CalOMS Error Correction Guide

Table of Contents

Rev. 3.2025

ADM Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
ADM1 Admission Date	Admission Date not provided in specified format MM/DD/YYYY.	Admission Date = Date of admission to treatment program Admission Date = Reg Date of CalOMS FIN Admission date must be on or before Discharge Date	You may get this error message if the ADM1 field is blank and the document was just saved → complete the field. In the Annual and Discharge, the date is not a required field - if you signed the form and left this field blank, you will get this message.
ADM1 Admission Date	ADM1 (CalOMS Admission Date) does not match Registration Admit date.	Admission Date = Date of admission to treatment program Admission Date = Reg Date of CalOMS FIN Admission date must be on or before Discharge Date	Reg Date of CalOMS FIN was changed since CalOMS Admission was entered and accepted by state. CalOMS encounter date in IRIS must equal ADM1. CalOMS Registration date in IRIS cannot be changed once CalOMS Admission done. If it needs to be changed, you'll need to unchart and rechart CalOMS Admission. If an Annual or Discharge was completed, unchart all CalOMS forms, invalidate CalOMS encounter, create new CalOMS encounter with correct Registration date, rechart Admission, wait until it clears CEDR, rechart Annual or Discharge. If you selected a Pre-Reg/Program Referral encounter instead of the CalOMS encounter, you may get this
ADM3 Provider ID	Length of Provider ID is not valid. Length must be 6 characters.	Provider ID must be 6 digits in length and must be found in DHCS MPF.	Contact IRIS team → make sure provider ID in CalOMS data warehouse table matches DHCS MPF.
ADM4 Type of Treatment Service	ADM4 (Type of Service) is not licensed for this provider.	Type of Treatment Service.	Contact IRIS team → make sure type of service selected matches authorized service listed on DHCS MPF. 1 NTP or ODF, 2 IOT, 4 WM 3.7, 5 WM 3.2, 7 Res. Check if completed on correct facility CalOMS FIN.
ADM4 Type of Treatment Service	No CalOMS admission or Admission on different FIN.	CalOMS Admission, Annual, Discharge must all be completed on same CalOMS FIN.	Check if CalOMS Admission, Annual, Discharge were all completed on same CalOMS FIN. Check if completed on correct facility CalOMS FIN.
ADM5 Source of Referral	Must provide answer.	Source of Referral.	You may get this error message if the field is blank and the document was just saved → complete the field.
ADM5 Source of Referral	(ADM-5) Source of Referral code 7, 10, or 12 are entered, then (LEG-1) Criminal Justice Status cannot equal 1 – no criminal involvement. If (ADM-5) Source of Referral code 8 is entered, the (LEG-1) Criminal Justice Status must equal Value 4.	Source of Referral.	Correct entry.
ADM6 Days Waited to Enter Treatment	Client unable to answer (99904/-5) only allowed if ADM4 is 3, 4, 5 or CID-18 includes 7 (dev disabled).	Number of days waited to enter treatment.	Correct entry.
ADM6 Days Waited to Enter Treatment	Must provide answer.	Number of days waited to enter treatment.	You may get this error message if the field is blank and the document was just saved → complete the field.

ADM7 Number of Prior Episodes	Client unable to answer (99904/-5) only allowed if ADM4 is 3, 4, 5 or CID-18 includes 7 (dev disabled).	Number of prior treatment episodes.	If ADM4 does not equal 3, 4, 5 → change answer. If CID18 does not equal 7 → change answer.
ADM7 Number of Prior Episodes	Must provide answer.	Number of prior treatment episodes.	You may get this error message if the field is blank and the document was just saved → complete the field.
ADM-8 CalWORKs Recipient	Must provide answer.	Is the client a CalWORKs recipient?	You may get this error message if the field is blank and the document was just saved → complete the field.
ADM9 SUD Treatment under CalWORKS	If ADM8 (CalWORKs recipient) is no, then ADM9 (receiving SUD Treatment under CalWorks) must be no.	Substance Abuse Treatment Under CalWORKs.	Correct entry → If provider is not a CalWORKs provider, should be No.
ADM9 SUD Treatment under CalWORKS	Must provide answer.	Substance Abuse Treatment Under CalWORKs	You may get this error message if the field is blank and the document was just saved → complete the field.

ADU Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
ADU1A Primary Drug	Must provide answer to ADU1a (primary drug).	Primary Drug.	Blank → enter answer. Admin Discharges → this field is required.
ADU1A Primary Drug	ADU1a (Primary Drug Code) cannot be 0 (none).	None is not allowed for admission records if TRN1 is 1 or 2. Unknown allowed only for admin discharge if TRN1 is 4 or 5 and discharge status DIS2 is 4, 6, 7 or 8.	Correct entry.
ADU1b Primary Drug Name	BHIS Error and Submissions error, not on CEDR.	Primary Drug Name → must provide value if ADU1a = 3, 4, 6, 7, 11, 12, 13, 16, 17, 18, 20, or -4 other (99903). Form - required field → rule not needed. BHIS error → no special characters or spaces.	Remove any special characters or spaces. Type one single word drug name even if the correct spelling for the drug name consists of two words.
ADU2 Primary Drug Frequency	ADU2 (Primary Drug Frequency) cannot be -3 (none or n/a).	Primary Drug Frequency cannot be None or N/A	Must have an answer → enter 0-30.
ADU2 Primary Drug Frequency	Must provide answer to ADU2 (Primary Drug Frequency).	Primary Drug Frequency.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU3 Primary Drug Route of Administration	Must provide answer to ADU3 (Route of primary drug).	Primary Drug Route.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU3 Primary Drug Route of Administration	ADU3 (Primary Drug Route) cannot be -3 (none or n/a).	Primary Drug Route cannot be None or N/A. If ADU1a = inhalant (17), value must be inhalation (3).	Correct entry.
ADU4 Primary Drug Age of First Use	Must provide answer to ADU4 (Age Primary Drug).	Primary Drug Age of First Use.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU4 Primary Drug Age of First Use	ADU4 (Primary Drug Age) cannot be -3 (none or n/a).	Primary Drug Age of First Use. Must be a value from 5-105. Age must be less than or equal to client's age at admission. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer Double check DOB in Reg to make sure correctly entered.

ADU5A Secondary Drug	Must provide answer to ADU5a (Secondary drug).	Secondary Drug . For Discharge, if TRN1 = 4, 5, and ADU1a = None, value must be None (0). If ADU5a = 1, 2, 5, 8, 9, 10, 14, 15 or 19 → must not be same value as Primary Drug ADU1a. ADU5a cannot be unknown.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required → if you signed the form and left this field blank, complete the field.
ADU5b Secondary Drug Name	BHIS Error and Submissions error, not on CEDR.	Secondary Drug Name → must provide value, if ADU5a = 3, 4, 6, 7, 11, 12, 13, 16, 17, 18, 20, or -4 other (99903). Cannot be same as Primary Drug Name ADU1b.	Remove any special characters or spaces. Type one single word drug name even if the correct spelling for the drug name consists of two words.
ADU6 Secondary Drug Frequency	ADU6 (Secondary Drug Frequency) must be -3 if ADU5a (Secondary Drug) is 00 (none).	Secondary Drug Frequency.	If "None" is selected for Secondary Drug ADU5a, enter -3.
ADU6 Secondary Drug Frequency	Must provide answer to ADU6 (Secondary drug frequency).	Secondary Drug Frequency.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU7 Secondary Drug Route of Administration	Must provide answer to ADU7 (Route of secondary drug).	Secondary Drug Route.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU7 Secondary Drug Route of Administration	ADU7 (Secondary Drug Route of Administration) must be -3 if ADU5a (Secondary Drug) is 00 (none).	None or n/a only allowed when ADU5a = None. If ADU5a = inhalant (17), value must be inhalation (3). If ADU5a = alcohol (2), value must be oral (1).	Correct answer.
ADU8 Secondary Drug Age of First Use	Must provide answer to ADU8 (Age Secondary Drug).	Secondary Drug Age of First Use.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU8 Secondary Drug Age of First Use	ADU8 (Secondary Drug Age of First Use) can only be -3 if ADU5a (Secondary Drug) is 00 (none).	Secondary Drug Age of First Use. Must be a value from 5-105. Age must be less than or equal to client's age at admission. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer → if "None" is selected for Secondary Drug ADU5a, enter -3. Double-check DOB in Reg to make sure its correctly entered.
ADU9 Alcohol Frequency	ADU9 must be -3 since primary or secondary drug is alcohol.	Alcohol Frequency.	If Primary or Secondary Drug is Alcohol, enter -3.

ADU9 Alcohol Frequency	Must provide answer for ADU9.	Alcohol Frequency.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU10 IV Use	Must provide answer to ADU10 (IV drug use).	IV Use. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
ADU11 IV Use in the last 12 Months		IV Use in Last 12 months. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled). If ADU10 is > 0, value must be Yes. If ADU3 or ADU7 is Injection (4) and ADU2 or ADU6 is greater than or equal to 1, value must be Yes.	Correct Answer. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled). If ADU10 is > 0, value must be Yes. If ADU3 or ADU7 is Injection (4) and ADU2 or ADU6 is greater than or equal to 1, value must be Yes.

AUP Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
AUP1 Annual Update Date	Annual Update Date not provided in specified format MM/DD/YYYY.	The date the Annual Update was performed.	You may get this error message if the AUP1 field is blank and the document was just saved → complete the field.
AUP1 Annual Update Date	AUP1 (Annual Update Date) is on or before the ADM1 (admission date).	Annual Update Date must be on or after Admission Date.	Correct date to be after ADM1.
AUP1 Annual Update Date	AUP1 (Annual Update Date) must be within 60 days before and 30 days after the admission Month and Day.	Annual Update Date must be within 60 days of Due Date.	If Annual completed more than 60 days before Admission date, wait until current date is within 60 days → add a comment to the AUP1 date field and re-sign so that the Annual gets re-sent to the State.
AUP1 Annual Update Date	AUP1 (Annual CalOMS date) on form is before the date of the Annual.		Correct Annual date.
AUP2 Annual Update Number		Annual Update Number → 1st submitted after admission = 1, 2nd = 2, etc.	BHIS error. Check Annual completed prior to this. The current AUP2 number should be greater by 1 than the previous Annual in consecutive order.

CID Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
CID2 Provider's Participant ID	Provider's Participant ID is not valid.		Check to make sure ten digit FIN is entered correctly.
CID3 Gender		Gender - pulled from registration	Check to make sure gender matches from Admission to Annual/Discharge. Gender in registration needs to match the gender in Medi-Cal.
CID4 Date of Birth	Birth Date provided is not a valid calendar date.	Date of Birth. Age at admission must be 5-105.	DOB pulls from registration → check Reg to make sure it is correct. Check year to make sure current year was not entered incorrectly.
CID5 Current First Name	Current First Name is invalid allowable value not provided.	Current First Name.	Only hyphens allowed in name fields, no special characters - check name entered in registration. This error sometimes occurs when the name was entered as First Last instead of Last, First → correct registration. If this error shows for an Annual or Discharge, this means that the name was changed in registration after the Admission was accepted by the state. Unchart both Admission and Annual/Discharge and re-chart first Admission and then Annual/Discharge.
CID6 Current Last Name	Current Last Name is invalid allowable value not provided.	Current Last Name.	Only hyphens allowed in name fields, no special characters - check name entered in registration. If this error shows for an Annual or Discharge, this means that the name was changed in registration after the Admission was accepted by the state. Unchart both Admission and Annual/Discharge and re-chart first Admission and then Annual/Discharge.
CID7 SSN	SSN not provided in Registration.	Social Security Number.	SSN blank in registration but entered in CalOMS Admission → enter SSN in registration, add comment to SSN field in CalOMS Admission and resign CalOMS Admission. If Annual or Discharge, change answer to Declined or None.
CID7 SNN	Must provide answer to CID7.	Social Security Number.	Blank → enter answer. Admin Discharges → this field is required.
CID8 Zip Code	Zip Code Invalid -5, Client unable to answer is only allowed for detox clients or developmentally disabled clients.	Zip code Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.
CID8 Zip Code	CID8 Zip Code must match SOC2	00000 homeless can only be used if Current Living Arrangement (SOC2) is homeless.	Correct answer. Compare answer against SOC2. On the ADM Discharge, if CID8 is homeless, you have to also enter homeless in SOC2 even though SOC2 is not a required field for the ADM Discharge.

CID8 Zip Code	Must provide answer to CID8.	Zip Code.	Blank → enter answer. Admin Discharges - this field is required.
CID9 Birth First Name	Birth First Name invalid, check registration and be sure birth name is entered as Last, First.	Birth First Name.	Correct Registration so Birth Name is entered as Last Name, First Name. No spaces, no middle name, no initials, no special characters.
CID10 Birth Last name	Birth Last Name invalid, check registration and be sure birth name is entered as Last, First.	Birth Last Name.	Correct Registration so Birth Name is entered as Last Name, First Name. No spaces, no middle name, no initials, no special characters.
CID11A Place of Birth - County	CID11A and CID11B must match	Place of Birth - County. If CID11b is California, must provide county code from 01-58. If CID11b is not California, value must be Other 99903.	CID11A and CID11B must match. If CID11A is a county in California, CID11B must be California (already defaulted California). If CID11A is not a California county, select another state than California or Other, outside USA.
CID11A Place of Birth - County	Must provide answer to CID11A	Place of Birth - County	Blank → enter answer. Admin Discharges - this field is required.
CID11b Place of Birth - State	CID11A and CID11B must match	Place of Birth - State	CID11A and CID11B must match. If CID11A is a county in California, CID11B must be California (already defaulted California). If CID11A is not a California county, select another state than California or Other, outside USA.
CID11B Place of Birth - State	Must provide answer to CID11B.	Place of Birth - State.	Blank → enter answer. Admin Discharges - this field is required.
CID12 DL/State ID Number	Must answer CID12.	Driver's License No.	Blank → enter answer. Admin Discharges - this field is required.
CID12 DL/State ID Number	Drivers License Number Invalid -5, Client unable to answer is only allowed for detox clients or developmentally disabled clients.	Driver's License Number. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Select -5 Unable to Answer only if client is dev disabled or in Detox. Select -3 if client does not have a driver's license. Select -1 if client declines to answer.
CID13 State of DL/ID	CID12, Drivers license/State ID number and CID13, State of DL/SI must match.	If CID13 = state, do not enter client declined to state or none/NA.	If CID12 is -1, -3, -5 select same answer for CID13. If entered drivers license number in CID12, enter corresponding state in CID13.
CID13 State of DL/ID	Must answer CID13.	Driver's License/State ID State.	Blank - enter answer. Admin Discharges - this field is required.
CID15 Race	Must provide answer to CID15.	Race. No more than 5 races can be sent to the state. If you select more than 5, only the first 5 will be reported. 18 Mixed Race, 19 Race Not Available, and -1 Clt declined to state should be selected only by themselves. They should not be selected with any other choice or each other.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field. If you selected 18 Mixed Race, 19 Race Not Available, and -1 Clt declined to state with any other selection choose only one.

CID16 Ethnicity	Must provide answer to CID16.	Ethnicity.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field
CID17 Veteran	Must provide answer to CID17.	Veteran status. Must be over age 17 to be a veteran.	You may get this error message if the field is blank and the document was just saved → complete the field.
CID17 Veteran	Veteran status Invalid -5, Client unable to answer is only allowed for detox clients or developmenta	Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Select -5 Unable to Answer only if client dev disabled or Detox. Select -1 if client declines to answer.
CID18 Disability	Must provide answer to CID18 (Disability).	Disability.	Blank → enter answer. Admin Discharges - this field is required.
CID18 Disability	CID18 (Disability) answers of 1, -1, and -5 cannot be used with any other answer.	Cannot indicate None, Declined to state or Unable to answer combined with another disability value.	Correct entry.
CID19 Consent	Must always be No.	Consent.	Correct entry - this should have been defaulted No.
CID20 Sexual Orientation	Must provide answer to CID20.	Sexual Orientation.	Blank → enter answer. Admin Discharges - this field is required.

DIS Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
DIS1 Discharge Date	Discharge Date not provided in specified format MM/DD/YYYY.		In the Discharge, the date is not a required field - if you signeded the form and left this field blank, you will get this message.
DIS1 Discharge Date	DIS1 (Discharge Date) is before ADM1 (admission date).	Discharge Date. Must be on or after Admission Date. Must not be a future date.	Correct entry. Be sure to check the year.
DIS2 Discharge Status	Must provide answer to DIS2.	Discharge Status.	Blank → enter answer. Admin Discharges - this field is required.

EMP Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
EMP1 Employment Status	EMP1 (Employment Status) must be provided.	Employment Status. If age is 14 or younger, cannot be 1.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
EMP2 Work in Past 30 days	Must provide answer to EMP2 (Work).	Work past 30 days Unable to answer, -5, only allowed if ADM-4 is 3, 4, 5 (detox) or CID-18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
EMP3 Enrolled in School	Must provide answer to EMP3 (School).	Enrolled in school. Unable to answer only allowed if ADM-4 is 3, 4, 5 (detox) or CID-18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
EMP4 Enrolled in Job Training	Must provide answer to EMP4 (Job training).	Enrolled in job training. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
EMP5 Highest grade completed	Must provide answer to EMP5 (Highest grade completed).	Highest grade completed. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.

LEG Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
LEG1 Criminal Justice Status	If ADM5 (referral source) is 7, 8, 10, or 12 then LEG1 cannot be No Criminal Justice Involvement (#1).	Criminal justice status. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct entry.
LEG1 Criminal Justice Status	If ADM5 (referral source) is Post-Release Community Supervision (8) then LEG1 must equal Post-release Community Supervision or on probation from any federal, state, or local jurisdiction (4).		Correct entry.
LEG2 CDCR Number		CDCR number. If age at admission is under 18, LEG2 must be -3 None or N/A. If LEG6 or LEG7 is Yes, must enter LEG2. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct entry.
LEG3 Number of Arrests Last 30 days	Must provide answer to LEG3 (# of Arrests).	Number of Arrests Last 30 days. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
LEG4	Must provide answer to LEG4 (# days in jail).	Number of Jail Days Last 30 days.	You may get this error message if the field is blank and the
LEG5 Number of Days in Prison Last 30 days	Must provide answer to LEG5 (# days in prison).	Number of Prison Days last 30 days. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
LEG6 PSN Provider	LEG6 (PSN) must be no as provider not a valid Parolee Services Network (PSN) provider.	LEG6 should always be 0 No. County of Orange does not have any PSN contracts.	Correct answer → should always be No.
LEG7 FOTP Parolee		FOTP Parolee. Should always be -3 None or N/A, County of Orange does not have any FOTP contracts.	Correct answer → should always be No.
LEG8 FOTP Status		FOTP Status. Should always be -3 None or N/A. County of Orange does not have any FOTP contracts.	Correct answer → should always be No.

MED Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
MED1 Medi-Cal Beneficiary		MediCal Beneficiary. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.
MED2 ER Visits Last 30 days	Must provide answer to MED2 (ER visits).	ER visits in last 30 days. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
MED3 Overnight Hospital Stay Last 30 days	Must provide answer to MED3 (hospital).	Hospital Overnight Stay last 30 days. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
MED4 Health Problems Last 30 days	Must provide answer to MED4 (medical problems).	Health Problems last 30 days. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
MED4 Health Problems Last 30 days	MED4 (# of days w/Medical problems must be equal to or greater than MED2 (ER) or MED3 (Hospital).	Medical Problems last 30 days. If MED2 or Med3 > 0 , then MED4 must be > 0.	Correct answer.
MED5 Pregnant at Admission	If Gender (CID3) is male, then MED5 cannot be Yes.	Pregnant at Admission.	Correct answer.
MED5 Pregnant at Admission	Must provide answer to MED5 (pregnant).	Pregnant at Admission.	Blank - enter answer. Admin Discharges - this field is required.
MED6 Pregnant during treatment	Must provide answer to MED6.	Pregnant at any time during treatment.	Blank - enter answer. Admin Discharges - this field is required.
MED6 Pregnant during treatment	If Gender (CID3) is male, then MED6 cannot be Yes.	Pregnant at any time during treatment.	Correct answer.
MED7 Medication prescribed	MED7 Can only be 1 (None) or -4 (Other).	Medication prescribed as part of treatment. If 2 or 3, must be a valid licensed narcotics replacement provider on MPF. If 2, 3, 4, 5 - provider is NTP.	Correct answer.
MED8 Tuberculosis	Must provide answer to MED8 (TB).	Tuberculosis. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.

MED9 Hepatitis C	Must provide answer to MED9 (Hep C).	Hepatitis C. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.
MED10 STD	Must provide answer to MED9 (STD).	STDs. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.
MED11 HIV tested	HIV Tested invalid-5, Client unable to answer is only allowed for detox clients or developmentally disabled clients.	HIV tested. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.
MED12 HIV Test Results	MED12 (HIV results) may only be yes if MED11 (HIV test) is yes.	HIV Test Results. MED12 can only be Yes if MED11 is Yes. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.

MHD Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
MHD1 Mental Illness	Must provide answer to MHD1 (Mental Health).	Mental illness.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
MHD2 MH ER Last 30 days	Must provide answer to MHD2 (MH Emergency).	ER use / mental health. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
MHD3 Psychiatric Facility Last 30 days	Must provide answer to MHD3 (MH Hospital).	Psychiatric Facility use. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
MHD4 Mental health medication Last 30 days	Must provide answer to MHD4 (MH Meds).	Mental health medication. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.

SOC Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
SOC1 Social support Last 30 days	Must provide answer to SOC1 (Social Support).	Social support.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
SOC2 Current living arrangement	Must provide answer to SOC2 Living Arrangement).	Current living arrangements.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
SOC2 Current living arrangement	CID8 Zip Code must match SOC2.	If CID8 Zip Code is 00000 homeless, SOC2 must be 01 Homeless.	Correct answer.
SOC3 Living wit s/o using Last 30 days	Must provide answer to SOC3 (Living w/someone using Alcohol or Drugs).	Living with someone who uses. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
SOC4 Family Conflict Last 30 days	Must provide answer to SOC4 (Family conflict).	Family Conflict last 30 days. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
SOC5 Number of children	Must provide answer to SOC5.	Number of children. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
SOC6 Number of children aged 5 years or younger	Must provide answer to SOC6.	Number of children aged 5 years or younger. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
SOC6 Number of children aged 5 years or younger	SOC6 (# of children 5 or younger) must be less than or equal to SOC5 (# of children 17 and younger).	Value must be less than or equal to SOC5.	Correct answer.

SOC7 CP court order	Children living with someone else invalid -5, Client unable to answer is only allowed for detox clients or developmentally disabled clients.	Number of children living with someone else. Value must be less than or equal to SOC5. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	Correct answer.
SOC7 CP court order	Must provide answer to SOC7.	Number of children living with someone else.	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.
SOC8 Parental rights	SOC8 (# of children living with someone else) must be less than or equal to SOC5 (# of children 17 and younger).	Number of children living with someone else and parental rights terminated. Value must be less than or equal to SOC5.	Correct answer.
SOC8 Parental rights	Must provide answer to SOC8.	Number of children living with someone else and parental rights terminated. Unable to answer only allowed if ADM4 is 3, 4, 5 (detox) or CID18 includes 7 (dev disabled).	You may get this error message if the field is blank and the document was just saved → complete the field. In the Annual and Standard Discharge, the field is required - if you signed the form and left this field blank, complete the field.

TRN Errors

FIELD_ID	ERROR_DESC	REQUIREMENTS	CORRECTION
TRN1	Duplicate Discharge Record.	Only one Discharge per FIN.	Unchart incorrect record.
TRN1	Duplicate Discharge Record.	A Discharge was uncharted but not yet accepted by state and another Discharge charted.	May need to wait 2-3 weeks before the next data upload to State - error will remain on CEDR until unchart is accepted.
TRN1	Duplicate Admission Record.	An Admission was uncharted but not yet accepted by state and another Admission charted.	May need to wait 3 weeks before the next data upload to State - error will remain on CEDR until unchart is accepted.
TRN1	No matching CalOMS admission found on same FIN.	Admission and Annual done within the 3 week submittal period and the Admission hasn't gone up yet.	Error will drop once admission record accepted at state.
TRN1	No CalOMS Admission or Admission on different FIN	Annual or Discharge charted on the wrong FIN.	Find CalOMS Admission. If Admission charted on a non-CalOMS FIN and this is a Discharge → chart Discharge on same FIN and invalidate CalOMS FIN. If Annual, unchart incorrect CalOMS Admission. Rechart Admission on correct CalOMS FIN. Check CEDR to make sure it clears. Modify Annual and add a comment to the AUP-1 field - "Admission charted on wrong FIN" so that the Annual transaction date falls after the Admission transaction date.
TRN1	Discharge CalOMS was already completed, unchart the annual.	If you completed the Annual and Discharge at the same time, only the Discharge will be accepted by the state.	Unchart Annual.