



CalOMS

Error & Correction Guide

Contact Info:

Sheryl Diedrick

BHCS-IS Dept.

Telephone: (510) 383-1741

Email: sdiedrick@acbhcs.org

Top Ten

Most Frequent CalOMS Errors

1. Needle use cannot be 0 if drug route = 4
2. Alcohol Frequency can not = Z2 if Primary or Secondary Problem = 02
3. Residence Zip Code Missing
4. Client Birth First Name Missing
5. Client Birth Last Name Missing
6. Client Birth County Missing
7. Client Birth State Missing
8. Client Drivers License Missing
9. Client Drivers License State Missing
10. Z4 allowed only with DD or detox facility
Note: The “Z4” (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of “Developmentally Disabled” or enrolled in a Detoxification program.

Special Note:

The CalOMS “Treatment Data Collection Guide” reference alternative values as a five-digit code; each County agreed to use a two-digit code. Listed below are the State alternative codes and the County’s alternative codes with a brief description:

<u>State Code</u>	<u>County Code</u>	<u>Description</u>
99900	Z0	Client Declined to State
99901	Z1	Unknown or Not Sure/Don’t Know
99902	Z2	Not Applicable
99903	Z3	Other
99904	Z4	Client Unable to Answer



CalOMS Treatment Data Element Detail

Detail explanation of each data element in admission, discharge, and annual update records that are in the CalOMS system at ADP. These explanations describe how each valid value is to be coded for each question for an admission, discharge, or annual update. Field errors are also described in this document.

Input File Version 1.0

**California Department
of Alcohol and Drug Programs**

Last Updated May 21, 2007

Table of Contents

Admission Data Group:

<u>ADM-1: Admission Date</u>	<u>5</u>
<u>ADM-2: Admission Transaction Type</u>	<u>6</u>
<u>ADM-5: Source of Referral</u>	<u>7</u>
<u>ADM-6: Days Waited to Enter Treatment</u>	<u>9</u>
<u>ADM-7: Number of Prior Episodes</u>	<u>10</u>
<u>ADM-8: CalWORKs Recipient</u>	<u>11</u>
<u>ADM-9: Substance Abuse Treatment Under CalWORKs</u>	<u>12</u>

Alcohol and Drug Use Data Group:

<u>ADU-1a: Primary Drug (Code)</u>	<u>13</u>
<u>ADU-1b: Primary Drug Name</u>	<u>15</u>
<u>ADU-2: Primary Drug Frequency</u>	<u>16</u>
<u>ADU-3: Primary Drug Route of Administration</u>	<u>17</u>
<u>ADU-4: Primary Drug Age of First Use</u>	<u>18</u>
<u>ADU-5: Secondary Drug (Code)</u>	<u>19</u>
<u>ADU-5b: Secondary Drug Name</u>	<u>21</u>
<u>ADU-6: Secondary Drug Frequency</u>	<u>22</u>
<u>ADU-7: Secondary Drug Route of Administration Frequency</u>	<u>23</u>
<u>ADU-8: Secondary Drug Age of First Use</u>	<u>24</u>
<u>ADU-9: Alcohol Frequency</u>	<u>25</u>
<u>ADU-10: Needle Use</u>	<u>26</u>
<u>ADU-11: Needle Use in the Last 12 Months</u>	<u>27</u>

Annual Update Data Group:

<u>AUP-1: Annual Update Date</u>	<u>28</u>
--	-----------

Client Identification & Demographic Data Group:

<u>CID-3: Gender</u>	<u>29</u>
<u>CID-4: Date of Birth</u>	<u>30</u>
<u>CID-5: Current First Name</u>	<u>31</u>
<u>CID-6: Current Last Name</u>	<u>32</u>
<u>CID-7: Social Security Number</u>	<u>33</u>
<u>CID-8: Zip Code at Current Residence</u>	<u>34</u>
<u>CID-9: Birth First Name</u>	<u>35</u>
<u>CID-10: Birth Last Name</u>	<u>36</u>
<u>CID-11a: Place of Birth – County</u>	<u>37</u>
<u>CID-11b: Place of Birth – State</u>	<u>38</u>
<u>CID-12: Driver’s License Number</u>	<u>39</u>
<u>CID-13: Driver’s License State</u>	<u>40</u>
<u>CID-14: Mother’s First Name</u>	<u>41</u>
<u>CID-15: Race</u>	<u>42</u>
<u>CID-16: Ethnicity</u>	<u>44</u>
<u>CID-17: Veteran</u>	<u>45</u>
<u>CID-18: Disability</u>	<u>46</u>
<u>CID-19: Consent</u>	<u>47</u>

Discharge Data Group:

<u>DIS-1: Discharge Date</u>	<u>48</u>
<u>DIS-2: Discharge Status</u>	<u>49</u>

Employment Data Group:

<u>EMP-1: Employment Status</u>	<u>50</u>
<u>EMP-2: Work Past 30 Days</u>	<u>51</u>
<u>EMP-3: Enrolled in School</u>	<u>52</u>
<u>EMP-4: Enrolled in Job Training</u>	<u>53</u>
<u>EMP-5: Highest School Grade Completed</u>	<u>54</u>

Criminal Justice Data Group:

<u>LEG-1: Admission Legal Status/Criminal Justice Status</u>	<u>55</u>
<u>LEG-2: CDCR Number</u>	<u>56</u>
<u>LEG-3: Number of Arrests Last 30 Days</u>	<u>57</u>
<u>LEG-4: Number of Jail Days Last 30 Days</u>	<u>58</u>
<u>LEG-5: Number of Prison Days Last 30 Days</u>	<u>59</u>
<u>LEG-6: Parolee Services Network</u>	<u>60</u>
<u>LEG-7: FOTP Parolee</u>	<u>61</u>
<u>LEG-8: FOTP Priority Status</u>	<u>62</u>

Medical / Physical Health Data Group:

<u>MED-1: Medi-Cal Beneficiary</u>	<u>63</u>
<u>MED-2: Emergency Room Last 30 Days</u>	<u>64</u>
<u>MED-3: Hospital Overnight Last 30 Days</u>	<u>65</u>
<u>MED-4: Medical Problems Last 30 Days</u>	<u>66</u>
<u>MED-5: Pregnant at Admission</u>	<u>67</u>
<u>MED-6: Pregnant at Any Time During Treatment</u>	<u>68</u>
<u>MED-7: Medication Prescribed as a Part of Treatment</u>	<u>69</u>
<u>MED-8: Communicable Diseases: Tuberculosis</u>	<u>70</u>
<u>MED-9: Communicable Diseases: Hepatitis C</u>	<u>71</u>
<u>MED-10: Communicable Diseases Sexually Transmitted Disease</u>	<u>72</u>
<u>MED-11: HIV Tested</u>	<u>73</u>
<u>MED-12: HIV Tested Results</u>	<u>74</u>

Mental Health Data Group:

<u>MHD-1: Mental Illness</u>	<u>75</u>
<u>MHD-2: Emergency Room Use / Mental Health</u>	<u>76</u>
<u>MHD-3: Psychiatric Facility</u>	<u>77</u>
<u>MHD-4: Mental Health Medication</u>	<u>78</u>

Family / Social Data Group:

<u>SOC-1: Social Support</u>	<u>79</u>
<u>SOC-2: Current Living Arrangements</u>	<u>80</u>
<u>SOC-3: Living With Someone</u>	<u>81</u>
<u>SOC-4: Family Conflict Last 30 Days</u>	<u>82</u>
<u>SOC-5: Number of Children</u>	<u>83</u>
<u>SOC-6: Number of Children Aged 5 Years or Younger</u>	<u>84</u>
<u>SOC-7: Number of Children Living With Someone Else</u>	<u>85</u>
<u>SOC-8: Number of Children Living With Someone Else and Parental Rights Terminated</u>	<u>86</u>

Admission Date (ADM-1)

The admission date is used to indicate the date of the client's admission to the provider's treatment program. This is a provider supplied field.

Details for ADM-1

Group and Item Number	ADM-1	
Data Element	Admission Date	
Format and Type	MM/DD/YYYY (Date)	
Maximum Length	10	
Allowable Values		
Value / Format	Meaning	
MM	Two digit month, must be a value from 01 through 12.	
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four digit year, must be a value from 1999 through 2099.	
Validation Rules		
Rule #	Rule	Error
1	The date submitted must be provided in the specified format.	160
2	MM, DD, and YYYY must fall within the allowable values.	161
3	The date submitted must be a valid calendar date.	162
4	For a discharge record, where Type of Form (TRN-1) is 4, 5, or 6, Admission Date must be on or before the Discharge Date (DIS-1).	391
5	Admission Date must be no more than five years earlier than Transaction Date (TRN-2).	163

Admission Transaction Type (ADM-2)

The admission transaction type is used to indicate the type of admission, whether it be an initial admission or a transfer or change. This is a provider supplied field.

Details for ADM-2

Group and Item Number	ADM-2	
Data Element	Admission Transaction Type	
Format and Type	Numeric	
Maximum Length	1	
Allowable Values		
Value / Format	Meaning	
Y or N	Initial Admission	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	190

Source of Referral (ADM-5)

This is a provider supplied field indicating the principal source of referral.

Details for ADM-5

Group and Item Number	ADM-5
Data Element	Source of Referral
Question	What is the client's principal source of referral?
Format and Type	Numeric
Maximum Length	2
Allowable Values	
Value / Format	Meaning
1	Fed/State Criminal Justice
2	Local/County Criminal Justice
3	Self
4	Family/Friend
5	Employer
6	School/College
7	Medical; hospital/clinic/physician/nurse
8	Social Services
9	Community Agency
10	Mental Health
11	Public Guardian
12	Public Health/Public Health Nurse
13	Residential Care Facility
14	Drug Residential
15	Drug Outpatient
16	Alcohol Residential/Outpatient
17	Telephone Directory
18	Brochure/Flyer/Newspaper/Newsletter
19	Other
20	12 Step Program
21	SACPA Court Probation
22	SACPA Court Parole
23	DUI/DWI
24	State Drug Partnership (DCP)

25	Comprehensive Drug Court Implementation (CDCI)	
26	Dependency Court/Child Protective Services	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	120

Days Waited to Enter Treatment (ADM-6)

This field identifies the total number of days that the client was on a waiting list before being admitted into the treatment program due to limited program capacity. The count of days should not include such things as waits due to days in jail, etc.

Details for ADM-6

Group and Item Number	ADM-6	
Data Element	Days Waited to Enter Treatment	
Question	How many days was the client on a waiting list before being admitted to this treatment program?	
Format and Type	Numeric	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-999	A numeric value from 0 to 999.	
Z1	Not sure / don't know	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	056
2	The 'Client unable to answer' (Z4) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	057

Number of Prior Episodes (ADM-7)

This field identifies the total number of treatment episodes the client has participated in as a primary client, not as a co-dependent.

Details for ADM-7

Group-Item Number	ADM-7	
Data Element	Number of Prior Episodes	
Question	What is the number of prior episodes in any alcohol or drug treatment/recovery program in which the client has participated?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-99	A numeric value from 0 to 99.	
Z0	Client declined to state	
Z1	Not sure / Don't know	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	220
2	The 'Client unable to answer' (Z4) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	221

CalWORKs Recipient (ADM-8)

This field identifies whether the participant is a CalWORKs recipient.

Details for ADM-8

Group and Item Number	ADM-8	
Data Element	CalWORKs Recipient	
Question	Is the client a CalWORKS recipient?	
Format and Type	Numeric	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z1	Not sure / Don't know	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	062

Substance Abuse Treatment under CalWORKs (ADM-9)

This field identifies whether the client is undergoing substance abuse treatment under CalWORKs.

Details for ADM-9

Group and Item Number	ADM-9	
Data Element	Substance Abuse Treatment under CalWORKs	
Question	Is the client receiving substance abuse treatment under CalWORKs recipient's welfare-to-work plan?	
Format and Type	Numeric	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z1	Not sure / Don't know	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	063
2	Value can only be yes if CalWORKs Recipient (ADM-8) is also Yes (Y).	064

(ADU-1a) Primary Drug (Code)

This is a field indicating the client's primary drug problem.

Details for ADU-1a

Group and Item Number	ADU-1a
Data Element	Primary Drug (Code)
Question	What is the client's primary alcohol or drug problem?
Format and Type	Numeric
Maximum Length	5
Allowable Values	
Value / Format	Meaning
01	Heroin
02	Alcohol
03	Barbiturates
04	Other Sedatives or Hypnotics
05	Methamphetamine
06	Other Amphetamines
07	Other Stimulants
08	Cocaine / Crack
09	Marijuana / Hashish
10	PCP
11	Other Hallucinogens
12	Tranquilizers (e.g. Benzodiazepine)
13	Other Tranquilizers
14	Non-Prescription Methadone
15	Other Opiates or Synthetics
16	Inhalants
17	Over the Counter
18	OcyCodone/OcyContin

19	Ecstasy	
20	Other Club Drugs	
Z1	Unknown	
Z3	Other (specify)	
00 or 22	None (SECONDARY ONLY)	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	230
2	None (00 or 22) is only allowed for a discharge or resubmission of discharge.	231
3	Unknown (Z1) is only allowed for an administrative discharge, where Type of Form (TRN-1) is 4 or 5 and Discharge Status (DIS-2) is 4, 6, 7, or 8.	265

Primary Drug Name (ADU-1b)

This field is used to record the primary drug name if a Primary Drug Code is selected that either requires the name (Z3) or requires (i.e. Other Stimulants) further drug description.

Details for ADU-1b

Group and Item Number	ADU-1b	
Data Element	Primary Drug Name	
Question	What is the client's primary alcohol or drug problem?	
Format and Type	2 to 50 characters (Alpha Numeric)	
Maximum Length	50	
Allowable Values		
Value / Format	Meaning	
Alpha Numeric	A freeform text field for input of a specific drug name. When provided the drug name must contain at least two characters.	
Validation Rules		
Rule #	Rule	Error
1	An allowable value must be provided	234
2	A value must be provided if Primary Drug Code (ADU-1a) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (15), Inhalants (16), Over-the-Counter (17), Other Club Drugs (20), or Other (Z3).	232
3	A value cannot be provided if Primary Drug Code (ADU-1a) is None (00 or 22), Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (18), Ecstasy (19) or Unknown (Z1).	233

Primary Drug Frequency (ADU-2)

This field is used to record the frequency of use for the primary drug.

Details for ADU-2

Group and Item Number	ADU-2	
Data Element	Primary Drug Frequency	
Question	How many days in the past 30 days has the client used the primary drug?	
Format and Type	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	Values from 0 to 30 are allowed.	
Z2	None or not applicable	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	280
2	For a discharge record , where Type of Form (TRN-1) is 4 or 5, if None (00 or 22) is selected as Primary Drug Code (ADU-1a), then Primary Drug Frequency (ADU-2) must be None or not applicable (Z2).	281
3	None or not applicable (Z2) is only allowed when Primary Drug Code (ADU-1a) is None (00 or 22).	282

Primary Drug Route of Administration (ADU-3)

This field is used to record the route of administration used for the primary drug.

Details for ADU-3

Group and Item Number	ADU-3	
Data Element	Primary Drug Route of Administration	
Question	What is the client's usual route of administration for the primary drug?	
Format and Type	Numeric	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
1	Oral	
2	Smoking	
3	Inhalation	
4	Injection (IV or intramuscular)	
Z2	None or not applicable	
Z3	Other	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	260
2	If Primary Drug (ADU-1a) is inhalant (16) the value selected must be Inhalation (3).	261
3	If Primary Drug (ADU-1a) is Alcohol (2) the value selected must be Oral (1).	262
4	For a Discharge Record if Primary Drug Code (ADU-1a) is None (00 or 22) the value selected must be not applicable (Z2).	263
5	None or not applicable (Z2) is only allowed when Primary Drug Code (ADU-1a) is None (0).	264

Primary Drug Age of First Use (ADU-4)

This field is used to record the client's age of first use of the primary drug.

Details for ADU-8

Group and Item Number	ADU-4	
Data Element	Primary Drug Age of First Use	
Question	What was the client's age of first use for the secondary drug?	
Format and Type	N to NNN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
5-105	If an age is provided the age must be a value from 5 through 105.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	300
2	If an age is provided, age must be less than or equal to the client's age at admission , which is determined using the Date of Birth (CID-4) and Admission Date (ADM-1).	301
3	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID) includes 7 (developmentally disabled).	302

Secondary Drug (Code) (ADU-5a)

This is a field indicating the client's secondary drug problem.

Details for ADU-5a

Group and Item Number	ADU-5a
Data Element	Secondary Drug (Code)
Question	What is the client's secondary alcohol or drug problem?
Format (Type)	N to NN or NNNNN (Numeric)
Maximum Length	5
Allowable Values	
Value / Format	Meaning
01	Heroin
02	Alcohol
03	Barbiturates
04	Other Sedatives or Hypnotics
05	Methamphetamine
06	Other Amphetamines
07	Other Stimulants
08	Cocaine / Crack
09	Marijuana / Hashish
10	PCP
11	Other Hallucinogens
12	Tranquilizers (e.g. Benzodiazepine)
13	Other Tranquilizers
14	Non-Prescription Methadone
15	Other Opiates and Synthetics
16	Inhalants
17	Over the Counter

18	OxyCodone / OxyContin	
19	Ecatasy	
20	Other Club Drugs	
Z1	Unknown	
Z3	Other (specify)	
00 or 22	None (SECONDARY ONLY)	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	240
2	For a discharge record, where Type of Form (TRN-1) is 4 or 5, if Primary Drug Code (ADU-1a) is None (0), then Secondary Drug Code (ADU-5a) must be None (0).	241
3	If Secondary Drug Code (ADU-5a) is Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (15) or Ecstasy (19), it must not be the same value as the Primary Drug Code (ADU-1a).	244
4	Secondary Drug Code (ADU-5a) cannot be Unknown (99901)	247

Secondary Drug Name (ADU-5b)

This field is used to record the secondary drug name if a Secondary Drug Code is selected that either requires a name (Z3) or requires (i.e. Other Stimulants) further drug description.

Details for ADU-5b

Group and Item Number	ADU-5b	
Data Element	Secondary Drug Name	
Question	What is the client's secondary alcohol or drug problem?	
Format (Type)	2 to 50 characters (Alpha Numeric)	
Maximum Length	50	
Allowable Values		
Value / Format	Meaning	
Alpha Numeric	A freeform text field for input of a specific drug name that is at least two characters in length.	
Validation Rules		
Rule #	Rule	Error
1	An allowable value must be provided	246
2	A value must be provided in Secondary Drug Name (ADU-5b) if Secondary Drug Code (ADU-5a) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (15), Inhalants (16), Over-the-Counter (17), Other Club Drugs (20), or Other (Z3).	242
3	A value cannot be provided if Secondary Drug Code (ADU-5a) is None (00 or 22), Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (18), Ecstasy (19) or Unknown (Z1).	243
4	If Secondary Drug Name is provided (not null and not blank) and Primary Drug Name (ADU-1b) is provided (not null and not blank), then Secondary Drug Name (ADU-5b) cannot be the same as the Primary Drug Name (ADU-1b).	245

Secondary Drug Frequency (ADU-6)

This field is used to record the frequency of use for the secondary drug.

Details for ADU-6

Group and Item Number	ADU-6	
Data Element	Secondary Drug Frequency	
Question	How many days in the past 30 days has the client used the secondary drug?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	Values from 0 to 30 are allowed	
Z2	None or not applicable	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	290
2	If None (00 or 22) is selected as Secondary Drug Code (ADU-5a) then Secondary Drug Frequency (ADU-6) must be None or not applicable (Z2).	291
3	None or not applicable (Z2) is only allowed when Secondary Drug Code (ADU-5a) is None (00 or 22).	292

Secondary Drug Route of Administration (ADU-7)

This field is used to record the route of administration used for the secondary drug.

Details for ADU-7

Group and Item Number	ADU-7	
Data Element	Secondary Drug Route of Administration	
Question	What is the client's usual route of administration for the secondary drug?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
1	Oral	
2	Smoking	
3	Inhalation	
4	Injection (IV or intramuscular)	
Z2	None or not applicable	
Z3	Other	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	270
2	If Secondary Drug Code (ADU-5a) is Inhalant (16) the value selected must be Inhalation (3).	271
3	If Secondary Drug Code (ADU-5a) is Alcohol (2) the value selected must be Oral (1).	272
4	If Secondary Drug Code (ADU-5a) is None (00 or 22) the value selected must be None or not applicable (Z2).	273
5	None or not applicable (Z2) is only allowed when Secondary Drug Code (ADU-5a) is None (00 or 22).	274

Secondary Drug Age of First Use (ADU-8)

This field is used to record the participant age of first use of the secondary drug.

ADU-8

Group and Item Number	ADU-8	
Data Element	Secondary Drug Age of First Use	
Question	What was the client's age of first use for the secondary drug?	
Format (Type)	N to NNN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
5-105	If an age is provided the age must be a value from 5 through 105.	
Z2	None or not applicable	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	310
2	If an age is provided, age must be less than or equal to the client's age at admission, which is determined using the Date of Birth (CID-4) and Admission Date (ADM-1).	313
3	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID) includes 7 (developmentally disabled).	312
4	None or not applicable (Z2) is only allowed when Secondary Drug Code (ADU-5a) is None (00 or 22).	314

Alcohol Frequency (ADU-9)

This field is used to record the frequency of alcohol use in the last 30 days if the primary and secondary drugs are not alcohol.

Details for ADU-9

Group and Item Number	ADU-9	
Data Element	Alcohol Frequency	
Question	How many days in the past 30 days has the client used alcohol?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	Values from 0 to 30 are allowed.	
Z2	None or not applicable	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	283
2	If Primary Drug Code (ADU-1a) or Secondary Drug Code (ADU-5a) are 2 (alcohol), Alcohol Frequency (ADU-9) must be Z2 (none or not applicable).	284

Needle Use (ADU-10)

This field is used to record the number of days the client has used a needle for drug injection in the last 30 days.

Details for ADU-10

Group and Item Number	ADU-10	
Data Element	Needle Use**	
Question	How many days has the client injected in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	Values from 0 to 30 are allowed.	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	286
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	287

** Note: This field was formerly named "IV Use" and has been renamed to "Needle Use" to better reflect the data that is captured by this element (i.e., all forms of drug infection- intravenous and intramuscular).

Needle Use in the Last 12 Months (ADU-11)

This field is used to record whether the client has used needles to inject drugs in the past twelve months.

Details for ADU-11

Group and Item Number	ADU-11	
Data Element	Needle Use in the Last 12 Months	
Question	Has the client used needles during the past twelve months?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	320
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	324
3	If Needle Use (ADU-10) is more than 0, (and not Z0 or Z4), Needle Use in the Last 12 Months (ADU-11) must be Yes (Y).	323
4	If Primary Drug Route of Administration (ADU-3) is Injection (4) and Primary Drug Frequency (ADU-2) is greater than or equal to one, Needle Use in the Last 12 Months (ADU-11) must be Yes (Y).	321
5	If Secondary Drug Route of Administration (ADU-7) is Injection (4) and Secondary Drug Frequency (ADU-6) is greater than or equal to one, Needle Use in the Last 12 Months (ADU-11) must be yes (Y).	322

Annual Update Date (AUP-1)

The annual update date is used to indicate the date of the annual update was performed for the client. This is a provider supplied field.

Details for AUP-1

Group and Item Number	AUP-1	
Data Element	Annual Update Date	
Format (Type)	MM/DD/YYYY (Date)	
Maximum Length	10	
Allowable Values		
Value / Format	Meaning	
MM	Two digit month, must be a value from 01 through 12.	
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four digit year, must be a value from 1999 through 2099.	
Validation Rules		
Rule #	Rule	Error
1	The date submitted must be provided in the specified format.	164
2	MM, DD, and YYYY must fall within the allowable values.	165
3	The date submitted must be a valid calendar date.	166
4	For an annual update record, where Type of Form (TRN-1) is 7, 8, or 9, Annual Update Date (AUP-1) must be on or after the Admission Date (ADM-1).	168
5	Annual Update Date (AUP-1) must be no more than five years earlier than Transaction Date (TRN-2).	167
6	Annual Update Date (AUP-1) must be at most 60 days earlier than one year after admission date (ADM-1). (e.g. if admission date is 01/01/2004 the earliest allowable annual update date is 01/01/2004, the earliest allowable annual update date is 11/02/2004, which is 60 days prior to 01/01/2005)	169
7	Annual Update Date (AUP-1) must not be later than Transaction Date (TRN-2)	158

Gender (CID-3)

This item identifies the gender of the client.

Details for CID-3

Group and Item Number	CID-3	
Data Element	Gender	
Question	What is the client's gender?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
M	Male	
F	Female	
Z3	Other	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	040

Date of Birth (CID-4)

This item identifies the date of birth of the client.

Details for CID-4

Group and Item Number	CID-4	
Data Element	Date of Birth	
Question	What is the client's date of birth?	
Format (Type)	MM/DD/YYYY (Date)	
Maximum Length	10	
Allowable Values		
Value / Format	Meaning	
MM	Two digit month, must be a value from 01 through 12.	
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four digit year, must be a value that is at least 1899.	
Validation Rules		
Rule #	Rule	Error
1	The value provided must follow the specified format.	050
2	The date supplied must be a valid calendar date.	052
3	The resultant age at admission, using Admission Date (ADM-1) and Date of Birth (CID-4) must be from 5 through 105 years.	053

Current First Name (CID-5)

This item identifies the current first name of the client. If client only has one name, use Z2 (none or not applicable) in the current first name field (CID-5) and report the name in the current last name field (CID-6).

Details for CID-5

Group and Item Number	CID-5	
Data Element	Current First Name	
Question	What is the client's current first name?	
Format (Type)	Alpha string of 1-20 characters or NNNNN (Alpha or Numeric - restricted)	
Maximum Length	20	
Allowable Values		
Value / Format	Meaning	
Alpha	The alphabetic name of the client containing at least one character.	
Z2	Not or not applicable	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	022
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	023

Current Last Name (CID-6)

This item identifies the current last name of the client. If client only has one name, use Z2 (none or not applicable) in the current first name field (CID-5) and report the name in the current last name field (CID-6).

Details for CID-6

Group and Item Number	CID-6	
Data Element	Current Last Name	
Question	What is the client's current last name?	
Format (Type)	Alpha string of 1-40 characters or NNNNN (Alpha or Numeric - restricted)	
Maximum Length	40	
Allowable Values		
Value / Format	Meaning	
Alpha	The alphabetic name of the client containing at least one character.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	024
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	025

Social Security Number (CID-7)

This item identifies the social security number (SSN) of the client.

Details for CID-7

Group and Item Number	CID-7	
Data Element	SSN	
Question	What is the client's social security number?	
Format (Type)	NNNNNNNNN (no hyphens) or NNNNN (Numeric)	
Maximum Length	9	
Allowable Values		
Value / Format	Meaning	
NNNNNNNNN	A nine digit social security number.	
Z0	Client declines to state	
Z2	None or not applicable	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	The value provided must be a 9 digit number or one of the specified numeric values.	026
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	027

Zip Code at Current Residence (CID-8)

This item identifies the zip code at the client's current residence.

Details for CID-8

Group and Item Number	CID-8	
Data Element	Zip Code at Current Residence	
Question	What is the client's zip code at their current residence?	
Format (Type)	NNNNN or AAAAA (Alpha or Numeric- restricted)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
NNNNN	The client's five digit zip code.	
00000 (zeroes)	Homeless	
XXXXX	Client declines to state	
ZZZZZ	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	The value provided must be a 5 digit number or one of the specified additional alpha values.	032
2	Current zip code can only be '00000' if Current Living Arrangements (SOC-2) is 1 (homeless).	033
3	The 'Client unable to answer' (ZZZZZ) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	034

Birth First Name (CID-9)

This item identifies birth first name of the client. If client only has one name, use Z2 (none or not applicable) in the birth first name field (CID-9) and report the name in the birth last name field (CID-10).

Details for CID-9

Group and Item Number	CID-9	
Data Element	Birth First Name	
Question	What is the client's birth first name?	
Format (Type)	Alpha string of 1-20 characters or NNNNN (Alpha or Numeric – restricted)	
Maximum Length	20	
Allowable Values		
Value / Format	Meaning	
Alpha	The alphabetic name of the client containing at least one character.	
Z2	None or not applicable	
Validation Rules		
Rule #	Rule	Error
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	031

Birth Last Name (CID-10)

This item identifies birth last name of the client. If client only has one name, use Z2 (none or not applicable) in the birth first name field (CID-9) and report the name in the birth last name field (CID-10).

Details for CID-10

Group and Item Number	CID-10	
Data Element	Birth Last Name	
Question	What is the client's birth last name?	
Format (Type)	Alpha string of 1-40 characters	
Maximum Length	40	
Allowable Values		
Value / Format	Meaning	
Alpha	The alphabetic name of the client containing at least one character.	
Validation Rules		
Rule #	Rule	Error
1	A value must be provided that is an alpha name.	030

Place of Birth – County (CID-11a)

This item identifies the client's county of birth if the client was born in California. A value of Z3 (other) is used for clients born outside California.

Details for CID-11a

Group and Item Number	CID-11a	
Data Element	Place of Birth – County	
Question	What is the client's county of birth if born in California?	
Format (Type)	NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
01-58	County codes 01 through 58. Please refer to Section 4 for the list of county codes.	
Z3	Other (born outside California)	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	035
2	If Place of Birth – State (CID-11b) is CA (California) a county code from 01 – 58 must be provided.	028
3	If Place of Birth – State (CID-11b) is not CA (California) then Other (Z3) must be provided.	029

Place of Birth – State (CID-11b)

This item identifies client's state of birth if the client was born in the United States. A value of Z3 (other) is used for clients born outside the U.S.

Details for CID-11b

Group and Item Number	CID-11b	
Data Element	Place of Birth – State	
Question	What is the client's state of birth if born within the United States but outside California?	
Format (Type)	AA or NNNNN (Alpha or Numeric – restricted)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
AL – WY	Two letter state code abbreviation. Please refer to Section 5 for the list of valid state codes.	
Z3	Other (born outside U.S.)	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	036
2	If a Place of Birth – County (CID-11a) is a county code from 01 through 58, CA (California) must be provided as the Place of Birth – State (CID-11b)	008
3	If a Place of Birth – County (CID-11a) is Other (Z3) then Place of Birth – State (CID-11b) cannot be CA (California)	009

Driver's License Number (CID-12)

This item identifies the client's driver's license number or state identification card number.

Details for CID-12

Group and Item Number	CID-12	
Data Element	Driver's License Number	
Question	What is the client's driver's license number? If the client does not have a driver's license, what is the client's state ID card number?	
Format (Type)	Alpha-Numeric string of 1-13 characters or NNNNN (Alpha Numeric)	
Maximum Length	13	
Allowable Values		
Value / Format	Meaning	
Alpha Numeric	An alphanumeric value up to 13 characters in length with at least one character.	
Z0	Client declined to state	
Z2	None or not applicable	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	038
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	039
3	If a Driver's License State (CID-13) value (AL-WY) is provided a Driver's License Number that is not Z0, Z2, or Z4 must be provided.	037

Driver's License State (CID-13)

This item identifies the state corresponding to the driver's license.

Details for CID-13

Group and Item Number	CID-13	
Data Element	Driver's License State	
	For which state does the client have a valid driver's license or state ID card?	
Format and Type	AA or NNNNN (Alpha or Numeric – restricted)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
AL – WY	Two letter state code abbreviation. Please refer to Section 5 for a list of valid state codes.	
Z0	Client declined to state	
Z2	None or not applicable	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	042
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	043
3	If a Driver's License Number (CID-12) (that is not Z0, Z2, or Z4) is provided, a Driver's License State (AL-WY) must be provided.	044

Mother's First Name (CID-14)

This item identifies the first name of the client's mother, or the individual the client considers his/her mother (e.g. grandmother, adopted mother, etc.).

Details for CID-14

Group and Item Number	CID-14	
Data Element	Mother's First Name	
Question	What is the first name of the client's mother?	
Format (Type)	Alpha string of 1-20 characters (alpha)	
Maximum Length	20	
Allowable Values		
Value / Format	Meaning	
Alpha	The alphabetic first name of the client's mother containing at least one character.	
Validation Rules		
Rule #	Rule	Error
1	A value must be provided that is an alpha name.	045

Race (CID-15)

This item identifies the client's race.

Details for CID-15

Group and Item Number	CID-15	
Data Element	Race	
Question	What is the client's race?	
Format (Type)	NN (Numeric) (Up to 5, two-digit codes may be entered separated by the tilde ~ character.	
Maximum Length	14	
Allowable Values		
Value / Format	Meaning	
A	White	
B	Black / African-American	
C	Native American	
E	Chinese	
F	Vietnamese	
G	Laotian	
H	Cambodian	
I	Japanese	
J	Filipino	
K	Other Asian	
L	Other	
M	Unknown	
X	Mixed Race	
O	Alaskan Native	
S	Asian Indian	
U	Guamanian	
T	Hawaiian	
Q	Korean	
R	Samoan	
N	Other Southeast Asian	
Validation Rules		
Rule #	Rule	Error

1	At least one race must be indicated.	080
2	No more than five races must be indicated.	081
4	Only allowable values must be selected.	083

Ethnicity (CID-16)

This item identifies the client's ethnicity.

Details for CID-16

Group and Item Number	CID-16	
Data Element	Ethnicity	
Question	What is the client's ethnicity?	
Format (Type)	N (Numeric)	
Maximum Length	1	
Allowable Values		
Value / Format	Meaning	
1	Not Hispanic	
2	Mexican / Mexican American	
3	Cuban	
4	Puerto Rican	
5	Other Latino	
6	Other Hispanic	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	090

Veteran (CID-17)

This item identifies whether a client is a U.S. veteran.

Table 1 – Details for CID-17

Group and Item Number	CID-17	
Data Element	Veteran	
Question	Is the client a U.S. veteran?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	047
2	Cannot be veteran if age at admission is less than 17 years. Age is determined using Date of Birth (CID-4) and Admission Date (ADM-1).	048
3	The 'Client unable to answer' (Z4) value is only allowed if a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	049

Disability (CID-18)

This item identifies whether a client has a disability. A client may have more than one disability from those with values 2 through 8.

Table 2 – Details for CID-18

Group and Item Number	CID-18	
Data Element	Disability	
Question	What type of disability does the client have, if any?	
Format (Type)	Numeric	
Maximum Length	13	
Allowable Values		
Value / Format	Meaning	
00	None	
01	Severe Visual Impaired	
02	Severe Hearing Impairment	
04	Speech Impairment	
08	Physical Impairment/Mobility	
16	Developmentally Disabled	
32	Other Physical Impairment	
64	Mental	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	150
2	If disability is None (00), Z0, or Z4, multiple values are not allowed.	151
3	The 'Client unable to answer' (Z4) value is only allowed if a detox service.	152

Consent (CID-19)

This item identifies whether a client has given consent to be contacted in the future.

Details for CID-19

Group and Item Number	CID-19	
Data Element	Consent	
Question	Is there a consent form allowing future possible contact signed by the client on file within your agency?	
Format (Type)	N (Numeric)	
Maximum Length	1	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	055

(DIS-1) Discharge Date

This is a provider-supplied field indicating client's date of discharge from the program.

Table 3 – Details for DIS-1

Group and Item Number	DIS-1	
Data Element	Discharge Date	
Format (Type)	MM/DD/YYYY (Date)	
Maximum Length	10	
Allowable Values		
Value / Format	Meaning	
MM	Two digit month, must be a value from 01 through 12.	
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.	
YYYY	Four digit year, must be a value from 1999 through 2099.	
Validation Rules		
Rule #	Rule	Error
1	The data must be submitted in the specified format.	370
2	MM, DD, and YYYY must fall within the allowable range values.	371
3	The date submitted must be a valid calendar date.	372
4	Discharge Date (DIS-1) must be on or after Admission Date. (ADM-1)	391
5	Discharge date must be at most five years earlier than Transaction Date (TRN-2).	373
6	Discharge Date (DIS-1) must not be later than Transaction Date (TRN-2)	369

Discharge Status (DIS-2)

This is a provider supplied field indicating participant's discharge status.

Details for DIS-2

Group and Item Number	DIS-2	
Data Element	Discharge Status	
Format (Type)	N (Numeric)	
Maximum Length	1	
Allowable Values		
Value / Format	Meaning	
1	Completed Treatment / Recovery Plan, Goals / Referred	
2	Completed Treatment / Recovery Plan, Goals / Not Referred	
3	Left Before Completion w / Satisfactory Progress / Referred	
4	Left Before Completion w / Satisfactory Progress / Not Referred	
5	Left Before Completion w / Unsatisfactory Progress / Referred	
6	Left Before Completion w / Unsatisfactory Progress / Not Referred	
7	Death	
8	Incarceration	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	400

Employment Status (EMP-1)

This field is used to record whether the client's current employment status

Details for EMP-1

Group and Item Number	EMP-1	
Data Element	Employment Status	
Question	What is the client's current employment status?	
Format (Type)	N (Numeric)	
Maximum Length	1	
Allowable Values		
Value / Format	Meaning	
1	Employed Full time (35 hours or more)	
2	Part time (less than 35 hrs)	
3	Unemployed, looking for work	
4	Unemployed, not in the labor force (not seeking)	
5	Not in the labor force (Not seeking)	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	100
2	If client is 14 years old or less, then employment status cannot be 1 (Employed full time). For Admission records; age is determined using Date of Birth (CID-4) and Admission date (ADM-1). For Discharge records, age is determined using Date of Birth (CID-4) and Discharge Date (DIS-1). For Annual Update records; age is determined Date of Birth (CID-4) and Annual Update Date (AUP-1).	101

Work Past 30 Days (EMP-2)

This field is used to record the number of days the client has worked in the last 30 days.

Details for EMP-2

Group and Item Number	EMP-2	
Data Element	Work Past 30 Days	
Question	How many days was the client paid for working in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	Values from 0 to 30 are allowed.	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	293
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	294

Enrolled in School (EMP-3)

This field is used to record whether the client is currently enrolled in school.

Details for EMP-3

Group and Item Number	EMP-3	
Data Element	Enrolled in School	
Question	Is the client currently enrolled in school?	
Format and Type	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	295
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	296

Enrolled in Job Training (EMP-4)

This field is used to record whether the client is currently enrolled in job training.

Details for EMP-4

Group and Item Number	EMP-4	
Data Element	Enrolled in Job Training	
Question	Are the client currently enrolled in a job training program?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	297
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	298

Highest School Grade Completed (EMP-5)

This field is used to record the highest school grade completed by the Client.

Details for EMP-5

Group and Item Number	EMP-5	
Data Element	Highest School Grade Completed	
Question	What is the client's highest school grade completed?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	Values from 0 to 30 are allowed	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value	110
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	111

Admission Legal Status / Criminal Justice Status (LEG-1)

Admission Legal Status: This field is used to record the client's criminal justice status.

Details for LEG-1

Group and Item Number	LEG-1	
Data Element	Criminal Justice Status	
Question	What is the client's criminal justice status?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
1	Not Applicable	
2	Under parole supervision by CDCR	
3	On parole from any other jurisdiction	
4	On probation from any Federal, State or local jurisdiction	
5	Admitted under other diversion from any court under CA Penal Code, Section 1000	
6	Incarcerated	
7	A waiting trial, charges or sentencing	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	140
2	The 'Client unable to answer' (99904) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	141

CDCR* Number (LEG-2)

This field is used to record the client's California Department of Corrections and Rehabilitation (CDCR) identification number.

Details for LEG-2

Group and Item Number	LEG-2	
Data Element	CDCR Number	
Question	What is the client's CDCR Identification Number?	
Format and Type	XXXXXX or NNNNN (Alpha Numeric – restricted)	
Maximum Length	6	
Allowable Values		
Value / Format	Meaning	
Alpha Numeric	A six- character string of Alpha (A-Z) and numeric (0-9) characters.	
Z0	Client declined to state	
Z1	Not Sure/ Don't know	
Z2	None or not applicable	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	142
2	If Parolee Services Network (LEG-6) is Yes (Y) then a CDCR Number (LEG-2) must be provided.	143
3	If FOTP Parolee (LEG-7) is Yes (Y) then a CDCR Number (LEG-2) must be provided.	178
4	If age at admission of client is under 18, an actual CDCR Number cannot be provided. Age at admission is determined using Date of Birth (CID-4) and Admission Date (ADM-1)	144
5	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	145

Number of Arrests Last 30 Days (LEG-3)

This field is used to record the number of arrests for the client in the last 30 days

Details for LEG-3

Group and Item Number	LEG-3	
Data Element	Number of Arrests Last 30 Days	
Question	How many times has the client been arrested in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A value from 0 through 30 is allowed.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	146
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	147

Number of Jail Days Last 30 Days (LEG-4)

This field is used to record the number of days the client has spent in jail in the last 30 days.

Details for LEG-4

Group and Item Number	LEG-4	
Data Element	Number of Jail Days Last 30 Days	
Question	How many days has the client been in jail in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A value from 0 through 30 is allowed.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	148
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	149

Number of Prison Days Last 30 Days (LEG-5)

This field is used to record the number of days the client has spent in prison in the last 30 days.

Details for LEG-5

Group and Item Number	LEG-5	
Data Element	Number of Prison Days Last 30 Days	
Question	How many days has the client been in prison in the past 30 days?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A value from 0 through 30 is allowed.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	170
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	171

Parolee Services Network (LEG-6)

This field is used to record whether the client is a parolee in the Parolee Services Network (PSN).

Details for LEG-6

Group and Item Number	LEG-6	
Data Element	Parolee Services Network	
Question	Is the client a parolee in the Parolee Services Network (PSN)?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	172
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	173

FOTP Parolee (LEG-7)

This field is used to record whether the client is a parolee in the Female Offender Treatment Program (FOTP).

Details for LEG-7

Group and Item Number	LEG-7	
Data Element	FOTP Parolee	
Question	Is the client a parolee in the Female Offender Treatment Program (FOTP)?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
N	No	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value of only N.	174

FOTP Priority Status (LEG-8)

This field is used to record a client FOTP Priority Status.

Details for LEG-8

Group and Item Number	LEG-8	
Data Element	FOTP Priority Status	
Question	What is the client's FOTP Priority Status?	
Allowable Values		
Value / Format	Meaning	
Z2	None or not Applicable	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value of only Z2.	179

Medi-Cal Beneficiary (MED-1)

This field indicates if the client is a Medi-Cal beneficiary.

Details for MED-1

Group and Item Number	MED-1	
Data Element	Medi-Cal Beneficiary	
Question	Is the client a Medi-Cal beneficiary?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	184
2	The 'Client unable to answer' (99904) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	185

Emergency Room Last 30 Days (MED-2)

This field is used to record the number of times in the past 30 days the client has visited an emergency room for physical health problems.

Details for MED-2

Group and Item Number	MED-2	
Data Element	Emergency Room Last 30 days	
Question	How many times the client visited an Emergency Room in the past 30 days for physical health problems?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-99	A numerical value a value from 0 through 99.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	186
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	187

Hospital Overnight Last 30 Days (MED-3)

This field is used to record the number of days in the past 30 days the client has stayed overnight in a hospital for physical health problems.

Details for MED-3

Group and Item Number	MED-3	
Data Element	Hospital Overnight Last 30 days	
Question	How many days has the client stayed overnight in a hospital in the past 30 days for physical health problems?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numerical value a value from 0 through 30.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	188
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	189

Medical Problems Last 30 Days (MED-4)

This is the number of days in the past 30 days the client has experienced physical health problems.

Details for MED-4

Group and Item Number	MED-4	
Data Element	Medical Problems Last 30 days	
Question	How many days in the past 30 days has the client experienced physical health problems?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numerical value a value from 0 through 30.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	192
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	193
3	If Emergency Room Last 30 Days (MED-2) or Hospital Overnight Last 30 Days (MED-3) are greater than 0, then Medical Problems Last 30 Days (MED-4) must be greater than 0.	191

Pregnant at Admission (MED-5)

This field indicates if the client was pregnant at the time of admission.

Details for MED-5

Group and Item Number	MED-5	
Data Element	Pregnant at Admission	
Question	If the client is not male, is the client pregnant at the time of admission?	
Format (Type)	Numeric	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z1	Not Sure / Don't Know	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	130
2	If Gender (CID-3) is male, then Pregnant at Admission (MED-5) cannot be (Y)	131

Pregnant at Any Time During Treatment (MED-6)

This field indicates if the client was pregnant at some time during treatment.

Table 4 – Details for MED-6

Group and Item Number	MED-6	
Data Element	Pregnant at Any Time During Treatment	
Question	If the client is not male, was the client pregnant at any time during treatment?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z1	Not Sure / Don't Know	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	133
2	If Gender (CID-3) is Male, then Pregnant at Any Time During Treatment cannot be Yes (Y)	132

Medication Prescribed as a Part of Treatment (MED-7)

This field indicates if medication has been prescribed as a part of treatment.

Details for MED-7

Group and Item Number	MED-7	
Data Element	Medication Prescribed as a Part of Treatment	
Question	What medication is prescribed as a part of treatment?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
1	None	
2	Methadone	
3	LAAM	
4	Buprenorphine (Subutex)	
5	Buprenorphine (Suboxone)	
Z3	Other	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	210
2	If medication is 2 or 3, then the provider must be a valid licensed narcotics replacement provider.	212

Communicable Diseases: Tuberculosis (MED-8)

This field indicates if the client has been diagnosed with tuberculosis.

Details for MED-8

Group and Item Number	MED-8	
Data Element	Communicable Diseases: Tuberculosis	
Question	Has the client been diagnosed with Tuberculosis?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	194
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	195

Communicable Diseases: Hepatitis C (MED-9)

This field indicates if the client has been diagnosed with hepatitis C.

Details for MED-9

Group and Item Number	MED-9	
Data Element	Communicable Diseases: Hepatitis C	
Question	Has the client been diagnosed with Hepatitis C?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	196
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	197

Communicable Diseases: Sexually Transmitted Disease (MED-10)

This field indicates if the client has been diagnosed with a sexually transmitted disease.

Details for MED-10

Group and Item Number	MED-10	
Data Element	Communicable Diseases: Sexually Transmitted Disease	
Question	Has the client been diagnosed with a Sexually Transmitted Disease?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	198
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	199

HIV Tested (MED-11)

This field indicates if the client has been tested for HIV / AIDS.

Table 5 – Details for MED-11

Group and Item Number	MED-11	
Data Element	HIV tested	
Question	Has the client been tested for HIV/AIDS?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	203
2	The 'Client unable to answer' (99904) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	204

HIV Test Results (MED-12)

This field indicates whether the client has received results of the HIV / AIDS test.

Details for MED-12

Group and Item Number	MED-12	
Data Element	HIV Test Results	
Question	Does the client have the results of the HIV/AIDS test?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	206
2	HIV Test Results (MED-12) can only be 'yes' (Y) when HIV Tested (MED-11) is 'yes' (Y).	207
3	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	208

Mental Illness (MHD-1)

This field indicates whether the client has ever been diagnosed with a mental illness.

Details for MHD-1

Group and Item Number	MHD-1	
Data Element	Mental Illness	
Question	Has the client ever been diagnosed with a mental illness?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z1	Not Sure / Don't Know	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	214

Emergency Room Use / Mental Health (MHD-2)

This field indicates the number of times in the last 30 days the client has received outpatient emergency services for mental health needs.

Details for MHD-2

Group and Item Number	MHD-2	
Data Element	Emergency Room Use / Mental Health	
Question	How many times in the past 30 days has the client received outpatient emergency services for mental health needs?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-99	A numeric value a value from 0 through 99.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	215
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	216

Psychiatric Facility Use (MHD-3)

This field indicates the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs.

Details for MHD-3

Group and Item Number	MHD-3	
Data Element	Psychiatric Facility Use	
Question	How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numeric value a value from 0 through 30.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	217
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	218

Mental Health Medication (MHD-4)

This field indicates whether the client has taken prescribed medication for mental health needs in the last 30 days.

Details for MHD-4

Group and Item Number	MHD-4	
Data Element	Mental Health Medication	
Question	In the past 30 days, has the client taken prescribed medication for mental health needs?	
Format (Type)	N or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
Y	Yes	
N	No	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	223
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	224

Social Support (SOC-1)

This is the number of days in the last 30 days the client has participated in any social support recovery activities.

Details for SOC-1

Group and Item Number	SOC-1	
Data Element	Social Support	
Question	<p>How many days in the last 30 days has the client participated in any social support recovery activities such as:</p> <ul style="list-style-type: none"> 12 -Step Meetings Other Self Help Meetings Religious /Faith Recovery or Self-Help Meetings Attending Meetings of organizations other than those listed above Interactions with Family Member and/or Friend Support of Recovery? 	
Format (Type)	N to NN (Numeric)	
Maximum Length	2	
Allowable Values		
0-30	A numeric value a value from 0 through 30.	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	226

Current Living Arrangements (SOC-2)

This field identifies the current living arrangements.

Details for SOC-2

Group and Item Number	SOC-2	
Data Element	Current Living Arrangements	
Question	What is the client's current living arrangements?	
Format and Type	Numeric	
Maximum Length	1	
Allowable Values		
Value / Format	Meaning	
1	Homeless	
2	Dependent Living	
3	Independent Living	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	227
2	Current Living Arrangements can only be homeless (1) when Zip Code at Current Residence (CID-8) is '00000'	228

Living with Someone (SOC-3)

This field identifies the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs.

Details for SOC-3

Group and Item Number	SOC-3	
Data Element	Living with Someone	
Question	How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numeric value a value from 0 through 30.	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	236
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	237

Family Conflict Last 30 Days (SOC-4)

This field indicates the number of days in the last 30 days the client had serious conflicts with their family.

Details for SOC-4

Group and Item Number	SOC-4	
Data Element	Family Conflict Last 30 Days	
Question	How many days in the past 30 days has the client had serious conflicts with their family?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numeric value a value from 0 through 30.	
Z0	Client declined to state	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	238
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	239

Number of Children (SOC-5)

This field indicates the number of children the client has that are aged 17 or younger (birth or adopted)

Table 6 – Details for SOC-5

Group and Item Number	SOC-5	
Data Element	Number of Children	
Question	How many children does the client have aged 17 or less (birth or adopted) whether they live with the client or not?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numeric value a value from 0 through 30.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	250
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	251

Number of Children Age 5 Years or Younger (SOC-6)

This field indicates the number of children the client has that are aged 5 or younger (birth or adopted)

Details for SOC-6

Group and Item Number	SOC-6	
Data Element	Number of Children Age 5 Years or Younger	
Question	How many children does the client have aged 5 or younger ?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numeric value a value from 0 through 30.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	252
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service or if Disability (CID-18) includes 7 (developmentally disabled).	253
3	The value must be less than or equal to Number of Children (SOC-5).	254

Number of Children Living With Someone Else (SOC-7)

This field indicates the number of children (birth or adopted) living with someone else because of a child protection court order.

Details for SOC-7

Group and Item Number	SOC-7	
Data Element	Number of Children Living With Someone Else	
Question	How many of the client's children are living with someone else because of a child protection court order?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numeric value a value from 0 through 30.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	255
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	256
3	The value must be less than or equal to Number of Children (SOC-5).	257

Number of Children Living With Someone Else and Parental Rights Terminated (SOC-8)

This field indicates the number of client's children (birth or adopted) living with someone else because of a child protection court order and for which parental rights have been terminated.

Details for SOC-8

Group and Item Number	SOC-8	
Data Element	Number of Children Living With Someone Else and Parental Rights Terminated	
Question	If the client has children living with someone else because of a child protection order, for how many of these children have the client's parental rights been terminated?	
Format (Type)	N to NN or NNNNN (Numeric)	
Maximum Length	5	
Allowable Values		
Value / Format	Meaning	
0-30	A numeric value a value from 0 through 30.	
Z4	Client unable to answer	
Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	266
2	The 'Client unable to answer' (Z4) value is only allowed if a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	267
3	The value must be less than or equal to Number of Children (SOC-5).	268

List of Error Codes and Messages

Error Code	Error Message
000	File is unreadable or not in expected format. File rejected.
001	Record does not match expected record layout.
008	Place of Birth – County is a value from 01 through 58 and Place of Birth – State is not CA.
009	Place of Birth – County is Other (out of state) and Place of Birth – State is CA.
010	Length of Provider ID is not valid. Length must be 6 characters.
013	Provider ID not found in ADP's master Provider List.
020	Form Serial Number is invalid.
022	Current First Name is invalid – allowable value not provided.
023	Current First Name Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
024	Current Last Name is invalid – allowable value not provided.
025	Current Last Name Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
026	SSN Invalid – allowable value not provided.
027	SSN Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
028	Place of Birth – State is CA and Place of Birth – County is not a value from 01 through 58.
029	Place of Birth – State is not CA and Place of Birth – County is a value from 01 through 58.
030	Birth Last Name invalid – value not provided
031	Birth First Name invalid – value not provided.
032	Zip Code invalid – allowable value not provided.
033	Zip Code can only be '00000' if living arrangements is 1 (homeless).
034	Zip Code Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
035	Place of Birth County invalid – allowable value not provided.
036	Place of Birth State invalid – allowable value not provided.
037	Driver's License State was provided and no Driver's License Number was provided.
038	Driver's License Number invalid – allowable value not provided.
039	Driver's License Number Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
040	Gender invalid – allowable value not provided.
042	Driver's License State invalid – allowable value not provided.
043	Driver's License State Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
044	Driver's License State not provided and Driver's License Number provided.
045	Mother's First Name invalid – value not provided.
047	Veteran status invalid – allowable value not provided.

Error Code	Error Message
048	Veteran status invalid – status cannot be 1 (yes) if participant is younger than 17.
049	Veteran status Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
050	Birth Date not provided in specified format MM/DD/YYYY.
052	Birth Date provided is not a valid calendar date.
053	Birth Date results in age younger than 5 years or older than 105 years.
055	Consent invalid – allowable value not provided.
056	Days Waited invalid – allowable value not provided.
057	Days waited Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
060	Provider's Participant ID is not valid.
061	Provider's Participant ID provided in discharge record does not match the Provider's Participant ID provided at admission.
062	CalWORKs Recipient Status invalid – allowable value not provided.
063	Treatment under CalWORKs invalid – allowable value not provided.
064	Treatment under CalWORKs invalid – value can only be yes (1) if CalWORKs Recipient status is yes (1).
080	Race was not indicated in record.
081	More than 5 races were indicated in record.
082	Multiple races provided without sub-delimiter.
083	One or more invalid races selected.
090	Ethnicity invalid – allowable value not provided.
100	Employment status invalid- allowable value not provided.
101	Employment status invalid – value 1 not allowed for clients aged 14 or younger.
110	Highest School Grade Completed Invalid – allowable value not selected.
111	Highest School Grade Completed Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
120	Source of Referral invalid – allowable value not selected.
130	Pregnant at admission is invalid – allowable value not provided.
131	Gender is male and Pregnant at Admission is Yes.
132	Gender is male and Pregnant at any time during treatment is Yes.
133	Pregnant at any time during treatment is invalid – allowable value not provided.
140	Criminal Justice Status invalid – allowable value not provided.
141	Criminal Justice Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
142	CDC Number invalid – allowable value not provided.
143	A CDC Number must be provided if PSN is yes.
144	A CDC Number must not be provided if the client age is under 18 years old.

Error Code	Error Message
145	CDC Number invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
146	Number of Arrests invalid – allowable value not provided.
147	Number of Arrests invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
148	Number of Days in Jail invalid – allowable value not provided.
149	Number of Days in Jail invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
150	Disability Code invalid – allowable value not provided.
151	Disability Code invalid – 1, 99900, or 99904 included in multiple value selection.
152	Disability Code invalid – Client unable to answer is only allowed for detox clients.
153	Multiple disabilities provided without sub-delimiter.
160	Admission Date not provided in specified format MM/DD/YYYY.
161	Admission Month, Day or Year not within the allowable ranges.
162	Admission Date provided is not a valid calendar date.
163	Admission Date is more than 5 years earlier than the transaction date.
164	Annual Update Date not provided in specified format MM/DD/YYYY.
165	Annual Update Month, Day or Year not within the allowable ranges.
166	Annual Update Date provided is not a valid calendar date.
167	Annual Update Date is more than 5 years earlier than the transaction date.
168	Annual Update Date is on or before the admission date.
169	Annual Update Date is more than 60 days earlier than 1 year after admission date.
170	Number of Days in Prison invalid – allowable value not provided.
171	Number of Days in Prison invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
172	PSN Status invalid – allowable value not provided.
173	PSN Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
174	FOTP Parolee invalid – allowable value not provided.
175	FOTP Parolee invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
176	IF FOTP Parolee is yes, gender must be female.
178	A CDC Number must be provided if FOTP Parolee is yes.
179	FOTP Priority status invalid – allowable value not provided.
180	FOTP Priority Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
181	IF FOTP Priority Status is 1, 2, or 3 then FOTP Parolee cannot be no (0).
182	IF FOTP Priority Status is 1, 2, or 3 then Gender must be female (2).
183	IF FOTP Priority Status is 1, 2, or 3 then a CDC number must be provided.

Error Code	Error Message
184	Medi-cal beneficiary invalid – allowable value not provided.
185	Medi-cal beneficiary invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
186	Emergency Room invalid – allowable value not provided
187	Emergency Room invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients
188	Hospital Overnight invalid – allowable value not provided.
189	Hospital Overnight invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
190	Admission Transaction Type invalid – allowable value not provided.
191	Medical Problems invalid – Medical Problems must be greater than 0 since Emergency or Overnight last 30 days are greater than 0.
192	Medical Problems invalid – allowable value not provided.
193	Medical Problems invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
194	Communicable Disease: Tuberculosis invalid – allowable value not provided.
195	Communicable Disease: Tuberculosis invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
196	Communicable Disease: Hepatitis C invalid – allowable value not provided.
197	Communicable Disease: Hepatitis C invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
198	Communicable Disease: STD invalid – allowable value not provided.
199	Communicable Disease: STD invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
200	Type of Service invalid – allowable value not provided.
201	Type of Service invalid – service does not match services on ADP Master Provider File.
203	HIV Tested invalid – allowable value not provided.
204	HIV Tested invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
206	HIV Test Results invalid – allowable value not provided.
207	HIV Test results can only be yes (1) if HIV Tested is yes (1).
208	HIV Test Results invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
210	Medication Prescribed invalid – allowable value not provided.
212	Medication Prescribed invalid – Medication is Meth or LAMM and provider has no license for narcotic replacement.
214	Mental Illness invalid – allowable value not provided.
215	Emergency Room Use / Mental Health invalid – allowable value not provided.
216	Emergency Room Use / Mental Health invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
217	Psychiatric Facility Use invalid – allowable value not provided.

Error Code	Error Message
218	Psychiatric Facility Use invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
220	Number of Prior Episodes invalid – allowable value not selected.
221	Number of Prior Episodes invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
223	Mental Health Medication invalid – allowable value not provided
224	Mental Health Medication invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
226	Social Support invalid – allowable value not provided.
227	Current Living arrangement invalid – allowable value not provided.
228	Current Living arrangement invalid – value can be 1 (homeless) only if zip code is '00000'.
230	Primary Drug invalid – allowable value not provided.
231	Primary Drug invalid – 0 is only allowed for discharge records.
232	Primary Drug name invalid – a Primary Drug Code was selected that requires that the drug name be specified.
233	Primary Drug name invalid – a drug name was provided and primary drug code is 0, 1, 2, 5, 8, 9, 10, 14, 15, 19 or 99901.
236	Living with Someone invalid – allowable value not selected.
237	Living with Someone invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
238	Family Conflict invalid – allowable value not selected.
239	Family Conflict invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
240	Secondary Drug invalid – allowable value not provided.
241	Secondary Drug invalid – 0 (none) was selected for Primary Drug, Secondary Drug must also be 0 (none).
242	Secondary Drug name invalid – a Secondary Drug was selected that requires that the drug name be specified.
243	Secondary Drug name invalid – a drug name was provided and secondary drug code is 0, 1, 2, 5, 8, 9, 10, 14, 15, 19 or 99901.
244	Secondary Drug code invalid – A specific Secondary Drug cannot be the same as the Primary Drug.
245	Secondary Drug name invalid – The Secondary Drug name cannot be the same as the Primary Drug Name.
250	Number of Children (age 17 and younger) invalid – allowable value not selected.
251	Number of Children (age 17 and younger) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
252	Number of Children (age 5 and younger) invalid – allowable value not selected.
253	Number of Children (age 5 and younger) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
254	Number of Children (age 5 and younger) invalid – value must be less than or equal to Number of Children (age 17 and younger).
255	Children living with someone else invalid – allowable value not selected.

Error Code	Error Message
256	Children living with someone else invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
257	Children living with someone else invalid – value must be less than or equal to Number of Children (age 17 and younger).
260	Primary Drug Route of Administration invalid – allowable value not provided.
261	Primary Drug Code is inhalant (17) and Primary Drug Route of Administration is not inhalation (3).
262	Primary Drug Code is alcohol (2) and Primary Drug Route of Administration is not oral (1).
263	Primary Drug Route of Administration must be 99902 if Primary Drug Code is None (0).
264	Primary Drug Route of Administration invalid - 99902 is only allowed if Primary Drug Code is None (0).
266	Children living with someone else (rights terminated) invalid – allowable value not selected.
267	Children living with someone else (rights terminated) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
268	Children living with someone else (rights terminated) invalid – value must be less than or equal to Number of Children (age 17 and younger).
270	Secondary Drug Route of Administration invalid – allowable value not provided.
271	Secondary Drug Code is inhalant (17) and Secondary Drug Route of Administration is not inhalation (3).
272	Secondary Drug Code is alcohol (2) and Secondary Drug Route of Administration is not oral (1).
273	Secondary Drug Route of Administration must be 99902 if Secondary Drug Code is None (0).
274	Secondary Drug Route of Administration invalid - 99902 is only allowed when Secondary Drug Code is None (0).
280	Primary Drug Frequency invalid – allowable value not provided.
281	Primary Drug Frequency invalid – frequency must be 99902 since Primary Drug is None (0).
282	Primary Drug Frequency invalid – 99902 is only valid if Primary Drug is None (0).
283	Alcohol Frequency invalid – allowable value not provided.
284	Alcohol Frequency invalid – since Primary or Secondary Drug is Alcohol, value must be 99902.
286	IV Use invalid – allowable value not provided.
287	IV Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
290	Secondary Drug Frequency invalid – allowable value not provided.
291	Secondary Drug Frequency invalid – value must be 99902 if Secondary Drug is None (0).
292	Secondary Drug Frequency invalid – 99902 is only valid if Secondary Drug is None (0).
293	Work in the Past 30 Days invalid – allowable value not provided.
294	Work in Past 30 Days invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.

Error Code	Error Message
295	Enrolled in School invalid – allowable value not provided.
296	Enrolled in School invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
297	Enrolled in Job Training invalid – allowable value not provided.
298	Enrolled in Job Training invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
300	Primary Drug Age of First Use invalid – allowable value not provided.
301	Primary Drug Age of First Use invalid – age of first use greater than age at admission.
302	Primary Drug Age of First Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
310	Secondary Drug Age of First Use invalid – allowable value not provided.
312	Secondary Drug Age of First Use invalid – 99902 is only valid if Secondary drug is None.
313	Secondary Drug Age of First Use invalid – age of first use greater than age at admission.
320	Needle use in the last 12 months invalid – allowable value not provided.
321	Needle use must be Yes (1) since Primary Drug route is injection and Primary Drug Frequency is greater than or equal to 1.
322	Needle use must be Yes (1) since Secondary Drug route is injection and Secondary Drug Frequency is greater than or equal to 1.
323	Needle use must be Yes (1) since IV Use is greater than 0.
324	Needle Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
330	Special Services County Code invalid – allowable value not provided.
331	Special Services County Code must be provided if a Special Services Contract ID is provided.
340	Special Services Contract ID invalid – allowable value not provided.
341	Special Services Contract ID must be provided if a Special Services County Code is provided.
342	Special Services Contract ID does not match the Master Provider File.
350	Submitting County Code not valid.
351	Submitting Provider ID does not match the Master Provider File.
370	Discharge Date not provided in specified format MM/DD/YYYY.
371	Discharge Month, Day or Year not within the allowable ranges.
372	Discharge Date provided is not a valid calendar date.
373	Discharge Date is more than 5 years earlier than the transaction date.
374	Unmatched Discharge record. No matching (on FSN) admission record found.
380	Type of form invalid – allowable value not specified.
381	Transaction Date and Time not provided in specified format.
382	Transaction Month, Day, Year, Hour, Minute, or Second not within allowable ranges.
383	Transaction Date provided is not a valid calendar date.

Error Code	Error Message
384	Transaction Date and Time is later than the current date and time.
391	Discharge Date is before the admission date.
400	Discharge Status invalid – allowable value not provided.
460	Duplicate Admission Record.
461	Duplicate Annual Update Record.
462	Annual Update Record submitted with no matching (on FSN) admission.
463	Duplicate Discharge Record.
464	Deletion of Admission Record submitted with no match found.
465	Deletion of Discharge Record submitted with no match found.
466	Deletion of Annual Update Record submitted with no match found.
500	System Record Indicator invalid – allowable value not provided.
501	Report Month invalid – allowable value not provided.
502	Report Month invalid – Report month after the current month and year.
520	Submission Status invalid – allowable value not selected.
530	File Version invalid – allowable value not selected.
540	Annual Update Number invalid – allowable value not provided.
900	FSN provided in discharge record does not match an admission record.