



The California Outcomes Measurement System
Treatment (CalOMS Tx)

CalOMS Tx Data Dictionary

File Version 1.0

California Department
of Alcohol and Drug Programs

August 2009



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 |
| 5/11/2007 | Updated Data Elements to reflect changes that are in Production after development and User Acceptance Testing. This represents corrections to the documentation, not changes to the actual processing. | 1.0 |
| 4/30/2008 | Updated Data Elements to reflect the most current changes being released to Production. | 2.0 |
| 5/01/2009 | Correction to file version. Clarification revisions made based on comments from counties and direct providers. Incorporates ADP Bulletin 08-08 updates and Release Build 5 requirements. | 1.0 |
| 8/01/2009 | Clarification | 1.0 |

| Group Item Number | Change or Update |
|-------------------|--|
| LEG-2 | Clarification on use of capital letters. |
| MED-12 | 99902 not a valid value |



Table of Contents

| | | |
|------------|--|-----------|
| 1. | INTRODUCTION | 1 |
| 2. | DATA ORGANIZATION | 4 |
| 2.1 | Data Groups | 4 |
| 2.2 | Data Description Format | 5 |
| 2.3 | Alternative Values..... | 6 |
| 2.4 | Data Types..... | 7 |
| 2.5 | Treatment Data Sets | 9 |
| 3. | DATA ELEMENT DETAILS | 10 |
| 3.1 | Admission Data Group..... | 10 |
| 3.1.1 | (ADM-1) Admission Date..... | 10 |
| 3.1.2 | (ADM-2) Admission Transaction Type..... | 11 |
| 3.1.3 | (ADM-3) Provider ID..... | 12 |
| 3.1.4 | (ADM-4) Type of Treatment Service..... | 13 |
| 3.1.5 | (ADM-5) Source of Referral..... | 14 |
| 3.1.6 | (ADM-6) Days Waited to Enter Treatment..... | 15 |
| 3.1.7 | (ADM-7) Number of Prior Episodes..... | 16 |
| 3.1.8 | (ADM-8) CalWORKs Recipient | 17 |
| 3.1.9 | (ADM-9) Substance Abuse Treatment Under CalWORKs | 18 |
| 3.1.10 | (ADM-10) County Paying for Services..... | 19 |
| 3.1.11 | (ADM-11) Special Services Contract ID | 20 |
| 3.2 | Alcohol and Drug Use Data Group..... | 21 |
| 3.2.1 | (ADU-1a) Primary Drug (Code) | 21 |
| 3.2.2 | (ADU-1b) Primary Drug Name | 23 |
| 3.2.3 | (ADU-2) Primary Drug Frequency | 24 |
| 3.2.4 | (ADU-3) Primary Drug Route of Administration..... | 25 |
| 3.2.5 | (ADU-4) Primary Drug Age of First Use | 26 |
| 3.2.6 | (ADU-5a) Secondary Drug (Code) | 27 |
| 3.2.7 | (ADU-5b) Secondary Drug Name..... | 29 |
| 3.2.8 | (ADU-6) Secondary Drug Frequency | 30 |
| 3.2.9 | (ADU-7) Secondary Drug Route of Administration | 31 |
| 3.2.10 | (ADU-8) Secondary Drug Age of First Use..... | 32 |
| 3.2.11 | (ADU-9) Alcohol Frequency | 33 |
| 3.2.12 | (ADU-10) Needle Use | 34 |
| 3.2.13 | (ADU-11) Needle Use in the Last 12 Months | 35 |
| 3.3 | Annual Update Data Group..... | 36 |
| 3.3.1 | (AUP-1) Annual Update Date | 36 |
| 3.3.2 | (AUP-2) Annual Update Number | 37 |

| | | |
|------------|--|-----------|
| 3.4 | Client Identification & Demographic Data Group | 38 |
| 3.4.1 | (CID-1) Unique Participant ID..... | 38 |
| 3.4.2 | (CID-2) Provider's Participant ID | 38 |
| 3.4.3 | (CID-3) Gender | 39 |
| 3.4.4 | (CID-4) Date of Birth..... | 40 |
| 3.4.5 | (CID-5) Current First Name | 41 |
| 3.4.6 | (CID-6) Current Last Name | 42 |
| 3.4.7 | (CID-7) Social Security Number | 43 |
| 3.4.8 | (CID-8) Zip Code at Current Residence | 44 |
| 3.4.9 | (CID-9) Birth First Name..... | 45 |
| 3.4.10 | (CID-10) Birth Last Name..... | 46 |
| 3.4.11 | (CID-11a) Place of Birth – County | 47 |
| 3.4.12 | (CID-11b) Place of Birth – State | 48 |
| 3.4.13 | (CID-12) Driver's License/State Identification Card Number | 49 |
| 3.4.14 | (CID-13) Driver's License/State Identification Card State..... | 50 |
| 3.4.15 | (CID-14) Mother's First Name | 51 |
| 3.4.16 | (CID-15) Race | 52 |
| 3.4.17 | (CID-16) Ethnicity | 54 |
| 3.4.18 | (CID-17) Veteran..... | 55 |
| 3.4.19 | (CID-18) Disability | 56 |
| 3.4.20 | (CID-19) Consent | 57 |
| 3.5 | Discharge Data Group..... | 58 |
| 3.5.1 | (DIS-1) Discharge Date | 58 |
| 3.5.2 | (DIS-2) Discharge Status | 59 |
| 3.6 | Employment Data Group..... | 60 |
| 3.6.1 | (EMP-1) Employment Status..... | 60 |
| 3.6.2 | (EMP-2) Work Past 30 Days | 61 |
| 3.6.3 | (EMP-3) Enrolled in School | 62 |
| 3.6.4 | (EMP-4) Enrolled in Job Training | 63 |
| 3.6.5 | (EMP-5) Highest School Grade Completed..... | 64 |
| 3.7 | Criminal Justice Data Group | 65 |
| 3.7.1 | (LEG-1) Criminal Justice Status | 65 |
| 3.7.2 | (LEG-2) CDCR Number | 66 |
| 3.7.3 | (LEG-3) Number of Arrests Last 30 Days..... | 67 |
| 3.7.4 | (LEG-4) Number of Jail Days Last 30 Days | 68 |
| 3.7.5 | (LEG-5) Number of Prison Days Last 30 Days..... | 69 |
| 3.7.6 | (LEG-6) Parolee Services Network | 70 |
| 3.7.7 | (LEG-7) FOTP Parolee..... | 71 |
| 3.7.8 | (LEG-8) FOTP Parolee Priority Status | 72 |

| | | |
|-------------|--|------------|
| 3.8 | Medical/Physical Health Life Domain Data Group | 73 |
| 3.8.1 | (MED-1) Medi-Cal Beneficiary | 73 |
| 3.8.2 | (MED-2) Emergency Room Last 30 days | 74 |
| 3.8.3 | (MED-3) Hospital Overnight Stay Last 30 days | 75 |
| 3.8.4 | (MED-4) Medical Problems Last 30 days | 76 |
| 3.8.5 | (MED-5) Pregnant at Admission | 77 |
| 3.8.6 | (MED-6) Pregnant at Any Time During Treatment | 78 |
| 3.8.7 | (MED-7) Medication Prescribed as a Part of Treatment | 79 |
| 3.8.8 | (MED-8) Communicable Diseases: Tuberculosis | 80 |
| 3.8.9 | (MED-9) Communicable Diseases: Hepatitis C | 81 |
| 3.8.10 | (MED-10) Communicable Diseases: Sexually Transmitted Disease | 82 |
| 3.8.11 | (MED-11) HIV Tested | 83 |
| 3.8.12 | (MED-12) HIV Test Results | 84 |
| 3.9 | Mental Health Data Group | 85 |
| 3.9.1 | (MHD-1) Mental Illness Diagnosis | 85 |
| 3.9.2 | (MHD-2) Emergency Room Use/Mental Health | 86 |
| 3.9.3 | (MHD-3) Psychiatric Facility Use | 87 |
| 3.9.4 | (MHD-4) Mental Health Medication | 88 |
| 3.10 | Family/Social Data Group | 89 |
| 3.10.1 | (SOC-1) Social Support | 89 |
| 3.10.2 | (SOC-2) Current Living Arrangements | 90 |
| 3.10.3 | (SOC-3) Living With Someone | 91 |
| 3.10.4 | (SOC-4) Family Conflicts Last 30 Days | 92 |
| 3.10.5 | (SOC-5) Number of Children | 93 |
| 3.10.6 | (SOC-6) Number of Children Aged 5 Years or Younger | 94 |
| 3.10.7 | (SOC-7) Number of Children Living With Someone Else | 95 |
| 3.10.8 | (SOC-8) Number of Children Living With Someone Else and Parental Rights Terminated | 96 |
| 3.11 | System Required Data Group | 97 |
| 3.11.1 | (SYS-1) System Record Indicator | 97 |
| 3.11.2 | (SYS-2) County Code or Direct Provider ID | 98 |
| 3.11.3 | (SYS-3) Report Month | 99 |
| 3.11.4 | (SYS-4) Submission Status Provider No Activity (PNA) | 100 |
| 3.11.5 | (SYS-5) File Version | 101 |
| 3.12 | Transaction Data Group | 102 |
| 3.12.1 | (TRN-1) Type of Form | 102 |
| 3.12.2 | (TRN-2) Transaction Date and Time | 105 |
| 3.12.3 | (TRN-3) Form Serial Number | 106 |



| | | |
|------------|--|------------|
| 4.0 | LIST OF COUNTY CODES | 108 |
| 5.0 | LIST OF STATE CODES..... | 109 |
| 6.0 | LIST OF ERROR CODES AND MESSAGES | 110 |
| 7.0 | LIST OF DATA ELEMENT ATTRIBUTES AND VALID VALUES . | 119 |
| 8.0 | LIST OF DATA ELEMENT USES AND DATA SET MAPPING..... | 125 |

1. Introduction

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

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

CalOMS Tx Data Dictionary – (this 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 Tx File Instructions (For Input Data) – this is a detailed explanation of the file format requirements for files submitted to the CalOMS Tx 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 Tx Data Quality Standards – this is a detailed description of data submission standards and measures for CalOMS Tx data. This document includes such standards as the allowed time for submitting data, error tolerances, and data quality and compliance reporting.

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

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

The CalOMS Tx data collection system 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 Tx 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 Tx 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 Tx data only for the clients that are funded through SACPA. They are not required to report CalOMS Tx 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 Tx 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 Tx 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 Tx. 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.

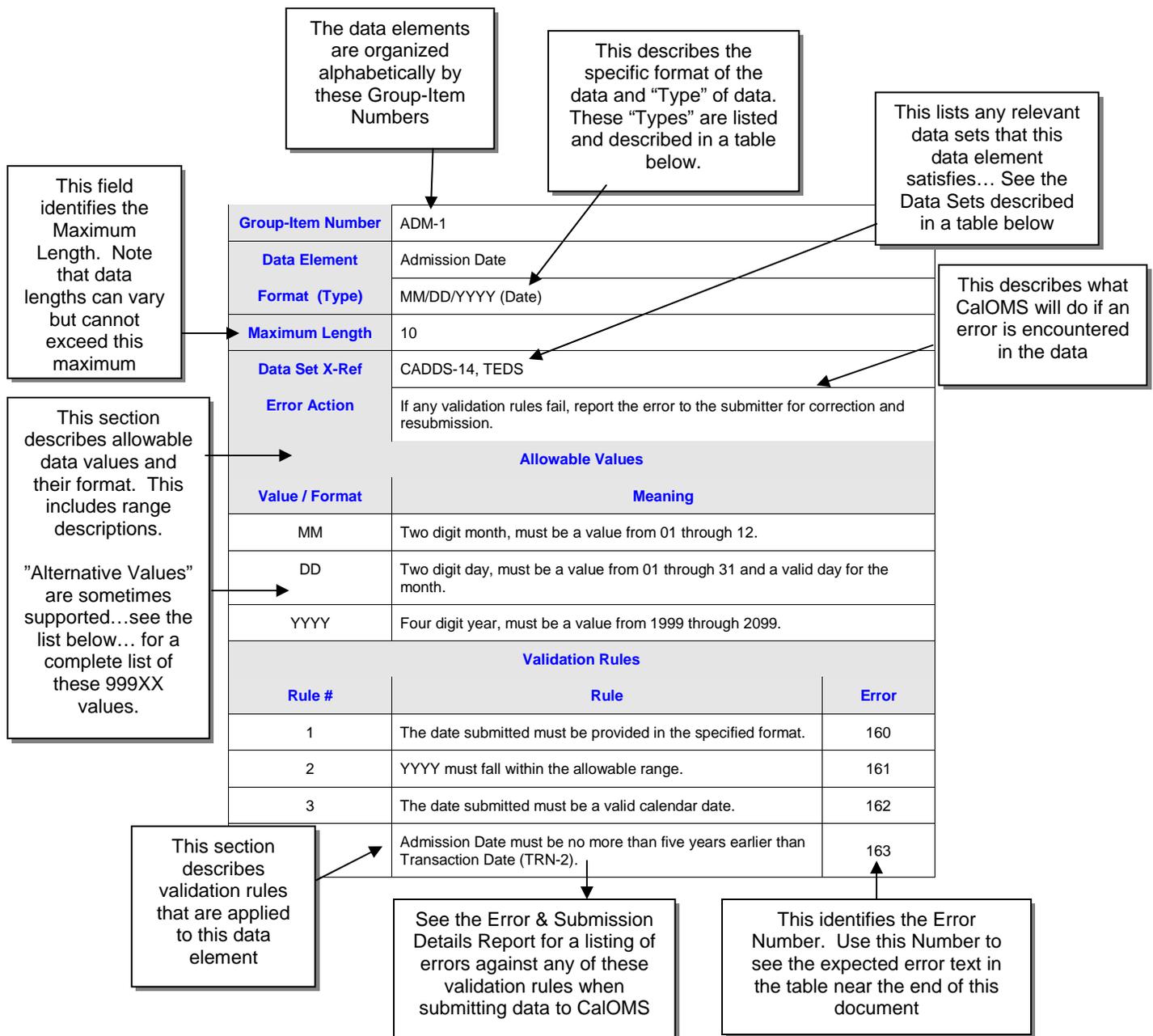
Table 1–Data Item Groups

| 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



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

Table 3 – Data Types for CalOMS Tx 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 Tx 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 Tx 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 Tx 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 (CADDSS): This is the system ADP built in 1991 to collect TEDS required data. The elements of the CADDSS data set include all the required TEDS elements, optional TEDS elements used for state reporting, and state-required data elements. The CADDSS/TEDS questions have been included in the CalOMS Tx data set to continue collecting required data and because CalOMS Tx will ultimately replace the CADDSS 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 Tx 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 | The date submitted must be a valid calendar date. | 162 |
| 3 | Admission Date must not be later than Transaction Date (TRN-2) | 159 |

Note 1: Admission date must be on or before Discharge Date.

Note 2: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.1 Date of Admission (ADM-1).

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 | CADD5-15, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.2 Admission Transaction Type (ADM-2).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 5.4 Provider Identification Number (ADM-3).

3.1.4 (ADM-4) Type of Treatment 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 | CADD-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 Use for Outpatient Drug Free (ODF) / Narcotic Treatment Program (NTP)* | |
| 2 | Nonresidential / Outpatient Day Program intensive / Day Care Rehabilitative Use for Intensive Outpatient / Day Care Rehabilitative | |
| 3 | Nonresidential / Outpatient Detoxification Use for Narcotic Treatment Program (NTP)* Detox | |
| 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.3 Type of Treatment Service (ADM-4).

Note 2: *If NTP client must also enter (Med 7) Medication Prescribed as Part of Treatment.

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 | CADD5-10, 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 / Prop 36 / OTP / Probation | |
| 8 | SACPA / Prop 36 / OTP / Parole | |
| 9 | DUI / DWI | |
| 10 | Adult Felon Drug Court | |
| 11 | Dependency Drug Court | |
| 12 | Non-SACPA Court / Criminal Justice | |
| 13 | Other Community Referral | |
| 14 | Child Protective Services | |
| Validation Rules | | |
| Rule # | Rule | Error |
| 1 | Must be an allowable value. | 120 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.4 Source of Referral (ADM-5).

Note 2: If (ADM-5) Source of Referral code 7, 8, 10, or 12 are entered, then (LEG-1) Criminal Justice Status cannot equal 1 – no criminal involvement

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.5 Days Waited to Enter Treatment (ADM-6).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.6 Number of Prior Treatment Episodes (ADM-7).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.7.1 CalWORKs Recipient (ADM-8).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.7.2 Substance Abuse Treatment under CalWORKs (ADM-9).

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 | CADD-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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.8 County Paying for Services (ADM-10).

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 | CADD5-24 | |
| 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.9 Special Services Contract Identification Number (ADM-11).

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/not sure/ don't know why (only allowable for administrative discharges) | |
| 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.1 Primary Drug Code (ADU-1a).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.2 Primary Drug Name (ADU-1b).

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 | CADD5-21, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.3 Primary Drug Name (ADU-2).

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 they use most often for their primary drug of abuse? | |
| Format (Type) | N or NNNNN (Numeric) | |
| Maximum Length | 5 | |
| Data Set X-Ref | CADD5-20, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.4 Primary Drug Route of Administration (ADU-3).

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 of abuse? | |
| Format (Type) | N to NNN or NNNNN (Numeric) | |
| Maximum Length | 5 | |
| Data Set X-Ref | CADD5-22, 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 and 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.5 Primary Drug Age of First Use (ADU-4).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.6 Secondary Drug Code (ADU-5a).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.7 Secondary Drug Name (ADU-5b). (Refer to Section 6.17.2 for rules and valid values.)

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 of abuse? | |
| Format (Type) | N to NN or NNNNN (Numeric) | |
| Maximum Length | 5 | |
| Data Set X-Ref | CADD-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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.8 Secondary Drug Frequency (ADU-6). (Refer to Section 6.17.3 for rules and valid values.)

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 they use most often for the secondary drug of abuse? | |
| Format (Type) | N or NNNNN (Numeric) | |
| Maximum Length | 5 | |
| Data Set X-Ref | CADD5-20, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.9 Secondary Drug Route of Administration (ADU-7). (Refer to Section 6.17.4 for rules and valid values.)

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 of abuse? | |
| Format (Type) | N to NNN or NNNNN (Numeric) | |
| Maximum Length | 5 | |
| Data Set X-Ref | CADD5-22.1, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.10 Secondary Drug Age of First Use (ADU-8). (Refer to Section 6.17.5 for rules and valid values.)

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.11 Alcohol Use Frequency (ADU-9).

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 used needles to inject 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 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.12 Needle Use Past 30 Days (ADU-10).

Note 2: 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 in the past twelve months? | |
| Format (Type) | N or NNNNN (Numeric) | |
| Maximum Length | 5 | |
| Data Set X-Ref | CADD5-23 | |
| 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.17.13 Needle Use in the Last Twelve Months (ADU-11).

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 the date it was created, 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 be earlier than Transaction Date (TRN-2). | 158 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 7.1 Annual Update Date (AUP-1).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 7.2 Annual Update Number (AUP-2).

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 | CADD5-4 | |
| 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.10 Provider’s Participant Identification Number (CID-2).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.1 Gender (CID-3).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.2 Date of Birth (CID-4).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.3 Current First Name (CID-5).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.4 Current Last Name (CID-6).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.5 Social Security Number (CID-7).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.6 Zip Code at Current Address (CID-8).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.7 Birth First Name (CID-9).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.8 Birth Last Name (CID-10).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.9.1 Place of Birth – County (CID-11a).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.9.2 Place of Birth – State (CID-11b).

3.4.13 (CID-12) Driver’s License/State Identification Card 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.10 Driver’s License/State Identification Card Number (CID-12).

3.4.14 (CID-13) Driver’s License/State Identification Card 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.11 Driver’s License/State Identification Card State (CID-13).

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, or individual the client considers to be as their 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 |

Note: If a client is unable to provide a name, enter “mother” or “mom”.
For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.11.12 Mother’s First Name (CID-14).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.12 Race (CID-15).

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 | CADD5-7, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.13 Ethnicity (CID-16).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.14 Veteran (CID-17).

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 /disabilities 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.15 Disability (CID-18).

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 Tx 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 Tx Phase 1 does not include this T3 data collection point. However, this field is a required element of CalOMS Tx 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 |

Note1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.16 Consent (CID-19).

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 | CADDIS-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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 8.2 Consent (DIS-1).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 8.3 Discharge Status (DIS-2).

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, CADD8-8, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.18.1 Employment Status (EMP-1).

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 |

Note1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.18.2 Days Paid for Working in Past 30 Days (EMP-2).

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.18.3 Enrolled in School (EMP-3).

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 |

Note1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.18.4 Enrolled in Job Training (EMP-4).

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 | CADD9-9, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.18.5 Highest School Grade Completed (EMP-5).

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. Criminal Justice Status relates to the Source of Referral field. This means if criminal justice status equals 1, no criminal involvement, then Source of Referral cannot equal 7, 8, 10, or 12. If Source of Referral is one of these values and Criminal Justice Status is 1 then an error will occur and the record will be rejected.

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 | CADD-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 federal, state, or local 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 | Criminal Justice Status must not be 1 when (ADM-5) Source of Referral is 7, 8, 10, or 12. | 139 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.1 Criminal Justice Status (LEG-1).

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 valid six-character string of <i>capital</i> alpha (A-Z) and numeric (0-9) CDCR 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 |
| 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.2 California Department of Corrections and Rehabilitation (CDCR) Number (LEG-2).

*The data element name has been changed to reflect the name change of the California Department of Corrections and Rehabilitation.

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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.3 Number of Arrests Last 30 Days (LEG-3).

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 |

Note1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.4 Number of Jail Days Last 30 Days (LEG-4).

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 |

Note1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.5 Number of Prison Days Last 30 Days (LEG-5).

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 | Not a valid Parolee Services Network provider. | 550 |

Note1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.6 Parolee Services Network (PSN) (LEG-6).

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 |
| 4 | Not a valid Female Offender Treatment Program (FOTP) provider. | 570 |

Note1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.7 Female Offender Treatment Program (LEG-7).

3.7.8 (LEG-8) FOTP Parolee Priority Status

This field is used to record a client's Female Offender Treatment Program 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 Institute 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.19.8 Female Offender Treatment Program (FOTP) Priority Status (LEG-8).

3.8 Medical/Physical Health Life Domain 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.1 Medi-Cal Beneficiary (MED-1).

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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.2 Emergency Room Last 30 Days (MED-2).

3.8.3 (MED-3) Hospital Overnight Stay 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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.3 Hospital Overnight Stay Last 30 Days (MED-3).

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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.4 Medical Problem Last 30 Days (MED-4).

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, CADD5-11, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.5 Pregnant at Admission (MED-5).

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? If discharge or annual update, ask: Were you pregnant at any time during treatment? | |
| Format (Type) | N or NNNNN (Numeric) | |
| Maximum Length | 5 | |
| Data Set X-Ref | CADD5-32 | |
| 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.5 Pregnant at Admission (MED-5)/Pregnant at Any Time During Treatment (Med 6).

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 | CADD5-17, 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 (only for medications prescribed for AOD treatment; e.g. Antabuse) | |
| 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 | Medication Prescribed must be 2, 3, 4, or 5 when Provider is NTP only. | 211 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.6 Medication Prescribed as Part of Treatment (MED-7).

Note 2: LAAM remains a valid value so that admissions from past years can be submitted.

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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.7 Communicable Diseases: Tuberculosis (MED-8).

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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.8 Communicable Diseases: Hepatitis C (MED-9).

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 any sexually transmitted diseases? | |
| 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.9 Sexually Transmitted Disease (MED-10).

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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.10 HIV Tested (MED-11).

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 | |
| 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.20.11 HIV Test Results (MED-12).

3.9 Mental Health Data Group

3.9.1 (MHD-1) Mental Illness Diagnosis

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 | CADD5-25, 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.21.1 Mental Health Diagnosis (MHD-1).

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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.21.2 Emergency Room Use/Mental Health (MHD-2).

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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.21.3 Psychiatric Facility Use (MHD-3).

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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.21.4 Mental Health Medication (MHD-4).

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 | <p>How many days in the last 30 days has the client participated in any social support recovery activities such as:</p> <ul style="list-style-type: none"> 12-step meetings Other self-help meetings Religious/faith recovery or self-help meetings Meetings 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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.1 Social Support (SOC-1).

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, CADD-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 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.2 Current Living Arrangement (SOC-2).

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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.2 Living with Someone (SOC-3).

3.10.4 (SOC-4) Family Conflicts 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 members of 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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.4 Family Conflicts Last 30 Days (SOC-4).

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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.5 Number of Children (SOC-5).

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 age 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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.6 Number of Children Aged Five Years or Younger (SOC-6).

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 age 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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.7 Number of Children L (SOC-7).

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 from 0 to 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 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 6.22.8 Number of Children Living with Someone Else and Parental Rights Terminated (SOC-8).

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 |

Note: For additional details refer to the CalOMS Tx Data Dictionary, Section 3.11.1 System Record Indicator (SYS-1).

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 Tx 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 1: For additional details refer to the CalOMS Tx Data Dictionary, Section 3.11.1 System Record Indicator (SYS-1).

Note 2: The Joint Powers Authority for Alcohol and Other Drug Services for the counties of Sutter and Yuba agreed that both counties would report data under one county code, 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 |

Note: For additional details refer to the CalOMS Tx Data Dictionary, Section 3.11.3 Report Month (SYS-3).

3.11.4 (SYS-4) Submission Status / Provider No Activity (PNA)

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 / Provider No Activity (PNA) | |
| 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 |

Note: For additional details refer to the CalOMS Tx Data Dictionary, Section 3.11.4 Submission Status (SYS-4).

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 |

| Validation Rules | | |
|-------------------------|--|--------------|
| Rule # | Rule | Error |
| 3 | If Admission is supplied, the record cannot be a “data” duplicate. A data duplicate is an admission with the same values for Submitter (SYS-2), ADM-1 through ADM-4, CID-3, CID-4, CID-9, CID-10, CID-11 and 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 Type (TRN-1), Transaction Date and Type (TRN-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-2), Form Serial Number (TRN-2), Provider ID (ADM-3), Admission Date (ADM-1) and Type of Service (ADM-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 (ADM-3), Form Type (TRN-1), Transaction Date and Time (TRN-2) and Form Serial Number (TRN-3) | 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 Type (TRN-1), Transaction Date and Time (TRN-2), Form Serial Number (TRN-3) and Annual Update Number (AUP-2) | 466 |

| Validation Rules | | |
|------------------|--|-------|
| Rule # | Rule | Error |
| 12 | If an exact Resubmission of Admission is submitted, the record will be rejected. For an exact match, all fields except Form Type (TRN-1) and Transaction Date and Time (TRN-2) must match. | 471 |
| 13 | If an exact Resubmission of Discharge is submitted, the record will be rejected. For an exact match, all fields except Form Type (TRN-1) and Transaction Date and Time (TRN-2) must match. | 472 |
| 14 | If an exact Resubmission of Annual Update is submitted, the record will be rejected. For an exact match, all fields except Form Type (TRN-1) and Transaction Date and Time (TRN-2) must match. | 473 |
| 15 | If a Resubmission of Admission record is submitted when a matching Discharge or a matching Annual Update record exist in the system for the original Admission, the record will be rejected. | 560 |
| 16 | If (TRN-1) is 7 or 8 The "Annual Update cannot be submitted after the matching Admission record has been Discharged" | 475 |

Note 1: For additional details refer to the CalOMS Tx Data Collection Guide, Section 5.1 Type of Form (TRN-1).

Note 2: If multiple Annual Updates are submitted, the system will always count and use the data from the last Annual Update Submitted.

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 Tx. 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 | The date and time supplied must be a valid date and time. | 383 |
| 3 | The date and time supplied must be prior to the submitted (current) date and time. | 384 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 5.2 Transaction Date and Time (TRN-2).

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 Tx.

A County or Direct Contract Provider should begin the numbering for CalOMS Tx at a position that will guarantee that a duplicate with CADDs will not be used. Gaps in the numbering between CADDs and CalOMS Tx at the time of cutover to CalOMS Tx 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 Tx 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 Tx, 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 Tx. Alternatively, a County or Direct Contract Provider may choose to start the numbering in CalOMS Tx 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 | CADD5-2 | |
| 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 2 nd digit must be a zero (0). | |
| 999999: | The 3 rd through 8 th digits must be numeric characters. | |
| Validation Rules | | |
| Rule # | Rule | Error |
| 1 | Form Serial Number must be in the format specified. | 020 |

Note: For additional details refer to the CalOMS Tx Data Collection Guide, Section 5.3 Form Serial Number (TRN-3).

4.0 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 |

5.0 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 | | |

6.0 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. |

| Error Code | Error Message |
|------------|---|
| 132 | Gender is male and Pregnant at any time during treatment is Yes. |
| 133 | Pregnant at any time during treatment is invalid – allowable value not provided. |
| 139 | Criminal Justice Status must not be 1 when (ADM-5) Source of Referral is 7, 8, 10, or 12. |
| 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 must be earlier than the Transaction Date. |
| 159 | Admission Date is later than the transaction date. |
| 160 | Admission Date not provided in specified format MM/DD/YYYY. |
| 162 | Admission Date provided is not a valid calendar 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. |

| Error Code | Error Message |
|------------|--|
| 173 | PSN Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients. |
| 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. |

| Error Code | Error Message |
|------------|--|
| 200 | Type of Service invalid – allowable value not provided. |
| 201 | Type of Service invalid – service does not match services on ADP Master Provider File. |
| 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. |
| 211 | Medication Prescribed must be 2, 3, 4, or 5 when Provider is NTP only. |
| 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. |

| Error Code | Error Message |
|------------|--|
| 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. |
| 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). |

| Error Code | Error Message |
|------------|--|
| 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. |
| 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. |

| Error Code | Error Message |
|------------|--|
| 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. |
| 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. |

| Error Code | Error Message |
|------------|--|
| 374 | Unmatched Discharge record. No admission record found with matching FSN, Provider ID, Admission date and Service Type. |
| 380 | Type of form invalid – allowable value not specified. |
| 381 | Transaction Date and Time not provided in specified format. |
| 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. |
| 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 SYS-2, ADM-1 through ADM-4, CID-3, CID-4, CID-9, CID-10, CID-11 and CID-14. |
| 471 | Resubmission of Admission exactly duplicates original submission |
| 472 | Resubmission of Discharge exactly duplicates original submission |
| 473 | Resubmission of Annual Update exactly duplicates original submission |
| 475 | Annual Update cannot be submitted after the matching Admission record has been Discharged. |
| 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. |
| 510 | Provider ID or Report Month invalid - these values cannot match another record in the file |
| 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. |
| 550 | Not a valid Parolee Service Network provider. |
| 560 | Resubmission of Admission Prohibited-matching discharge or annual update record found. |
| 570 | Not a valid Female Offender Treatment Program (FOTP) provider. |

7.0 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 | NNNNNNNNNN | 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.

8.0 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 | U C I | C A D D S | T E D S | M T O Q | N O M S |
|----------------|--|---|------------------------------------|-------------|-----------------------|------------------|------------------|------------------|
| 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 | U C I | C A D D S | T E D S | M T O Q | N O M S |
|----------------|-------------------------------|-----------------------------|--|-------------|-----------------------|------------------|------------------|------------------|
| 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 | U C I | C A D D S | T E D S | M T O Q | N O M S |
|----------------|---------------------------------------|---|------------------------|-------------|-----------------------|------------------|------------------|------------------|
| 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 | U C I | C A D D S | T E D S | M T O Q | N O M S |
|----------------|---|-----------------------|------------------------|-------------|-----------------------|------------------|------------------|------------------|
| 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 | U C I | C A D D S | T E D S | M T O Q | N O M S |
|----------------|-----------------------------------|---------------------|--|-------------|-----------------------|------------------|------------------|------------------|
| | 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 | | | |