California Outcomes Measurement System (CalOMS) Monthly Reporting Procedure

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Purpose

To provide guidance to Department of Behavioral Health (DBH) Substance Use Disorder and Recovery Services (SUDRS), DBH Information Technology (IT), and SUD contract providers on proper CalOMS data collection, entry, error reconciliation, submission, and corrective action responses.

Data Collection

CalOMS data shall be collected on all service recipients, by all providers that receive funding from Department of Health Care Services (DHCS), regardless of the source of funds used for service recipient.

Data Entry

CalOMS data shall be entered into DBH's Behavioral Health Management Information System (BHMIS) by the seventh (7th) day of the month following the reporting month, for all service recipients, by all providers that receive funding from DHCS, regardless of the source of funds used for service recipient. If treatment is not funded by DHCS or DBH, only episode opening, closing, and annual update data is required.

Collection and Submission

The table below identifies actions necessary to comply with CalOMS data collection, entry, and reporting requirements:

Step	Action
1.	SUDRS and SUD contract providers shall collect and enter CalOMS data as directed in current DHCS CalOMS-TX Data Dictionary and CalOMS-TX Data Collection Guide for every client admitted to SUD treatment.
2.	SUDRS and SUD contract providers shall enter CalOMS data into the BHMIS by seventh (7th) day of the month following the reporting month.
3.	DBH IT shall identify and inform SUDRS Administration and SUD contract providers of current reporting month's errors.
4.	SUDRS and SUD contract providers shall correct errors for current reporting month, for all open admissions, during error reconciliation period.
5.	DBH IT shall submit CalOMS Production File to DHCS no later than forty-five (45) days after the last day of the reporting month.
6.	DBH IT shall then retrieve the Error and Submission Report, complete the Submission Statistics Report, and post in Alcohol_Drug_Services drive.

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Open Admissions Report

Open Admissions Report should be reviewed and all discharge data entered into the BHMIS prior to CalOMS error reconciliation. The table below specifies steps to maintain the accuracy of information in the CalOMS Open Admissions Report:

Step	Action
1.	DBH IT distributes monthly Open Admission Report to each SUD provider's print queue.
2.	Clinic Supervisor/designee reviews monthly Open Admission Report for accuracy, complete an Episode Closing Summary (ADS010), or Administrative Discharge Summary (ADS023) for any client who has not received services within the past thirty (30) days, and enter discharge data into the BHMIS within fourteen (14) calendar days of the report distribution date.
3.	Clinic Supervisor/designee reports any problems with discharging a client to their clinic's SUDRS Program Coordinator within fourteen (14) days of the report distribution date.
4.	SUDRS Program Coordinator reviews charts during annual, quarterly, and quality assurance reviews to ensure discharges are completed correctly and timely.
5.	SUDRS Program Coordinator records noncompliance as deficiencies and relays to Clinic Supervisor/designee.
6.	Clinic Supervisor/designee must to submit to SUDRS Program Manager II (PM II)/designee a corrective action plan (CAP) to address deficiencies.

Note: A discharge summary shall be completed for all clients within thirty (30) calendar days of the date of the last face-to-face treatment contact with the client.

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Error Reconciliation

The table below identifies actions necessary to reconcile CalOMS errors prior to submission of Production File to DHCS:

Step	Action
1.	Approximately fifteen (15) days after the last day of the reporting month, DBH IT generates first (1st) test error report, separates report by providers, informs SUDRS Administration, and distributes to providers via File Transfer Protocol (FTP) server.
2.	SUDRS CalOMS Coordinator notifies all SUD providers the error reports are posted, that errors are to be corrected by last Friday of month, and to send confirmation email to SUDRS CalOMS Coordinator when corrections are completed. All providers are responsible for retrieving their errors and using the CalOMS TX Data Dictionary to correct errors before the second (2nd) error report is generated.
3.	Clinic Supervisor/designee shall review monthly error reports to determine the cause of each error, and provide education to the staff who committed the error to minimize recurrences.
4.	Approximately thirty (30) days after the last day of the reporting month, DBH IT generates second (2nd) test error report and distributes to SUDRS CalOMS Coordinator.
5.	SUDRS CalOMS Coordinator contacts providers with uncorrected errors and provides technical assistance to make corrections.
6.	Prior to forty-five (45) days after the last day of the reporting month, DBH IT submits Production File to DHCS. Remaining errors are notated in the Errors and Submissions Report and posted in Alcohol_Drug_Services drive.

Annual Updates

Annual updates are required for clients in treatment continuously with the same SUD treatment provider, in the same modality, with no break in services exceeding thirty (30) days, for twelve (12) months or more. The table below specifies steps to maintain the accuracy of information in the Annual Update report:

Step	Action
1.	DBH IT distributes monthly Annual Update Report to each SUD provider's print queue.
2.	Clinic Supervisor/designee reviews monthly Annual Update Report for accuracy, complete an Annual Update Episode Summary (ADS024) for all clients for which annual update is due, and enter data into the BHMIS within fourteen (14) calendar days of the report distribution date.

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Annual Updates, continued

Step	Action
3.	Clinic Supervisor/designee reports any problems with completing an annual update to their clinic's SUDRS Program Coordinator within fourteen (14) days of the report distribution date.
4.	SUDRS Program Coordinator reviews charts during annual, quarterly, and quality assurance reviews to ensure discharges are completed correctly and timely.
5.	SUDRS Program Coordinator records noncompliance as deficiencies and relays to Clinic Supervisor/designee.
6.	Clinic Supervisor/designee must to submit to SUDRS Program Manager II (PM II)/designee a CAP to address deficiencies.

Corrective Action Plans

All CalOMS errors, Open Admissions, and Annual Update noncompliance identified during annual, quarterly, and quality assurance reviews will be recorded as deficiencies by SUDRS Program Coordinator. The table below specifies the steps for resolving notated deficiencies:

Step	Action
1.	Providers cited for deficiencies shall be required to submit to SUDRS PM II/designee a CAP, which shall describe when and how the deficiency was corrected, and the steps taken to prevent recurrences.
2.	SUDRS PM II/designee shall ensure CAP is submitted on time, and review CAP to confirm all required elements are present.
3.	SUDRS PM II/designee shall verify all corrective actions have been completed, visiting the provider's site if necessary.
4.	Only when these criteria are met shall the CAP be approved and accepted by SUDRS PM II/designee.

Noncompliance

SUD contract providers who are noncompliant with this procedure are subject to payment withholding, contract suspension, and/or termination.

Related Policy or Procedure

DBH Standard Practice Manual:
- California Outcomes Measurement System (CalOMS) Monthly Reporting Policy (SUDRS0229)
- Alcohol and Drug Services Program Review Policy (ADS0208)
- Alcohol and Drug Services Program Review Procedure (ADS0207)

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Reference(s)	• California DHCS Revenue Agreement for Substance Abuse Prevention and Treatment Block Grant Services • California DHCS Revenue Agreement for Substance Use Disorder Drug Medi-Cal Organized Delivery System • The California Outcomes Measurement System Treatment (CalOMS Tx) Data Dictionary • The California Outcomes Measurement System Treatment (CalOMS Tx) Data Collection Guide • SIMON Drug Alcohol Services Reference Manual