

## DMC Waiver Reporting Unit Number Scheme 7-1-18

CODE SERIES	MODALITY (5th digit of RU#)	CalOMS Code
K	ASAM 1 OUTPATIENT (OS)	1
L	ASAM 2.1 INTENSIVE OUTPATIENT SERVICES (IOS)	2
5	ASAM OTP LEVEL 1 NARCOTIC TREATMENT PROG (NTP)	1
M	ASAM 3.1 RESIDENTIAL	7
N	ASAM 3.3 RESIDENTIAL	7
Q	ASAM 3.5 RESIDENTIAL	7
S	ASAM 3.2WM WITHDRAWAL MANAGEMENT	5
3	PRIMARY PREVENTION	NA
4	ASAM .5 SECONDARY PREVENTION	NA
9	METHADONE DETOX (NON M-CAL)	1
U	RECOVERY SUPPORT SERVICE - (OS)	1
V	RECOVERY SUPPORT SERVICE - (IOS)	2
R	REFERRAL	NA
W	RECOVERY SOBERING SERVICE	NA
X	BHCS PHYSICIAN	NA
Y	RECOVERY RESIDENCE (SABG)	NA
P	CENTER POINT (DO NOT USE "P")	NA

CODE SERIES	POPULATION (6th digit of RU#)	
0	GENERAL	
1	PERINATAL (DMC) Program 25 (PREGNANT/60 day post-partum, through end of month of the 60 day period <i>To be used for: 1) Perinatal programs serving pregnant/60 day post partum women, which include designated outpatient (K), intensive outpatient (L), residential (M,N,Q) and recovery residence (Y) programs. And 2) OTP programs (5) serving women who meet the DMC perinatal definition.</i>	
E	PARENTING (DMC) PROGRAM 20 (Add'l 90 days + (1) month extension after the initial perinatal period) <i>To be used for perinatal programs, serving non-pregnant/non post-partum parenting women with children, and for whom DMC services are paid for under the non-perinatal category.</i>	
6	PARENTING (non DMC) Program 20 (Add'l days past the DMC funded parenting extension period) <i>To be used for non-DMC funded extensions of a Perinatal Residential Program based on medical necessity. Used with Modality M, N, Q for non-DMC funded extensions of a Perinatal Residential Program.</i>	
5	PRIVATE <i>To be used to report State CalOMS data for clients who are <u>not</u> part of a providers ACBHS contract, but services are being provided to. These could be insurance only clients, clients who pay out-of-pocket or any clients a provider receives other sources of funding towards the services rendered. The State DHCS requires CalOMS data reporting for all clients receiving services at a providers program whenever the provider receives DHCS funding.</i>	
F	ADOLESCENT (replaces Youth X7)	
H	INTERIM SERVICES (AKA-Wait List)	
C	CALL CENTER	
8	CALWORKS	
J	SCHOOLS (use school location and Reference code on episode for school name)	
T	CENTER POINT	

reusing existing number

File name: CBO COPY OF RU SCHEME 10-1-18