited to Enter Treatment

This field identifies the total number of days that the client was on a waiting list before being admitted into the treatment program due to limited program capacity. The count of days should not include such things as waits due to days in jail, etc.

Table 9 – Details for ADM-6

Group-Item Number	ADM-6	
Data Element	Days Waited to Enter Treatment	
Question	How many days was the client on a waiting list before being admitted to this treatment program?	
Format (Type)	N to NNN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-999	A numeric value from 0 to 999.	
99901	Not sure / don't know	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	056
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	057

3.1.7 (ADM-7) Number of Prior Episodes

This field identifies the total number of treatment episodes the client has participated in as a primary client, not as a co-dependent.

Table 10 – Details for ADM-7

Group-Item Number	ADM-7	
Data Element	Number of Prior Episodes	
Question	What is the number of prior episodes in any alcohol or drug treatment/recovery program in which the client has participated?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-18, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-99	A numeric value from 0 to 99.	
99900	Client declined to state	
99901	Not sure / Don't know	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	220
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	221

3.1.8 (ADM-8) CalWORKs Recipient

This field identifies whether the client is a CalWORKs recipient.

Table 11 – Details for ADM-8

Group-Item Number	ADM-8	
Data Element	CalWORKs Recipient	
Question	Is the client a CalWORKs recipient?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS (coded remarks)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99901	Not sure / Don't know	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	062

3.1.9 (ADM-9) Substance Abuse Treatment Under CalWORKs

This field identifies whether the client is undergoing substance abuse treatment under CalWORKs.

Table 12 – Details for ADM-9

Group-Item Number	ADM-9	
Data Element	Substance Abuse Treatment Under CalWORKs	
Question	Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS (coded remarks)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99901	Not sure / Don't know	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	063
2	Value can only be yes if CalWORKs Recipient (ADM-8) is also Yes (1).	064

3.1.10 (ADM-10) County Paying for Services

This is a provider-supplied field to identify the county that is paying for the client's treatment services when the paying county is not the county in which the provider's facility is located. Typically, these services are paid for either under a special services contract between the paying (referring) county and the county in which the provider's facility is located or through an informal agreement between the paying county and the provider facility located in a different county. In either situation, the provider must provide the code of the county paying for the service. This field is only used when the services are being paid for by a county other than the county in which the provider's facility is located. Otherwise, enter "99902."

Table 13 – Details for ADM-10

Group-Item Number	ADM-10	
Data Element	County Paying for Services	
Question	If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?	
Format (Type)	NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-24	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
01-58	Must be a value from 01 through 58. Please refer to Section 4 for a list of valid county codes.	
99902	None or not applicable	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	330
2	If a Special Services Contract ID (ADM-11) is provided, a county code must be provided in County Paying for Services (ADM-10).	331

3.1.11 (ADM-11) Special Services Contract ID

This is a provider-supplied field indicating whether treatment is being provided under a special services contract on behalf of another county. If so, a special services contract ID is provided.

Table 14 – Details for ADM-11

Group-Item Number	ADM-11	
Data Element	Special Services Contract ID	
Question	What is the special services contract ID number under which the client's services were provided?	
Format (Type)	NNNN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-24	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0000-9999	An ID number from 0000 through 9999	
99902	None or not applicable	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	340
2	An ID can only be provided if County Paying for Services (ADM-10) is provided.	341
3	The Special Services Contract ID must match with ADP's Master Provider File.	342

3.2 Alcohol and Drug Use Data Group

3.2.1 (ADU-1a) Primary Drug (Code)

This field indicates the client's primary drug problem.

Table 15 – Details for ADU-1a

Group-Item Number	ADU-1a
Data Element	Primary Drug (Code)
Question	What is the client's primary alcohol or drug problem?
Format (Type)	N to NN or NNNNN (Numeric)
Maximum Length	5
Data Set X-Ref	CADDS-19, NOM-1, MTOQ, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
0	None
1	Heroin
2	Alcohol
3	Barbiturates
4	Other Sedatives or Hypnotics
5	Methamphetamine
6	Other Amphetamines
7	Other Stimulants
8	Cocaine / Crack
9	Marijuana / Hashish
10	PCP
11	Other Hallucinogens
12	Tranquilizers (Benzodiazepine)

13	Other Tranquilizers
14	Non-Prescription Methadone
15	OxyCodone / OxyContin
16	Other Opiates or Synthetics
17	Inhalants
18	Over-the-Counter
19	Ecstasy
20	Other Club Drugs
99901	Unknown
99903	Other (specify in ADU-1b)

Validation Rules

Rule #	Rule	Error
1	Must be an allowable value.	230
2	None (0) is not allowed for admission records, where Type of Form (TRN-1) is 1 or 2.	231
3	Unknown (99901) is only allowed for an administrative discharge, where Type of Form (TRN-1) is 4 or 5 and Discharge Status (DIS-2) is 4, 6, 7, or 8.	265

3.2.2 (ADU-1b) Primary Drug Name

This field is used to record the primary drug name if a Primary Drug Code is selected that either requires the name (99903) or requires (i.e. Other Stimulants) further drug description.

Table 16 – Details for ADU-1b

Group-Item Number	ADU-1b	
Data Element	Primary Drug Name	
Question	What is the client's primary alcohol or drug problem?	
Format (Type)	2 to 50 Characters (Alpha Numeric)	
Maximum Length	50	
Data Set X-Ref	CADDS-19	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha Numeric	A freeform text field for input of a specific drug name. When provided the drug name must contain at least two characters.	
Validation Rules		
Rule #	**Rule**	**Error**
1	An allowable value must be provided.	234
2	A value must be provided if Primary Drug Code (ADU-1a) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (16), Inhalants (17), Over-the-Counter (18), Other Club Drugs (20), or Other (99903).	232
3	A value cannot be provided if Primary Drug Code (ADU-1a) is None (0), Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (15), Ecstasy (19) or Unknown (99901).	233

3.2.3 (ADU-2) Primary Drug Frequency

This field is used to record the frequency of use for the primary drug.

Table 17 – Details for ADU-2

Group-Item Number	ADU-2	
Data Element	Primary Drug Frequency	
Question	How many days in the past 30 days has the client used the primary drug?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-21, MTOQ, NOM-2, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	Values from 0 to 30 are allowed.	
99902	None or not applicable	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	280
2	For a discharge record, where Type of Form (TRN-1) is 4 or 5, if None (0) is selected as Primary Drug Code (ADU-1a), then Primary Drug Frequency (ADU-2) must be None or not applicable (99902).	281
3	None or not applicable (99902) is only allowed when Primary Drug Code (ADU-1a) is None (0).	282

3.2.4 (ADU-3) Primary Drug Route of Administration

This field is used to record the route of administration used for the primary drug.

Table 18 – Details for ADU-3

Group-Item Number	ADU-3
Data Element	Primary Drug Route of Administration
Question	What is the client's usual route of administration for the primary drug?
Format (Type)	N or NNNNN (Numeric)
Maximum Length	5
Data Set X-Ref	CADDS-20, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values

Value / Format	Meaning
1	Oral
2	Smoking
3	Inhalation
4	Injection (IV or intramuscular)
99902	None or not applicable
99903	Other

Validation Rules

Rule #	Rule	Error
1	Must be an allowable value.	260
2	If Primary Drug (ADU-1a) is inhalant (17), the value selected must be Inhalation (3).	261
3	If Primary Drug (ADU-1a) is Alcohol (2), the value selected must be Oral (1).	262
4	For a Discharge Record, where Type of Form (TRN-1) is 4 or 5, if Primary Drug Code (ADU-1a) is None (0) the value selected must be None or not applicable (99902).	263
5	None or not applicable (99902) is only allowed when Primary Drug Code (ADU-1a) is None (0).	264

3.2.5 (ADU-4) Primary Drug Age of First Use

This field is used to record the client's age of first use of the primary drug.

Table 19 – Details for ADU-4

Group-Item Number	ADU-4	
Data Element	Primary Drug Age of First Use	
Question	What was the client's age of first use for the primary drug?	
Format (Type)	N to NNN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-22, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
5-105	If an age is provided, the age must be a value from 5 through 105.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	300
2	If an age is provided, age must be less than or equal to the client's age at admission, which is determined using the Date of Birth (CID-4) and Admission Date (ADM-1).	301
3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	302

3.2.6 (ADU-5a) Secondary Drug (Code)

This field indicates the client's secondary drug problem.

Table 20 – Details for ADU-5a

Group-Item Number	ADU-5a
Data Element	Secondary Drug (Code)
Question	What is the client's secondary alcohol or drug problem?
Format (Type)	N to NN or NNNNN (Numeric)
Maximum Length	5
Data Set X-Ref	CADDS-19, NOM-1, MTOQ, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
0	None
1	Heroin
2	Alcohol
3	Barbiturates
4	Other Sedatives or Hypnotics
5	Methamphetamine
6	Other Amphetamines
7	Other Stimulants
8	Cocaine / Crack
9	Marijuana / Hashish
10	PCP
11	Other Hallucinogens
12	Tranquilizers (Benzodiazepine)
13	Other Tranquilizers
14	Non-Prescription Methadone

15	OxyCodone / OxyContin
16	Other Opiates or Synthetics
17	Inhalants
18	Over-the-Counter
19	Ecstasy
20	Other Club Drugs
99903	Other (specify in ADU-5b)

Validation Rules

Rule #	Rule	Error
1	Must be an allowable value.	240
2	For a discharge record, where Type of Form (TRN-1) is 4 or 5, if Primary Drug Code (ADU-1a) is None (0), then Secondary Drug Code (ADU-5a) must be None (0).	241
3	If Secondary Drug Code (ADU-5a) is Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (15) or Ecstasy (19), it must not be the same value as the Primary Drug Code (ADU-1a).	244
4	Secondary Drug Code (ADU-5a) cannot be Unknown (99901)	247

3.2.7 (ADU-5b) Secondary Drug Name

This field is used to record the secondary drug name if a Secondary Drug Code is selected that either requires a name (99903) or requires (i.e. Other Stimulants) further drug description.

Table 21 – Details for ADU-5b

Group-Item Number	ADU-5b	
Data Element	Secondary Drug Name	
Question	What is the client's secondary alcohol or drug problem?	
Format (Type)	2 to 50 characters (Alpha Numeric)	
Maximum Length	50	
Data Set X-Ref	CADDS-19	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha Numeric	A freeform text field for input of a specific drug name that is at least two characters in length.	
Validation Rules		
Rule #	**Rule**	**Error**
1	An allowable value must be provided.	246
2	A value must be provided in Secondary Drug Name (ADU-5b) if Secondary Drug Code (ADU-5a) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (16), Inhalants (17), Over-the-Counter (18), Other Club Drugs (20), or Other (99903).	242
3	A value cannot be provided if Secondary Drug Code (ADU-5a) is None (0), Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (15), Ecstasy (19) or Unknown (99901).	243
4	If Secondary Drug Name is provided (not null and not blank) and Primary Drug Name (ADU-1b) is provided (not null and not blank), then Secondary Drug Name (ADU-5b) cannot be the same as the Primary Drug Name (ADU-1b).	245

3.2.8 (ADU-6) Secondary Drug Frequency

This field is used to record the frequency of use for the secondary drug.

Table 22 – Details for ADU-6

Group-Item Number	ADU-6	
Data Element	Secondary Drug Frequency	
Question	How many days in the past 30 days has the client used the secondary drug?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-21, MTOQ, NOM-2, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	Values from 0 to 30 are allowed	
99902	None or not applicable	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	290
2	If None (0) is selected as Secondary Drug Code (ADU-5a), then Secondary Drug Frequency (ADU-6) must be None or not applicable (99902).	291
3	None or not applicable (99902) is only allowed when Secondary Drug Code (ADU-5a) is None (0).	292

3.2.9 (ADU-7) Secondary Drug Route of Administration

This field is used to record the route of administration used for the secondary drug.

Table 23 – Details for ADU-7

Group-Item Number	ADU-7
Data Element	Secondary Drug Route of Administration
Question	What is the client's usual route of administration for the secondary drug?
Format (Type)	N or NNNNN (Numeric)
Maximum Length	5
Data Set X-Ref	CADDS-20, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values

Value / Format	Meaning
1	Oral
2	Smoking
3	Inhalation
4	Injection (IV or intramuscular)
99902	None or not applicable
99903	Other

Validation Rules

Rule #	Rule	Error
1	Must be an allowable value.	270
2	If Secondary Drug Code (ADU-5a) is Inhalant (17), the value selected must be Inhalation (3).	271
3	If Secondary Drug Code (ADU-5a) is Alcohol (2), the value selected must be Oral (1).	272
4	If Secondary Drug Code (ADU-5a) is None (0), the value selected must be None or not applicable (99902).	273
5	None or not applicable (99902) is only allowed when Secondary Drug Code (ADU-5a) is None (0).	274

3.2.10 (ADU-8) Secondary Drug Age of First Use

This field is used to record the client's age of first use of the secondary drug.

Table 24 – Details for ADU-8

Group-Item Number	ADU-8	
Data Element	Secondary Drug Age of First Use	
Question	What was the client's age of first use for the secondary drug?	
Format (Type)	N to NNN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-22.1, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
5-105	If an age is provided the age must be a value from 5 through 105.	
99902	None or not applicable	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	310
2	If an age is provided, age must be less than or equal to the client's age at admission, which is based on Date of Birth (CID-4) and Admission Date (ADM-1).	313
3	If Secondary Drug (ADU-5a) is none (0), value entered must be 99902 (None or not applicable).	312
4	None or not applicable (99902) is only allowed when Secondary Drug Code (ADU-5a) is None (0).	314

3.2.11 (ADU-9) Alcohol Frequency

This field is used to record the frequency of alcohol use in the last 30 days if the primary and secondary drugs are not alcohol.

Table 25 – Details for ADU-9

Group-Item Number	ADU-9	
Data Element	Alcohol Frequency	
Question	How many days in the past 30 days has the client used alcohol?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	NOM-1, MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	Values from 0 to 30 are allowed.	
99902	None or not applicable	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	283
2	If Primary Drug Code (ADU-1a) or Secondary Drug Code (ADU-5a) are 2 (alcohol), Alcohol Frequency (ADU-9) must be 99902 (none or not applicable).	284

3.2.12 (ADU-10) Needle Use

This field is used to record the number of days the client has used a needle for drug injection in the last 30 days.

Table 26 – Details for ADU-10

Group-Item Number	ADU-10	
Data Element	Needle Use**	
Question	How many days has the client injected drugs in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	Values from 0 to 30 are allowed.	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	286
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	287

** Note: This field was formerly named "IV Use" and has been renamed to "Needle Use" to better reflect the data that is captured by this element (i.e., all forms of drug injection—intravenous and intramuscular).

3.2.13 (ADU-11) Needle Use in the Last 12 Months

This field is used to record whether the client has used needles to inject drugs in the past twelve months.

Table 27 – Details for ADU-11

Group-Item Number	ADU-11	
Data Element	Needle Use in the Last 12 Months	
Question	Has the client used needles to inject drugs during the past twelve months?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-23	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	320
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	324
3	If Needle Use (ADU-10) is more than 0 (and not 99900 or 99904), Needle Use in the Last 12 Months (ADU-11) must be Yes (1).	323
4	If Primary Drug Route of Administration (ADU-3) is Injection (4) and Primary Drug Frequency (ADU-2) is greater than or equal to one, Needle Use in the Last 12 Months (ADU-11) must be Yes (1).	321

5	If Secondary Drug Route of Administration (ADU-7) is Injection (4) and Secondary Drug Frequency (ADU-6) is greater than or equal to one, Needle Use in the Last 12 Months (ADU-11) must be Yes (1).	322

3.3 Annual Update Data Group

3.3.1 (AUP-1) Annual Update Date

The annual update date is used to indicate the date that the annual update was performed for the client. This is a provider-supplied field.

Table 28 – Details for AUP-1

Group-Item Number	AUP-1	
Data Element	Annual Update Date	
Format (Type)	MM/DD/YYYY (Date)	
Maximum Length	10	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
MM	Two-digit month, must be a value from 01 through 12.	
DD	Two-digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four-digit year, must be a value from 1999 through 2099.	
Validation Rules		
Rule #	**Rule**	**Error**
1	The date submitted must be provided in the specified format.	164
2	YYYY must fall within the allowable range.	165
3	The date submitted must be a valid calendar date.	166
4	For an annual update record, where Type of Form (TRN-1) is 7, 8, or 9, Annual Update Date (AUP-1) must be on or after the Admission Date (ADM-1).	168
5	Annual Update Date (AUP-1) must be no more than five years earlier than Transaction Date (TRN-2).	167
6	Annual Update Date (AUP-1) must be at most 60 days earlier than one year after admission date (ADM-1). (e.g. if admission date is 01/01/2004 the earliest allowable annual update date is 11/02/2004, which is 60 days prior to 01/01/2005)	169
7	Annual Update Date (AUP-1) must not be later than Transaction Date (TRN-2)	158

3.3.2 (AUP-2) Annual Update Number

This field is used to identify the annual update number. The first annual update submitted after admission will have an annual update number of 1, the second will have 2, etc. This is used to distinguish between different annual updates that might exist for a client that is in treatment for an extended period of time.

Table 29 – Details for AUP-2

Group-Item Number	AUP-2	
Data Element	Annual Update Number	
Format (Type)	N to NN (Numeric)	
Maximum Length	2	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
NN	A number from 1 through 99	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	540

3.4 Client Identification & Demographic Data Group

3.4.1 (CID-1) Unique Participant ID

This is an ADP system-generated identifier that is used for TEDS reporting. The counties and direct providers do not have to report this item to ADP.

3.4.2 (CID-2) Provider's Participant ID

This is an identifier assigned by the provider to the client. Providers may use their own system of client numbers.

Table 30 – Details for CID-2

Group-Item Number	CID-2	
Data Element	Provider's Participant ID	
Format (Type)	1-20 characters (Alpha Numeric – restricted)	
Maximum Length	20	
Data Set X-Ref	CADDS-4	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha Numeric	String can be made up of one or more alpha numeric characters including A-Z, a-z, 0-9, blank or hyphen.	
Validation Rules		
Rule #	**Rule**	**Error**
1	A valid Participant ID that includes only the allowed alphanumeric characters must be provided.	060
2	The Participant ID provided for a discharge record, (where Type of Form (TRN-1) is 4 or 5), or annual update (where Type of Form (TRN-1) is 7 or 8) must match the Participant ID for the matching admission record.	061

3.4.3 (CID-3) Gender

This item identifies the gender of the client.

Table 31 – Details for CID-3

Group-Item Number	CID-3	
Data Element	Gender	
Question	What is the client's gender?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	UCI-1, CADDS 1.2, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Male	
2	Female	
99903	Other	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	040

3.4.4 (CID-4) Date of Birth

This item identifies the date of birth of the client.

Table 32 – Details for CID-4

Group-Item Number	CID-4	
Data Element	Date of Birth	
Question	What is the client's date of birth?	
Format (Type)	MM/DD/YYYY (Date)	
Maximum Length	10	
Data Set X-Ref	UCI-2, CADDS 1.3, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
MM	Two-digit month, must be a value from 01 through 12.	
DD	Two-digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four-digit year, must be a value that is at least 1899.	
Validation Rules		
Rule #	**Rule**	**Error**
1	The value provided must follow the specified format.	050
2	The date supplied must be a valid calendar date.	052
3	The resultant age at admission, using Admission Date (ADM-1) and Date of Birth (CID-4) must be from 5 through 105 years.	053

3.4.5 (CID-5) Current First Name

This item identifies the current first name of the client. If client only has one name, use 99902 (none or not applicable) in the current first name field (CID-5) and report the name in the current last name field (CID-6).

Table 33 – Details for CID-5

Group-Item Number	CID-5	
Data Element	Current First Name	
Question	What is the client's current first name?	
Format (Type)	Alpha string of 1-20 characters or NNNNN (Alpha or Numeric - restricted)	
Maximum Length	20	
Data Set X-Ref	UCI-9, CADDS 1.1	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha	The alphabetic name of the client containing at least one character.	
99902	None or not applicable	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	022
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	023

3.4.6 (CID-6) Current Last Name

This item identifies the current last name of the client. If client only has one name, use 99902 (none or not applicable) in the current first name field (CID-5) and report the name in the current last name field (CID-6).

Table 34 – Details for CID-6

Group-Item Number	CID-6	
Data Element	Current Last Name	
Question	What is the client's current last name?	
Format (Type)	Alpha string of 1-40 characters or NNNNN (Alpha or Numeric - restricted)	
Maximum Length	40	
Data Set X-Ref	UCI-8, CADDS 1.1	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha	The alphabetic name of the client containing at least one character.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is either the specified numeric value, or an alpha name.	024
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	025

3.4.7 (CID-7) Social Security Number

This item identifies the social security number (SSN) of the client.

Table 35 – Details for CID-7

Group-Item Number	CID-7	
Data Element	SSN	
Question	What is the client's social security number?	
Format (Type)	NNNNNNNNN (no hyphens) or NNNNN (Numeric)	
Maximum Length	9	
Data Set X-Ref	UCI-10	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
NNNNNNNNN	A nine-digit social security number.	
99900	Client declines to state	
99902	None or not applicable	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	The value provided must be a nine-digit number or one of the specified numeric values.	026
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	027

3.4.8 (CID-8) Zip Code at Current Residence

This item identifies the zip code at the client's current residence.

Table 36 – Details for CID-8

Group-Item Number	CID-8	
Data Element	Zip Code at Current Residence	
Question	What is the client's zip code at their current residence?	
Format (Type)	NNNNN or AAAAA (Alpha or Numeric – restricted)	
Maximum Length	5	
Data Set X-Ref	UCI-7	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
NNNNN	The client's five-digit zip code.	
00000 (zeroes)	Homeless	
XXXXX	Client declines to state	
ZZZZZ	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	The value provided must be a five-digit number or one of the specified additional alpha values.	032
2	Current zip code can only be '00000' if Current Living Arrangements (SOC-2) is 1 (homeless).	033
3	The 'Client unable to answer' (ZZZZZ) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	034

3.4.9 (CID-9) Birth First Name

This item identifies the birth first name of the client. If client only has one name, use 99902 (none or not applicable) in the birth first name field (CID-9) and report the name in the birth last name field (CID-10).

Table 37 – Details for CID-9

Group-Item Number	CID-9	
Data Element	Birth First Name	
Question	What is the client's birth first name?	
Format (Type)	Alpha string of 1-20 characters or NNNNN (Alpha or Numeric – restricted)	
Maximum Length	20	
Data Set X-Ref	UCI-5	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha	The alphabetic name of the client containing at least one character.	
99902	None or not applicable	
Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	031

3.4.10 (CID-10) Birth Last Name

This item identifies birth last name of the client. If client only has one name, use 99902 (none or not applicable) in the birth first name field (CID-9) and report the name in the birth last name field (CID-10.

Table 38 – Details for CID-10

Group-Item Number	CID-10	
Data Element	Birth Last Name	
Question	What is the client's birth last name?	
Format (Type)	Alpha string of 1-40 characters	
Maximum Length	40	
Data Set X-Ref	UCI-6	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha	The alphabetic name of the client containing at least one character.	
Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is an alpha name.	030

3.4.11 (CID-11a) Place of Birth – County

This item identifies the client's county of birth if the client was born in California. A value of 99903 (other) is used for clients born outside California.

Table 39 – Details for CID-11a

Group-Item Number	CID-11a	
Data Element	Place of Birth – County	
Question	What is the client's county of birth if born in California?	
Format (Type)	NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	UCI-3	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
01-58	County codes 01 through 58. Please refer to Section 4 for the list of valid county codes.	
99903	Other (born outside California)	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	035
2	If Place of Birth – State (CID-11b) is CA (California), a county code from 01 – 58 must be provided.	028
3	If Place of Birth – State (CID-11b) is not CA (California), then Other (99903) must be provided.	029

3.4.12 (CID-11b) Place of Birth – State

This item identifies the client's state of birth if the client was born in the United States. A value of 99903 (other) is used for clients born outside the U.S.

Table 40 – Details for CID-11b

Group-Item Number	CID-11b	
Data Element	Place of Birth – State	
Question	What is the client's state of birth if born within the United States?	
Format (Type)	AA or NNNNN (Alpha or Numeric – restricted)	
Maximum Length	5	
Data Set X-Ref	UCI-3	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
AL – WY	Two letter state code abbreviation. Please refer to Section 5 for the list of valid state codes.	
99903	Other (born outside U.S.)	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	036
2	If a Place of Birth – County (CID-11a) is a county code from 01 through 58, CA (California) must be provided as the Place of Birth – State (CID-11b)	008
3	If a Place of Birth – County (CID-11a) is Other (99903), then Place of Birth – State (CID-11b) cannot be CA (California)	009

3.4.13 (CID-12) Driver's License Number

This item identifies the client's driver's license number or state identification card number.

Table 41 – Details for CID-12

Group-Item Number	CID-12	
Data Element	Driver's License Number	
Question	What is the client's driver's license number? If the client does not have a driver's license, what is the client's state ID card number?	
Format (Type)	Alpha-numeric string of 1-13 characters or NNNNN (Alpha Numeric)	
Maximum Length	13	
Data Set X-Ref	UCI-13	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha Numeric	An alphanumeric string up to 13 characters in length with at least one character.	
99900	Client declined to state	
99902	None or not applicable	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	038
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	039
3	If a Driver's License State (CID-13) value (AL-WY) is provided, a Driver's License Number that is not 99900, 99902, or 99904 must be provided.	037

3.4.14 (CID-13) Driver's License State

This item identifies the state corresponding to the driver's license.

Table 42 – Details for CID-13

Group-Item Number	CID-13	
Data Element	Driver's License State	
Question	For which state does the client have a valid driver's license or state ID card?	
Format (Type)	AA or NNNNN (Alpha or Numeric – restricted)	
Maximum Length	5	
Data Set X-Ref	UCI-13	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
AL – WY	Two letter state code abbreviation. Please refer to Section 5 for a list of valid state codes.	
99900	Client declined to state	
99902	None or not applicable	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	042
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	043
3	If a Driver's License Number (CID-12) (that is not 99900, 99902, or 99904) is provided, a Driver's License State (AL-WY) must be provided.	044

3.4.15 (CID-14) Mother's First Name

This item identifies the first name of the client's mother, or the individual the client considers his/her mother (e.g. grandmother, adopted mother, etc.).

Table 43 – Details for CID-14

Group-Item Number	CID-14	
Data Element	Mother's First Name	
Question	What is the first name of the client's mother?	
Format (Type)	Alpha string of 1-20 characters (Alpha)	
Maximum Length	20	
Data Set X-Ref	UCI-4	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha	The alphabetic first name of the client's mother containing at least one character.	
Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is an alpha name.	045

3.4.16 (CID-15) Race

This item identifies the client's race.

Table 44 – Details for CID-15

Group-Item Number	CID-15
Data Element	Race
Question	What is the client's race?
Format (Type)	NN (Numeric) (Up to 5, two-digit codes may be entered separated by the tilde ~ character.
Maximum Length	14
Data Set X-Ref	CADDS-6, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
01	White / Caucasian
02	Black / African-American
03	American Indian
04	Alaska Native
05	Asian Indian
06	Cambodian
07	Chinese
08	Filipino
09	Guamanian
10	Hawaiian
11	Japanese
12	Korean
13	Laotian
14	Samoan
15	Vietnamese
16	Other Asian
17	Other Race
18	Multi Racial

Validation Rules		
Rule #	**Rule**	**Error**
1	At least one race must be indicated.	080
2	No more than five races may be indicated.	081
3	Only allowable values may be selected.	083

3.4.17 (CID-16) Ethnicity

This item identifies the client's ethnicity.

Table 45 – Details for CID-16

Group-Item Number	CID-16	
Data Element	Ethnicity	
Question	What is the client's ethnicity?	
Format (Type)	N (Numeric)	
Maximum Length	1	
Data Set X-Ref	CADDS-7, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Not Hispanic	
2	Mexican / Mexican American	
3	Cuban	
4	Puerto Rican	
5	Other Hispanic / Latino	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	090

3.4.18 (CID-17) Veteran

This item identifies whether a client is a U.S. veteran.

Table 46 – Details for CID-17

Group-Item Number	CID-17	
Data Element	Veteran	
Question	Is the client a U.S. veteran?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	047
2	Cannot be veteran if age at admission is less than 17 years. Age is determined using Date of Birth (CID-4) and Admission Date (ADM-1).	048
3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	049

3.4.19 (CID-18) Disability

This item identifies whether a client has a disability. A client may have more than one disability from those with values 2 through 8.

Table 47 – Details for CID-18

Group-Item Number	CID-18
Data Element	Disability
Question	What type of disability does the client have, if any?
Format (Type)	N or NNNNN (Numeric) (Up to 7, one-digit codes may be entered separated by the tilde ~ character.
Maximum Length	13
Data Set X-Ref	CADDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
1	None
2	Visual
3	Hearing
4	Speech
5	Mobility
6	Mental
7	Developmentally Disabled
8	Other Disability (not AOD)
99900	Client declined to state
99904	Client unable to answer

Validation Rules

Rule #	Rule	Error
1	Must be an allowable value.	150
2	If Disability is None (1), 99900, or 99904, multiple values are not allowed.	151
3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service).	152

3.4.20 (CID-19) Consent

This item identifies whether a client has given consent to be contacted in the future. Note: This item was originally included in CalOMS to enable collecting additional treatment outcome data at a future point in time (referred to as T3) following the client's treatment discharge. The final design of CalOMS Phase 1 does not include this T3 data collection point. However, this field is a required element of CalOMS and must include one of the following allowable values.

Table 48 – Details for CID-19

Group-Item Number	CID-19	
Data Element	Consent	
Question	Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	
Format (Type)	N (Numeric)	
Maximum Length	1	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	055

3.5 Discharge Data Group

3.5.1 (DIS-1) Discharge Date

This is a provider-supplied field indicating the client's date of discharge from the program.

Table 49 – Details for DIS-1

Group-Item Number	DIS-1	
Data Element	Discharge Date	
Format (Type)	MM/DD/YYYY (Date)	
Maximum Length	10	
Data Set X-Ref	CADDS-28, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
MM	Two-digit month, must be a value from 01 through 12.	
DD	Two-digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four-digit year, must be a value from 1999 through 2099.	
Validation Rules		
Rule #	**Rule**	**Error**
1	The data must be submitted in the specified format.	370
2	YYYY must fall within the allowable range.	371
3	The date submitted must be a valid calendar date.	372
4	Discharge Date (DIS-1) must be on or after Admission Date (ADM-1).	391
5	Discharge date must be at most five years earlier than Transaction Date (TRN-2).	373
6	Discharge Date (DIS-1) must not be later than Transaction Date (TRN-2)	369

3.5.2 (DIS-2) Discharge Status

This is a provider-supplied field indicating the client's discharge status.

Table 50 – Details for DIS-2

Group-Item Number	DIS-2	
Data Element	Discharge Status	
Format (Type)	N (Numeric)	
Maximum Length	1	
Data Set X-Ref	CADDS-29, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Completed Treatment / Recovery Plan, Goals / Referred	
2	Completed Treatment / Recovery Plan, Goals / Not Referred	
3	Left Before Completion w / Satisfactory Progress / Referred	
4	Left Before Completion w / Satisfactory Progress / Not Referred	
5	Left Before Completion w / Unsatisfactory Progress / Referred	
6	Left Before Completion w / Unsatisfactory Progress / Not Referred	
7	Death	
8	Incarceration	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	400

3.6 Employment Data Group

3.6.1 (EMP-1) Employment Status

This field is used to record the client's current employment status

Table 51 – Details for EMP-1

Group-Item Number	EMP-1	
Data Element	Employment Status	
Question	What is the client's current employment status?	
Format (Type)	N (Numeric)	
Maximum Length	1	
Data Set X-Ref	NOM-3, CADDS-8, MTOQ, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Employed Full time (35 hours or more)	
2	Employed Part time (less than 35 hrs)	
3	Unemployed, looking for work	
4	Unemployed, not in the labor force (not seeking)	
5	Not in the labor force (Not seeking)	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	100
2	If client age is 14 years old or less, then employment status cannot be 1 (Employed full time). For Admission records, where Type of Form (TRN-1) is 1 or 2, age is determined using Date of Birth (CID-4) and Admission date (ADM-1). For Discharge records, where Type of Form (TRN-1) is 4 or 5, age is determined using Date of Birth (CID-4) and Discharge Date (DIS-1). For Annual Update records, where Type of Form (TRN-1) is 7 or 8, age is determined using Date of Birth (CID-4) and Annual Update Date (AUP-1).	101

3.6.2 (EMP-2) Work Past 30 Days

This field is used to record the number of days the client has worked in the last 30 days.

Table 52 – Details for EMP-2

Group-Item Number	EMP-2	
Data Element	Work Past 30 Days	
Question	How many days was the client paid for working in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	Values from 0 to 30 are allowed.	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	293
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	294

3.6.3 (EMP-3) Enrolled in School

This field is used to record whether the client is currently enrolled in school.

Table 53 – Details for EMP-3

Group-Item Number	EMP-3	
Data Element	Enrolled in School	
Question	Is the client currently enrolled in school?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	295
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	296

3.6.4 (EMP-4) Enrolled in Job Training

This field is used to record whether the client is currently enrolled in job training.

Table 54 – Details for EMP-4

Group-Item Number	EMP-4	
Data Element	Enrolled in Job Training	
Question	Is the client currently enrolled in a job training program?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	297
2	The ‘Client unable to answer’ (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	298

3.6.5 (EMP-5) Highest School Grade Completed

This field is used to record the highest school grade completed by the client.

Table 55 – Details for EMP-5

Group-Item Number	EMP-5	
Data Element	Highest School Grade Completed	
Question	What is the client's highest school grade completed?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-9, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	Values from 0 to 30 are allowed	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value	110
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	111

3.7 Criminal Justice Data Group

3.7.1 (LEG-1) Criminal Justice Status

This field is used to record the client's criminal justice status.

Table 56 – Details for LEG-1

Group-Item Number	LEG-1	
Data Element	Criminal Justice Status	
Question	What is the client's criminal justice status?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-12, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	No criminal justice involvement	
2	Under parole supervision by CDCR	
3	On parole from any other jurisdiction	
4	On probation from any jurisdiction	
5	Admitted under other diversion from any court under CA Penal Code, Section 1000	
6	Incarcerated	
7	Awaiting trial, charges or sentencing	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	140
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	141

3.7.2 (LEG-2) CDCR* Number

This field is used to record the client's California Department of Corrections and Rehabilitation (CDCR) identification number.

Table 57 – Details for LEG-2

Group-Item Number	LEG-2	
Data Element	CDCR Number	
Question	What is the client's CDCR Identification Number?	
Format (Type)	XXXXXX or NNNNN (Alpha Numeric – restricted)	
Maximum Length	6	
Data Set X-Ref	CADDS (coded remarks)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
Alpha Numeric	A six-character string of alpha (A-Z) and numeric (0-9) characters.	
99900	Client declined to state	
99901	Not Sure / Don't know	
99902	None or not applicable	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	142
2	If Parolee Services Network (LEG-6) is Yes (1), then a CDCR Number (LEG-2) must be provided.	143
3	If FOTP Parolee (LEG-7) is Yes (1), then a CDCR Number (LEG-2) must be provided.	178
4	If age at admission of client is under 18, an actual CDCR Number cannot be provided. Age at admission is determined using Date of Birth (CID-4) and Admission Date (ADM-1)	144

* Changed data element name to reflect the name change of the California Department of Correction and Rehabilitation.

5	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	145

3.7.3 (LEG-3) Number of Arrests Last 30 Days

This field is used to record the number of arrests for the client in the last 30 days.

Table 58 – Details for LEG-3

Group-Item Number	LEG-3	
Data Element	Number of Arrests Last 30 Days	
Question	How many times has the client been arrested in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	NOM-4, MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A value from 0 through 30 is allowed.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	146
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	147

3.7.4 (LEG-4) Number of Jail Days Last 30 Days

This field is used to record the number of days the client has spent in jail in the last 30 days.

Table 59 – Details for LEG-4

Group-Item Number	LEG-4	
Data Element	Number of Jail Days Last 30 Days	
Question	How many days has the client been in jail in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A value from 0 through 30 is allowed.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	148
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	149

3.7.5 (LEG-5) Number of Prison Days Last 30 Days

This field is used to record the number of days the client has spent in prison in the last 30 days.

Table 60 – Details for LEG-5

Group-Item Number	LEG-5	
Data Element	Number of Prison Days Last 30 Days	
Question	How many days has the client been in prison in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A value from 0 through 30 is allowed.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	170
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	171

3.7.6 (LEG-6) Parolee Services Network

This field is used to record whether the client is a parolee in the Parolee Services Network (PSN).

Table 61 – Details for LEG-6

Group-Item Number	LEG-6	
Data Element	Parolee Services Network	
Question	Is the client a parolee in the Parolee Services Network (PSN)?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS (coded remarks)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	172
2	The ‘Client unable to answer’ (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	173

3.7.7 (LEG-7) FOTP Parolee

This field is used to record whether the client is a parolee in the Female Offender Treatment Program (FOTP).

Table 62 – Details for LEG-7

Group-Item Number	LEG-7	
Data Element	FOTP Parolee	
Question	Is the client a parolee in the Female Offender Treatment Program (FOTP)?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS (coded remarks)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	174
2	The ‘Client unable to answer’ (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	175
3	If FOTP Parolee (LEG-7) is Yes (1), then Gender (CID-3) must be Female (2).	176

3.7.8 (LEG-8) FOTP Priority Status

This field is used to record a client's FOTP Priority Status.

Table 63 – Details for LEG-8

Group-Item Number	LEG-8	
Data Element	FOTP Priority Status	
Question	What is the client's FOTP Priority Status?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS (coded remarks)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Completed "Forever Free" and released and enrolled in treatment program	
2	Any woman paroling from California for Women (CIW)	
3	Completed "Forever Free" and goes direct to FOTP facility	
99902	None or not applicable	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	179
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	180
3	If FOTP Priority Status (LEG-8) is 1, 2, or 3, then FOTP Parolee (LEG-7) cannot be 0 (No).	181
4	If FOTP Priority Status (LEG-8) is 1, 2, or 3, then Gender (CID-3) must be Female (2).	182
5	If FOTP Priority (LEG-8) is 1, 2, or 3, then CDCR Number (LEG-2) must have an actual CDC Number.	183

3.8 Medical / Physical Health Data Group

3.8.1 (MED-1) Medi-Cal Beneficiary

This field indicates if the client is a Medi-Cal beneficiary.

Table 64 – Details for MED-1

Group-Item Number	MED-1	
Data Element	Medi-Cal Beneficiary	
Question	Is the client a Medi-Cal beneficiary?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS (coded remarks)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	184
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	185

3.8.2 (MED-2) Emergency Room Last 30 days

This field is used to record the number of times in the past 30 days the client has visited an emergency room for physical health problems.

Table 65 – Details for MED-2

Group-Item Number	MED-2	
Data Element	Emergency Room Last 30 days	
Question	How many times has the client visited an emergency room in the past 30 days for physical health problems?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-99	A numerical value from 0 through 99.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	186
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	187

3.8.3 (MED-3) Hospital Overnight Last 30 days

This field is used to record the number of days in the past 30 days the client has stayed overnight in a hospital for physical health problems.

Table 66 – Details for MED-3

Group-Item Number	MED-3	
Data Element	Hospital Overnight Last 30 days	
Question	How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numerical value a value from 0 through 30.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	188
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	189

3.8.4 (MED-4) Medical Problems Last 30 days

This field is used to record the number of days in the past 30 days the client has experienced physical health problems.

Table 67 – Details for MED-4

Group-Item Number	MED-4	
Data Element	Medical Problems Last 30 days	
Question	How many days in the past 30 days has the client experienced physical health problems?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numerical value a value from 0 through 30.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	192
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	193
3	If Emergency Room Last 30 Days (MED-2) or Hospital Overnight Last 30 Days (MED-3) are greater than 0, then Medical Problems Last 30 Days (MED-4) must be greater than 0.	191

3.8.5 (MED-5) Pregnant at Admission

This field indicates if the client was pregnant at the time of admission.

Table 68 – Details for MED-5

Group-Item Number	MED-5	
Data Element	Pregnant at Admission	
Question	If the client is not male, is the client pregnant at the time of admission?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	NOM-5, CADDS-11, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99901	Not sure / don't know	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	130
2	If Gender (CID-3) is male, then Pregnant at Admission (MED-5) cannot be Yes (1).	131

3.8.6 (MED-6) Pregnant at Any Time During Treatment

This field indicates if the client was pregnant at any time during treatment.

Table 69 – Details for MED-6

Group-Item Number	MED-6	
Data Element	Pregnant at Any Time During Treatment	
Question	If the client is not male, was the client pregnant at any time during treatment?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-32	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99901	Not sure / don't know	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	133
2	If Gender (CID-3) is Male, then Pregnant at Any Time During Treatment cannot be Yes (1).	132

3.8.7 (MED-7) Medication Prescribed as a Part of Treatment

This field indicates if medication has been prescribed as a part of treatment.

Table 70 – Details for MED-7

Group-Item Number	MED-7	
Data Element	Medication Prescribed as a Part of Treatment	
Question	What medication is prescribed as a part of treatment?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-17, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	None	
2	Methadone	
3	LAAM	
4	Buprenorphine (Subutex)	
5	Buprenorphine (Suboxone)	
99903	Other	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	210
2	If medication is 2 or 3, then the provider must be a valid licensed narcotics replacement provider on the ADP Master Provider File.	212

3.8.8 (MED-8) Communicable Diseases: Tuberculosis

This field indicates if the client has been diagnosed with tuberculosis.

Table 71 – Details for MED-8

Group-Item Number	MED-8	
Data Element	Communicable Diseases: Tuberculosis	
Question	Has the client been diagnosed with Tuberculosis?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	194
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	195

3.8.9 (MED-9) Communicable Diseases: Hepatitis C

This field indicates if the client has been diagnosed with Hepatitis C.

Table 72 – Details for MED-9

Group-Item Number	MED-9	
Data Element	Communicable Diseases: Hepatitis C	
Question	Has the client been diagnosed with Hepatitis C?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	196
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	197

3.8.10 (MED-10) Communicable Diseases: Sexually Transmitted Disease

This field indicates if the client has been diagnosed with a sexually transmitted disease.

Table 73 – Details for MED-10

Group-Item Number	MED-10	
Data Element	Communicable Diseases: Sexually Transmitted Disease	
Question	Has the client been diagnosed with a sexually transmitted disease?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	198
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	199

3.8.11 (MED-11) HIV Tested

This field indicates if the client has been tested for HIV/AIDS.

Table 74 – Details for MED-11

Group-Item Number	MED-11	
Data Element	HIV Tested	
Question	Has the client been tested for HIV/AIDS?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	203
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	204

3.8.12 (MED-12) HIV Test Results

This field indicates whether the client has received results of the HIV/AIDS test.

Table 75 – Details for MED-12

Group-Item Number	MED-12
Data Element	HIV Test Results
Question	Does the client have the results of the HIV/AIDS test?
Format (Type)	N or NNNNN (Numeric)
Maximum Length	5
Data Set X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99902	None or not applicable
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	206
2	HIV Test Results (MED-12) can only be Yes (1) when HIV Tested (MED-11) is Yes (1).	207
3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	208

3.9 Mental Health Data Group

3.9.1 (MHD-1) Mental Illness

This field indicates whether the client has ever been diagnosed with a mental illness.

Table 76 – Details for MHD-1

Group-Item Number	MHD-1	
Data Element	Mental Illness	
Question	Has the client ever been diagnosed with a mental illness?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	CADDS-25, NOM-7, MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99901	Not sure / don't know	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	214

3.9.2 (MHD-2) Emergency Room Use / Mental Health

This field indicates the number of times in the last 30 days the client has received outpatient emergency services for mental health needs.

Table 77 – Details for MHD-2

Group-Item Number	MHD-2	
Data Element	Emergency Room Use / Mental Health	
Question	How many times in the past 30 days has the client received outpatient emergency services for mental health needs?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-99	A numeric value a value from 0 through 99.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	215
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	216

3.9.3 (MHD-3) Psychiatric Facility Use

This field indicates the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs.

Table 78 – Details for MHD-3

Group-Item Number	MHD-3	
Data Element	Psychiatric Facility Use	
Question	How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value a value from 0 through 30.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	217
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	218

3.9.4 (MHD-4) Mental Health Medication

This field indicates whether the client has taken prescribed medication for mental health needs in the last 30 days.

Table 79 – Details for MHD-4

Group-Item Number	MHD-4	
Data Element	Mental Health Medication	
Question	In the past 30 days, has the client taken prescribed medication for mental health needs?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Yes	
0	No	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	223
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	224

3.10 Family / Social Data Group

3.10.1 (SOC-1) Social Support

This is the number of days in the last 30 days the client has participated in any social support recovery activities.

Table 80 – Details for SOC-1

Group-Item Number	SOC-1	
Data Element	Social Support	
Question	How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings Other self-help meetings Religious/faith recovery or self-help meetings Attending metings of organizations other than those listed above Interactions with family member and/or friend support of recovery?	
Format (Type)	N to NN (Numeric)	
Maximum Length	2	
Data Set X-Ref	NOM-8, MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value from 0 through 30.	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	226

3.10.2 (SOC-2) Current Living Arrangements

This field identifies the client's current living arrangements.

Table 81 – Details for SOC-2

Group-Item Number	SOC-2	
Data Element	Current Living Arrangements	
Question	What is the client's current living arrangement?	
Format (Type)	N (Numeric)	
Maximum Length	1	
Data Set X-Ref	NOM-6, MTOQ, CADDS-26, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Homeless	
2	Dependent living	
3	Independent living	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	227
2	Current Living Arrangements can only be Homeless (1) when Zip Code at Current Residence (CID-8) is "00000."	228

3.10.3 (SOC-3) Living With Someone

This field identifies the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs.

Table 82 – Details for SOC-3

Group-Item Number	SOC-3	
Data Element	Living With Someone	
Question	How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value a value from 0 through 30.	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	236
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	237

3.10.4 (SOC-4) Family Conflict Last 30 Days

This field indicates the number of days in the last 30 days the client had serious conflicts with their family.

Table 83 – Details for SOC-4

Group-Item Number	SOC-4	
Data Element	Family Conflict Last 30 Days	
Question	How many days in the past 30 days has the client had serious conflicts with their family?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value a value from 0 through 30.	
99900	Client declined to state	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	238
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	239

3.10.5 (SOC-5) Number of Children

This field indicates the number of children the client has that are aged 17 or younger (birth or adopted).

Table 84 – Details for SOC-5

Group-Item Number	SOC-5	
Data Element	Number of Children	
Question	How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value a value from 0 through 30.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	250
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	251

3.10.6 (SOC-6) Number of Children Aged 5 Years or Younger

This field indicates the number of children the client has that are aged 5 or younger (birth or adopted)

Table 85 – Details for SOC-6

Group-Item Number	SOC-6	
Data Element	Number of Children Aged 5 Years or Younger	
Question	How many children does the client have aged 5 or younger ?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value a value from 0 through 30.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	252
2	The ‘Client unable to answer’ (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	253
3	The value must be less than or equal to Number of Children (SOC-5).	254

3.10.7 (SOC-7) Number of Children Living With Someone Else

This field indicates the number of the client's children (birth or adopted) living with someone else because of a child protection court order.

Table 86 – Details for SOC-7

Group-Item Number	SOC-7	
Data Element	Number of Children Living With Someone Else	
Question	How many of the client's children aged 17 and under are living with someone else because of a child protection court order?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value a value from 0 through 30.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	255
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	256
3	The value must be less than or equal to Number of Children (SOC-5).	257

3.10.8 (SOC-8) Number of Children Living With Someone Else and Parental Rights Terminated

This field indicates the number of the client's children (birth or adopted) living with someone else because of a child protection court order and for whom their parental rights have been terminated.

Table 87 – Details for SOC-8

Group-Item Number	SOC-8	
Data Element	Number of Children Living With Someone Else and Parental Rights Terminated	
Question	If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Data Set X-Ref	MTOQ (and CADPAAC)	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
0-30	A numeric value a value from 0 through 30.	
99904	Client unable to answer	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	266
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	267
3	The value must be less than or equal to Number of Children (SOC-5).	268

3.11 System Required Data Group

3.11.1 (SYS-1) System Record Indicator

This field is used to identify the type of system record in the submitted file.

Table 88 – Details for SYS-1

Group-Item Number	SYS-1	
Data Element	System Record Indicator	
Format (Type)	A to AAA (Alpha – restricted)	
Maximum Length	3	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
H	Indicates a Header record.	
EOF	Indicates an End of File record.	
PNA	Indicates a Provider No Activity record.	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	500

3.11.2 (SYS-2) County Code or Direct Provider ID

This field is used to identify the county or direct provider responsible for reporting the submitted file to ADP. This is not the county or direct provider contracted by the responsible C/DCP to handle CalOMS submissions.

Table 89 – Details for SYS-2

Group-Item Number	SYS-2	
Data Element	County Code or Direct Provider ID	
Format (Type)	NN or NNNNNN (Numeric)	
Maximum Length	6	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
NN	A two-digit county code. See Section 5 for valid county codes.	
NNNNNN	A six-digit Provider ID. The Provider ID includes the two-digit county code and the four-digit Direct Provider ID.	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	350
2	If a Provider ID is submitted, the Provider ID must be found in the ADP Master Provider File.	351

Note: The Joint Powers Authority for Alcohol and Other Drug Services for the counties of Sutter and Yuba reports under the county code for Sutter County (51).

3.11.3 (SYS-3) Report Month

This field is used to identify the report month for which a provider no activity submission status is reported.

Table 90 – Details for SYS-3

Group-Item Number	SYS-3	
Data Element	Report Month	
Format (Type)	YYYYMM (Numeric)	
Maximum Length	6	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
YYYY	Four-digit year, must be a value from 2005 through 2099.	
MM	Two-digit month, must be a value from 01 through 12.	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	501
2	The report month and year must be less than or equal to the current month and year.	502

3.11.4 (SYS-4) Submission Status

This field is used to identify the reason for not reporting data for a given report month for a given Provider ID.

Table 91 – Details for SYS-4

Group-Item Number	SYS-4	
Data Element	Submission Status	
Format (Type)	A (Alpha)	
Maximum Length	1	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
A	Provider is no longer providing reportable services.	
B	Provider is closed.	
C	Provider is temporarily not providing services (i.e. school-based program closed for the summer).	
D	Provider had no admission or discharge activity for the report month.	
E	Provider is late reporting their admission / discharge activity for the report month.	
F	Provider unaware of reporting requirements.	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	520

3.11.5 (SYS-5) File Version

This field is used to identify the file version that is being submitted. While initially there will only be one file version, any changes to the file format (e.g. new field or new allowable values) may result in a new file version.

Table 92 – Details for SYS-5

Group-Item Number	SYS-5	
Data Element	File Version	
Format (Type)	NNN.NN (Numeric)	
Maximum Length	6	
Data Set X-Ref	None	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1.0	Version of the file format	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	530

3.12 Transaction Data Group

3.12.1 (TRN-1) Type of Form

The type of form field is used to indicate the type of record being submitted. This is a provider-supplied field.

Table 93 – Details for TRN-1

Group-Item Number	TRN-1	
Data Element	Type of Form	
Format (Type)	N (Numeric)	
Maximum Length	2	
Data Set X-Ref	CADDS, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Admission	
2	Resubmission of Admission	
3	Deletion of Admission	
4	Discharge	
5	Resubmission of Discharge	
6	Deletion of Discharge	
7	Annual Update	
8	Resubmission of Annual Update	
9	Deletion of Annual Update	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	380
2	If Admission is supplied, the record cannot be a “form number” duplicate. A “form number” duplicate is an admission with the same Submitter (C/DCP) (SYS-2), Provider ID (ADM-3), and Form Serial Number (TRN-3)	460

3	If Admission is supplied, the record cannot be a “data” duplicate. A data duplicate is an admission with the same values for Submitter (C/DCP) (SYS-2), ADM-1 through ADM-4 and CID-2 through CID-14.	470
4	If Deletion of Admission is supplied, a matching Admission record must exist. A matching admission record is a record with the same Submitter (C/DCP) (SYS-2), Form Serial Number (TRN-3), and Provider ID (ADM-3).	464
5	If Deletion of Admission is supplied no other records (discharge, annual update, or follow-up) can be associated with the Admission to be deleted.	469
6	If Discharge is supplied, a matching Admission record must exist. A matching admission record is a record with the same Submitter (C/DCP) (SYS-32), Form Serial Number (TRN-2), Provider ID (ADM-3), Admission Date (ADM-1) and Date of Birth (CID-4).	374
7	If Discharge is supplied, the record cannot be a “data” duplicate. A data duplicate is a discharge with the same Submitter (C/DCP) (SYS-2), Provider ID (ADM-3), and Form Serial Number (TRN-3).	463
8	If Deletion of Discharge is supplied, a matching Discharge record must exist. A matching discharge is a record with the same Submitter (C/DCP) (SYS-2), Provider ID 9ADM-3), Form Serial Number (TRN-3), Discharge Date (DIS-1), Admission Date (ADM-1), Date of Birth (CID-4).	465
9	If Annual Update is supplied, a matching Admission record must exist. A matching admission record is a record with the same Submitter (C/DCP) (SYS-2), Form Serial Number (TRN-3), Provider ID (ADM-3), Admission Date (ADM-1) and Date of Birth (CID-4).	462
10	If Annual Update is supplied, the record cannot be a “data” duplicate. A data duplicate is an annual update with the same Submitter (C/DCP) (SYS-2), Provider ID (ADM-3), Form Serial Number (TRN-3), and Annual Update Number (AUP-2).	461
11	If Deletion of Annual Update is supplied, a matching Annual Update record must exist. A matching annual update is a record with the same Submitter (C/DCP) (SYS-2), Provider ID (ADM-3), Form Serial Number (TRN-1)., Annual Update Date (AUP-1), Annual Update Number (AUP-2), Admission Date (ADM-1), and Date of Birth (CID-4).	466

3.12.2 (TRN-2) Transaction Date and Time

This field indicates the date and time that the record is entered into the county's system or direct provider's system for CalOMS. This is a timestamp by the county's system or direct provider's system.

Table 94 – Details for TRN-2

Group-Item Number	TRN-2
Data Element	Transaction Date and Time
Format (Type)	MM/DD/YYYY HH:MI:SS (Date Time)
Maximum Length	19
Data Set X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
MM	Two-digit month, must be a value from 01 through 12.
DD	Two-digit day, must be a value from 01 through 31 and a valid day for the month.
YYYY	Four-digit year, must be a value from 1999 through 2099.
HH	Two-digit hour, must be a value from 00 through 23 (12:00 A.M. is presented as 00 hour).
MI	Two-digit minute, must be a value from 00 through 59.
SS	Two-digit second, must be a value from 00 through 59.

Validation Rules		
Rule #	**Rule**	**Error**
1	Date and time provided 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.	381
2	Value provided for YYYY must be within the specified allowable range.	382
3	The date and time supplied must be a valid date and time.	383
4	The date and time supplied must be prior to the submitted (current) date and time.	384

3.12.3 (TRN-3) Form Serial Number

The form serial number for an admission record and its matching discharge or annual update record must match. This is a sequential number generated by the County's system or Direct Contract Provider's system. Form serial numbers assigned to admissions under CADDS must not be re-used for admissions under CalOMS.

A County or Direct Contract Provider should begin the numbering for CalOMS at a position that will guarantee that a duplicate with CADDS will not be used. Gaps in the numbering between CADDS and CalOMS at the time of cutover to CalOMS are acceptable.

All eight characters of the serial number must be used (i.e., blank or null characters in this field are not allowed). The leading alpha character can be assigned as the county or Direct Contract Provider chooses. The alpha characters are not intended to be assigned based on service modality provided.

The length of the form serial number has been expanded by one digit to allow for growth over time. This additional numeric digit must be a zero (0) until all counties have converted to CalOMS operation and ADP retires CADDS. ADP will inform the counties when this leading numeric digit can be used.

As an example of the use of form serial number for CalOMS, if the last form serial number assigned to a client admission in CADDS is D123456, the County or Direct Contract Provider may choose to use D0123457 as the first serial number assigned to a client admission in CalOMS. Alternatively, a County or Direct Contract Provider may choose to start the numbering in CalOMS at E0000001.

Table 95 – Details for TRN-3

Group-Item Number	TRN-3
Data Element	Form Serial Number
Format (Type)	XNNNNNNN (Alpha Numeric)
Maximum Length	8
Data Set X-Ref	CADDS-2
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
X	The first digit must be an alphabetic character.
0	The 2nd digit must be a zero (0).

999999:	The 3rd through 8th digits must be numeric characters.	
Validation Rules		
Rule #	**Rule**	**Error**
1	Form Serial Number must be in the format specified.	020

4 List of County Codes

County Code	Name of County	County Code	Name of County
01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

5 List of State Codes

State Code	Name of State	State Code	Name of State
AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AZ	Arizona	NV	Nevada
AR	Arkansas	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NY	New York
DE	Delaware	NC	North Carolina
DC	District of Columbia	ND	North Dakota
FL	Florida	OH	Ohio
GA	Georgia	OK	Oklahoma
HI	Hawaii	OR	Oregon
ID	Idaho	PA	Pennsylvania
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IA	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MD	Maryland	VA	Virginia
MA	Massachusetts	WA	Washington
MI	Michigan	WV	West Virginia
MN	Minnesota	WI	Wisconsin
MS	Mississippi	WY	Wyoming
MO	Missouri		

6 List of Error Codes and Messages

Error Code	Error Message
000	File is unreadable or not in expected format. File rejected.
001	Record does not match expected record layout.
008	Place of Birth County is a value from 01 through 58 and Place of Birth State is not CA.
009	Place of Birth County is Other (out of state) and Place of Birth State is CA.
010	Provider ID invalid - Provider ID must be comprised of 6 numbers. Lengths greater than 6 are truncated for reporting.
013	Provider ID not found in ADP's master Provider List.
020	Form Serial Number is invalid.
022	Current First Name is invalid – allowable value not provided.
023	Current First Name Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
024	Current Last Name is invalid – allowable value not provided.
025	Current Last Name Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
026	SSN Invalid – allowable value not provided.
027	SSN Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
028	Place of Birth – State is CA and Place of Birth – County is not a value from 01 through 58.
029	Place of Birth County Invalid - County value must be 99903 if State is not California.
030	Birth Last Name invalid – value not provided
031	Birth First Name invalid – value not provided.
032	Zip Code invalid – allowable value not provided.
033	Zip Code can only be '00000' if living arrangements is 1 (homeless).
034	Zip Code Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
035	Place of Birth County invalid – allowable value not provided.
036	Place of Birth State invalid – allowable value not provided.
037	Driver’s License State was provided and no Driver’s License Number was provided.
038	Driver's License Number invalid – allowable value not provided.
039	Driver's License Number Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
040	Gender invalid – allowable value not provided.
042	Driver's License State invalid – allowable value not provided.

Error Code	Error Message
043	Driver's License State Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
044	Driver's License State not provided and Driver's License Number provided.
045	Mother's First Name invalid – value not provided.
047	Veteran status invalid – allowable value not provided.
048	Veteran status invalid – status cannot be 1 (yes) if participant is younger than 17.
049	Veteran status Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
050	Birth Date not provided in specified format MM/DD/YYYY.
052	Birth Date provided is not a valid calendar date.
053	Birth Date results in age younger than 5 years or older than 105 years.
055	Consent invalid – allowable value not provided.
056	Days Waited invalid – allowable value not provided.
057	Days waited Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
060	Provider's Participant ID is not valid.
061	Provider's Participant ID provided in discharge record does not match the Provider's Participant ID provided at admission.
062	CalWORKs Recipient Status invalid – allowable value not provided.
063	Treatment under CalWORKs invalid – allowable value not provided.
064	Treatment under CalWORKs invalid – value can only be yes (1) if CalWORKs Recipient status is yes (1).
080	Race was not indicated in record.
081	More than 5 races were indicated in record.
083	One or more invalid races selected.
090	Ethnicity invalid – allowable value not provided.
100	Employment status invalid- allowable value not provided.
101	Employment status invalid – value 1 not allowed for clients aged 14 or younger.
110	Highest School Grade Completed Invalid – allowable value not selected.
111	Highest School Grade Completed Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
120	Source of Referral invalid – allowable value not selected.
130	Pregnant at admission is invalid – allowable value not provided.
131	Gender is male and Pregnant at Admission is Yes.
132	Gender is male and Pregnant at any time during treatment is Yes.

Error Code	Error Message
133	Pregnant at any time during treatment is invalid – allowable value not provided.
140	Criminal Justice Status invalid – allowable value not provided.
141	Criminal Justice Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
142	CDC Number invalid – allowable value not provided.
143	A CDC Number must be provided if PSN is yes.
144	A CDC Number must not be provided if the client age is under 18 years old.
145	CDC Number invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
146	Number of Arrests invalid – allowable value not provided.
147	Number of Arrests invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
148	Number of Days in Jail invalid – allowable value not provided.
149	Number of Days in Jail invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
150	Disability Code invalid – allowable value not provided.
151	Disability Code invalid – 1, 99900, or 99904 included in multiple value selection.
152	Disability Code invalid – Client unable to answer is only allowed for detox clients.
158	Annual Update Date is later than the transaction date.
159	Admission Date is later than the transaction date.
160	Admission Date not provided in specified format MM/DD/YYYY.
161	Admission Year not within the allowable range.
162	Admission Date provided is not a valid calendar date.
163	Admission Date is more than 5 years earlier than the transaction date.
164	Annual Update Date not provided in specified format MM/DD/YYYY.
165	Annual Update Year not within the allowable range.
166	Annual Update Date provided is not a valid calendar date.
167	Annual Update Date is more than 5 years earlier than the transaction date.
168	Annual Update Date is on or before the admission date.
169	Annual Update Date is more than 60 days earlier than 1 year after admission date.
170	Number of Days in Prison invalid – allowable value not provided.
171	Number of Days in Prison invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
172	PSN Status invalid – allowable value not provided.
173	PSN Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.

Error Code	Error Message
174	FOTP Parolee invalid – allowable value not provided.
175	FOTP Parolee invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
176	IF FOTP Parolee is yes, gender must be female.
178	A CDC Number must be provided if FOTP Parolee is yes.
179	FOTP Priority status invalid – allowable value not provided.
180	FOTP Priority Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
181	IF FOTP Priority Status is 1, 2, or 3 then FOTP Parolee cannot be no (0).
182	IF FOTP Priority Status is 1, 2, or 3 then Gender must be female (2).
183	IF FOTP Priority Status is 1, 2, or 3 then a CDC number must be provided.
184	Medi-cal beneficiary invalid – allowable value not provided.
185	Medi-cal beneficiary invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
186	Emergency Room invalid – allowable value not provided
187	Emergency Room invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients
188	Hospital Overnight invalid – allowable value not provided.
189	Hospital Overnight invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
190	Admission Transaction Type invalid – allowable value not provided.
191	Medical Problems invalid – Medical Problems must be greater than 0 since Emergency or Overnight last 30 days are greater than 0.
192	Medical Problems invalid – allowable value not provided.
193	Medical Problems invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
194	Communicable Disease: Tuberculosis invalid – allowable value not provided.
195	Communicable Disease: Tuberculosis invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
196	Communicable Disease: Hepatitis C invalid – allowable value not provided.
197	Communicable Disease: Hepatitis C invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
198	Communicable Disease: STD invalid – allowable value not provided.
199	Communicable Disease: STD invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
200	Type of Service invalid – allowable value not provided.
201	Type of Service invalid – service does not match services on ADP Master Provider File.

Error Code	Error Message
203	HIV Tested invalid – allowable value not provided.
204	HIV Tested invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
206	HIV Test Results invalid – allowable value not provided.
207	HIV Test results can only be yes (1) if HIV Tested is yes (1).
208	HIV Test Results invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
210	Medication Prescribed invalid – allowable value not provided.
212	Medication Prescribed invalid – Medication is Meth or LAMM and provider has no license for narcotic replacement.
214	Mental Illness invalid – allowable value not provided.
215	Emergency Room Use / Mental Health invalid – allowable value not provided.
216	Emergency Room Use / Mental Health invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
217	Psychiatric Facility Use invalid – allowable value not provided.
218	Psychiatric Facility Use invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
220	Number of Prior Episodes invalid – allowable value not selected.
221	Number of Prior Episodes invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
223	Mental Health Medication invalid – allowable value not provided
224	Mental Health Medication invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
226	Social Support invalid – allowable value not provided.
227	Current Living arrangement invalid – allowable value not provided.
228	Current Living arrangement invalid – value can be 1 (homeless) only if zip code is '00000'.
230	Primary Drug invalid – allowable value not provided.
231	Primary Drug invalid -- None (0) is not allowed for admission records.
232	Primary Drug name invalid – a Primary Drug Code was selected that requires that the drug name be specified.
233	Primary Drug name invalid – a drug name was provided and primary drug code is 0, 1, 2, 5, 8, 9, 10, 14, 15, 19 or 99901.
234	Primary Drug name invalid - allowable value not provided.
236	Living with Someone invalid – allowable value not selected.
237	Living with Someone invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
238	Family Conflict invalid – allowable value not selected.

Error Code	Error Message
239	Family Conflict invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
240	Secondary Drug invalid – allowable value not provided.
241	Secondary Drug invalid – 0 (none) was selected for Primary Drug, Secondary Drug must also be 0 (none).
242	Secondary Drug name invalid – a Secondary Drug was selected that requires that the drug name be specified.
243	Secondary Drug name invalid – a drug name was provided and secondary drug code is 0, 1, 2, 5, 8, 9, 10, 14, 15, 19 or 99901.
244	Secondary Drug code invalid – A specific Secondary Drug cannot be the same as the Primary Drug.
245	Secondary Drug name invalid – The Secondary Drug name cannot be the same as the Primary Drug Name.
246	Secondary Drug name invalid - allowable value not provided.
247	Secondary Drug invalid - cannot be 99901.
250	Number of Children (age 17 and younger) invalid – allowable value not selected.
251	Number of Children (age 17 and younger) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
252	Number of Children (age 5 and younger) invalid – allowable value not selected.
253	Number of Children (age 5 and younger) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
254	Number of Children (age 5 and younger) invalid – value must be less than or equal to Number of Children (age 17 and younger).
255	Children living with someone else invalid – allowable value not selected.
256	Children living with someone else invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
257	Children living with someone else invalid – value must be less than or equal to Number of Children (age 17 and younger).
260	Primary Drug Route of Administration invalid – allowable value not provided.
261	Primary Drug Code is inhalant (17) and Primary Drug Route of Administration is not inhalation (3).
262	Primary Drug Code is alcohol (2) and Primary Drug Route of Administration is not oral (1).
263	Primary Drug Route of Administration must be 99902 if Primary Drug Code is None (0).
264	Primary Drug Route of Administration invalid - 99902 is only allowed if Primary Drug Code is None (0).
265	Primary Drug invalid -- cannot be 99901 unless discharge status is 4, 6, 7, or 8.
266	Children living with someone else (rights terminated) invalid – allowable value not selected.

Error Code	Error Message
267	Children living with someone else (rights terminated) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
268	Children living with someone else (rights terminated) invalid – value must be less than or equal to Number of Children (age 17 and younger).
270	Secondary Drug Route of Administration invalid – allowable value not provided.
271	Secondary Drug Code is inhalant (17) and Secondary Drug Route of Administration is not inhalation (3).
272	Secondary Drug Code is alcohol (2) and Secondary Drug Route of Administration is not oral (1).
273	Secondary Drug Route of Administration must be 99902 if Secondary Drug Code is None (0).
274	Secondary Drug Route of Administration invalid - 99902 is only allowed when Secondary Drug Code is None (0).
280	Primary Drug Frequency invalid – allowable value not provided.
281	Primary Drug Frequency invalid – frequency must be 99902 since Primary Drug is None (0).
282	Primary Drug Frequency invalid – 99902 is only valid if Primary Drug is None (0).
283	Alcohol Frequency invalid – allowable value not provided.
284	Alcohol Frequency invalid – since Primary or Secondary Drug is Alcohol, value must be 99902.
286	IV Use invalid – allowable value not provided.
287	IV Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
290	Secondary Drug Frequency invalid – allowable value not provided.
291	Secondary Drug Frequency invalid – value must be 99902 if Secondary Drug is None (0).
292	Secondary Drug Frequency invalid – 99902 is only valid if Secondary Drug is None (0).
293	Work in the Past 30 Days invalid – allowable value not provided.
294	Work in Past 30 Days invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
295	Enrolled in School invalid – allowable value not provided.
296	Enrolled in School invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
297	Enrolled in Job Training invalid – allowable value not provided.
298	Enrolled in Job Training invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
300	Primary Drug Age of First Use invalid – allowable value not provided.
301	Primary Drug Age of First Use invalid – age of first use greater than age at admission.

Error Code	Error Message
302	Primary Drug Age of First Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
310	Secondary Drug Age of First Use invalid – allowable value not provided.
312	Secondary Drug Age of First Use invalid - Value must be 99902 if Secondary Drug is None (0).
313	Secondary Drug Age of First Use invalid – age of first use greater than age at admission.
314	Secondary Drug Age of First Use invalid - 99902 is only valid if Secondary drug is None.
320	Needle use in the last 12 months invalid – allowable value not provided.
321	Needle use must be Yes (1) since Primary Drug route is injection and Primary Drug Frequency is greater than or equal to 1.
322	Needle use must be Yes (1) since Secondary Drug route is injection and Secondary Drug Frequency is greater than or equal to 1.
323	Needle use must be Yes (1) since IV Use is greater than 0.
324	Needle Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
330	County Paying for Services invalid – allowable value not provided.
331	County Paying for Services must be provided if a Special Services Contract ID is provided.
340	Special Services Contract ID invalid – allowable value not provided.
341	Special Services Contract ID can only be provided if a County Paying for Services is provided.
342	Special Services Contract ID does not match the Master Provider File.
350	Submitting County Code not valid.
351	Submitting Provider ID does not match the Master Provider File.
369	Discharge Date is later than the transaction date.
370	Discharge Date not provided in specified format MM/DD/YYYY.
371	Discharge Year not within the allowable range.
372	Discharge Date provided is not a valid calendar date.
373	Discharge Date is more than 5 years earlier than the transaction date.
374	Unmatched Discharge record. No matching (on FSN) admission record found.
380	Type of form invalid – allowable value not specified.
381	Transaction Date and Time not provided in specified format.
382	Transaction Year not within the allowable range.
383	Transaction Date provided is not a valid calendar date and/or time.
384	Transaction Date and Time is later than the current date and time.
391	Discharge Date is before the admission date.
400	Discharge Status invalid – allowable value not provided.

Error Code	Error Message
460	Duplicate Admission Record.
461	Duplicate Annual Update Record.
462	Annual Update Record submitted with no matching admission.
463	Duplicate Discharge Record.
464	Deletion of Admission Record submitted with no match found.
465	Deletion of Discharge Record submitted with no match found.
466	Deletion of Annual Update Record submitted with no match found.
469	Deletion of Admission prohibited - matching annual update and/or discharge records found.
470	Duplicate Admission Record - based on ADM-1 through ADM-4 and CID-2 through CID-14.
500	System Record Indicator invalid – allowable value not provided.
501	Report Month invalid – allowable value not provided.
502	Report Month invalid – Report month after the current month and year.
520	Submission Status invalid – allowable value not selected.
530	File Version invalid – allowable value not selected.
540	Annual Update Number invalid – allowable value not provided.

7 List of Data Element Attributes and Valid Values

The following table describes the minimum and maximum values as well as required formats for each data element. Also included is a map of allowed uses of 999XX valid value codes for each data element.

Group - Item #	Data Element	Min-Max Length	Format & Type	Valid Values	99900	99901	99902	99903	99904
ADM-1	Admission Date	10	MM/DD/YYYY	Valid Dates					
ADM-2	Admission Transaction Type	1	Numeric	1,2					
ADM-3	Provider ID	6	NNNNNN (Numeric)	Valid Provider ID					
ADM-4	Type of Service	1	Numeric	1-7					
ADM-5	Source of Referral	1-2	Numeric	1-14					
ADM-6	Days Waited to Enter Treatment	1-5	Numeric	0-999		x			x
ADM-7	Number of Prior Episodes	1-5	Numeric	0-99	x	x			x
ADM-8	CalWORKs Recipient	1-5	Numeric	0,1		x			
ADM-9	Substance Abuse Treatment Under CalWORKs	1-5	Numeric	0,1		x			
ADM-10	County Paying for Services	2-5	Numeric	01 - 58			x		
ADM-11	Special Services Contract ID	4-5	Numeric	0000-9999			x		
ADU-1a	Primary Drug (Code)	1-5	Numeric	1-20 (0 on Discharges)		x		x	
ADU-1b	Primary Drug (Name)	2-50	Alpha Numeric	freeform text					
ADU-2	Primary Drug Frequency	1-5	Numeric	0-30			x		
ADU-3	Primary Drug Route of Administration	1-5	Numeric	1-4			x	x	
ADU-4	Primary Drug Age of First Use	1-5	Numeric	5-105					x
ADU-5a	Secondary Drug (Code)	1-5	Numeric	0-20				x	

Group - Item #	Data Element	Min-Max Length	Format & Type	Valid Values	99900	99901	99902	99903	99904
ADU-5b	Secondary Drug (Name)	2-50	Alpha Numeric	freeform text					
ADU-6	Secondary Drug Frequency	1-5	Numeric	0-30			x		
ADU-7	Secondary Drug Route of Administration	1-5	Numeric	1-4			x	x	
ADU-8	Secondary Drug Age of First Use	1-5	Numeric	5-105			x		
ADU-9	Alcohol Frequency	1-5	Numeric	0-30			x		
ADU-10	Needle Use	1-5	Numeric	0-30	x				x
ADU-11	Needle Use in Last 12 Months	1-5	Numeric	0,1					x
AUP-1	Annual Update Date	1-10	MM/DD/YYYY	Valid Dates					
AUP-2	Annual Update Number	1-2	Numeric	1 - 99					
CID-1	Unique Participant ID ***ADP Internal Use Field***								
CID-2	Provider's Participant ID	1-20	Restricted Alpha Numeric	A-Z, 0-9, blank or hyphen.					
CID-3	Gender	1-5	Numeric	1-2				x	
CID-4	Date of Birth	10	MM/DD/YYYY	Valid Date					
CID-5	Current First Name	1-20	Alpha/Numeric Restricted	Alpha (1 - 20)			x		x
CID-6	Current Last Name	1-40	Alpha	Alpha (1 - 40)					x
CID-7	SSN	9	NNNNNNNNN	000000000 - 999999999	x		x		x
CID-8	Zip Code at Current Residence	5	Numeric/Alpha Restricted	Valid Zip Codes	x*				x*
CID-9	Birth First Name	1-20	Alpha	freeform text			x		
CID-10	Birth Last Name	1-40	Alpha	freeform text					

Group - Item #	Data Element	Min-Max Length	Format & Type	Valid Values	99900	99901	99902	99903	99904
CID-11a	Place of Birth – County	2-5	Numeric	01 - 58				x	
CID-11b	Place of Birth – State	2-5	Restricted Alpha Numeric	2 Character State Abbreviations (AL-WY)				x	
CID-12	Driver's License Number	1-13	Alpha Numeric	freeform text	x		x		x
CID-13	Driver's License State	2-5	Restricted Alpha Numeric	2 Character State Abbreviations (AL-WY)	x		x		x
CID-14	Mother's First Name	1-20	Alpha	freeform text					
CID-15	Race	2-14	Numeric with tilde separator for up to 5 entries	01-18, ~					
CID-16	Ethnicity	1	Numeric	1-5					
CID-17	Veteran	1-5	Numeric	0,1	x				x
CID-18	Disability	1-13	Numeric with tilde separator for up to 5 entries	1-8, ~	x				x
CID-19	Consent	1	Numeric	0,1					
DIS-1	Discharge Date	10	MM/DD/YYYY	Valid Dates, 1999-2099					
DIS-2	Discharge Status	1	Numeric	1-8					
EMP-1	Employment Status	1	Numeric	1-5					
EMP-2	Work Past 30 Days	1-5	Numeric	0-30	x				x
EMP-3	Enrolled in School	1-5	Numeric	0,1	x				x
EMP-4	Enrolled in Job Training	1-5	Numeric	0,1	x				x
EMP-5	Highest School Grade Completed	1-5	Numeric	0-30	x				x
LEG-1	Criminal Justice Status	1-5	Numeric	1-7					x

Group - Item #	Data Element	Min-Max Length	Format & Type	Valid Values	99900	99901	99902	99903	99904
LEG-2	CDCR Number	5-6	6 Character String Restricted Alpha Numeric	A-Z and 0-9	X	X	X		X
LEG-3	Number of Arrests Last 30 Days	1-5	Numeric	0-30					X
LEG-4	Number of Jail Days Last 30 days	1-5	Numeric	0-30					X
LEG-5	Number of Prison Days Last 30 days	1-5	Numeric	0-30					X
LEG-6	Parolee Services Network (PSN)	1-5	Numeric	0,1					X
LEG-7	FOTP Parolee	1-5	Numeric	0,1					X
LEG-8	FOTP Priority Status	1-5	Numeric	1-3			X		X
MED-1	Medi-Cal Beneficiary	1-5	Numeric	0,1					X
MED-2	Emergency Room Last 30 days	1-5	Numeric	0-99					X
MED-3	Hospital Overnight Last 30 days	1-5	Numeric	0-30					X
MED-4	Medical Problems Last 30 days	1-5	Numeric	0-30					X
MED-5	Pregnant at Admission	1-5	Numeric	0,1		X			
MED-6	Pregnant at Any Time During Treatment	1-5	Numeric	0,1		X			
MED-7	Medication Prescribed as a Part of Treatment	1-5	Numeric	1-5				X	
MED-8	Communicable Diseases: Tuberculosis	1-5	Numeric	0,1	X				X
MED-9	Communicable Diseases: Hepatitis C	1-5	Numeric	0,1	X				X
MED-10	Communicable Diseases: Sexually Transmitted Disease	1-5	Numeric	0,1	X				X
MED-11	HIV Tested	1-5	Numeric	0,1	X				X

Group - Item #	Data Element	Min-Max Length	Format & Type	Valid Values	99900	99901	99902	99903	99904
MED-12	HIV Test Results	1-5	Numeric	0,1	X		X		X
MHD-1	Mental Illness	1-5	Numeric	0,1		X			
MHD-2	Emergency Room Use / Mental Health	1-5	Numeric	0-99					X
MHD-3	Psychiatric Facility Use	1-5	Numeric	0-30					X
MHD-4	Mental Health Medication	1-5	Numeric	0,1					X
SOC-1	Social Support	1-2	Numeric	0-30					
SOC-2	Current Living Arrangements	1	Numeric	1-3					
SOC-3	Living with Someone	1-5	Numeric	0-30	X				X
SOC-4	Family Conflict Last 30 Days	1-5	Numeric	0-30	X				X
SOC-5	Number of Children	1-5	Numeric	0-30					X
SOC-6	Number of Children Age 5 Years or Younger	1-5	Numeric	0-30					X
SOC-7	Number of Children Living With Someone Else	1-5	Numeric	0-30					X
SOC-8	Number of Children Living With Someone Else and Parental Rights Terminated	1-5	Numeric	0-30					X
SYS-1	System Record Indicator	1-3	Alpha	H, EOF, PNA					
SYS-2	County Code or Direct Provider ID	2-6	Numeric	01-58 or 6 numbers					
SYS-3	Report Month	6	YYYYMM (Numeric)	2005-2099 for Year 01-12 for Month					
SYS-4	Submission Status	1	Restricted Alpha	A-F					
SYS-5	File Version	1-6	NNN.NN (Numeric)	Active File Versions published by ADP					
TRN-1	Type of Form	2	Numeric	1-9					

Group - Item #	Data Element	Min-Max Length	Format & Type	Valid Values	99900	99901	99902	99903	99904
TRN-2	Transaction Date and Time	19	MM/DD/YYYY HH:MI:SS	Valid Date/Times					
TRN-3	Form Serial Number	8	X0NNNNNN (alpha numeric)	X=Alpha, N=0-9					

* For the field Zip Code at Current Residence (CID-8), alpha values are provided for use in lieu of the established alternate values (99900—Client Declined to State and 99904—Client Unable to Answer) to avoid possible conflict with actual zip codes.

8 List of Data Element Uses and Data Set Mapping

The following table maps the use of data elements for validation by a given data element ("Uses These Elements"). The table also lists fields that use each data element for their validations ("Used By These Elements"). The table also lists standard data sets that each element is a component of (UCI, CADDS, TEDS, MTOQ, and NOMS) as presented in section 2.5.

Group - Item #	Data Element	Uses These Elements	Used By These Elements	UCI	CADDS	TEDS	MTOQ	NOMS
ADM-1	Admission Date	TRN-2	ADU-4, ADU-8, AUP-1, CID-4, CID-17, DIS-1, EMP-1, LEG-2		X	X		
ADM-2	Admission Transaction Type				X	X		
ADM-3	Provider ID	MPF	TRN-1		X	X		
ADM-4	Type of Service	MPF	ADM-6, ADM-7, ADU-4, ADU-10, ADU-11, CID-5, CID-6, CID-7, CID-8, CID-12, CID-13, CID-17, CID-18, EMP-2, EMP-3, EMP-4, EMP-5, LEG-1, LEG-2, LEG-3, LEG-4, LEG-5, LEG-6, LEG-7, LEG-8, MED-1, MED-2, MED-3, MED-4, MED-8, MED-9, MED-10, MED-11, MED-12, MHD-2, MHD-3, MHD-4, SOC-3, SOC-4, SOC-5, SOC-6, SOC-7, SOC-8, TRN-1 (?)		X	X		
ADM-5	Source of Referral				X	X		
ADM-6	Days Waited to Enter Treatment	ADM-4, CID-18				X		
ADM-7	Number of Prior Episodes	ADM-4, CID-18			X	X		
ADM-8	CalWORKs Recipient		ADM-9		X			
ADM-9	Substance Abuse Treatment Under CalWORKs	ADM-8			X			
ADM-10	County Paying for Services	ADM-11	ADM-11		X			
ADM-11	Special Services Contract ID	ADM-10, MPF	ADM-10		X			
ADU-1a	Primary Drug (Code)	TRN-1, DIS-2	ADU-1b, ADU-2, ADU-3, ADU-5a, ADU-5b ADU-9		X	X	X	X

Group - Item #	Data Element	Uses These Elements	Used By These Elements	UCI	CADDS	TEDS	MTOQ	NOMS
ADU-1b	Primary Drug (Name)	ADU-1a	ADU-5b		X			
ADU-2	Primary Drug Frequency	ADU-1a, TRN-1	ADU-11		X	X	X	X
ADU-3	Primary Drug Route of Administration	ADU-1a, TRN-1	ADU-11		X	X		
ADU-4	Primary Drug Age of First Use	CID-4, ADM-4, CID-18			X	X		
ADU-5a	Secondary Drug (Code)	TRN-1, ADU-1a	ADU-5b, ADU-6, ADU-7, ADU-8, ADU-9		X	X	X	X
ADU-5b	Secondary Drug (Name)	ADU-5a, ADU-1b			X			
ADU-6	Secondary Drug Frequency	ADU-5a	ADU-11		X	X	X	X
ADU-7	Secondary Drug Route of Administration	ADU-5a	ADU-11		X	X		
ADU-8	Secondary Drug Age of First Use	CID-4, ADM-1, ADU-5a			X	X		
ADU-9	Alcohol Frequency	ADU-1a, ADU-5a					X	X
ADU-10	IV Use	ADM-4, CID-18	ADU-11				X	
ADU-11	Needle Use in Last 12 Months	ADM-4, CID-18, ADU-2, ADU-3, ADU-6, ADU-7, ADU-10			X			
AUP-1	Annual Update Date	TRN-1, TRN-2, ADM-1	EMP-1					
AUP-2	Annual Update Number							
CID-1	Unique Participant ID ***ADP Internal Use Field***							
CID-2	Provider's Participant ID	TRN-1, CID-2	CID-2		X			
CID-3	Gender		LEG-7, LEG-8, MED-5, MED-6	X	X	X		
CID-4	Date of Birth	ADM-1	ADU-4, ADU-8, CID-17, EMP-1, LEG-2	X	X	X		
CID-5	Current First Name	ADM-4, CID-18		X	X			
CID-6	Current Last Name	ADM-4, CID-18		X	X			

Group - Item #	Data Element	Uses These Elements	Used By These Elements	UCI	CADDS	TEDS	MTOQ	NOMS
CID-7	SSN	ADM-4, CID-18		X				
CID-8	Zip Code at Current Residence	SOC-2, ADM-4, CID-18	SOC-2	X				
CID-9	Birth First Name			X				
CID-10	Birth Last Name			X				
CID-11a	Place of Birth – County	CID-11b	CID-11b	X				
CID-11b	Place of Birth – State	CID-11a	CID-11a	X				
CID-12	Driver's License Number	CID-13, ADM-4, CID-18	CID-13	X				
CID-13	Driver's License State	CID-12, ADM-4, CID-18	CID-12	X				
CID-14	Mother's First Name			X				
CID-15	Race				X	X		
CID-16	Ethnicity				X	X		
CID-17	Veteran	ADM-4, CID-18, CID-4, ADM-1				X		
CID-18	Disability	ADM-4	ADM-6, ADM-7, ADU-4, ADU-10, ADU-11, CID-5, CID-6, CID-7, CID-8, CID-12, CID-13, CID-17, EMP-2, EMP-3, EMP-4, EMP-5, LEG-1, LEG-2, LEG-3, LEG-4, LEG-5, LEG-6, LEG-7, LEG-8, MED-1, MED-2, MED-3, MED-4, MED-8, MED-9, MED-10, MED-11, MED-12, MHD-2, MHD-3, MHD-4, SOC-3, SOC-4, SOC-5, SOC-6, SOC-7, SOC-8		X			
CID-19	Consent							
DIS-1	Discharge Date	TRN-1, TRN-2, ADM-1	ADU-1a, EMP-1		X	X		
DIS-2	Discharge Status				X	X		

Group - Item #	Data Element	Uses These Elements	Used By These Elements	UCI	CADDS	TEDS	MTOQ	NOMS
EMP-1	Employment Status	CID-4, TRN-1, ADM-1, DIS-1, AUP-1			X	X	X	X
EMP-2	Work Past 30 Days	ADM-4, CID-18					X	
EMP-3	Enrolled in School	ADM-4, CID-18			X		X	
EMP-4	Enrolled in Job Training	ADM-4, CID-18					X	
EMP-5	Highest School Grade Completed	ADM-4, CID-18			X	X		
LEG-1	Criminal Justice Status	ADM-4, CID-18			X	X		
LEG-2	CDCR Number	LEG-6, LEG-7, CID-4, ADM-1, ADM-4, CID-18	LEG-6, LEG-7, LEG-8		X			
LEG-3	Number of Arrests Last 30 Days	ADM-4, CID-18					X	X
LEG-4	Number of Jail Days Last 30 days	ADM-4, CID-18					X	
LEG-5	Number of Prison Days Last 30 days	ADM-4, CID-18					X	
LEG-6	Parolee Services Network (PSN)	LEG-2, ADM-4, CID-18	LEG-2		X			
LEG-7	FOTP Parolee	LEG-2, LEG-8, CID-3, ADM-4, CID-18	LEG-2, LEG-8		X			
LEG-8	FOTP Priority Status	LEG-2, LEG-7, CID-3, ADM-4, CID-18	LEG-7		X			
MED-1	Medi-Cal Beneficiary	ADM-4, CID-18			X			
MED-2	Emergency Room Last 30 days	ADM-4, CID-18	MED-4				X	
MED-3	Hospital Overnight Last 30 days	ADM-4, CID-18	MED-4				X	
MED-4	Medical Problems Last 30 days	MED-2, MED-3, ADM-4, CID-18					X	
MED-5	Pregnant at Admission	CID-3			X	X		X
MED-6	Pregnant at Any Time During Treatment	CID-3			X			

Group - Item #	Data Element	Uses These Elements	Used By These Elements	UCI	CADDS	TEDS	MTOQ	NOMS
MED-7	Medication Prescribed as a Part of Treatment	MPF			X	X		
MED-8	Communicable Diseases: Tuberculosis	ADM-4, CID-18					X	
MED-9	Communicable Diseases: Hepatitis C	ADM-4, CID-18					X	
MED-10	Communicable Diseases: Sexually Transmitted Disease	ADM-4, CID-18					X	
MED-11	HIV Tested	ADM-4, CID-18	MED-12				X	
MED-12	HIV Test Results	MED-11, ADM-4, CID-18	**MED-11**				X	
MHD-1	Mental Illness				X		X	X
MHD-2	Emergency Room Use / Mental Health	ADM-4, CID-18					X	
MHD-3	Psychiatric Facility Use	ADM-4, CID-18					X	
MHD-4	Mental Health Medication	ADM-4, CID-18					X	
SOC-1	Social Support						X	X
SOC-2	Current Living Arrangements	CID-8	CID-8		X	X	X	X
SOC-3	Living with Someone	ADM-4, CID-18					X	
SOC-4	Family Conflict Last 30 Days	ADM-4, CID-18					X	
SOC-5	Number of Children	ADM-4, CID-18	SOC-6, SOC-7, SOC-8				X	
SOC-6	Number of Children Age 5 Years or Younger	SOC-5, ADM-4, CID-18					X	
SOC-7	Number of Children Living With Someone Else	SOC-5, ADM-4, CID-18					X	
SOC-8	Number of Children Living With Someone Else and Parental Rights	SOC-5, ADM-4, CID-18					X	

Group - Item #	Data Element	Uses These Elements	Used By These Elements	UCI	CADDS	TEDS	MTOQ	NOMS
	Terminated							
SYS-1	System Record Indicator							
SYS-2	County Code or Direct Provider ID	MPF	TRN-1					
SYS-3	Report Month							
SYS-4	Submission Status							
SYS-5	File Version							
TRN-1	Type of Form	TRN-3, SYS-2, ADM-3	ADU-1a, ADU-2, ADU-3, ADU-5a, AUP-1, CID-2, DIS-1, EMP-1		X	X		
TRN-2	Transaction Date and Time		ADM-1, AUP-1, DIS-1					
TRN-3	Form Serial Number		TRN-1		X			