

ProviderConnect Enterprise Companion Guide

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Document History

Version	Date	Brief Description of Modification
1.0	September 8, 2020	First version of ProviderConnect Enterprise Companion Guide Release.
1.1	August 13, 2021	<p>General</p> <ul style="list-style-type: none"> • County Statement updated • Developer Portal URL updated • Service Authorization Request now using the FHIR resources 'CoverageEligibilityRequest' and 'CoverageEligibilityResponse' • Social Security Number fields have added "All 9's may be used if a client does not have an SSN nor pseudo SSN (999-99-9999)." <p>Service Authorization</p> <ul style="list-style-type: none"> • Code Authorized fields now reference the "Code Authorized" section of the Dictionary Guide <p>Cal-OMS</p> <ul style="list-style-type: none"> • 'Type of Form' also referred to as 'Record to be Submitted' • 'Zip Code at Current Residence' now accepts 99900 and 99904 values • Admission: 'Pregnant at Any Time During Treatment' removed • Annual Update: 'Type of Form (Record to be Submitted)' updated to use dictionary #70702 • Discharges: 'Type of Form (Record to be Submitted)' updated to use dictionary #70701 <p>CSI Admission</p> <ul style="list-style-type: none"> • 'Legal Class at Admission' updated to use dictionary #70206 • 'District of Residence' updated to 'County School', with new dictionary #70310
1.2	August 8, 2022	<ul style="list-style-type: none"> • Social Security Number: Add Dashes in the following places (XXX-XX-XXXX) <ul style="list-style-type: none"> ○ Pg 12 - Get Client Details ○ Pg 16 - Post Client Admission ○ Pg 28 - Post Client Financial Eligibility ○ Pg 31 - Put Update Client Details ○ Pg 53 - Post Client Cal-OMS Admission

		<ul style="list-style-type: none"> ○ Pg 63 - Post Client Cal-OMS Annual Update ○ Pg 71 - Post Client Cal-OMS Discharge - Standard ○ Pg 79 - Post Client Cal-OMS Discharge - Youth/Detox ○ Pg 86 - Post Cal-OMS Discharge – Administrative ● Add “Coverage Bill Order” (aka Guarantor Order) to Financial Eligibility to reflect Postman Collection ● Cal-OMS Discharge Status – Update required/max length to be consistent across all workflows <ul style="list-style-type: none"> ○ Birth Name ○ Current Name ○ Secondary Drug Code ○ Get Client Discharge episode ID "Numeric"
1.3	August 31, 2023	<p>SSNs</p> <ul style="list-style-type: none"> ● For clients without a Social Security Number (SSN) or whose SSN is unknown use all 0s, 000-00-0000. ● Social Security Number: Add Dashes in the following places (XXX-XX-XXXX) <p>Financial Eligibility</p> <ul style="list-style-type: none"> ● Client Index Number - Must be left blank for beneficiaries with County of Santa Clara or SABG coverage ● Client’s Relationship to Subscriber – “1 Self” Must be selected for all clients with a Medi-Cal Guarantor or the services will be denied by the State <p>General</p> <ul style="list-style-type: none"> ● Put Update Client Details ● Episode Search now uses the Encounter resource rather than the EpisodeOfCare resource ● Error and data correction section to additional workflow considerations ● Added language to require the Get Client Details workflow ● Added clarification for Financial Eligibility functionality ● Added clarifications for Client Diagnosis functionality ● Added “Additional Workflow” section at the end ● Grey bar to delineate differing FHIR calls in Admission Workflow <p>Sexual Orientation (Please Describe)</p>

		<ul style="list-style-type: none"> Added a conditionally required text field for a dictionary value from the Sexual Orientation #731 table
1.4	May 16, 2024	<p>SSNs – Added 5-digit codes to the CalOMS sections below as myAvatar can now accept these values.</p> <ul style="list-style-type: none"> 99900 (Client declines to state) 99902 (None or not applicable) 99904 (Client unable to answer) <p>CSI Admission</p> <ul style="list-style-type: none"> Corrected dictionary number reference for County School field from 70311 to 70310 <p>CSI Assessment</p> <ul style="list-style-type: none"> Removed CSI Assessment from Document History, Supported Workflows, FHIR Reference, CSI Assessment section
1.5	March 10, 2025	<p>Zip Codes – Admission, FE, Update Client Data</p> <ul style="list-style-type: none"> For all US Zip Codes the numeric format allowed: <ul style="list-style-type: none"> XXXXX-XXXX if the 9-digit zip code exists XXXXX-0000 if the zip code does not have 9-digits or it is unknown <p>Cal-OMS Admission</p> <ul style="list-style-type: none"> Added Special Services Contract Updated County Paying for Services to be Conditionally Required Updated Special Services Contract ID to be Conditionally Required Added new dictionary, Sexual Orientation #70716 Added new dictionary, Gender #70647 <p>Client Admission and Update Client Details</p> <ul style="list-style-type: none"> Added Gender Identity and Gender Identity (Please Specify) <ul style="list-style-type: none"> Gender Identity #730 Added a conditionally required text field for a dictionary value from the Gender Identity #730 table

County Statement

Dear Contracted Providers:

As the Behavioral Health Services Department (BHSD) nears its “Go-Live” implementation date for its new electronic health record (EHR), we wanted to provide you with an update on a new product functionality with which we hope to dramatically improve client and patient care. This product functionality is referred to as ProviderConnect Enterprise. ProviderConnect Enterprise is a module within Netsmart myAvatar that allows partner entities (e.g. Community Based Contract Providers) to communicate and share relevant client and patient data with BHSD.

While there are challenges in the field of EHR ‘interoperability’, the Department has worked with Netsmart and is offering its partner entities an opportunity to create a more seamless system of care for its clients and patients by allowing exchange and view of healthcare information that is near real-time. This would include admission, demographic, and financial information, diagnosis, state reporting requirements and claims data.

Specifically, the Department is envisioning that different or disparate EHR systems among its entire system of care will be able to more easily exchange information between partner entities. It will allow for better workflows, and improvements in the quality of care by making data available at the right time to the right clinician or staff member.

BHSD believes that offering this functionality is the right thing to do – not only to modernize the Department, but also the right things to do for our clients, patients, and consumers – as it will result in better care and outcomes. We encourage each of you to strongly consider the benefits of this opportunity. Should you have any questions, please feel free to reach out to either Todd or me.

- Sherri Terao, Director, Behavioral Health Services Department
- Edwin Poon, Deputy Director, Managed Care Services

Disclosure Statement

This document represents the County of Santa Clara's implementation instructions for Certified Contracting Provider integration with the County's ProviderConnect Enterprise platform. This Companion Guide also addresses specific County business rules required for transmitting data. This Companion Guide is subject to change.

Terminology

AOD	Alcohol or Other Drug
API	Application Programming Interface
BH	Behavioral Health
Cal-OMS	California Outcome Measurement System
CANS	Child and Adolescent Needs and Strengths
CCP	Certified Contracted Provider
CR	Conditionally Required
CSC	County of Santa Clara
CSI	Client Service Information
EHR	Electronic Health Record
FHIR	Fast Healthcare Interoperability Resource
FSP	Full Service Partnership
MH	Mental Health
MHSA	Mental Health Services Act
MHSA-KET	MHSA Key Event Tracking
MHSA-PAF	MHSA Partnership Assessment Form
MHSA-3M	MHSA Quarterly Assessment Form
O	Optional
PSC-35	Pediatric Symptom Checklist
R	Required
REST	Representational State Transfer
SUTS	Substance Use Treatment Services

Overview

Introduction

What is ProviderConnect Enterprise?

ProviderConnect Enterprise is an automation effort via Application Programming Interface (API) web services to securely share meaningful data between the County of Santa Clara Behavioral Health Services and its Contracted Providers. ProviderConnect Enterprise is a solution designed by Netsmart Technologies that leverages [FHIR APIs](#) defined and maintained by HL7.

Several workflows are supported through ProviderConnect Enterprise, which include but are not limited to: Client Admission and Registration, Client Demographics, Financial Eligibility, and Diagnosis information.

What is FHIR?

Fast Healthcare Interoperability Resources (FHIR) is a standard describing data formats and elements and an application programming interface for exchanging electronic health records. As healthcare records are increasingly becoming digitized and patients move within the healthcare ecosystem, their electronic health records must be available, discoverable, and understandable. Further, to support automated clinical decision support and other machine-based processing, the data must also be structured and standardized. HL7 has been addressing these challenges by developing FHIR standards.

Why use FHIR?

FHIR aims to simplify implementation without sacrificing information integrity. It leverages existing logical and theoretical models to provide a consistent, easy to implement, and rigorous mechanism for exchanging data between healthcare applications.

The Office of the National Coordinator for Health Information Technology (ONC) is calling on the industry (via the [Cures Act](#)) to adopt standardized APIs, specifically FHIR, to help allow individuals to securely and easily access structured electronic health information. The Centers for Medicare and Medicaid Services (CMS) is proposing to require programs to implement, test, and monitor openly published FHIR-based APIs as the new standard for interoperability of data.

Why implement ProviderConnect Enterprise?

The goal of ProviderConnect Enterprise is to provide interoperability between the County of Santa Clara Behavioral Health Services and its Certified Contracted Providers. This effort will streamline care coordination, significantly reduce dual data entry, establish real-time integration, and improve data quality.

Onboarding Expectations

Each EHR Vendor will be provided with access to a Developer Portal which contains information and requirements for workflows, APIs, security, testing, and certification. A certification period will be completed for each EHR vendor and each Contracted Provider. Throughout this period, a Netsmart Consultant will be engaged to assist in successful onboarding and certification. Test scripts will be provided that must be passed for each workflow in order to become certified. Contracted Providers will not be able to begin certification until after their Vendor has been certified.

Following Go-Live, Netsmart will operate a helpdesk for ongoing support and optimizations. Both Vendors and Providers will have access to the helpdesk for questions and ticket submission.

Key Concepts

Client Admissions

The County of Santa Clara has determined that for a client to be admitted into a Provider's EHR for billing to the County, the client must a) exist within the County's EHR and b) be referred to the Provider by the County. This means that for any walk-ins and/or net-new clients to the County network, the client will need to be routed through the County of Santa Clara Call Center first. The Call Center will complete an Intake Assessment, then determine the most appropriate CCP the client should be referred to. The referral will be sent via Direct Message, at which point the Provider can proceed with admission and providing services to the client.

From a developer's perspective, this means that logic will need to be in place that when admitting to the County, the appropriate County Client Number will need to be sent as part of that admission.

Note: The County of Santa Clara will provide a Direct Messaging portal to CCPs who do not have one integrated into their own EHRs.

Client Episodes

When a client is admitted into a CCP's associated program, an episode of care is established. The episode is given a unique identifier which the CCP will need to store in their own record. In order to complete several of the supported workflows – including submitting a diagnosis, entering a Financial Eligibility record, completing a CSI or Cal-OMS Admission – the unique episode identifier must be provided by the CCP. If a client is discharged and re-admitted at a later date, a new Episode ID will be returned, stored, and used for subsequent workflows.

Relevant Clients

Many County of Santa Clara Mental Health and Substance Use Contracted Providers operate both in and outside of the County of Santa Clara. In this interface, only clients who are billed to the County of Santa Clara need to be processed and sent via ProviderConnect Enterprise. The method of determining this factor needs to be developed by each EHR Vendor.

Billing

Billing is managed by the County of Santa Clara via a Secure File Transfer Protocol, or SFTP. The County will provide access to EHR Vendors and Contracted Providers to a test SFTP environment to complete billing certification. A HIPAA standard 837 must be passed successfully in order to certify on the Billing workflow. In addition, a full Billing Companion Guide has been released by the County of Santa Clara.

Data Updates and Deletions

Delete transactions are not supported through FHIR. However, if a specific field needs to be emptied, two double quotes will be used: ""

Additional Workflow Considerations

Data Resubmissions

FHIR operates in real-time, meaning that successes and, if applicable, errors will return to the FHIR requester almost immediately. Vendors will need to determine how errors display on the front end and what impact those errors will have on the end user workflow. In addition, different types of errors will need to have different levels of impact. For example, a business error saying

“Max character limit (20) exceeded in Last Name” should be handled differently than a hard error indicating a FHIR connection issue.

Depending on the type of error returned, there are decisions a developer will need to make on how it’s handled. In the event of a connection issue, will the end user be allowed to proceed? Assuming the answer will be “yes”, Netsmart recommends a way for the Provider EHR to re-submit data as a batch once the connection issue is resolved.

Data Corrections

Vendors should also consider that during daily operations mistakes do happen, such as sending incorrect dates or sending admission data out of order. There needs to be a process that allows corrections to be done, whether this be clearing of linking data so that payloads can be resent net new or allowing for the editing of related PCE IDs. There will be cases where both are needed. For ease of use, Netsmart and the County of Santa Clara recommends exposing related PCE IDs in the system. Vendors can decide the best way to present this to end users or supporting technical staff. This allows for more flexibility down the line when these errors occur.

Enforcing FHIR Validation Rules on the Front End


Netsmart recommends enforcing some rules on the front end. For example, if an invalid character is entered in a Date of Birth field, instead of having the FHIR error return and display to the end user, this would be a good rule to enforce prior to the FHIR call being sent. Enforcing validation rules on the front end will save valuable time for the end user.

Starting Development

Integrate with Netsmart’s OAuth Service

1. Navigate to <https://careconnect-uat.netsmartcloud.com/home>
2. Follow the instructions for OAuth integration.
3. Create an account and receive credentials and access token.
4. Contact your ProviderConnect Enterprise Netsmart representative who will apply the appropriate access to your newly created account.

Login to the Netsmart Developer Experience

5. Navigate to <https://careconnect-uat.netsmartcloud.com/home>
6. Select  in the top right corner of the screen.
7. Login using the credentials you created during the OAuth step above.
8. View/Test API Methods.

9. View and download the Companion and Dictionary Guides for the County of Santa Clara ProviderConnect Enterprise project.

Supported Workflows

Supported Workflows	MH	SUTS
Get Client Details	X	X
Episode Search	X	X
Client Admission	X	X
Client Discharge	X	X
Financial Investigation	X	
Financial Eligibility	X	X
Update Client Details	X	X
Women's Health History	X	X
Client Diagnosis	X	X
Service Authorization Request	X	X
Cal-OMS Admission		X
Cal-OMS Annual Update		X
Cal-OMS Discharge		X
CSI Admission	X	
CANS Assessment*	X	X
PSC-35 Assessment*	X	X
MHSA Full Service Partnership*	X	
CCP Program Availability	X	X
Get Practitioner ID	X	X

*Not required for Go-Live. CANS, PSC-35, and MHSA workflows will be rolled out at a later date.

FHIR Reference

Workflow	Resource	Method
Get Client Details	Patient	Get
Episode Search	Encounter Status: arrived	Get
Client Admission	Encounter Status: arrived	Get, Post, Put
Client Discharge	Encounter Status: finished	Get, Post, Put
Financial Investigation	QuestionnaireResponse Type: Client_Financial_Investigation	Get, Post, Put
Financial Eligibility	Coverage	Get, Post, Put
Update Client Details	Patient	Put
Women's Health History	Condition Category: Pregnancy	Get, Post, Put
Client Diagnosis	Condition Category: encounter-diagnosis	Get, Post, Put
Service Authorization Request	CoverageEligibilityRequest CoverageEligibilityResponse	Get, Post, Put
Cal-OMS Admission	QuestionnaireResponse Type: Cal_OMS_Admission	Get, Post, Put
Cal-OMS Annual Update	QuestionnaireResponse Type: Cal_OMS_Annual_Update	Get, Post, Put
Cal-OMS Discharge	QuestionnaireResponse Type: Cal_OMS_Discharge,	Get, Post, Put
CSI Admission	QuestionnaireResponse Type: CSI_Admission	Get, Post, Put
CANS Assessment	QuestionnaireResponse Type: CANS_Assessment	Get, Post, Put
PSC-35 Assessment	QuestionnaireResponse Type: PSC_35	Get, Post, Put
MHSA Full Service Partnership	QuestionnaireResponse Type: MHSA_Partnership_Assessment	Get, Post, Put
CCP Program Availability	QuestionnaireResponse Type: CPP_Availability	Get, Post, Put
Get Practitioner ID	Practitioner	Get

Get Client Details

Purpose

The Get Client Details record allows for CCPs to search CSC's record with a client's most recent demographic information. The following business use cases are supported:

- CCPs need the ability to search for and view client demographic information for clients admitted within CSC's record.

Additionally, the County of Santa Clara requires this workflow prior to sending any data to their system. This is to ensure that data is being sent to the correct client.

Pre-Conditions

The following pre-conditions must be met in order for a CCP to Get Client Details:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.

Supported Data Elements & Validation

Get Client Details – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record
Client First Name	O	40	<ul style="list-style-type: none"> • Alpha Characters • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Client Last Name	O	40	<ul style="list-style-type: none"> • Alpha Characters • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()

Data Element	R / CR / O	Max Length	Validations
Client Date of Birth	CR	10	<ul style="list-style-type: none"> Required if not searching by County Client Number.
Social Security Number	O	9	<ul style="list-style-type: none"> Accepted format is 9 characters. First eight characters must be numeric. The ninth character may either be a number or the letters "P" or "Q" (this will support the ability to receive pseudo SSNs). <ul style="list-style-type: none"> XXX-XX-XXXX XXX-XX-XXXP XXX-XX-XXXQ
Client Gender	O	3	<ul style="list-style-type: none"> Provide a single value from Dictionary #3

Get Client Details – Output

When utilizing the County Client Number, the following elements will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
All other elements included in a current client demographics record will be provided.	

Episode Search

Purpose

The Episode Search function allows for CCPs to search the County's record in order to view a client's current and historical treatment episode(s).

Pre-Conditions

The following pre-conditions must be met in order for a CCP complete an Episode Search:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has provided authorization to share their episode information with the requesting CCP.

Supported Data Elements & Validations

Get Episode Search – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid County Client Number recorded within CSC's record

Get Episode Search – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record
All other elements included in a client episode history will be provided.	

Client Admission

Purpose

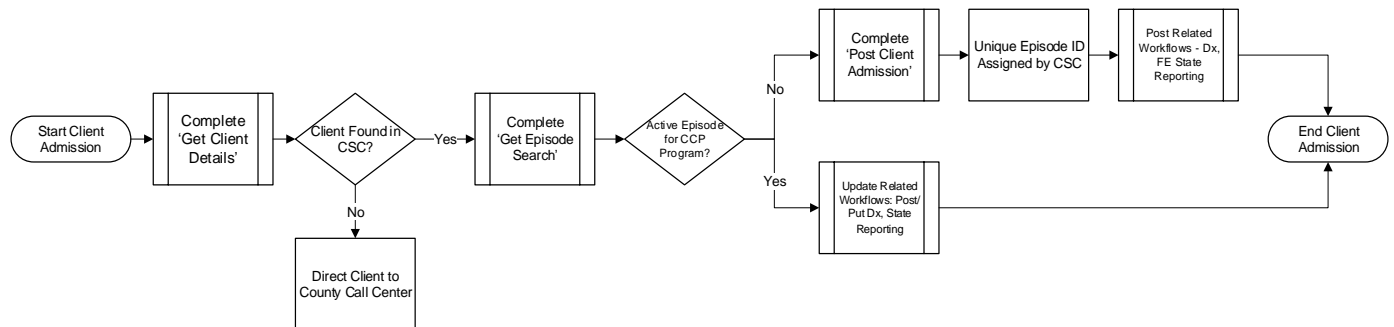
The Client Admission function will allow for CCPs to create an association between their organization to an existing client within CSC’s record. This will inform CSC that the individual is actively receiving services from the organization. The following business use cases are supported:

- A CCP needs to create an association for a client in order to create an active admission episode for that client.

Creating this association between the CCP and client is an essential process to the integrated network. This association must exist in order for the CCP to process the vast majority of supported workflows including, but not limited to, creating a diagnosis record, creating a financial eligibility record and completing Cal-OMS or CSI state reporting requirements.

Note: As demographic data is submitted through the ‘Client Admission’ workflow, any existing demographic data for the client within CSC’s record will be updated.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file an Admission record establishing an open episode for an individual client with a CCP Program:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC’s record with assigned County Client Number.
- An admission into an existing active CCP program will not be allowed.

Supported Data Elements & Validations

Post Client Admission - Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid County Client Number recorded within CSC's record
CCP Program	R	10	<ul style="list-style-type: none"> Alpha-Numeric Identifier Valid codes will be provided by CSC
Admission Date	R	10	<ul style="list-style-type: none"> Date field No future dates allowed
Admission Time	R	7	<ul style="list-style-type: none"> Time field
Type of Admission	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #44
Admitting Practitioner ID	R	6	<ul style="list-style-type: none"> Unique 6-digit ID <ul style="list-style-type: none"> Must match an actively enrolled practitioner within CSC's record on the date of admission.
Source of Admission	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #158
Below fields belong to the Update Client Details workflow. Admission and Update Client Details are commonly sent together.			
Client Prefix	O	3	<ul style="list-style-type: none"> Provide a single value from Dictionary #70204
Client First Name	R	40	<ul style="list-style-type: none"> Alpha Characters Special Characters allowed are: <ul style="list-style-type: none"> Underscore (_) Hyphen (-) Apostrophe (') Space ()
Client Middle Initial	O	1	<ul style="list-style-type: none"> Alpha Character
Client Last Name	R	40	<ul style="list-style-type: none"> Alpha Characters Special Characters allowed are: <ul style="list-style-type: none"> Underscore (_) Hyphen (-) Apostrophe (')

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ Space ()
Client Suffix	O	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70203
Alias	O	80	<ul style="list-style-type: none"> • Alpha Characters • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Sex	R	3	<ul style="list-style-type: none"> • Provide a single value from Dictionary #3
Gender Identity	O	15	<ul style="list-style-type: none"> • Provide a single value from Dictionary #730
Gender Identity (Please Specify)	CR	80	<ul style="list-style-type: none"> • Required if OTH (Additional gender category or other, please specify) is selected from the Gender Identity #730
Sexual Orientation	O	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #731
Sexual Orientation (Please Describe)	CR	80	<ul style="list-style-type: none"> • Required if OTH (Something else, please describe) is selected from the Sexual Orientation #731
Date of Birth	R	10	<ul style="list-style-type: none"> • Date field • No future dates allowed
Social Security Number	R	9	<ul style="list-style-type: none"> • Accepted format is 9 characters. First eight characters must be numeric. The ninth character may either be a number or the letters "P" or "Q" (this will support the ability to receive pseudo SSNs). <ul style="list-style-type: none"> ○ XXX-XX-XXXX ○ XXX-XX-XXXP ○ XXX-XX-XXXQ
Marital Status	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #10
Primary Language	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #149
Education	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #625
Employment Status	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #517

Data Element	R / CR / O	Max Length	Validations
Ethnic Origin	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #8
Client Race	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #116
Smoker	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #9603
Smoking Assessment Date	CR	10	<ul style="list-style-type: none"> Required if a code is submitted in the optional 'Smoker' element Date field No future dates allowed
Living Arrangements	R	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #1167
Client's Home Phone	O	10	<ul style="list-style-type: none"> Numeric only
Email	O	40	<ul style="list-style-type: none"> Email Address verification for [String]@[DomainName].[Extension]
Street Address 1	R	40	<ul style="list-style-type: none"> Alpha, Numeric and special characters allowed
Street Address 2	O	40	<ul style="list-style-type: none"> Alpha, Numeric and special characters allowed
Zip Code	R	9	<ul style="list-style-type: none"> For all US Zip Codes the numeric format allowed: <ul style="list-style-type: none"> XXXXX-XXXX if the 9-digit zip code exists XXXXX-0000 if the zip code does not have 9-digits or it is unknown

Post Client Admission - Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record <i>Note:</i> When a client is admitted into a CCP's associated program, an episode of care is established. The episode is given a unique identifier which the CCP will need to store in their own record. In order to complete several of the supported workflows – including submitting a

	diagnosis, entering a Financial Eligibility record, completing a CSI or Cal-OMS Admission – the unique episode identifier must be provided by the CCP.
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Client Discharge

Purpose

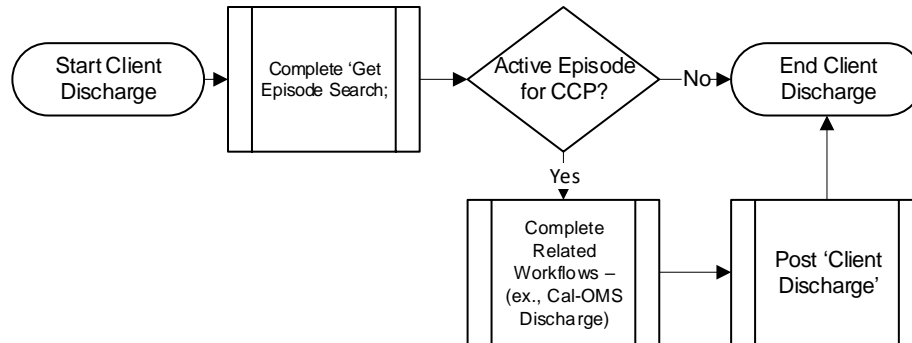
The Client Discharge record allows a CCP to notify CSC that a particular client's episode of care has ended. Before a discharge record is filed, the expectation from a CCP is that:

- The 'Date of Discharge' does not pre-date the 'Date of Admission'.
- The 'Date of Discharge' does not pre-date any treatment services that have been rendered for that client.
 - Example: A discharge cannot be filed with a 'Date of Discharge' of January 1, 2020 if the CCP has submitted a claim to the County for a service rendered on January 15, 2020.
- The CCP has validated and updated any client demographic information.
- The CCP has completed state reporting requirements for discharged clients (when applicable):
 - Cal-OMS Discharge for SUTS clients
 - CANS Assessment with a 'Form Status' = Discharge or Administrative Discharge
 - PSC-35 Assessment with a 'Form Status' = Discharge or Administrative Discharge

The following business use cases are supported:

- A CCP needs to search for and view a client's episode history associated with their agency.
 - The CCP should identify that there is an active episode that needs to be discharged.
- A CCP needs to create a Discharge for a client's open episode associated with their agency.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Discharge for a client:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC record.
- Client has an active admission for the CCP within CSC’s record.
- CCP has reviewed and completed updates for other related workflows such as ensuring client demographic information is up to date and completing a Cal-OMS Discharge.

Supported Data Elements & Validations

Get Client Discharge – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid County Client Number recorded within CSC’s record
Episode ID	R	3	<ul style="list-style-type: none"> • Numeric Value • Unique identifier of client’s discharge record

Get Client Discharge – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record.
All other elements included in a client episode history will be provided.	

Post Client Discharge – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid County Client Number recorded within CSC's record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record associated with the client
Date Of Discharge	R	10	<ul style="list-style-type: none"> Date field <ul style="list-style-type: none"> No future dates allowed This date cannot pre-date the Date of Admission or a date of service for a submitted claim
Discharge Time	R	7	<ul style="list-style-type: none"> Time field
Type of Discharge	R	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #970
Discharge Practitioner ID	R	6	<ul style="list-style-type: none"> Unique 6 digit ID <ul style="list-style-type: none"> Must match an actively enrolled practitioner on the date of discharge
Discharge Remarks/Comments	O	300	<ul style="list-style-type: none"> Free Text – Alpha and Numeric values accepted
Patient Status Code	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70205 This element will be needed for inclusion in CSI Mode 05 Service records

Data Element	R / CR / O	Max Length	Validations
Discharge Legal Class	O	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70206 • This element will be needed for inclusion in CSI Mode 05 Service records

Post Client Discharge – Output

A success or error message will be sent back to the submitter.

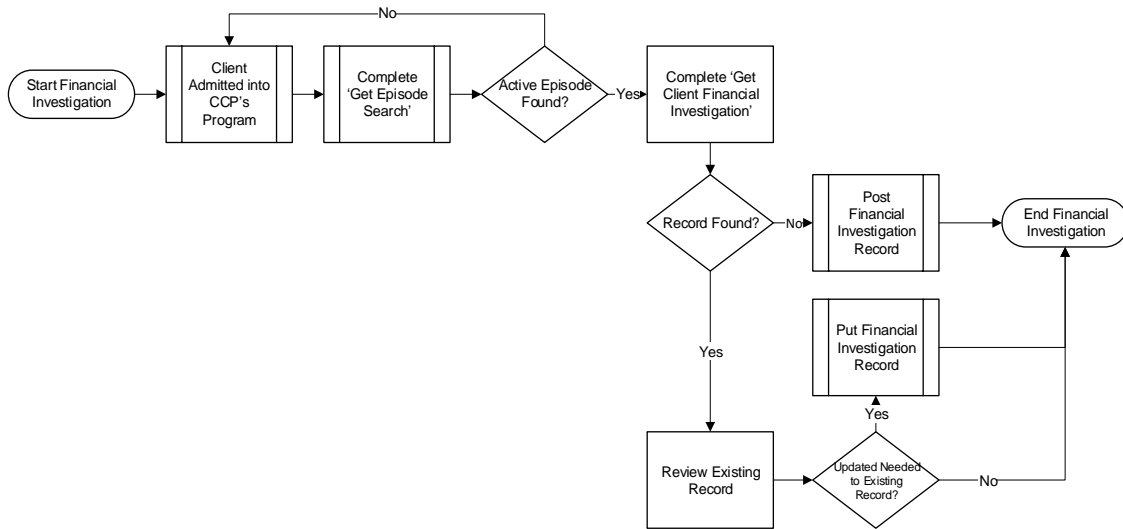
Financial Investigation

Purpose

CSC requests that CCPs submit information related to an individual client’s ability to pay for services. The following business use cases are supported:

- A CCP needs to create a Financial Investigation record for clients actively admitted into their associated program.
- A CCP needs to search for and view Financial Investigation information filed with CSC for a client actively admitted into their associated program.
- A CCP needs to update Financial Investigation records as client information changes.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Financial Investigation record:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC record.

- Client has an active admission for the CCP within the County record.
- CCP has searched the CSC record to determine if the client has an existing Financial Investigation record is on file.
 - The CCP needs to review any existing records to determine if an updated or new record is required.

Supported Data Elements & Validations

Get Client Financial Investigation – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record
Financial Investigation ID	O	18	<ul style="list-style-type: none"> • Unique identifier of a client’s Financial Investigation record.

Get Client Financial Investigation – Output

For successfully submitted records, the following elements will be sent back to the submitter. All records on file for the Client/Episode will be repeated. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC’s record
Financial Investigation ID	Unique identifier of a client’s Financial Investigation record.
All other elements included in a client Financial Investigation history will be provided.	

Post Client Financial Investigation – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record

Data Element	R / CR / O	Max Length	Validations
Financial Investigation Effective Date	R	10	<ul style="list-style-type: none"> Date field
Income – Responsible Party Annual Income	R	12	<ul style="list-style-type: none"> Decimal field
Income – Household Gross Annual Income	O	12	<ul style="list-style-type: none"> Decimal field
Number of Dependents	O	2	<ul style="list-style-type: none"> Integer field
Family Size	O	2	<ul style="list-style-type: none"> Integer field

Post Client Financial Investigation – Output

For successfully submitted records, the ‘Financial Investigation Unique ID’ will be sent back to the submitter. The Unique ID should be stored within the record and will be required for editing an existing record. Else, an error message will be sent back to the submitter.

Put Client Financial Investigation – Input

The Put input includes every field from the corresponding Post input, with the added field:

Data Element	R / CR / O	Max Length	Validations
Financial Investigation Unique ID	R	18	<ul style="list-style-type: none"> Alpha Numeric Value Must be a valid identifier recorded within the CSC record for associated Financial Investigation record

Put Client Financial Investigation – Output

A success or error message will be sent back to the submitter.

Financial Eligibility

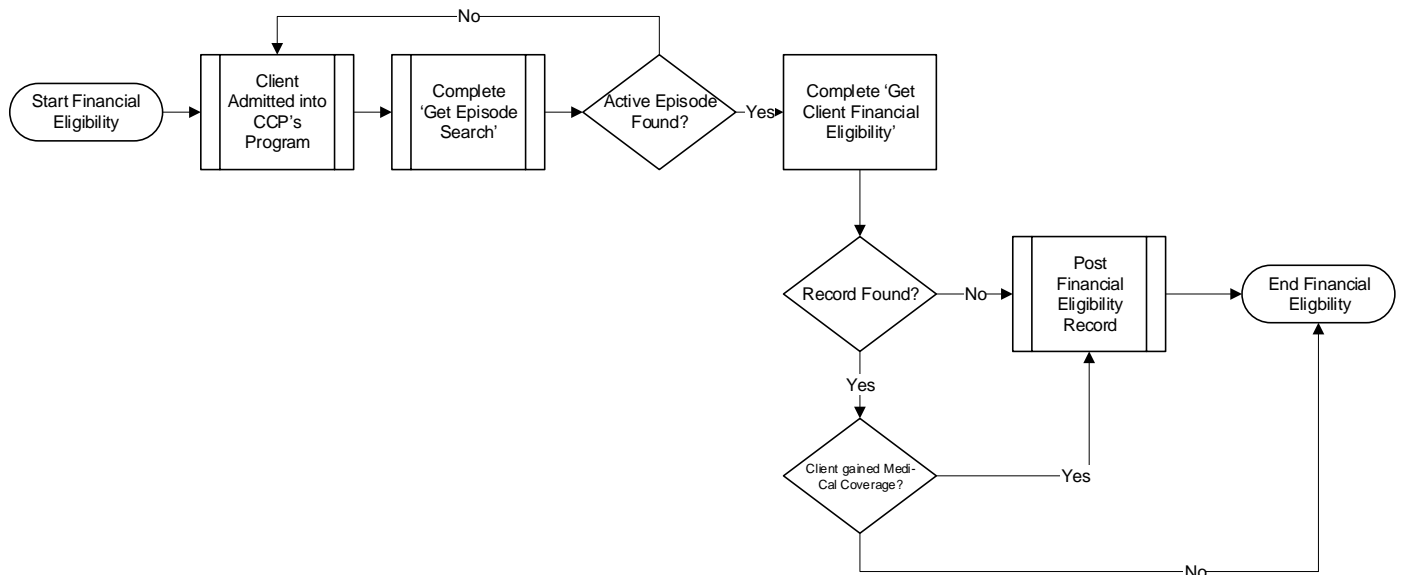
Purpose

The Financial Eligibility function allows for CCPs to update an existing client’s set of guarantors who are responsible for covering the liability for services provided by the CCP. The following business use cases are supported:

- A Certified Contracted Provider (CCP) needs to update an existing Financial Eligibility record for an active beneficiary admitted into their associated program.
- A CCP needs the ability to search for and review existing Financial Eligibility records with the County of Santa Clara’s (CSC) record.

It is critical for CCPs to ensure that a client’s Financial Eligibility record is accurate and updated within CSC’s record to ensure for proper adjudication of claims.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Financial Eligibility record

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an active admission for the CCP within the CSC's record.
- CCP has searched the CSC record to determine if the client has an existing Financial Eligibility record on file or if the existing record requires an update.

Supported Data Elements & Validations

Get Client Financial Eligibility – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid County Client Number recorded within CSC's record
Financial Eligibility Unique ID	O	18	<ul style="list-style-type: none"> • Alpha-numeric value. • Must be a valid identifier recorded within the CSC record for associated Financial Investigation record.

Get Client Financial Eligibility – Output

Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Financial Eligibility ID	Unique identifier for the client's financial eligibility record within CSC's record.
All other elements included in a previously submitted Financial Eligibility will be provided.	

Post Client Financial Eligibility – Input

Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid County Client Number recorded within CSC's record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record associated with the client
Guarantor	R	6	<ul style="list-style-type: none"> Provide a single value from Dictionary #680
Client's Relationship to Subscriber	R	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #247 "1 Self" Must be selected for all clients with a Medical Guarantor or the services will be denied by the State
Coverage Bill Order	O	3	<ul style="list-style-type: none"> Numeric Value
Subscriber Address	R	40	<ul style="list-style-type: none"> Alpha / Numeric values accepted Special Characters allowed are: <ul style="list-style-type: none"> Underscore (_) Hyphen (-) Apostrophe (') Space ()
Subscriber Address 2	O	40	<ul style="list-style-type: none"> Alpha / Numeric values accepted Special Characters allowed are: <ul style="list-style-type: none"> Underscore (_) Hyphen (-) Apostrophe (') Space ()
Subscriber Zip Code	R	9	<ul style="list-style-type: none"> Alpha / Numeric values accepted Special Characters allowed are: <ul style="list-style-type: none"> Underscore (_) Hyphen (-) Apostrophe (') Space () For all US Zip Codes the numeric format allowed: <ul style="list-style-type: none"> XXXXX-XXXX if the 9-digit zip code exists

			<ul style="list-style-type: none"> ○ XXXXX-0000 if the zip code does not have 9-digits or it is unknown
Subscriber Date of Birth	R	10	<ul style="list-style-type: none"> • Date field • No future dates allowed
Subscriber Sex	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #255
Subscriber Social Security Number	R	9	<ul style="list-style-type: none"> • Accepted format is 9 characters. First eight characters must be numeric. The ninth character may either be a number or the letters “P” or “Q” (this will support the ability to receive pseudo SSNs). <ul style="list-style-type: none"> ○ XXX-XX-XXXX ○ XXX-XX-XXXP ○ XXX-XX-XXXQ
Coverage Effective Date	R	10	<ul style="list-style-type: none"> • Date field
Client Index Number	R	9	<ul style="list-style-type: none"> • Required for beneficiaries with Medi-Cal coverage • CIN must contain nine characters: <ul style="list-style-type: none"> ○ Must start with a ‘9’ ○ Must contain seven numeric values ○ Must end with an alpha character of ‘A’, ‘C’ through ‘H’, ‘M’, ‘N’, or ‘S’ through ‘Y’. • Must be left blank for beneficiaries with County of Santa Clara or SABG coverage
Subscriber First Name	R	40	<ul style="list-style-type: none"> • Alpha Characters • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Subscriber Last Name	R	40	<ul style="list-style-type: none"> • Alpha Characters • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()

Post Client Financial Eligibility – Output

A success or error message will be provided to the submitter.

Additional Considerations

This workflow only allows for one record per guarantor value. As such, the receiving system will ingest data differently than other workflows. The receiving system will treat any payload sent as a PUT if the guarantor value already exists. This reduces the importance of the Financial Eligibility ID when sending data. Because of this functionality, Netsmart recommends only utilizing the POST call at this time. Netsmart still recommends tracking the Financial Eligibility ID for troubleshooting purposes.

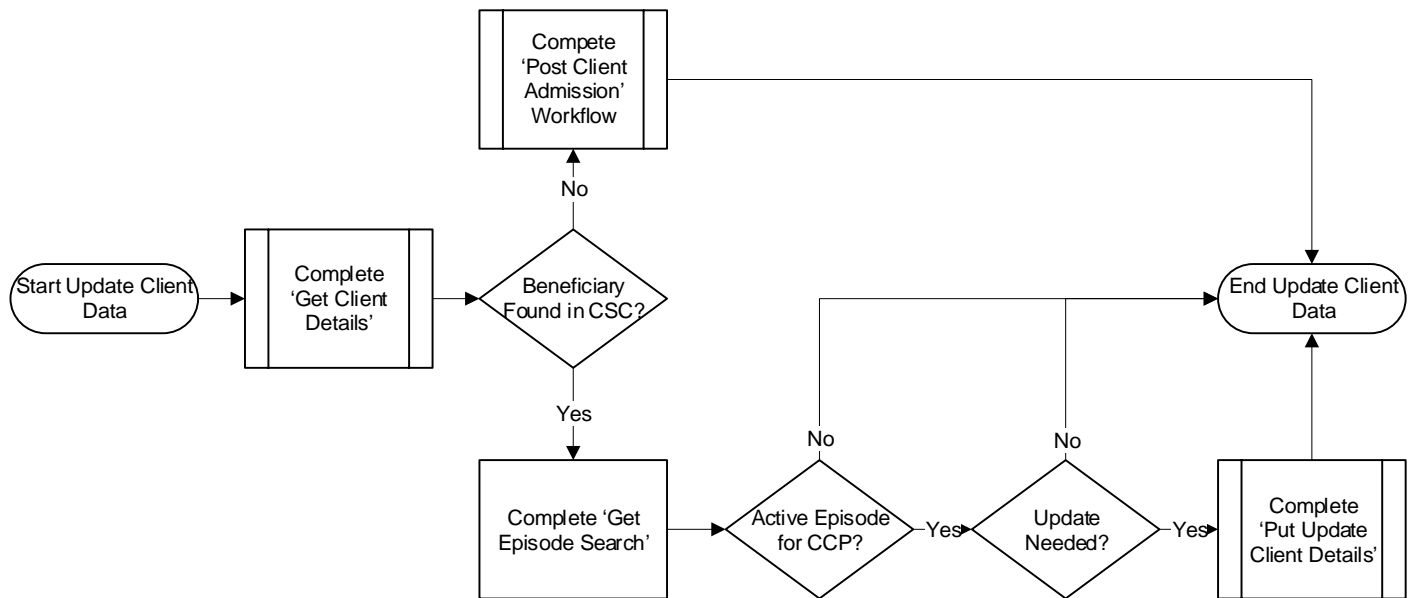
Update Client Details

Purpose

The Update Client Details record allows for CCPs to update CSC’s record with a client’s most recent demographic information. For example, a client being treated at a CCP may have a change of address or phone number. The CCP should be able to update CSC’s record to ensure that the most up to date information for that particular client is on file. The following business use cases are supported:

- CCPs need the ability to search for and view client demographic information for clients admitted within CSC’s record.
- CCPs need the ability to update client demographic information for clients admitted into an active episode within their associated program.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to update a client's demographic data:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an active admission for the CCP within CSC's record.

Supported Data Elements & Validations

Put Update Client Details – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record
Client Prefix	O	3	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70204
Client First Name	O	40	<ul style="list-style-type: none"> • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Client Middle Initial	O	1	<ul style="list-style-type: none"> • One Alpha character expected when sent
Client Last Name	O	40	<ul style="list-style-type: none"> • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Client Suffix	O	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70203
Alias	O	80	<ul style="list-style-type: none"> • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()

Data Element	R / CR / O	Max Length	Validations
Sex	R	3	<ul style="list-style-type: none"> Provide a single value from Dictionary #3 Note: a change in this field will trigger an updated CSI Admission to generate
Gender Identity	O	15	<ul style="list-style-type: none"> Provide a single value from Dictionary #730
Gender Identity (Please Specify)	CR	80	<ul style="list-style-type: none"> Required if OTH (Additional gender category or other, please specify) is selected from the Gender Identity #730
Sexual Orientation	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #731
Sexual Orientation (Please Describe)	CR	80	<ul style="list-style-type: none"> Required if OTH (Something else, please describe) is selected from the Sexual Orientation #731
Date of Birth	R	10	<ul style="list-style-type: none"> Date field No future dates allowed
Social Security Number	R	9	<ul style="list-style-type: none"> Accepted format is 9 characters. First eight characters must be numeric. The ninth character may either be a number or the letters "P" or "Q" (this will support the ability to receive pseudo SSNs). <ul style="list-style-type: none"> XXX-XX-XXXX XXX-XX-XXXP XXX-XX-XXXQ
Marital Status	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #10
Primary Language	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #149 Note: a change in this field will trigger an updated CSI Admission to generate
Education	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #625
Employment Status	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #517
Ethnic Origin	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #8 Note: a change in this field will trigger an updated CSI Admission to generate
Client Race	O	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #116
Smoker	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #9603

Data Element	R / CR / O	Max Length	Validations
Smoking Assessment Date	CR	10	<ul style="list-style-type: none"> • Date field • No future date allowed
Client's Home Phone	O	10	<ul style="list-style-type: none"> • Numeric values only
Email	O	40	<ul style="list-style-type: none"> • Email Address verification for [String]@[DomainName].[Extension]
Street Address 1	O	40	<ul style="list-style-type: none"> • Alpha, Numeric and special characters allowed
Street Address 2	O	40	<ul style="list-style-type: none"> • Alpha, Numeric and special characters allowed
Zip Code	O	9	<ul style="list-style-type: none"> • For all US Zip Codes the numeric format allowed: <ul style="list-style-type: none"> ○ XXXXX-XXXX if the 9-digit zip code exists ○ XXXXX-0000 if the zip code does not have 9-digits or it is unknown

Note: When these updates file within the County's myAvatar system, if there is no value present in the optional data attributes being sent in this Update, then the system will retain any existing value within the County's myAvatar system. This will prevent CCPs from overwriting existing information.

Put Update Client Details – Output

A success or error message will be sent back to the submitter.

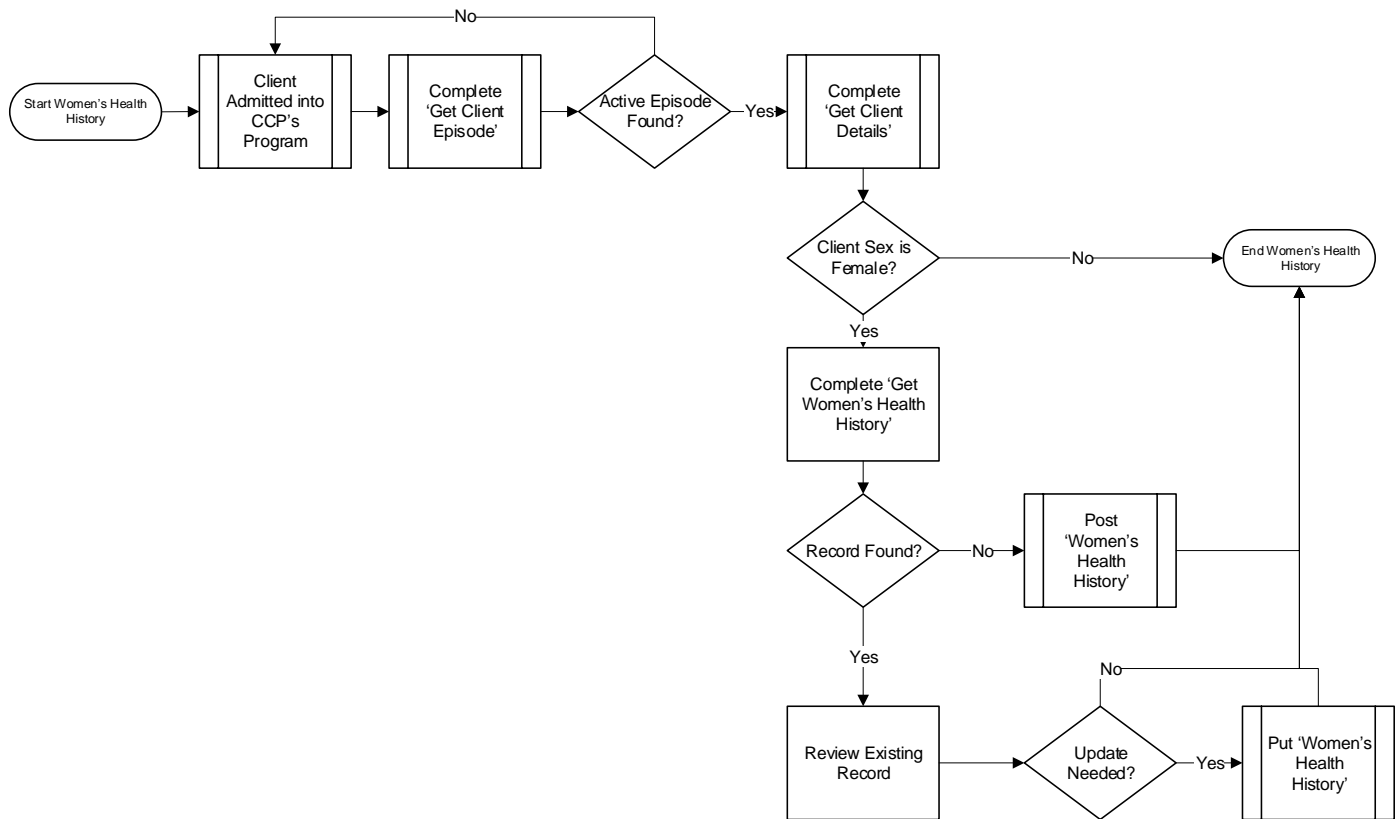
Women's Health History

Purpose

The Women's Health History workflow will allow for CCPs to communicate with CSC and provide client pregnancy details for the start and end dates of the pregnancy. The following business use cases are supported:

- CCPs need the ability to search CSC's record to identify whether a client has a women's health history record on file.
- CCPs need the ability to create a 'Women's Health History' record.
- CCPs need the ability to update an existing 'Women's Health History' record.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to access or view a Women’s Health History record:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC record.
- Client has an active admission for the CCP within CSC’s record.
- CCP has searched the CSC record to determine if the client has an existing pregnancy condition record on file that needs to be updated.

Supported Data Elements & Validations

Get Women’s Health History – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Episode ID recorded within CSC record for associated Client

Get Women’s Health History - Output

Data Element	Description
County Client Number	Unique client identifier assigned within CSC’s record
Women’s Health History Unique ID	Unique identifier assigned to a submitted Women’s Health History record. Required for editing an existing record.
All other elements included in a previously submitted client pregnancy record will be provided.	

Post Women's Health History - Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record for associated Client
Assessment Date	R	10	<ul style="list-style-type: none"> Date field
Pregnancy Start Date	R	10	<ul style="list-style-type: none"> Date field
Pregnancy End Date	O	10	<ul style="list-style-type: none"> Date field

Post Women's Health History – Output

For successfully submitted records, the 'Women's Health History Unique ID' will be sent back to the submitter. The Unique ID should be stored within the record and will be required for editing an existing record. Else, an error message will be sent back to the submitter.

Put Women's Health History – Input

The Put input includes every field from the corresponding Post input, with the added field:

Data Element	R / CR / O	Max Length	Validations
Women's Health History Unique ID	R	10	<ul style="list-style-type: none"> Alpha Numeric Value Must be a valid identifier recorded within CSC record for associated Client and Episode

Put Women's Health History - Output

A success or error message will be sent back to the submitter.

Client Diagnosis

Purpose

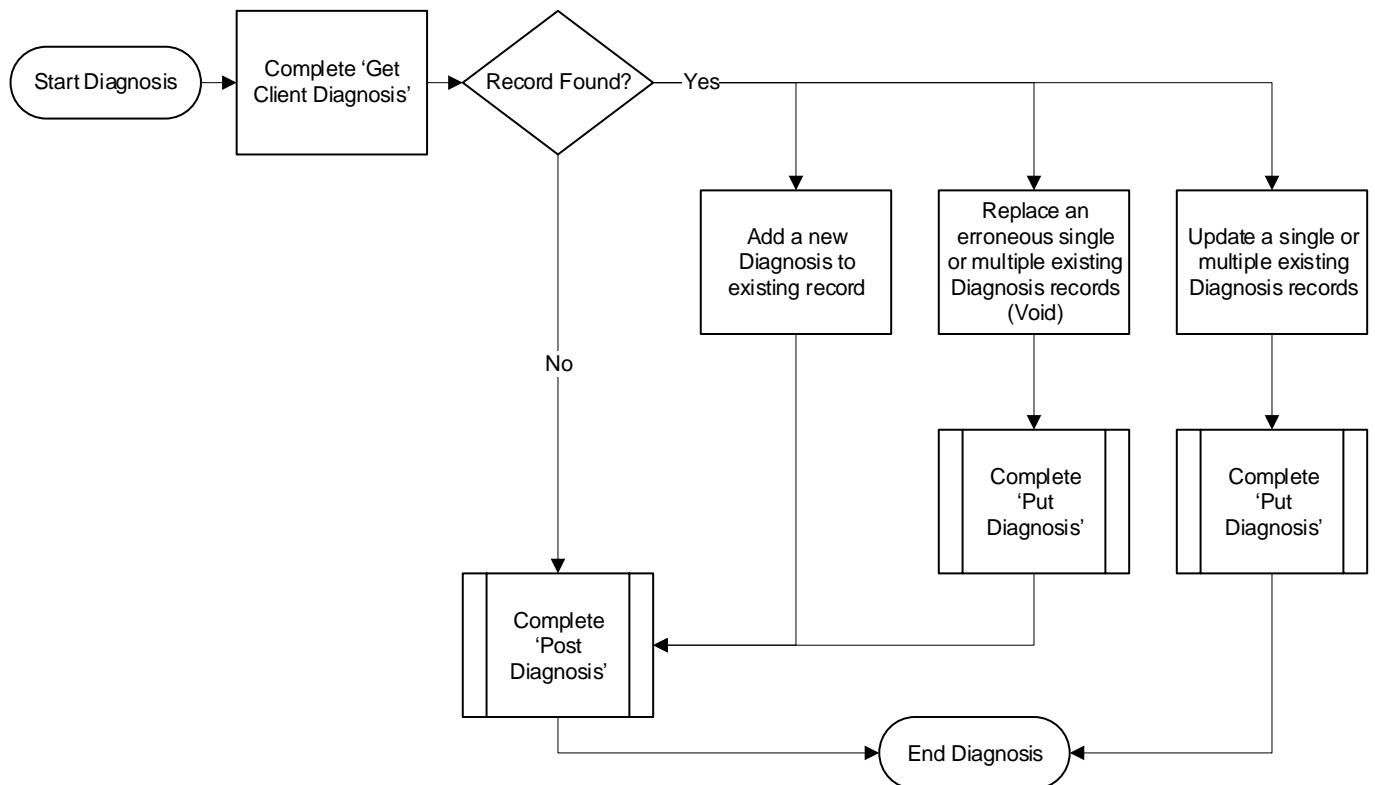
The Client Diagnosis record allows for CCPs to update CSC's record with one or more diagnoses for an individual client. From a workflow perspective, having a client diagnosis on file is critical for billing purposes and is also an element utilized within the CSI Service record. The following business use cases are supported:

- A CCP needs the ability to search and view CSC's record to identify whether a client has a diagnosis record on file for their associated program. With consent provided, the CCP may have the ability to search and view CSC's record for a client's diagnosis record submitted by another CCP.
- A CCP needs the ability to create a new diagnosis record(s) for an existing client who has an active admission episode for their associated program.
- A CCP needs the ability to update a diagnosis record(s) for an existing client who has an active admission episode for their associated program.
- A CCP needs the ability to replace or void a diagnosis record(s) for an existing client who has an active admission episode for their associated program.

Diagnosis records also must adhere to the following business rules:

- A client can have multiple diagnoses on file for a single admission episode.
 - Only one "Primary" diagnosis may be defined.
 - A "Primary" diagnosis must be defined.
 - If a client has a "Primary" diagnosis, that client may also have none, one or multiple "Secondary" diagnoses.
 - If a client has a "Secondary" diagnosis on file, that client may also have none, one or multiple "Tertiary" diagnoses.
- Each filed diagnosis must be associated with a "Status" of 'Active', 'Working', 'Resolved' or 'Void'.
- Each filed diagnosis must also be associated with a "Billing Order". Enter the order in which the diagnoses will appear on the claim.
 - The "Primary" diagnosis must have a Billing Order of '1'.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Client Diagnosis record:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an active admission for the CCP within CSC's record.
- CCP has searched the CSC record to determine if client has an existing diagnosis record on file.

Supported Data Elements & Validations

Get Client Diagnosis – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record for the specified client

Get Client Diagnosis - Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record
All other elements included in a previously submitted Diagnosis record will be provided.	

Post Client Diagnosis - Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record for associated Client
Type of Diagnosis	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #125

Data Element	R / CR / O	Max Length	Validations
Date of Diagnosis	R	10	<ul style="list-style-type: none"> Date field No future dates allowed
Time of Diagnosis	R	7	<ul style="list-style-type: none"> Time field in HH:MMAM or HH:MMPM format
Diagnosis	R	6	<ul style="list-style-type: none"> Valid ICD-10 Code
Diagnosis Status	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #1800
Resolved Date	CR	10	<ul style="list-style-type: none"> Date field Only required if the status is sent as 'Resolved' No future dates allowed
Ranking	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #1801
Bill Order	R	2	<ul style="list-style-type: none"> Integer value
Diagnosing Practitioner ID	R	6	<ul style="list-style-type: none"> Unique ID is required Practitioner must be actively enrolled within CSC's record on the date of the diagnosis
Trauma (CSI)	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70672 This element will be sent as part of the CSI Service Record
General Medical Condition Summary Code (CSI)	O	2	<ul style="list-style-type: none"> Provide one or more value from Dictionary #70674 This element will be sent as part of the CSI Service Record
Substance Abuse / Dependence (CSI)	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70675 This element will be sent as part of the CSI Service Record
Substance Abuse / Dependence Diagnosis (CSI)	O	6	<ul style="list-style-type: none"> Valid ICD-10 Code If 'N' or 'U' is submitted within the 'Substance Abuse / Dependence (CSI)' element, then do not send an ICD-10 Code This element will be sent as part of the CSI Service Record

Post Client Diagnosis – Output

For successfully submitted records, the 'Client Diagnosis Unique ID' will be sent back to the submitter. The Unique ID should be stored within the record and will be required for editing an existing record. Else, an error message will be sent back to the submitter.

Put Client Diagnosis – Input

Data Element	R / CR / O	Max Length	Validations
Diagnosis Unique ID	R	10	<ul style="list-style-type: none"> Alpha Numeric Value Must be a valid identifier recorded within CSC record for associated Client and Episode
Diagnosis	R	6	<ul style="list-style-type: none"> Valid ICD-10 Code
Diagnosis Status	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #1800
Resolved Date	CR	10	<ul style="list-style-type: none"> Date field Only required if the status is sent as 'Resolved' No future dates allowed
Ranking	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #1801
Bill Order	R	2	<ul style="list-style-type: none"> Integer value
Diagnosing Practitioner ID	R	6	<ul style="list-style-type: none"> Unique ID is required Practitioner must be actively enrolled within CSC's record on the date of the diagnosis
Trauma (CSI)	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70672 This element will be sent as part of the CSI Service Record
General Medical Condition Summary Code (CSI)	O	2	<ul style="list-style-type: none"> Provide one or more value from Dictionary #70674 This element will be sent as part of the CSI Service Record
Substance Abuse / Dependence (CSI)	O	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70675 This element will be sent as part of the CSI Service Record
Substance Abuse / Dependence Diagnosis (CSI)	O	6	<ul style="list-style-type: none"> Valid ICD-10 Code If 'N' or 'U' is submitted within the 'Substance Abuse / Dependence (CSI)' element, then do not send an ICD-10 Code

			<ul style="list-style-type: none"> This element will be sent as part of the CSI Service Record
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Put Client Diagnosis - Output

A success or error message will be sent back to the submitter.

Additional Considerations

The Put Client Diagnosis workflow functions in one of two ways depending on the ID format being sent.

1. Update an existing diagnosis – This is as expected for PUT operations. The format for updating a diagnosis is #|# (ex. 181335|535196).
2. Add a secondary/tertiary/etc. diagnosis – The format for this functionality is # (ex. 181335). By sending this ID format you are telling the receiving system to add this diagnosis onto the record.

The reason for these different cases on the PUT actions is because of how the receiving system handles diagnosis records. There is a parent record and children records. The first number in a Diagnosis Unique ID (ex 181335) will always refer to the parent record, which contains data such as Type of Diagnosis and Date of Diagnosis. The second number refers to a child record (ex. 535196), which contains data like Diagnosis, Diagnosis Status, Ranking, etc.

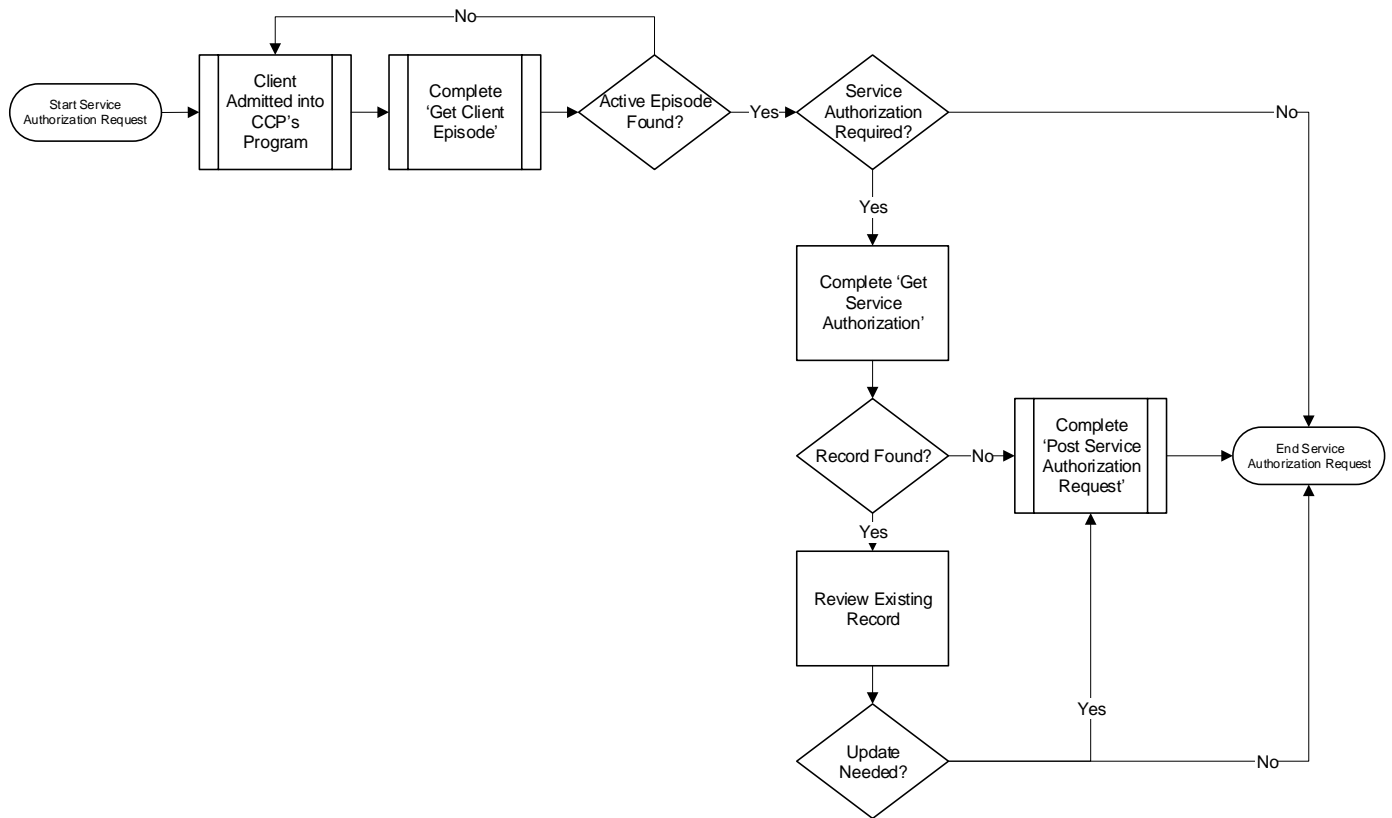
For reference, the Post Client Diagnosis workflow contains both the parent record fields AND the initial child record, which will always be the primary diagnosis. The parent record fields cannot be updated and are not present in the Put Client Diagnosis workflow.

Service Authorization Request

Purpose

CCPs will be allowed to submit requests for Service Authorizations to the County of Santa Clara (CSC) for an individual client actively admitted into the CCP's associated program. The requests will contain information such as requested procedure codes and the number of units requested.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a client Service Authorization:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an active admission for the CCP within CSC's record.
- CCP has searched the CSC record to determine if client has an existing Service Authorization is on file.

Supported Data Elements & Validations

Get Service Authorization – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record.
Authorization Number	O	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Authorization Number recorded within CSC record and associated with the requesting CCP.

Get Service Authorization - Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Authorization Number	Must be a valid Authorization Number recorded within CSC record.
All other elements included in a previously submitted Authorization record will be provided.	

Post Service Authorization - Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record.
Provider To Be Authorized	R	10	<ul style="list-style-type: none"> Unique ID is required Valid codes will be provided by CSC.
Contracting Provider Program	R	10	<ul style="list-style-type: none"> Unique ID is required Valid codes will be provided by CSC.
Current Authorization Status Reason	R	10	<ul style="list-style-type: none"> Provide a single value from Dictionary #10072
Authorization Requested Start Date	R	10	<ul style="list-style-type: none"> Date field
Authorization Requested End Date	R	10	<ul style="list-style-type: none"> Date field
Funding Source	R	6	<ul style="list-style-type: none"> Provide a single value from the "Funding Source" Dictionary
Benefit Plan	R	6	<ul style="list-style-type: none"> Provide a single value from the "Benefit Plan" Dictionary
Type of Authorization	R	2	<ul style="list-style-type: none"> Provide a single value from Dictionary #10005 Valid codes will be provided by CSC.
Authorization Group	CR	40	<ul style="list-style-type: none"> Provide a valid code from the "Authorization Group" section of the Dictionary Guide.
Code Authorized (1)	CR	20	<ul style="list-style-type: none"> Required if an 'Authorization Group' is not provided. An 'Authorization Group' and a 'Code Authorized' can never be sent together. An end user will only select to request a Group or Individual Code(s). Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (1)	CR	3	<ul style="list-style-type: none"> Integer

Data Element	R / CR / O	Max Length	Validations
Code Authorized (2)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (2)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (3)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (3)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (4)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (4)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (5)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (5)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (6)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (6)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (7)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (7)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (8)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (8)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (9)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.

Data Element	R / CR / O	Max Length	Validations
Units Requested (9)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (10)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (10)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (11)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (11)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (12)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (12)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (13)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (13)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (14)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (14)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (15)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (15)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (16)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (16)	CR	3	<ul style="list-style-type: none"> Integer

Data Element	R / CR / O	Max Length	Validations
Code Authorized (17)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (17)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (18)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (18)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (19)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (19)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (20)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (20)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (21)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (21)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (22)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (22)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (23)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (23)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (24)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.

Data Element	R / CR / O	Max Length	Validations
Units Requested (24)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (25)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (25)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (26)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (26)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (27)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (27)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (28)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (28)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (29)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (29)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (30)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (30)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (31)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (31)	CR	3	<ul style="list-style-type: none"> Integer

Data Element	R / CR / O	Max Length	Validations
Code Authorized (32)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (32)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (33)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (33)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (34)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (34)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (35)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (35)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (36)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (36)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (37)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (37)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (38)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.
Units Requested (38)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (39)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the “Code Authorized” section of the Dictionary Guide.

Data Element	R / CR / O	Max Length	Validations
Units Requested (39)	CR	3	<ul style="list-style-type: none"> Integer
Code Authorized (40)	O	20	<ul style="list-style-type: none"> Provide a valid Code to be authorized. Valid codes are in the "Code Authorized" section of the Dictionary Guide.
Units Requested (40)	CR	3	<ul style="list-style-type: none"> Integer
Comments on Authorization	O	300	<ul style="list-style-type: none"> Alpha, Numeric and Special characters allowed.

Post Service Authorization – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
Service Authorization Number	<p>Unique client identifier assigned within CSC's record.</p> <p>A unique Authorization Number will automatically be assigned when an inbound service authorization request is successfully received. This unique identifier will be utilized to search for authorization statuses and will need to be included on an inbound claim file.</p>

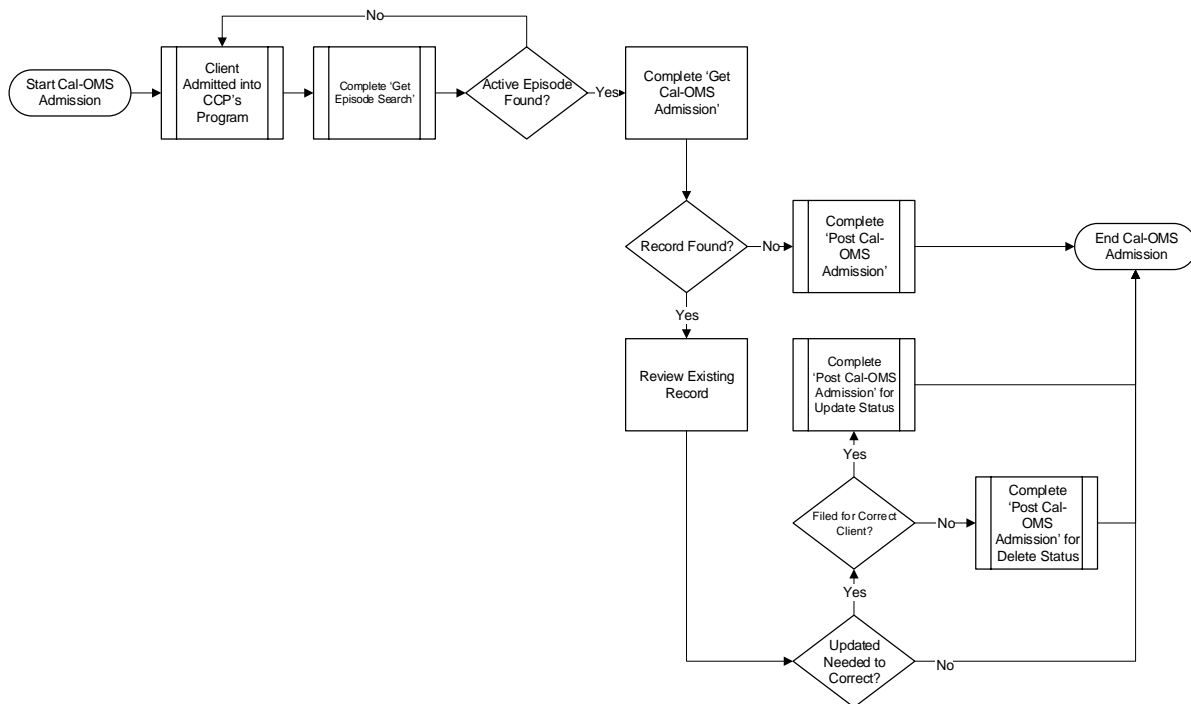
Cal-OMS Admission

Purpose

California Outcomes Measurement System (Cal-OMS) is a California DHCS mandated data set to collect client information and service utilization within substance use treatment and narcotic treatment programs. The following business use cases are supported:

- A CCP needs to create Cal-OMS Admission records for active clients admitted into their associated substance use treatment program.
- A CCP needs to search for and view Cal-OMS Admission information filed with CSC for a client admitted within their associated substance use treatment program.
- A CCP needs to update Cal-OMS Admission records to correct erroneous information previously filed.
- A CCP may need to delete a Cal-OMS Admission records for a client admitted within their substance use treatment program. CCPs would only delete an existing record if the Cal-OMS Admission was filed inadvertently (for example, submitted under the incorrect client). A deletion is a valid “Type of Form” that can be submitted. The previously filed record will not be deleted from the database but flags the previous Cal-OMS Admission as invalid.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Cal-OMS Admission:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC record.
- Client has an active admission for the CCP within the County record.
- CCP has searched the CSC record to determine if the client has an existing Cal-OMS Admission on file.
 - If a Cal-OMS Admission record is not on file, a new Cal-OMS Admission should be filed.
 - If a Cal-OMS Admission is on file, if erroneous information needs to be corrected then an update to the existing record should be filed.
 - If a Cal-OMS Admission is on file for the incorrect client, then a deletion to the existing record should be filed.

Supported Data Elements & Validations

Get Client Cal-OMS Admission – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record.
Associated Cal-OMS Admission ID	O	23	<ul style="list-style-type: none"> Unique identifier assigned to a Cal-OMS Admission.

Get Client Cal-OMS Admission - Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record.
Episode ID	Unique episode identifier for the client/program assigned within CSC's record.
Associated Cal-OMS Admission ID	Unique identifier assigned to a Cal-OMS Admission.
All other elements included in a previously submitted Cal-OMS Admission will be provided.	

Post Client Cal-OMS Admission - Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record.
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record for the specified client.
Date of Admission	R	10	<ul style="list-style-type: none"> Date field

Data Element	R / CR / O	Max Length	Validations
Type of Form (Record to be Submitted)	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70515
Current First Name	R	20	<ul style="list-style-type: none"> Free Text Other values accepted: <ul style="list-style-type: none"> 99902 (Not Applicable); or 99904 (Client unable to answer)
Current Last Name	R	40	<ul style="list-style-type: none"> Free Text Other values accepted: <ul style="list-style-type: none"> 99902 (Not Applicable); or 99904 (Client unable to answer)
Social Security Number	O	9	<ul style="list-style-type: none"> 9 Numeric digits: <ul style="list-style-type: none"> NNN-NN-NNNN 99900 (Client declines to state) 99902 (None or not applicable) 99904 (Client unable to answer)
Location of Admission	R	10	<ul style="list-style-type: none"> Submit applicable alphanumeric identifier for Cal-OMS program.
Level of Care	R	10	<ul style="list-style-type: none"> Provide a single value from Dictionary #70710
Zip Code At Current Residence	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> NNNNN – the client’s fivedigit numerical zip code 00000 – Homeless XXXXX (Client declines to state) ZZZZZ (Client unable to answer)
Birth First Name	R	20	<ul style="list-style-type: none"> Alpha values expected
Birth Last Name	R	40	<ul style="list-style-type: none"> Alpha values expected
Place of Birth – County	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70504 <ul style="list-style-type: none"> 99903 only allowed if ‘Place of Birth – State’ is not California.
Place of Birth - State	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70505
Driver’s License Number	R	13	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Alpha/Numeric Value 99900 (Client declines to state); <ul style="list-style-type: none"> This value only accepted when Driver’s License State is 99900. 99902 (Not Applicable);

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ▪ Only accepted when Driver's License State is 99902. ○ 99904 (Client unable to answer)
Driver's License State	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70507
Mother's First Name	R	20	<ul style="list-style-type: none"> • Alpha values expected
Race	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70509
Race 2	O	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70509
Race 3	O	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70509
Race 4	O	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70509
Race 5	O	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70509
Ethnicity	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70516
Veteran	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70517
Disability	R	5	<ul style="list-style-type: none"> • Provide one or more values from Dictionary #70518
Consent	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70519
Admission Transaction Type	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70520
Source of Referral	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70522
Days Waited to Enter Treatment	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 999 ○ 99901 (Not Sure / Don't Know); ○ 99904 (Client unable to answer)
Number of Prior Episodes	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 999 ○ 99901 (Not Sure / Don't Know); ○ 99904 (Client unable to answer)
CalWORKs Recipient	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70525
Substance Abuse Treatment Under CalWORKs	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70526

Data Element	R / CR / O	Max Length	Validations
Special Services Contract	O	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70527
County Paying for Services	CR	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70528
Special Services Contract ID	CR	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0000-9999 99902 (Not Applicable) <ul style="list-style-type: none"> Can only be used if there is no Primary Drug Name.
Primary Drug (Code)	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70530
Primary Drug Name	CR	50	<ul style="list-style-type: none"> Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a: <ul style="list-style-type: none"> 3 - Barbiturates 4 - Other Sedatives or Hypnotics 6 - Other Amphetamines 7 - Other Stimulants 11 - Other Hallucinogens 12 - Tranquilizers (Benzodiazepine) 13 - Other Tranquilizers 16 - Other Opiates and Synthetics 17 - Inhalants 18 - Over-the-Counter 20 - Other Club Drugs
Primary Drug Frequency	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0 – 30 99902 (Not Applicable) If Primary Drug is 'Alcohol', must be 99902 (Not Applicable).
Primary Drug Route of Administration	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70533 <ul style="list-style-type: none"> If Primary Drug is 'Alcohol', must be 'Oral'. If Primary Drug is 'Inhalants', must be 'Inhalation'.
Primary Drug Age of First Use	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 5 - 105 99904 (Client unable to Answer)
Secondary Drug (Code)	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70530
Secondary Drug Name	CR	50	<ul style="list-style-type: none"> Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a:

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ 3 - Barbiturates ○ 4 - Other Sedatives or Hypnotics ○ 6 - Other Amphetamines ○ 7 - Other Stimulants ○ 11 - Other Hallucinogens ○ 12 - Tranquilizers (Benzodiazepine) ○ 13 - Other Tranquilizers ○ 16 - Other Opiates and Synthetics ○ 17 - Inhalants ○ 18 - Over-the-Counter ○ 20 - Other Club Drugs ○ 99903 - Other (Specify)
Secondary Drug Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable) <ul style="list-style-type: none"> ▪ Only accepted if 'Secondary Drug Code' is 0 (None)
Secondary Drug Route of Administration	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70533 <ul style="list-style-type: none"> ○ 99902 is only accepted if 'Secondary Drug Code' is 0 (None)
Secondary Drug Age of First Use	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 5 - 105 ○ 99902 (Not Applicable) <ul style="list-style-type: none"> ▪ Only accepted if 'Secondary Drug Code' is 0 (None)
Alcohol Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable)
Needle Use	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Needle Use in the Last 12 Months	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70542
Employment Status	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70545
Work Past 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state);

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ 99904 (Client unable to answer)
Enrolled in School	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70543
Enrolled in Job Training	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70547
Highest School Grade Completed	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70544
Criminal Justice Status	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70551
CDCR Number	R	6	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Alpha/Numeric value ○ 99900 (Client declines to state); ○ 99901 (Not sure/do not know); ○ 99902 (Not Applicable); ○ 99904 (Client unable to answer)
Number of Arrests Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Jail Days Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Prison Days Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Parolee Services Network	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70556
FOTP Parolee	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70557
FOTP Parolee Priority Status	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70558
Mental Illness Diagnosis	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70572
Emergency Room Use/Mental Health	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 99 ○ 99904 (Client unable to answer)
Psychiatric Facility Use	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)

Data Element	R / CR / O	Max Length	Validations
Mental Health Medication	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70575
Medi-Cal Client	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70559
Emergency Room Last 30 Days	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0 – 99 99904 (Client unable to answer)
Hospital Overnight Stay Last 30 Days	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0 – 30 99904 (Client unable to answer)
Medical Problems Last 30 Days	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0 – 30 99904 (Client unable to answer)
Pregnancy at Admission	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70563
Pregnant at Any Time During Treatment	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70621
Medication Prescribed as a Part of Treatment	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70564
Communicable Diseases: Tuberculosis	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70565
Communicable Diseases: Hepatitis C	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70566
Communicable Diseases: Sexually Transmitted Disease	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70567
HIV Tested	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70570
HIV Test Results	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70571
Social Support	R	2	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0 – 30
Current Living Arrangements	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70578
Living With Someone	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0 – 30 99900 (Client declines to state); 99904 (Client unable to answer)

Data Element	R / CR / O	Max Length	Validations
Family Conflicts Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Number of Children	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Aged 5 Years or Younger	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Living With Someone Else	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Living With Someone Else and Parental Rights Terminated	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Gender	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70647
Sexual Orientation	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70716

Post Client Cal-OMS Admission – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
Associated Cal-OMS Admission ID	Unique identifier assigned to a Cal-OMS Admission.

Put Client Cal-OMS Admission – Input

The Put input includes every field from the corresponding Post input, with the added field:

Data Element	R / CR / O	Max Length	Validations
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Associated Cal-OMS Admission ID	R	23	<ul style="list-style-type: none"> Unique identifier assigned to a Cal-OMS Admission.
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Put Client Cal-OMS Admission – Output

A success or error message will be sent back to the submitter.

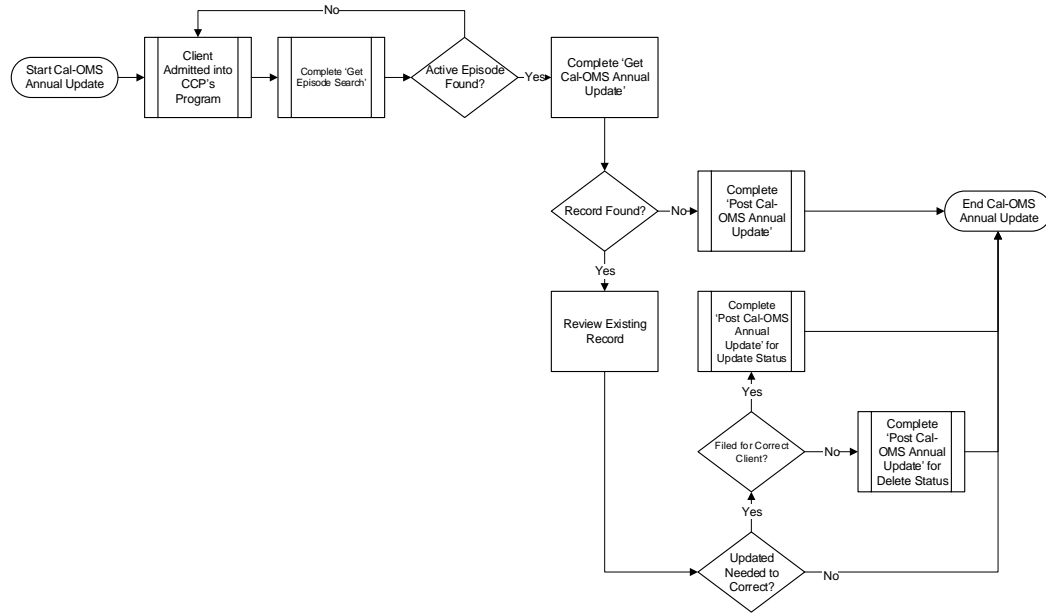
Cal-OMS Annual Update

Purpose

California Outcomes Measurement System (Cal-OMS) is a California DHCS mandated data set to collect client information and service utilization within substance use treatment and narcotic treatment programs. The following business use cases are supported:

- A Certified Contracted Provider (CCP) needs to create Cal-OMS Annual Update records for active clients admitted into one of their substance use treatment program(s) that have an existing Cal-OMS Admission filed.
- A CCP needs to search for and view Cal-OMS Annual Update information filed with Santa Clara County (CSC) for a client actively admitted within their associated program.
- A CCP needs to update Cal-OMS Annual Update records to correct erroneous information previously filed for a client actively admitted within their associated program.
- A CCP may need to delete a Cal-OMS Annual Update record for a client actively admitted within their associated program. CCPs would only delete an existing record if the Cal-OMS Annual Update was filed inadvertently (for example, submitted under the incorrect client). A deletion is a valid “Type of Form” that can be submitted. The previously filed record will not be deleted from the database but flags the previous Cal-OMS Annual Update as invalid.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Cal-OMS Annual Update:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an active admission for the CCP within CSC's record.
- Client must have a Cal-OMS Admission record on file.
- CCP has searched CSC record to determine if the client has an existing Cal-OMS Annual Update on file to determine if the record should be updated or deleted.

Supported Data Elements & Validations

Get Client Cal-OMS Annual Update – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record

Get Client Cal-OMS Annual Update – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record
Associated Cal-OMS Admission ID	Unique identifier assigned to a Cal-OMS Admission.
All other elements included in a previously submitted Cal-OMS Annual Update will be provided.	

Post Client Cal-OMS Annual Update – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record for the specified client
Annual Update Date	R	10	<ul style="list-style-type: none"> Date field

Data Element	R / CR / O	Max Length	Validations
Associated Cal-OMS Admission ID	R	8	<ul style="list-style-type: none"> • Alpha-Numeric: XNNNNNNN <ul style="list-style-type: none"> ○ This is an 8 digit length field ○ The first digit must be an Alpha Character ○ The second digit must be a '0' ○ 3rd – 8th digits must be numeric ○ No blank or null characters are allowed • A Cal-OMS Admission must be on file with a matching Form Serial Number
Type of Form (Record to be Submitted)	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70702
Current First Name	R	20	<ul style="list-style-type: none"> • Free Text • Other values accepted: <ul style="list-style-type: none"> ○ 99902 (Not Applicable); or ○ 99904 (Client unable to answer)
Current Last Name	R	40	<ul style="list-style-type: none"> • Free Text • Other values accepted: <ul style="list-style-type: none"> ○ 99902 (Not Applicable); or ○ 99904 (Client unable to answer)
Social Security Number	O	9	<ul style="list-style-type: none"> • 9 Numeric digits: <ul style="list-style-type: none"> ○ NNN-NN-NNNN ○ 99900 (Client declines to state) ○ 99902 (None or not applicable) ○ 99904 (Client unable to answer)
Level of Care	R	10	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70710
Zip Code At Current Residence	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ NNNNN – the client's five-digit numerical zip code ○ 00000 – Homeless <ul style="list-style-type: none"> ▪ This value is only acceptable if 'Current Living Arrangements' (SOC-2) is sent as '1' (Homeless) ○ XXXXX (Client declines to state) ○ ZZZZZ (Client unable to answer)
Birth First Name	O	20	<ul style="list-style-type: none"> • Alpha values expected
Birth Last Name	O	40	<ul style="list-style-type: none"> • Alpha values expected

Data Element	R / CR / O	Max Length	Validations
Place of Birth - State	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70505
Disability	R	5	<ul style="list-style-type: none"> Provide one or more values from Dictionary #70518
Consent	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70519
Primary Drug (Code)	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70530 <ul style="list-style-type: none"> If 'None' is selected, all other 'Primary Drug' questions must be '99902' or null.
Primary Drug Name	CR	50	<ul style="list-style-type: none"> Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a: <ul style="list-style-type: none"> 3 - Barbiturates 4 - Other Sedatives or Hypnotics 6 - Other Amphetamines 7 - Other Stimulants 11 - Other Hallucinogens 12 - Tranquilizers (Benzodiazepine) 13 - Other Tranquilizers 16 - Other Opiates and Synthetics 17 - Inhalants 18 - Over-the-Counter 20 - Other Club Drugs
Primary Drug Frequency	R	5	<ul style="list-style-type: none"> Options are: <ul style="list-style-type: none"> Integer Range 0 – 30 99902 (Not Applicable)
Primary Drug Route of Administration	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70533
Secondary Drug (Code)	R	5	<ul style="list-style-type: none"> Provide a single value from Dictionary #70530
Secondary Drug Name	CR	50	<ul style="list-style-type: none"> Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a: <ul style="list-style-type: none"> 3 - Barbiturates 4 - Other Sedatives or Hypnotics 6 - Other Amphetamines 7 - Other Stimulants 11 - Other Hallucinogens 12 - Tranquilizers (Benzodiazepine)

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ 13 - Other Tranquilizers ○ 16 - Other Opiates and Synthetics ○ 17 - Inhalants ○ 18 - Over-the-Counter ○ 20 - Other Club Drugs ○ 99903 - Other (Specify)
Secondary Drug Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable)
Secondary Drug Route of Administration	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70533
Alcohol Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable)
Needle Use	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Employment Status	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70545
Work Past 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer) <ul style="list-style-type: none"> ▪ Only allowed for 'Detox' or 'Developmentally Disabled' clients
Enrolled in School	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70543
Enrolled in Job Training	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70547
Number of Arrests Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Jail Days Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)

Data Element	R / CR / O	Max Length	Validations
Number of Prison Days Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Mental Illness Diagnosis	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70572
Emergency Room Use/Mental Health	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 99 ○ 99904 (Client unable to answer)
Psychiatric Facility Use	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Mental Health Medication	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70575
Emergency Room Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 99 ○ 99904 (Client unable to answer)
Hospital Overnight Stay Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Medical Problems Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Pregnant at Any Time During Treatment	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70621
HIV Tested	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70570
HIV Test Results	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70571
Social Support	R	2	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range: 0 – 30
Current Living Arrangements	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70578
Living With Someone	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)

Data Element	R / CR / O	Max Length	Validations
Family Conflicts Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Number of Children	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Aged 5 Years or Younger	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Living With Someone Else	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Living With Someone Else and Parental Rights Terminated	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)

Post Client Cal-OMS Annual Update – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
Associated Cal-OMS Annual Update ID	Unique identifier assigned to a Cal-OMS Annual Update.

Put Client Cal-OMS Annual Update – Input

The Put input includes every field from the corresponding Post input, with the added field:

Data Element	R / CR / O	Max Length	Validations
Associated Cal-OMS Annual Update ID	R	23	<ul style="list-style-type: none"> • Unique identifier assigned to a Cal-OMS Annual Update.

Put Client Cal-OMS Annual Update – Output

A success or error message will be sent back to the submitter.

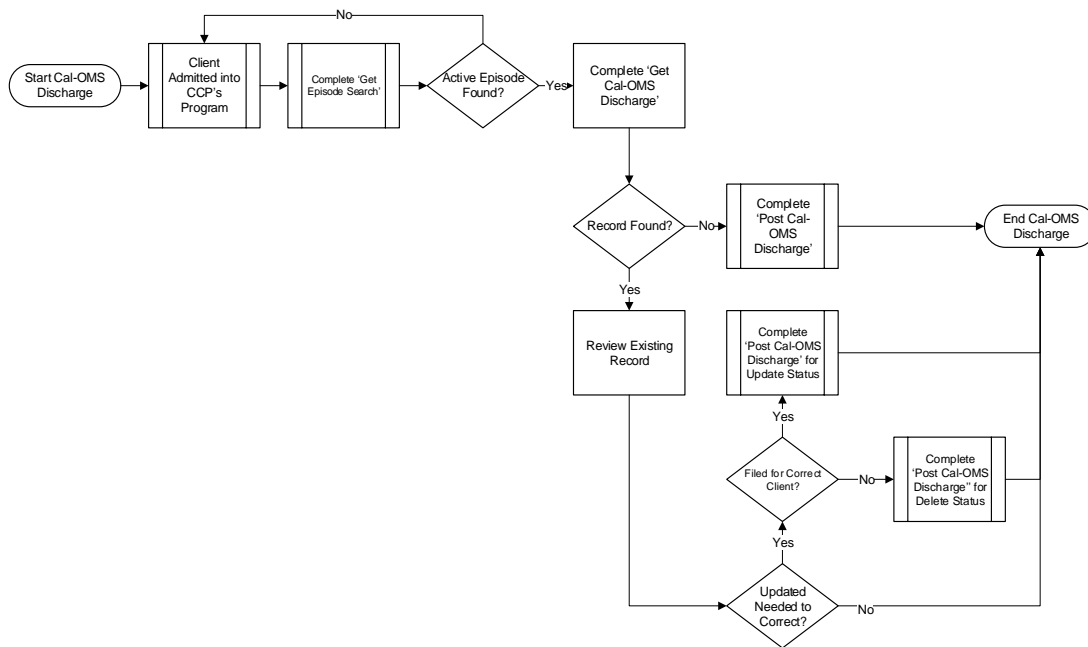
Cal-OMS Discharge – Standard

Purpose

California Outcomes Measurement System (Cal-OMS) is a California DHCS mandated data set to collect client information and service utilization within substance use treatment and narcotic treatment programs. The following business use cases are supported:

- A Certified Contracted Provider (CCP) needs to create Cal-OMS Discharge records for active clients admitted into one of their substance use treatment program(s) that have an existing Cal-OMS Admission filed.
- A CCP needs to search for and view Cal-OMS Discharge information filed with Santa Clara County (CSC) for a client admitted within one of their substance use treatment program(s).
- A CCP needs to update Cal-OMS Discharge records to correct erroneous information previously filed.
- A CCP may need to delete a Cal-OMS Discharge record for a client admitted within one of their substance use treatment program(s). CCPs would only delete an existing record if the Cal-OMS Discharge was filed inadvertently (for example, submitted under the incorrect client). A deletion is a valid “Type of Form” that can be submitted. The previously filed record will not be deleted from the database but flags the previous Cal-OMS Discharge as invalid.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Cal-OMS Discharge:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client
- exists within CSC's record.
- Client
- has an admission episode on file for the CCP with CSC's record.
- Client
- must have a Cal-OMS Admission record on file.
- CCP has searched CSC record to determine if the client has an existing Cal-OMS Discharge on file to determine if the record should be updated or deleted.

Supported Data Elements & Validations

Get Client Cal-OMS Discharge – Standard – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record

Get Client Cal-OMS Discharge – Standard – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record
Associated Cal-OMS Admission Unique ID	Unique identifier assigned to a Cal-OMS Admission
All other elements included in a previously submitted Cal-OMS Discharge (Standard) will be provided.	

Post Client Cal-OMS Discharge – Standard – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record for the specified client
Associated Cal-OMS Admission Unique ID	R	8	<ul style="list-style-type: none"> Alpha-Numeric: XNNNNNNN <ul style="list-style-type: none"> This is an 8 digit length field

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ The first digit must be an Alpha Character ○ The second digit must be a '0' ○ 3rd – 8th digits must be numeric ○ No blank or null characters are allowed ● A Cal-OMS Admission must be on file with a matching Form Serial Number
Type of Form (Record to be Submitted)	R	1	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70701
Discharge Date	R	10	<ul style="list-style-type: none"> ● Date field ● No future dates allowed
Discharge Status	R	1	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70593
Current First Name	R	20	<ul style="list-style-type: none"> ● Free Text ● Other values accepted: <ul style="list-style-type: none"> ○ 99902 (Not Applicable); or ○ 99904 (Client unable to answer)
Current Last Name	R	40	<ul style="list-style-type: none"> ● Free Text ● Other values accepted: <ul style="list-style-type: none"> ○ 99902 (Not Applicable); or ○ 99904 (Client unable to answer)
Social Security Number	O	9	<ul style="list-style-type: none"> ● 9 Numeric digits: <ul style="list-style-type: none"> ○ NNN-NN-NNNN ○ 99900 (Client declines to state) ○ 99902 (None or not applicable) ○ 99904 (Client unable to answer)
Zip Code At Current Residence	R	5	<ul style="list-style-type: none"> ● Options are: <ul style="list-style-type: none"> ○ NNNNN – the client's five-digit numerical zip code ○ 00000 – Homeless <ul style="list-style-type: none"> ▪ This value is only acceptable if 'Current Living Arrangements' (SOC-2) is sent as '1' (Homeless) ○ XXXXX (Client declines to state) ○ ZZZZZ (Client unable to answer)
Disability	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70518
Consent	R	1	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70519

Data Element	R / CR / O	Max Length	Validations
Primary Drug (Code)	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70530
Primary Drug Name	CR	50	<ul style="list-style-type: none"> • Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a: <ul style="list-style-type: none"> ○ 3 - Barbiturates ○ 4 - Other Sedatives or Hypnotics ○ 6 - Other Amphetamines ○ 7 - Other Stimulants ○ 11 - Other Hallucinogens ○ 12 - Tranquilizers (Benzodiazepine) ○ 13 - Other Tranquilizers ○ 16 - Other Opiates and Synthetics ○ 17 - Inhalants ○ 18 - Over-the-Counter ○ 20 - Other Club Drugs
Primary Drug Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable) <ul style="list-style-type: none"> ▪ Primary Drug Code and Name must be none/null
Primary Drug Route of Administration	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70533
Secondary Drug (Code)	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70530
Secondary Drug Name	CR	50	<ul style="list-style-type: none"> • Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a: <ul style="list-style-type: none"> ○ 3 - Barbiturates ○ 4 - Other Sedatives or Hypnotics ○ 6 - Other Amphetamines ○ 7 - Other Stimulants ○ 11 - Other Hallucinogens ○ 12 - Tranquilizers (Benzodiazepine) ○ 13 - Other Tranquilizers ○ 16 - Other Opiates and Synthetics ○ 17 - Inhalants ○ 18 - Over-the-Counter ○ 20 - Other Club Drugs

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ 99903 - Other (Specify)
Secondary Drug Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable)
Secondary Drug Route of Administration	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70533
Alcohol Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable)
Needle Use	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Employment Status	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70545
Work Past 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Enrolled in School	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70543
Enrolled in Job Training	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70547
Number of Arrests last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Jail Days Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Prison Days Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Emergency Room Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 99 ○ 99904 (Client unable to answer)

Data Element	R / CR / O	Max Length	Validations
Hospital Overnight Stay Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Medical Problems Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Pregnant at Any Time During Treatment	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70621 <ul style="list-style-type: none"> ○ Response validated against client sex
HIV Tested	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70570
HIV Test Results	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70571
Mental Illness Diagnosis	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70572
Emergency Room Use/Mental Health	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 99 ○ 99904 (Client unable to answer)
Psychiatric Facility Use	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Mental Health Medication	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70575
Social Support	R	2	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30
Current Living Arrangements	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70578
Living With Someone	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Family Conflicts Last 30 Days	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99900 (Client declines to state); ○ 99904 (Client unable to answer)
Number of Children	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ 99904 (Client unable to answer)
Number of Children Aged 5 Years or Younger	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Living With Someone Else	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Number of Children Living With Someone Else and Parental Rights Terminated	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)

Post Client Cal-OMS Discharge – Standard – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
Associated Cal-OMS Standard Discharge ID	Unique identifier assigned to a Cal-OMS Standard Discharge.

Put Client Cal-OMS Discharge – Standard – Input

The Put input includes every field from the corresponding Post input, with the added field:

Data Element	R / CR / O	Max Length	Validations
Associated Cal-OMS Standard Discharge ID	R	23	<ul style="list-style-type: none"> • Unique identifier assigned to a Cal-OMS Standard Discharge.

Put Client Cal-OMS Discharge – Standard – Output

A success or error message will be sent back to the submitter.

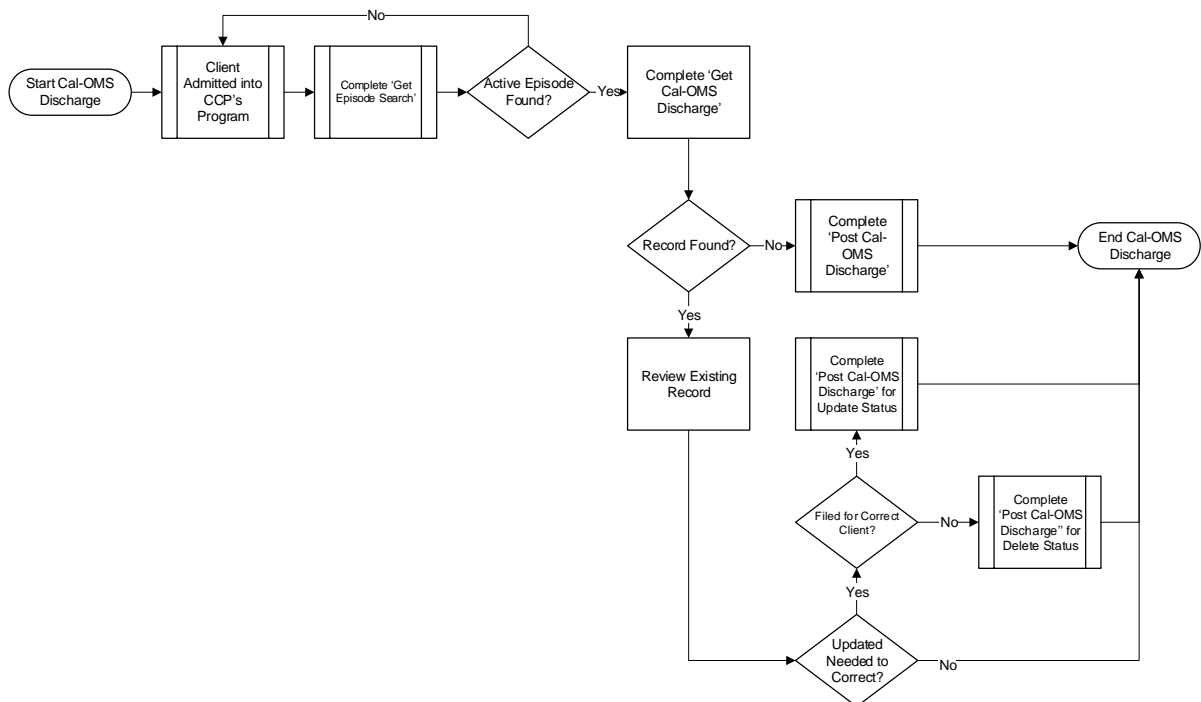
Cal-OMS Discharge – Youth/Detox

Purpose

California Outcomes Measurement System (Cal-OMS) is a California DHCS mandated data set to collect client information and service utilization within substance use treatment and narcotic treatment programs. A Cal-OMS Youth/Detox Discharge is only allowed if the client is less than 18 years old or admitted to a detoxification program. Limited data is required for this discharge. The following business use cases are supported:

- A CCP needs to create Cal-OMS Discharge records for active clients admitted into one of their substance use treatment program(s) that have an existing Cal-OMS Admission filed.
- A CCP needs to search for and view Cal-OMS Discharge information filed with Santa Clara County (CSC) for a client admitted within one of their substance use treatment program(s).
- A CCP needs to update Cal-OMS Discharge records to correct erroneous information previously filed.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Cal-OMS Discharge (Youth/Detox):

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an admission episode on file for the CCP with CSC's record.
- Client should be of youth age or enrolled into a detox-type program.
- Client must have a Cal-OMS Admission record on file.
- CCP has searched CSC record to determine if the client has an existing Cal-OMS Discharge on file to determine if the record should be updated or deleted.

Supported Data Elements & Validations

Get Client Cal-OMS Discharge – Youth/Detox – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record

Get Client Cal-OMS Discharge – Youth/Detox – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record
Associated Cal-OMS Admission ID	Unique identifier assigned to a Cal-OMS Admission
All other elements included in a previously submitted Cal-OMS Discharge (Youth/Detox) will be provided.	

Post Client Cal-OMS Discharge – Youth/Detox – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record for the specified client
Associated Cal-OMS Admission Unique ID	R	8	<ul style="list-style-type: none"> Alpha-Numeric: XNNNNNNN <ul style="list-style-type: none"> This is an 8 digit length field The first digit must be an Alpha Character The second digit must be a '0' 3rd – 8th digits must be numeric No blank or null characters are allowed A Cal-OMS Admission must be on file with a matching Form Serial Number
Type of Form (Record to be Submitted)	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70701
Discharge Date	R	10	<ul style="list-style-type: none"> Date field No future dates allowed
Discharge Status	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70593
Current First Name	R	20	<ul style="list-style-type: none"> Free Text Other values accepted: <ul style="list-style-type: none"> 99902 (Not Applicable); or 99904 (Client unable to answer)
Current Last Name	R	40	<ul style="list-style-type: none"> Free Text Other values accepted: <ul style="list-style-type: none"> 99902 (Not Applicable); or 99904 (Client unable to answer)
Social Security Number	O	9	<ul style="list-style-type: none"> 9 Numeric digits: <ul style="list-style-type: none"> NNN-NN-NNNN 99900 (Client declines to state) 99902 (None or not applicable) 99904 (Client unable to answer)

Zip Code At Current Residence	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ NNNNN – the client’s five-digit numerical zip code ○ 00000 – Homeless <ul style="list-style-type: none"> ▪ This value is only acceptable if ‘Current Living Arrangements’ (SOC-2) is sent as ‘1’ (Homeless) ○ XXXXX (Client declines to state) ○ ZZZZZ (Client unable to answer)
Birth First Name	R	20	<ul style="list-style-type: none"> • Alpha values expected
Birth Last Name	R	40	<ul style="list-style-type: none"> • Alpha values expected
Place of Birth – County	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70504
Place of Birth – State	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70505
Driver’s License Number	R	13	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Alpha/Numeric Value ○ 99900 (Client declines to state); ○ 99902 (Not Applicable); ○ 99904 (Client unable to answer)
Driver’s License State	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70507
Mother’s First Name	R	20	<ul style="list-style-type: none"> • Alpha values expected
Disability	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70518
Primary Drug (Code)	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70530
Primary Drug Name	CR	50	<ul style="list-style-type: none"> • Required when the following values are sent in ‘Primary Drug (Code)’ – ADU-1a: <ul style="list-style-type: none"> ○ 3 - Barbiturates ○ 4 - Other Sedatives or Hypnotics ○ 6 - Other Amphetamines ○ 7 - Other Stimulants ○ 11 - Other Hallucinogens ○ 12 - Tranquilizers (Benzodiazepine) ○ 13 - Other Tranquilizers ○ 16 - Other Opiates and Synthetics ○ 17 - Inhalants ○ 18 - Over-the-Counter ○ 20 - Other Club Drugs
Primary Drug Frequency	R	5	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30

			<ul style="list-style-type: none"> ○ 99902 (Not Applicable)
Primary Drug Route of Administration	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70533
Secondary Drug (Code)	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70530
Secondary Drug Name	CR	50	<ul style="list-style-type: none"> ● Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a: <ul style="list-style-type: none"> ○ 3 - Barbiturates ○ 4 - Other Sedatives or Hypnotics ○ 6 - Other Amphetamines ○ 7 - Other Stimulants ○ 11 - Other Hallucinogens ○ 12 - Tranquilizers (Benzodiazepine) ○ 13 - Other Tranquilizers ○ 16 - Other Opiates and Synthetics ○ 17 - Inhalants ○ 18 - Over-the-Counter ○ 20 - Other Club Drugs ○ 99903 - Other (Specify)
Secondary Drug Frequency	R	5	<ul style="list-style-type: none"> ● Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable)
Secondary Drug Route of Administration	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70533
Alcohol Frequency	R	5	<ul style="list-style-type: none"> ● Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99902 (Not Applicable)
Employment Status	R	1	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70545
Enrolled in School	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70543
Number of Arrests last 30 Days	R	5	<ul style="list-style-type: none"> ● Options are: <ul style="list-style-type: none"> ○ Integer Range 0 – 30 ○ 99904 (Client unable to answer)
Pregnant at Any Time During Treatment	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70621 ● Response validated against client sex
Mental Illness Diagnosis	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70572
Social Support	R	2	<ul style="list-style-type: none"> ● Options are: <ul style="list-style-type: none"> ● Integer Range 0 – 30

Current Living Arrangements	R	1	<ul style="list-style-type: none"> Provide a single value from Dictionary #70578
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Post Client Cal-OMS Discharge – Youth/Detox – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
Associated Cal-OMS Youth/Detox Discharge Unique ID	Unique identifier assigned to the Youth/Detox Discharge.

Put Client Cal-OMS Discharge – Youth/Detox – Input

The Put input includes every field from the corresponding Post input, with the added field:

Data Element	R / CR / O	Max Length	Validations
Associated Cal-OMS Youth/Detox Discharge Unique ID	R	23	<ul style="list-style-type: none"> Unique identifier assigned to a Cal-OMS Youth/Detox Discharge.

Put Client Cal-OMS Discharge – Youth/Detox – Output

A success or error message will be sent back to the submitter.

Cal-OMS Discharge – Administrative

Purpose

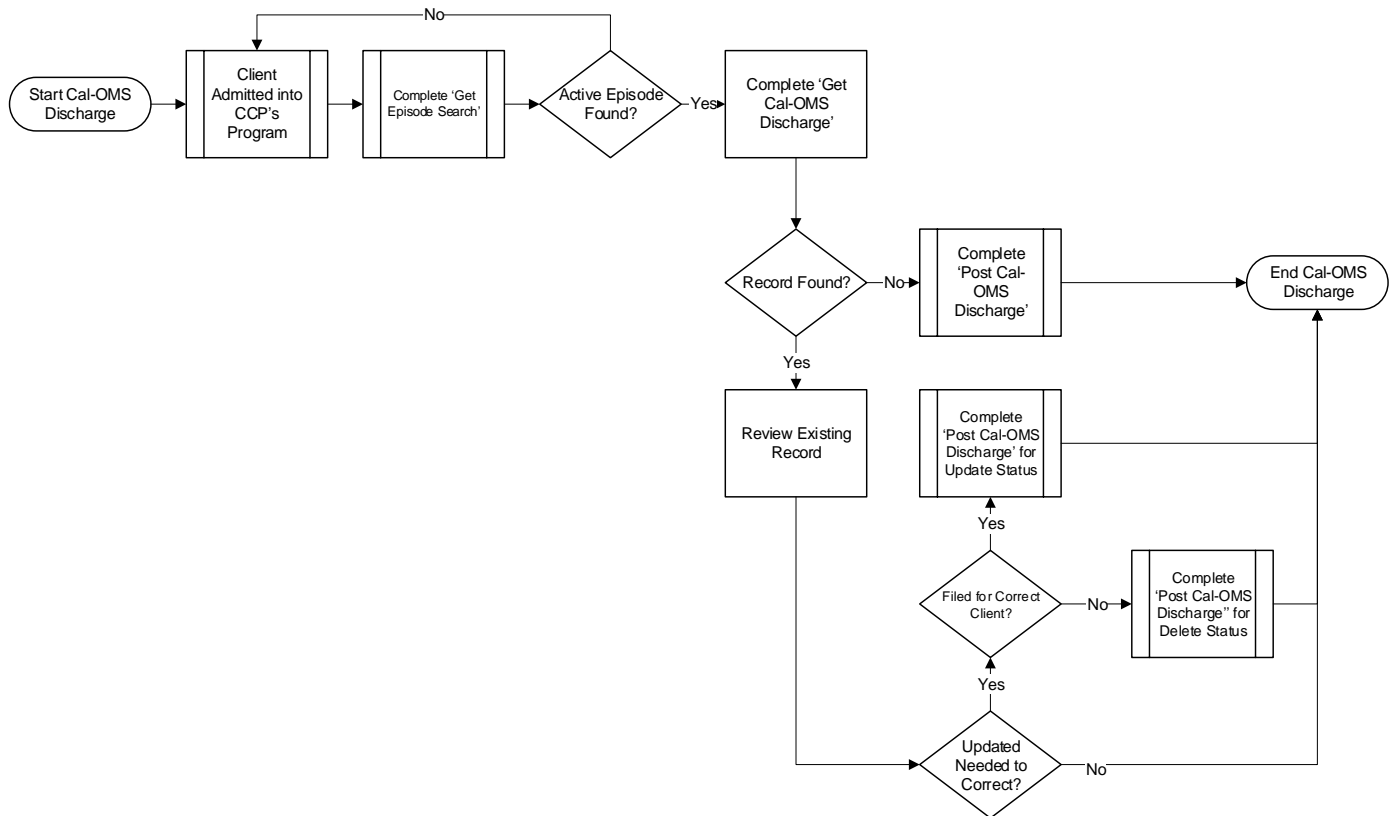
California Outcomes Measurement System (Cal-OMS) is a California DHCS mandated data set to collect client information and service utilization within substance use treatment and narcotic treatment programs. An **administrative** discharge occurs under one of these circumstances:

- The client has stopped appearing for treatment services without leave from or notification to the AOD treatment program and the client cannot be located to be discharged and complete the discharge interview.
- The client has died prior to completing his/her treatment services.
- The client has become incarcerated prior to completing all their planned AOD treatment services and thus cannot be interviewed for discharge data collection.

The following business use cases are supported:

- A CCP needs to create Cal-OMS Discharge records for active clients admitted into their associated program that have an existing Cal-OMS Admission filed.
- A CCP needs to search for and view Cal-OMS Discharge information filed with CSC for a client admitted into their associated program.
- A CCP needs to update Cal-OMS Discharge records to correct erroneous information previously filed.
- A CCP may need to delete a Cal-OMS Discharge record for a client admitted within one of their substance use treatment program(s). CCPs would only delete an existing record if the Cal-OMS Administrative Discharge was filed inadvertently (for example, submitted under the incorrect client). A deletion is a valid “Type of Form” that can be submitted. The previously filed record will not be deleted from the database but flags the previous Cal-OMS Administrative Discharge as invalid.

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a Cal-OMS Discharge (Administrative):

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an admission episode on file for the CCP with CSC's record.
- Client must have a Cal-OMS Admission record on file.
- CCP has searched CSC record to determine if the Client has an existing Cal-OMS Discharge on file to determine if the record should be updated or deleted.

Supported Data Elements & Validations

Get Cal-OMS Discharge – Administrative – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record

Get Cal-OMS Discharge – Administrative – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record
Associated Cal-OMS Admission ID	Unique identifier assigned to a Cal-OMS Admission
All other elements included in a previously submitted Cal-OMS Discharge (Administrative) will be provided.	

Post Cal-OMS Discharge – Administrative – Input

Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> Numeric Value Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> Numeric Value Must be a valid Episode ID recorded within CSC record associated with the client
Associated Cal-OMS Admission Unique ID	R	8	<ul style="list-style-type: none"> Alpha-Numeric: XNNNNNNN <ul style="list-style-type: none"> This is an 8 digit length field

Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> ○ The first digit must be an Alpha Character ○ The second digit must be a '0' ○ 3rd – 8th digits must be numeric ○ No blank or null characters are allowed ● A Cal-OMS Admission must be on file with a matching Form Serial Number
Type of Form (Record to be Submitted)	R	1	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70701
Discharge Date	R	10	<ul style="list-style-type: none"> ● Date field ● No future dates allowed
Discharge Status	R	1	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70593
Current First Name	R	20	<ul style="list-style-type: none"> ● Alpha values expected, or: ● 99902 value accepted as “not applicable” ● 99904 value accepted as “client unable to answer”.
Current Last Name	R	40	<ul style="list-style-type: none"> ● Alpha values expected, or: ● 99902 value accepted as “not applicable” ● 99904 value accepted as “client unable to answer”.
Social Security Number	O	9	<ul style="list-style-type: none"> ● 9 Numeric digits: <ul style="list-style-type: none"> ○ NNN-NN-NNNN ○ 99900 (Client declines to state) ○ 99902 (None or not applicable) ○ 99904 (Client unable to answer)
Zip Code At Current Residence	R	5	<ul style="list-style-type: none"> ● Options are: <ul style="list-style-type: none"> ○ NNNNN – the client’s five-digit numerical zip code ○ 00000 – Homeless <ul style="list-style-type: none"> ▪ This value is only acceptable if ‘Current Living Arrangements’ (SOC-2) is sent as ‘1’ (Homeless) ○ XXXXX – Client Declines to State ○ ZZZZZ – Client unable to answer
Birth First Name	R	40	<ul style="list-style-type: none"> ● Alpha values expected
Birth Last Name	R	40	<ul style="list-style-type: none"> ● Alpha values expected
Place of Birth – County	R	5	<ul style="list-style-type: none"> ● Provide a single value from Dictionary #70504

Element	R / CR / O	Max Length	Validations
Place of Birth - State	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70505
Driver's License Number	R	13	<ul style="list-style-type: none"> • Options are: <ul style="list-style-type: none"> ○ Alpha/Numeric Code ○ 5 digit numeric code ○ 99900 – client declined to state ○ 99902 – none or not applicable ○ 99904 – client unable to answer
Driver's License State	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70507
Mother's First Name	R	20	<ul style="list-style-type: none"> • Alpha values expected
Disability	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70518
Primary Drug (Code)	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70530
Primary Drug Name	CR	50	<ul style="list-style-type: none"> • Required when the following values are sent in 'Primary Drug (Code)' – ADU-1a: <ul style="list-style-type: none"> ○ 3 - Barbiturates ○ 4 - Other Sedatives or Hypnotics ○ 6 - Other Amphetamines ○ 7 - Other Stimulants ○ 11 - Other Hallucinogens ○ 12 - Tranquilizers (Benzodiazepine) ○ 13 - Other Tranquilizers ○ 16 - Other Opiates and Synthetics ○ 17 - Inhalants ○ 18 - Over-the-Counter ○ 20 - Other Club Drugs ○ 99903 - Other (Specify)
Pregnant at Any Time During Treatment	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70621 • Response validated against client sex

Post Cal-OMS Discharge – Administrative – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Element	Description
Associated Cal-OMS Administrative Discharge Unique ID	Unique identifier assigned to a Cal-OMS Administrative Discharge.

Put Cal-OMS Discharge – Administrative – Input

The Put input includes every field from the corresponding Post input, with the added field:

Element	R / CR / O	Max Length	Validations
Associated Cal-OMS Administrative Discharge Unique ID	R	23	<ul style="list-style-type: none"> Unique identifier assigned to a Cal-OMS Administrative Discharge.

Put Cal-OMS Discharge – Administrative – Output

A success or error message will be sent back to the submitter.

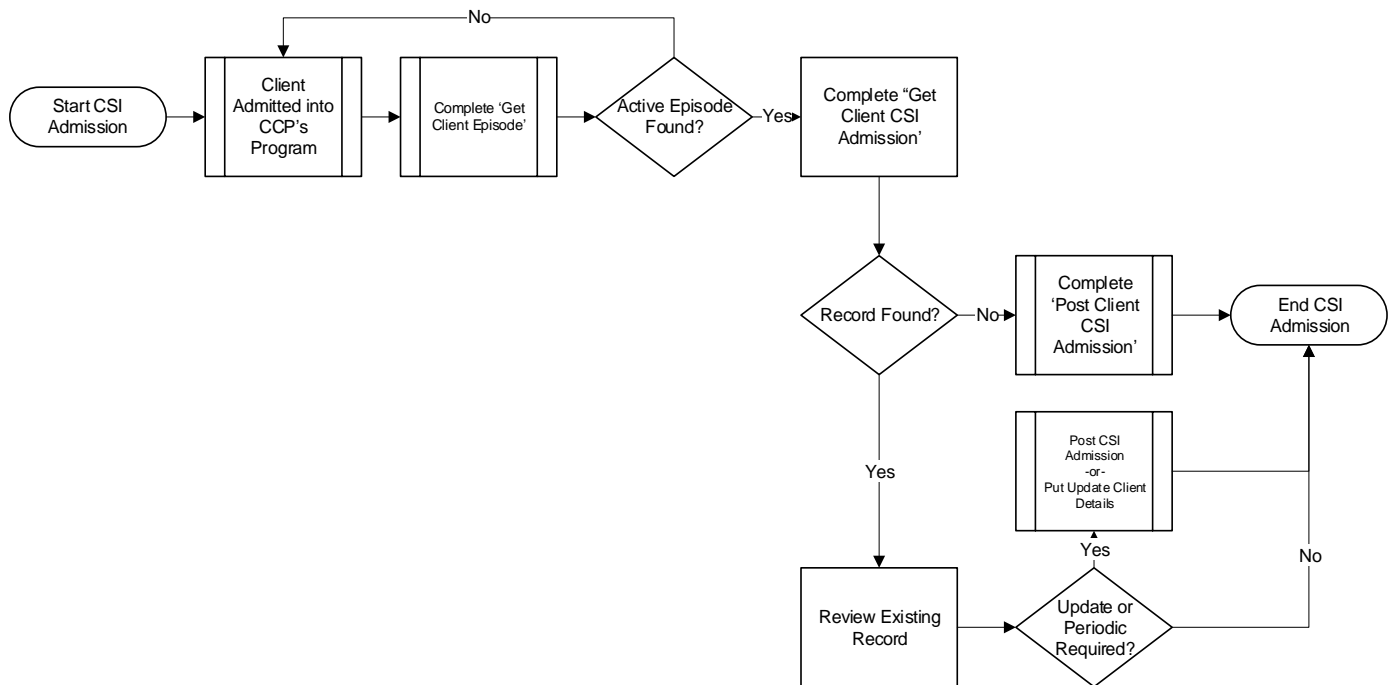
CSI Admission

Purpose

Client Service Information (CSI) is a California DHCS mandated data set to collect client information and service utilization within County Mental Health Programs. The following business use cases are supported:

- A CCP needs to create CSI Admission records for active clients admitted into one of their mental health program(s).
- A CCP needs to search for and view CSI Admission information filed with CSC for a client admitted within one of their mental health program(s).
- A CCP needs to update CSI Admission records as client information changes.
- A CCP needs to create CSI Periodic records each calendar year for clients that are still admitted within one of their mental health program(s).

Workflow



Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a CSI Admission:

- CCP is certified with CSC and ProviderConnect Enterprise.
- Client exists within CSC's record.
- Client has an active admission for the CCP within CSC's record.
- CCP has searched the CSC record to determine if the client has an existing CSI Admission on file. The CCP needs to review any existing records to determine if an update or periodic record is required.

Supported Data Elements & Validations

Get Client CSI Admission – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record

Get Client CSI Admission – Output

For successfully submitted records, the following elements will be sent back to the submitter. Else, an error message will be sent back to the submitter.

Data Element	Description
County Client Number	Unique client identifier assigned within CSC's record
Episode ID	Unique episode identifier for the client/program assigned within CSC's record
All other elements included in a previously submitted CSI Admission will be provided.	

Post Client CSI Admission – Input

Data Element	R / CR / O	Max Length	Validations
County Client Number	R	9	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Client Number recorded within CSC record
Episode ID	R	3	<ul style="list-style-type: none"> • Numeric Value • Must be a valid Episode ID recorded within CSC record associated with the client
Birth First Name	R	15	<ul style="list-style-type: none"> • Alpha Value • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Birth Last Name	R	20	<ul style="list-style-type: none"> • Alpha Value • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Birth Middle Name	O	20	<ul style="list-style-type: none"> • Alpha Value • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Birth Suffix	O	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70269
Mother's First Name	R	15	<ul style="list-style-type: none"> • Alpha Value • Special Characters allowed are: <ul style="list-style-type: none"> ○ Underscore (_) ○ Hyphen (-) ○ Apostrophe (') ○ Space ()
Place of Birth – County	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70214
Place of Birth – State	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70215

Data Element	R / CR / O	Max Length	Validations
			<ul style="list-style-type: none"> o 00 (Not US State) only accepted if 'Place of Birth – County' is not US.
Place of Birth – Country	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70216
Preferred Language	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70667
CSI Ethnicity	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70668
CSI Race	R	5	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70669
Special Population	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70220
Fiscally Responsible County	R	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70271
Legal Class at Admission	O	2	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70206 • This is part of the CSI Service Record
Admission Necessity Code	O	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70222 • This is part of the CSI Service Record
District of Residence (County School)	O	7	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70310 • This is part of the CSI Service Record • If (AB 3632) Individualized education plan (IEP) required service(s) was selected from 'Special Population' then this field is required. • SCC *Requirement not enforced by the API
Conservatorship / Court Status	R	1	<ul style="list-style-type: none"> • Provide a single value from Dictionary #70226 • This is part of the CSI Periodic Record
Number of Dependents Less than 18	R	2	<ul style="list-style-type: none"> • Numeric Value • This is part of the CSI Periodic Record
Number of Dependents Over 18	R	2	<ul style="list-style-type: none"> • Numeric Value • This is part of the CSI Periodic Record

Post Client CSI Admission – Output

A success or error message will be sent back to the submitter.

Data Element	Description
Associated CSI Admission ID	Unique identifier assigned to a CSI Admission.

Put Client CSI Admission – Input

The Put input includes every field from the corresponding Post input, with the added field:

Data Element	R / CR / O	Max Length	Validations
Associated CSI Admission ID	R	23	<ul style="list-style-type: none"> Unique identifier assigned to a CSI Admission.

Put Client CSI Admission – Output

A success or error message will be sent back to the submitter.

Child & Adolescent Needs & Strengths (CANS)

Note: This workflow will remain in **draft** until further notice. CCPs will not be expected to certify on or include this record as part of the initial implementation of the County's ProviderConnect Enterprise.

Purpose

The Child and Adolescent Needs and Strengths (CANS) Assessment record allows for DHCS to collect and report information related to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) performance outcomes measures. The Pediatric Symptom Checklist (PSC-35) is also supported as part of this initiative. CANS data is expected to be collected for children/youth aged 6 to 20. The CANS Assessment is directed to be provided upon a client's initial admission, every 6 months (reassessment), as needed (urgent), and upon discharge or administrative discharge.

The following business use cases are supported:

- A CCP needs to create CANS Assessment records for active clients admitted into their associated program.
- A CCP needs to search for and view CANS Assessment information filed with CSC's record for a client admitted into their associated program.
- A CCP needs to update CANS Assessment records as client information changes or when Reassessment, Urgent, Discharge or Administrative Discharge record types are appropriate to be created.

Pediatric Symptom Checklist (PSC-35)

Note: This workflow will remain in **draft** until further notice. CCPs will not be expected to certify on or include this record as part of the initial implementation of the County's ProviderConnect Enterprise.

Purpose

The Pediatric Symptom Checklist (PSC-35) record allows for DHCS to collect and report information related to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) performance outcomes measures. The Child and Adolescent Needs and Strengths (CANS) is also supported as part of this initiative. PSC-35 data is expected to be collected for children/youth aged 3 to 18. The PSC-35 Assessment is directed to be provided upon a client's initial admission, every 6 months (reassessment), as needed (urgent), and upon discharge or administrative discharge.

The following business use cases are supported:

- A CCP needs to create PSC-35 Assessment records for active clients admitted into their associated program.
- A CCP needs to search for and view PSC-35 Assessment information filed with CSC's record for a client actively admitted into their associated program.
- A CCP needs to update PSC-35 Assessment records as client information changes or Reassessment, Urgent, Discharge or Administrative Discharge record types are appropriate.

MHSA FSP – Partnership Assessment

Note: This workflow will remain in **draft** until further notice. CCPs will not be expected to certify on or include this record as part of the initial implementation of the County's ProviderConnect Enterprise.

Purpose

The Mental Health Services Act (MHSA) Full Service Partnership program is a mandated data set to capture information for accurate and detailed reporting by measuring performance and accountability within California's County Mental Health Plans. FSP programs provide a full spectrum of mental health services to:

- Children/Youth (ages 0-15)
- Transition Age Youth (TAY) (ages 16-25) who are seriously emotionally disturbed
- Adults (ages 26-60)
- Older Adults (ages 60+) who have a serious mental disorder

The following business use cases are supported:

- A CCP needs to create Partnership Assessment records for active clients actively admitted into their associated program.
- A CCP needs to search for and view Partnership Assessment records filed with CSC's record for a client actively admitted into their associated program.

MHSA FSP – Key Event Tracking

Note: This workflow will remain in **draft** until further notice. CCPs will not be expected to certify on or include this record as part of the initial implementation of the County's ProviderConnect Enterprise.

Purpose

The Mental Health Services Act (MHSA) Full Service Partnership program is a mandated data set to capture information for accurate and detailed reporting by measuring performance and accountability within California's County Mental Health Plans. FSP programs provide a full spectrum of mental health services to:

- Children/Youth (ages 0-15)
- Transition Age Youth (TAY) (ages 16-25) who are seriously emotionally disturbed
- Adults (ages 26-60)
- Older Adults (ages 60+) who have a serious mental disorder

The following business use cases are supported:

- A CCP needs to create Key Event Tracking records for active clients actively admitted into their associated program
- A CCP needs to search for and view Key Event Tracking records filed with CSC's record for a client actively admitted into their associated program

MHSA FSP – Quarterly Update

Note: This workflow will remain in **draft** until further notice. CCPs will not be expected to certify on or include this record as part of the initial implementation of the County's ProviderConnect Enterprise.

Purpose

The Mental Health Services Act (MHSA) Full Service Partnership program is a mandated data set to capture information for accurate and detailed reporting by measuring performance and accountability within California's County Mental Health Plans. FSP programs provide a full spectrum of mental health services to:

- Children/Youth (ages 0-15)
- Transition Age Youth (TAY) (ages 16-25) who are seriously emotionally disturbed
- Adults (ages 26-60)
- Older Adults (ages 60+) who have a serious mental disorder

The following business use cases are supported:

- A CCP needs to create Quarterly Update records for active clients actively admitted into their associated program
- A CCP needs to search for and view Quarterly Update records filed with CSC's record for a client actively admitted into their associated program

CCP Program Availability

Purpose

The Contracting Provider Program Availability record will allow the County to collect information related to how many “slots” (beds or appointments), a CCP has available on a given day. The following business use cases are supported:

- A CCP needs the ability to search and view results within CSC’s record to identify whether a program has availability record on file for a specified date.
- A CCP needs the ability to create program availability records to be filed in CSC’s record for their agency and its associated programs.

Pre-Conditions

The following pre-conditions must be met in order for a CCP to file a program availability record:

- CCP is certified with CSC and ProviderConnect Enterprise.
- CCP is registered exists within CSC’s record.
- CCP programs are established within CSC’s record.
- CCP has searched CSC’s record to determine if program availability records are on file.
The CCP needs to review any existing records to determine if an updated record is needed.

Supported Data Elements & Validations

Get CCP Program Availability – Input

Data Element	R / CR / O	Max Length	Validations
Certified Contracted Provider	R	10	<ul style="list-style-type: none"> • Unique identifier
CCP Program ID	O	10	<ul style="list-style-type: none"> • Unique Program Identifier
Search Effective Date	R	10	<ul style="list-style-type: none"> • Date field
Search End Date	R	10	<ul style="list-style-type: none"> • Date field

Get CCP Program Availability – Output

CCP Availability records currently on file with the County for provided date range will be provided.

Post Get CCP Program Availability – Input

Data Element	R / CR / O	Max Length	Validations
Contracting Provider Program ID	R	10	<ul style="list-style-type: none"> Unique Program Identifier
Reservation Date	R	10	<ul style="list-style-type: none"> Date field
Bed Type	O	2	<ul style="list-style-type: none"> Provide one value from Dictionary #17017
Beds	CR	3	<ul style="list-style-type: none"> Required if a selection is provided in 'Bed Type' Integer field
Slot Type	O	2	<ul style="list-style-type: none"> Provide one value from Dictionary #17018
Slots	CR	3	<ul style="list-style-type: none"> Required if a selection is provided in 'Slot Type' Integer field
Gender	O	2	<ul style="list-style-type: none"> Provide one value from Dictionary #17006
Program Age Group	O	2	<ul style="list-style-type: none"> Provide one value from Dictionary #17015

Post CCP Program Availability – Output

A success or error message will be sent back to the submitter.

Get Practitioner ID

Purpose

The Get Practitioner workflow will be leveraged to retrieve the appropriate County Practitioner ID used in the FHIR payloads for Admission, Discharge, and Diagnosis workflows.

Pre-Conditions

Prior to the Certified Contracted Provider searching for and updating an existing Performing Provider record, the following pre-conditions must be met:

- CCP is contracted and active within the County's myAvatar record
- Performing Provider is credentialed and registered with CSC
- CCP is certified with CSC and ProviderConnect Enterprise

Supported Data Elements & Validation

Get Practitioner ID – Input

Data Element	R / CR / O	Max Length	Validations
Practitioner Unique ID	O	6	<ul style="list-style-type: none"> • Numeric value only
Practitioner First Name	O	40	<ul style="list-style-type: none"> • Alpha values only
Practitioner Last Name	O	40	<ul style="list-style-type: none"> • Alpha values only
Practitioner NPI	O	10	<ul style="list-style-type: none"> • Numeric values only

Get Practitioner ID – Output

Data Element	Description
Practitioner Unique ID	Unique registration ID assigned to the individual performing provider within CSC's record
Practitioner NPI	Practitioner Unique NPI on file with CSC
Current Practitioner details filed within CSC's record will be provided.	

Additional Workflows (aka Carefabric Form Registration)

Purpose

The County of Santa Clara can and will define new workflows over time. Those will be added here as they become available. If there are ever any questions around upcoming workflows, please reach out to your county representative.