



California Outcomes Measurement System Treatment (CalOMS Tx) and Drug and Alcohol Treatment Access Report (DATAR) Frequently Asked Questions (FAQ)

DHCS developed this FAQ to provide more detailed clarification on multiple topics relating to CalOMS Tx and DATAR reporting.

Contents

CALOMS Tx FAQs 2
1. How do we gain access to CalOMS Tx? 2
2. Does DHCS provide PDF or Printable versions of CalOMS Tx admissions, annual update, or discharge forms? 2
3. Is CalOMS Tx reporting required for ASAM Level 0.5? 2
4. What is the difference between transferring a client to a new service and referring a client to a service? 2
5. When should an administrative discharge be conducted? 2
6. How do I record data for services provided to a client referred outside of the county? 3
7. Are self-pay and commercial insurance consumer data reported in CalOMS Tx? 3
8. What do I do when one of my providers changes or closes? 3
DATAR FAQs 4
9. How do we get access to the DATAR system? 4
10. Is DATAR reporting required for out of county services referral (OOCR) services? 4
11. Why can't I find my provider in the drop-down menu? 4
12. What do I do if the provider is no longer active? 4

CALOMS Tx FAQs

1. How do we gain access to CalOMS Tx?

To gain access visit the DHCS [Behavioral Health Information System \(BHIS\) webpage](#), click [approver certification forms](#), and download the CalOMS County Approver Certification & Vendor Appointment Form ([DHCS 5261](#)). This form is used by the County Alcohol and Drug program Administrator to designate two contacts to be responsible for managing the county and vendor staff access to the DHCS CalOMS Tx (if applicable). The county must email the completed form, signed by a county administrator or director, to DATAR-CalOMSProgramSupport@dhcs.ca.gov.

2. Does DHCS provide PDF or Printable versions of CalOMS Tx admissions, annual update, or discharge forms?

DHCS does not create or generate manual CalOMS Tx forms. Please reach out to your county administrator to determine if there are manual CalOMS Tx admissions/discharge forms for the program to use. If manual forms are not available, please work with the county to develop forms that include all information that is gathered in CalOMS Tx.¹ The form must include the county branding.

3. Is CalOMS Tx reporting required for ASAM Level 0.5?

CalOMS Tx admission reporting is not needed for clients under ASAM Level 0.5 for substance use disorder (SUD) Programs.²

4. What is the difference between transferring a client to a new service and referring a client to a service?

Transfers or a change in service admission is reported for each subsequent treatment service in a treatment episode that follows the initial admission. Transfers follow a referral from the provider that recently discharged the client. A transfer can also occur when a client moves from one level of care or service (detoxification to outpatient) to another, either within the same provider or between different providers (e.g., ABC Agency to Agency 123).

Referrals occur when a client is discharged from SUD treatment programs and referred to continue treatment services elsewhere or to the next level of care with the same provider. A client does not have to accept the treatment provider's referral for it to be reported as a referral on the discharge record. In CalOMS Tx, referrals do not include referrals to non-treatment services such as medical appointments, twelve-step programs, or other recovery support services.³

Transfers are identified in the CalOMS Tx admission using the "admission transaction type" field and referrals are identified in the CalOMS Tx discharge record using the "discharge status" field.

5. When should an administrative discharge be conducted?

An administrative discharge should only be reported when a client cannot be located, either in person, by phone, or video, to complete a CalOMS Tx discharge interview. Such attempts to contact a client for a CalOMS Tx discharge interview must be documented in the client's file. The

¹ CalOMS Tx Data Collection Guide (JAN 2014), Sections 6, 7, 8

² [BHIN 24-001](#)

³ CalOMS Tx Data Collection Guide (JAN 2014), Section 3.5

provider should determine the appropriate discharge status for administrative discharges depending on the client's progress prior to the client leaving the program. In addition, providers should never guess or complete responses on behalf of an absent client for the required CalOMS Tx discharge questions.⁴

Refer to the CalOMS Tx Data Collection Guide for a complete list of the discharge codes and discharge reporting timeframes according to modality.⁵

6. How do I record data for services provided to a client referred outside of the county?

These data elements must be submitted correctly, otherwise the data appears in another county's report:

- » Always enter 99902 in ADM-10 (county paying for services) and ADM-11 (out of county referral)—unless services are being paid for by a different county.
- » If another county is paying for the service, (ADM-10) you use 99902 or a county code, you must enter an out of county contract referral number provided by the Master Provider File (MPF) unit in ADM-10 and ADM-11.⁶ California counties can email the MPF Team to for more information MPF@dhcs.ca.gov.

7. Are self-pay and commercial insurance consumer data reported in CalOMS Tx?

Treatment data must be collected on all service recipients by all providers that receive funding from DHCS regardless of the source of funds used for the service recipient. For example, if a provider receives DHCS funding but provides services to a person using only county funds, or provides services to a private-pay client, the provider must still collect and submit CalOMS Tx data for that individual.⁷

8. What do I do when one of my providers changes or closes?

Per the contract with the state, a county is responsible for their county contracted providers. Whenever there is a change in ownership, address, contacts, services being provided, program closure, or whether the county has terminated the contract this information update must be sent to DHCS. Failure to report these changes can cause monitoring and reporting issues.

To ensure the existing data is transferred or discharged properly, counties must contact the state before a status change is applied to the provider record. When the state is not notified or when records are not updated properly, the records can only be fixed by a manual update. If manual updates are not an option, then the records cannot be fixed.

- To notify DHCS of the intent to close or terminate a provider, please email SUDCalOMSTxSupport@dhcs.ca.gov.
- To request the most current MPF forms to add or update SUD provider information, please email: DHCSMPF@dhcs.ca.gov or visit the DHCS [Master Provider File webpage](#).

PLEASE NOTE:

- The MPF Team can update all provider information for non-DMC facilities. Send the completed MPF form(s) to: DHCSMPF@dhcs.ca.gov.

⁴ CalOMS Tx Data Collection Guide (JAN 2014), Section 8.1

⁵ CalOMS Tx Data Collection Guide (JAN 2014), Section 8.5

⁶ CalOMS Tx Data Collection Guide (JAN 2014), Section 6.8-6.9

⁷ CalOMS Tx Data Collection Guide (JAN 2014), Section 2.0

- The MPF Team can update all provider information for DMC certified facilities EXCEPT the legal entity, director, and addresses. To update this information or to terminate a DMC certification, submit the information to the Provider Enrollment Division using the electronic [PAVE system](#). The Provider Enrollment Division can be contacted by email at DHCSDMCRecert@dhcs.ca.gov or by phone at (916) 323-1945.

DATAR FAQs

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

All county contracted providers will need to go through their county's approvers to request DATAR access. County approvers will download the County Approver Certification Appointment Form (DHCS 3300) from [Substance Use Disorder Services \(ca.gov\)](#) and submit the completed form to DATAR-CalOMSPProgramSupport@dhcs.ca.gov.

If you are a county approver and need additional information or for procedures for adding a provider to DATAR, log in to the [DHCS DATAR Application Portal](#) and refer to the Application Portal Security Group Owner Manual.⁸

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

No, DATAR can only be reported by the county the provider is located in. Do not attempt to report DATAR for OOCR services.

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

The provider list for DATAR is solely based on the MPF. If there is a new provider, there are several reasons why the facility in DATAR is not visible:

- Authorized access has not been given to the new (or any other) provider that is in DATAR. Refer to question nine above on how to provide DATAR access to a provider.
- The provider does not yet have a new six-digit Provider ID number. A county must reach out to DHCSMPF@dhcs.ca.gov and request an MPF New Provider Request MPF form. Once the Provider ID is issued the County Approver will have the provider added to their account by contacting SUDDATARSupport@dhcs.ca.gov.
- The provider record in the MPF does not have any service codes assigned for treatment services that require DATAR reporting. Refer to the county's monthly MPF report to see what service codes are active for the provider. A county must reach out to DHCSMPF@dhcs.ca.gov to request and submit the Existing Provider Request form to update the provider information as needed.
- The provider's contract has been terminated by the county and is now an entity code 7 or the provider is closed and is an entity code 9. Only county contracted providers (with an entity code of 1, 2, or 3) or state contracted direct providers are required to report in DATAR.

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

On a monthly basis counties review the status of their subcontracted providers by reviewing the

⁸ Application Portal Security Group Owner Manual, Page 5

monthly MPF and OOCR Reports that are sent by the MPF Team. If the information in the reports is not accurate, or has changed, the county will request and submit the Existing Provider Request form to DHCSMPF@dhcs.ca.gov within five business days of discovering the change. Specific types of changes and/or inaccuracies include but are not limited to, a change in an existing provider's contract status with the county, a change in scope of services, provider's facility remodeling, location change, closing of a site, or the surrendering of licensing or certification.