

Introduction

This Frequently Asked Questions (FAQ) provides additional guidance for counties, providers, and vendors on the Drug and Alcohol Treatment Access Report (DATAR) requirements and procedures. Developed by the Department of Health Care Services (DHCS), it is intended to support DATAR users by addressing common questions and clarifying processes related to system access, data submission, and compliance with state reporting standards.

The DATAR User Manual, webinar, and webinar power point slides, are available to authorized users in the [DATAR Application](#).

In addition, the following email contacts are available for questions:

- » For program support related to policy, data submission, or updating system users, please contact: DATAR-CalOMSProgramSupport@dhcs.ca.gov
- » For DATAR system issues such as password resets or log in – SUDDATARSupport@dhcs.ca.gov
- » For questions regarding Provider Numbers/IDs, or to request the most current Master Provider File (MPF) Forms to add or update substance use disorder (SUD) provider information, visit the [DHCS MPF webpage](#) or email DHCSMPF@dhcs.ca.gov

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DATAR FAQ

1. How do we get access to the DATAR system?

Counties must designate two DATAR county approvers. To Do so, complete the county approver form (DHCS 3300), available on the substance use disorder services forms web page, and follow the form instructions. Once completed, submit the signed form to DATAR-CalOMSprogramsupport@dhcs.ca.gov. This establishes the county's authorized approvers who can manage user access requests for DATAR.

Providers must request DATAR system access through their county's designated county approver. Only providers that hold a contract with the county are authorized to report treatment capacity data in DATAR.¹

2. Is DATAR reporting required for out-of-county referral (OOCR) services?

No, the county paying for services cannot submit DATAR capacity reports for clients who have been referred to treatment services outside of their county. DATAR reports can only be submitted by the provider that is rendering treatment services to the client.

3. Why can't I find my provider in the drop-down menu?

There are several reasons why the provider is not visible in DATAR:

- » The provider has not yet been assigned a record, with a six-digit provider ID number, in the MPF data system.
- » The county does not have authorized access to the provider ID in DATAR. To get access contact DATAR-CalOMSProgramSupport@dhcs.ca.gov.
- » The provider record in the MPF data system does not have active SUD treatment service codes that require DATAR reporting. Refer to the counties' monthly MPF Report to see the active service codes. If the service codes are inaccurate or incomplete, the county should contact DHCSMPF@dhcs.ca.gov to request the "MPF Existing Provider Request Form" to update the provider service codes.
- » The provider's contract has been terminated by the county (Entity Code 7), or the provider has closed (Entity Code 9). Only actively county contracted providers (with an entity code of 1, 2, or 3) can report in DATAR.

¹ DATAR User Manual, Section 7

4. What do I do if the provider is no longer active?

Review the monthly MPF and OOCR Reports sent to counties by the SUD Provider Management Unit. If the provider is no longer contracted for SUD treatment services, but shows as an Entity Code 1, 2, or 3, contact DHCSMPF@dhcs.ca.gov to obtain and complete the appropriate MPF Form to change the provider status with the county.

5. How is treatment capacity reported when 90% capacity is reached?

DATAR reports must be submitted for each month by the 10th of the following month. For example, for the month of September must be submitted no later than October 10th.

Programs do not submit any additional capacity notifications when they reach 90% capacity. Instead, the monthly DATAR report includes a field where providers document capacity information for each service type.

To report when capacity exceeds 90%, providers must enter the number of days during the month in which enrollment for a given service type exceeded 90% of its public treatment capacity. For example, if a service has 100 public treatment slots and enrollment reached 90 or more clients on 12 days during the reporting month, the provider should enter "12" in the appropriate service field.²

For perinatal specific questions, providers may contact DHCSPerinatal@dhcs.ca.gov.

6. What is required to change the number of treatment slots in the program? (New)

To increase the number of licensed and certified treatment slots, the program must submit the required DHCS Licensing and Certification forms along with the applicable fee to DHCS Licensing and Certification for review and approval. For questions or additional guidance, program may contact LCDQuestions@DHCS.ca.gov.

If a county reduces its treatment capacity based on business needs, this change **does not** need to be reported to DATAR-CalOMS Tx Support. The program should simply report, in its monthly DATAR submission, the total number of beds currently in use and how many slots were filled.

² DATAR User Manual, Section 9