K. DATA COLLECTION & RETENTION

Providers shall maintain daily records of services provided, including dates of service, times of service, total time of service, types of services provided, persons served, and progress of clients in meeting the objectives of the case plan. Data shall be recorded in accordance with the specifications in the SmartCare and CalOMS manuals. Service entry shall be kept up to date and the data shall be entered into the SmartCare data entry systems within a timely manner.

Data Entry Standards

Data entry standards are required in order to decrease variance in provider operations within the DMC-ODS, and to create effective monitoring and billing processes.

In Accordance with BHIN 24-020, Behavioral Health Plans (BHPs) are required to have a system in place for tracking and measuring timeliness of care. To align with the Department of Health Care Services (DHCS) documentation requirements **recorded inquiries** should be documented within three (3) business days of the request for services in the electronic health record, with the exception of emergent or urgent type which shall be completed within one (1) calendar day.

Please refer to embedded links for step by step guide on documenting timely access to OTPs, How to Complete the DMC Opioid Timeliness Record - 2023 CalMHSA, Outpatient, and Residential treatment How to Complete the DMC Outpatient and Residential Timeliness Record - 2023 CalMHSA.

Accuracy of Data

Providers are responsible for ensuring that all client information is accurate including addresses and all demographic data that is required for State reporting for CalOMS. Providers must have processes in place for checking/updating client data and making the necessary corrections.

CalOMS Tx

CalOMS Treatment (CalOMS Tx) is California's data collection and reporting system for substance use disorder (SUD) treatment services. All certified facilities are required to adhere to mandated reporting by DHCS. "Any Provider that receives any public funding for SUD treatment services and all Opioid Treatment Program (OTP) Providers must report CalOMS Treatment data for all of their consumers receiving treatment, whether those individual consumer services are funded by public funds or not. Providers will collect consumer data at admission and at discharge or administrative discharge from the same treatment program. Data will also be collected annually as an annual update for consumers in treatment for over twelve (12) months" (CalOMS Treatment Data Dictionary, 2018).

DHCS has established data standards intended to provide direct providers with clear direction on submitting complete and accurate CalOMS Tx data in a timely manner. Compliance with these data standards is required for DHCS to more effectively achieve CalOMS treatment data collection and outcome measures and objectives:

- Timeliness of Data
- Completeness of Data
- Accuracy of Data

It is a State requirement for all facilities to submit client data monthly. Best practice is to enter client data as soon as it is obtained. See Appendix K.1 for the BHS CalOMS process.

Currently DHCS offers a comprehensive training through their website. This is only accessible via user login. Users interested in this training must contact the sudehrsupport.hhsa@sdcounty.ca.gov for assistance.

CalOMS Resources:
- CalOMS Data Compliance Standards
- CalOMS Tx Data Collection Guide
- CalOMS Tx Data Dictionary
- CalOMS Tx FAQs

Reporting Non-CalOMS Data
Providers shall enter various non-CalOMS data into the electronic health record to comply with County Substance Use Disorders Services data system requirements. This data includes information for special populations as well as no-show encounters.

Billing
All DMC Billing up to 08/31/2024 shall be captured in and released to the County Clearinghouse and Contract Management (for Residential Bed Day batches) through SanWITS.

SanWITS Billing-related trainings and troubleshooting billing error trainings are provided virtually via Microsoft Teams at the request of the provider. These trainings are available existing users. For SanWITS training requests or specific billing data correction assistance, contact the SUD Billing Unit at ADSBillingUnit.HHSA@sdcounty.ca.gov

DMC Billing Resources:
- Billing Unit Support Desk email
- DMC-ODS Billing Manual (dhcs.ca.gov)
- Drug Medi-Cal Organized Delivery System (optumsandiego.com)

Other Data Collection Requirements

DATAR
The Drug and Alcohol Treatment Access Report (DATAR) is the Department of Health Care Services (DHCS) system to collect data on treatment capacity and waitlists and is considered a supplement to the California Outcomes Measurement System (CalOMS) client reporting system. Federal regulations require that each state develop a Capacity Management Program to report alcohol and other drug programs treatment capacity, to ensure the maintenance of the reporting, and to make that information available to the programs. DATAR Web is an application developed by DHCS for that purpose. DATAR assists in identifying specific categories of individuals awaiting treatment and identifies available treatment facilities for these individuals.

DATAR has information on the program's capacity to provide different types of Substance Use Disorder (SUD) treatment to clients, how much of the capacity was utilized that month, and monthly waitlists for priority populations. All SUD treatment providers that receive SUD treatment funding from DHCS are required to submit capacity information online at the DATARWeb site to DHCS each month. Per County

regulations, this is due by the 7th of every month. In addition, certified Drug Medi-Cal providers and Licensed Opioid Treatment Programs (OTP) must report, whether or not they receive public funding.

It is a State requirement for all facilities to submit statistics monthly. See Appendix K.2 for the monthly BHS DATAR Process.

Currently DHCS does not offer training for DATAR. See Appendix K.3 for the BHS DATAR tip sheet which defines DATAR reporting requirements.

For account creation, password reset, or general DATAR issues, contact the County's DATAR analyst at SUDEHRSupport.HHSA@sdcounty.ca.gov.

DATAR Resources:
- DATAR
- DATARWeb
- DATARWeb Manual

Additional Reporting for Capacity
A program's treatment capacity is the number of clients that can be served at any point in time. Providers will on longer have to notify the COR and DHCS when programs are over 90% of their contracted capacity with 7 days via email at: DHCSPerinatal@dhcs.ca.gov.

For outpatient capacity, unless otherwise approved by the COR and specified in the contractor's SOW, an outpatient program's treatment capacity uses the program's annual minimum admissions number as baseline. A 12-week average length of stay is applied to that baseline then divided by 52 weeks in a year for the program's point in time capacity.

Reporting Provider Changes
County Administration and DMC Certified Providers are responsible for maintaining accurate records with DHCS. As a provider, you are responsible for notifying the following County entities when provider changes occur:

- QA Support Desk
- Assigned program COR

Notify the following County entities by email when changes outlined below occur or for SmartCare:

- When the Provider applies for any new or additional services by location;
- If there is any change in status to its AOD or DMC certification status by the State;
- If there is any change in ownership or executive management;
- If there is any change in Medical Director or their DMC approved status.
- MIS is no longer monitoring BHS_EHRProject.HHSA@sdcounty.ca.gov.
- For any system-related issues, please reach out to CalMHSA.
- For trouble accessing the system, please send your email to SUDEHRSupport.HHSA@sdcounty.ca.gov.
- For questions related to documentation, guidelines, or policy, please send your email to

QIMatters.HHSA@sdcounty.ca.gov.

- If you would like to request a program or system change, or for deletions, please send your email to MHEHRSupport.HHSA@sdcounty.ca.gov.

Note: The SmartCare ARF can be found on regpack and should be submitted to SUDEHRSupport.HHSA@sdcounty.ca.gov.