

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 SanWITS and CalOMS manuals. Service entry shall be kept up to date and the data shall be entered into the SDSUD MIS (SanWITS) 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. Refer to the [SanWITS Data Entry Standards Memo](#) for more information.

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 [SanWITS Support Desk](#) 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 SanWITS 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 shall be captured in and released to the County Clearinghouse and Contract Management (for Residential Bed Day batches) through SanWITS. Having one system to collect both data sets ensures that DMC claims will always be accompanied by a CalOMS data set.

Billing-related trainings and troubleshooting billing error trainings are provided virtually via Microsoft Teams at the request of the provider. These trainings are available for new and existing users. For 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 \(dhcs.ca.gov\)](http://dhcs.ca.gov)

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. DATARWeb 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 shall 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:

- [SanWITS Support Desk](#)
- [QA Support Desk](#)
- Assigned program COR

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

- 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.