Revised 5/10/99

CALIFORNIA ALCOHOL AND DRUG DATA SYSTEM
RECORD LAYOUT FOR ADMISSIONS AND DISCHARGES,
CADDS SYSTEM ERROR MESSAGES

ADP will accept automated CADDS data submitted via INTERNET e-mail (AODInfonet). Other specifications are:

Field	Fixed length in column shown below.
Key Field (K)	Key fields are required fields. Records containing blank key fields will be suspended and returned for correction.
Character Fields	Left-justified and filled with blank spaces. Blank is a (Char) character.
Numeric Fields (Num)	Right-justified and filled with zeros.

The field specifications for ASCII and EBCDIC files are:

ADMISSION RECORD

Field Number	Description	Data Type	Field Length	Field Position
K1	Type of Form (valid values listed below)	Char	1	1
K2	Report Month	Num	6	2-7
K3	Provider Number-Program	Char	1	8
K4	Provider Number-County	Num	2	9-10
K5	Provider Number-Facility	Char	4	11-14
6	Provider Number-Filler (blank)	Char	5	15-19
K7	Form Serial Number	Char	7	20-26
K8	UPI - Last Initial	Char	1	27
K9	UPI - First Initial	Char	1	28
K10	UPI - Sex	Char	1	29
K11	UPI - Month of Birth	Num	2	30-31
K12	UPI - Day of Birth	Num	2	32-33
K13	UPI - Year of Birth	Num	2	34-35

Field Number	Description	Data Type	Field Length	Field Position
14	Provider s Participant ID	Char	10	36-45
K15	Codependent/Significant Other	Char	1	46
16	Race	Char	2	47-48
17	Ethnicity	Char	1	49
18	Employment Status at Admission	Char	1	50
19	Education at Admission	Char	2	51-52
20	Principal Source of Referral	Char	2	53-54
21	Participant Currently Pregnant	Char	1	55
22	Participant s Legal Status	Char	2	56-57
K23	Month of Admission	Num	2	58-59
K24	Day of Admission	Num	2	60-61
K25	Year of Admission	Num	2	62-63
K26	Participant s Transaction Type	Char	1	64
K27	Services	Char	2	65-66
K28	Medication Prescribed	Char	1	67
29	Number of Prior Episodes	Char	1	68
K30	Primary Drug/Alcohol Problem	Char	2	69-70
31	Secondary Drug/Alcohol Problem	Char	2	71-72
32	Tertiary Drug/Alcohol Problem	Char	2	73-74
33	Usual Route of Administration Primary	Char	1	75
34	Usual Route of Administration-Secondary	Char	1	76
35	Frequency of Use-Primary	Char	1	77
36	Frequency of Use-Secondary	Char	1	78
37	Age of First Use - Primary	Num	2	79-80
38	Age of First Use - Secondary	Num	2	81-82
K39	Participant Used Needles in Past 12 Months	Char	1	83
40	Special Services/Contract County Number	Char	2	84-85
41	Special Service/Contract Number	Char	4	86-89

Field Number	Description		Data Type	Field Length	Field Position
42	Participant Disability		Char	3	90-92
43	Multiple diagnosis participant		Char	1	93
44	Participant Homeless		Char	1	94
45	Participant Zip Code		Num	5	95-99
46	**Statewide Coded Remarks:**				
	CR 1-6	California Department of Corrections (CDC) Parolee Project, Participant s CDC ID NO.	Char	6	100-105
	CR 7	Los Angeles County ONLY: Enter "W" for parolees receiving services under Female Offender Treatment (CIW) Project.	Char	1	106
	CR 8	Los Angeles County ONLY: All Female Offender Treatment Project participants (On Admission: Priority Status: 1, 2, or 3)	Char	1	107
		Filler (blank)	Char	5	108-112
	CR14	Is Perinatal Services Network Participant receiving case management? (Y/N)	Char	1	113
	CR 15-16	Perinatal Services Network provider participant admitted for perinatal services. (PX)	Char	2	114-115
	CR17	Is this person a Medi-Cal beneficiary? (Y/N)	Char	1	116
		Filler (blank)	Char	4	117-120
	CR22	Is this participant a CalWORKs recipient? (Y/N)	Char	1	121
	CR23	Is substance abuse treatment a part of this CalWORKs recipient s welfare-to-work plan? (Y/N)	Char	1	122
47	Local Coded Remarks		Char	23	123-145
48	Batch Report Month		Num	4	146-149

Field Number	Description	Data Type	Field Length	Field Position
49	County Code	Num	2	150-151
50	Source of Submission Indicator	Char	1	152

(CONTINUED)

DISCHARGE RECORD

Field Number	Description	Data Type	Field Length	Field Position
K1	Type of Form	Char	1	1
K2	Report Month	Num	6	2-7
K3	Provider Number-Funding	Char	1	8
K4	Provider Number-County	Num	2	9-10
K5	Provider Number-Facility	Char	4	11-14
6	Provider Number-Filler (blank)	Char	5	15-19
K7	Form Serial Number	Char	7	20-26
K8	UPI - Last Initial	Char	1	27
K9	UPI - First Initial	Char	1	28
K10	UPI - Sex	Char	1	29
K11	UPI - Month of Birth	Num	2	30-31
K12	UPI - Day of Birth	Num	2	32-33
K13	UPI - Year of Birth	Num	2	34-35
14	Provider s Participant ID	Char	10	36-45
15	Filler (Blank)	Char	12	46-57
K16	Month of Discharge	Num	2	58-59
K17	Day of Discharge	Num	2	60-61
K18	Year of Discharge	Num	2	62-63
19	Discharge Status	Char	1	64
20	Discharge Employment Status	Char	1	65
21	Primary Drug/Alcohol Problem at Discharge	Char	2	66-67
22	Secondary Drug/Alcohol Problem at Discharge	Char	2	68-69
23	Tertiary Drug/Alcohol Problem at Discharge	Char	2	70-71
24	Participant Pregnant Anytime During Treatment/Recovery	Char	1	72

Field Number	Description		Data Type	Field Length	Field Position
25	Filler (blank)		Char	27	73-99
26	**Statewide Coded Remarks:**				
		Filler (blank)	Char	17	100-116
	CR18	AT DISCHARGE: Perinatal participant frequency of use at discharge (Use codes 1-5, Item 21 on CADDS form.)	Char	1	117
		Filler (blank)	Char	5	118-122
27	Local Coded Remarks		Char	23	123-145
28	Batch Report Month		Num	4	146-149
29	County Code		Num	2	150-151
30	Source of Submission Indicator		Char	1	152

VALID VALUES FOR TYPE OF FORM CODE

C = CONVERTED CAL-DADS ADMISSION

E = CONVERTED CAL-DADS DISCHARGES

A = CADDS ADMISSIONS

D = CADDS DISCHARGES

1 = CORRECTION TO ADMISSION

2 = DELETION TO ADMISSION

3 = CORRECTION TO DISCHARGE

4 = DELETION TO DISCHARGE

(CONTINUED)

ERROR CODES AND MESSAGES USED IN THE CADDS SYSTEM (9/1/99)

1. DATA EDITS:

005 REPORT YR/MO HAS BEEN CORRECTED
010 INVALID PROVIDER ID
011 PROVIDER ID - PROGRAM NOT A, D, OR C
012 PROVIDER ID - COUNTY CODE NOT 01-58
013 PROVIDER ID - FACILITY NOT 1-9999
014 PROGRAM DOES NOT MATCH MPF-PROV-ID-PROG
020 FORM SERIAL NUMBER NOT VALID
021 FSN ALPHABETIC CHARACTER IS LOWER CASE
030 LAST INITIAL NOT VALID
031 FIRST INITIAL NOT VALID
040 SEX NOT 1 OR 2
050 BIRTH MONTH NOT 01-12
051 BIRTH DAY NOT 01-31
052 BIRTH DAY NOT VALID FOR MONTH
053 BIRTH DAY 29 NOT VALID FOR NON-LEAP YEAR
054 BIRTH YEAR NOT 00-99
055 BIRTH DATE NOT LESS THAN CURRENT DATE
056 BIRTH YEAR IS INCOMPLETE
060 PROVIDERS PARTICIPANT ID NOT VALID
070 CODEPENDENT NOT 1 OR 2
080 RACE NOT 01-17
090 ETHNICITY NOT 1-5
100 EMPLOYMENT STATUS NOT 1-4
101 EMPLOY=1, 2 OR 3*LESS THAN 15 YRS OF AGE
102 EMPLOYMENT STATUS NOT 1-4, 8 OR BLANK
110 EDUCATION NOT 00-20
111 EDUCATION=OVER 12 YRS * UNDER 16 YRS OLD
112 EDUCATION = 01-20 * AGE UNDER 5 YRS OLD
120 PRINCIPAL SOURCE OF REFERRAL NOT 1-8
130 PERSON PREGNANT VALUE NOT 1 OR 2
131 SEX = MALE * PERSON PREGNANT SET TO 2
140 LEGAL STATUS NOT 1-6
150 DISABILITY NOT 1-8
151 DISABILITY NOT 1-8 OR BLANK
160 ADMISSION MONTH NOT 01-12
170 ADMISSION DAY NOT 01-31
171 ADMISSION DAY NOT VALID FOR MONTH
173 ADM DAY 29 NOT VALID FOR NON-LEAP YEAR
180 ADM YEAR NOT GREATER THAN OR = TO 82
181 ADM YEAR NOT > OR = YEAR OF BIRTH
182 NOT A CODEP*AGE AT ADM UNDER 5 YEARS OLD

183 ADM YR/MO GREATER THAN PARM YR/MO
184 ADM YR IS COMPLETE
190 TRANSACTION TYPE NOT 1 OR 2
200 TYPE OF SERVICE NOT 1-7
201 TYPE OF SERVICE DOES NOT MATCH MPF
202 TYPE OF SERVICE NOT 1-8 OR BLANK
210 MEDICATION NOT 1-3
211 MEDS=METH*PRIM/SECOND/TERT NOT=01,14, 15
212 MEDICATION=METH * NO LICENSE/METHADONE
220 NUMBER OF PRIOR EPISODES NOT 0-9
230 PRIMARY A/D VALUE NOT 01-17, OR 21
231 PRIMARY A/D NOT 01-17 21 22 86 BLANK
240 SECONDARY A/D VALUE NOT 00-17, 21, 22
241 SECONDARY VALUE=PRIMARY VALUE (NOT=22)
242 SECONDARY NOT 00-17 21 22 86 OR BLANK
250 TERTIARY A/D VALUE NOT 00-17, 21, 22
251 TERTIARY VALUE=PRIMARY VALUE (NOT=22)
252 SECONDARY VALUE= 22 *TERTIARY NOT= 22
253 TERTIARY VALUE=SECONDARY VALUE (NOT=22)
254 TERTIARY VALUE NOT 00-17 21 22 86 BLANK
260 PRIMARY ROUTE OF ADMIN NOT 1-5
261 PRIMARY VALUE=ALC*PRIMARY ROUTE=SMOKING
262 PRIMARY A/D=INHAL * PRIM ROUTE NOT=INHAL
270 SECONDARY ROUTE OF ADMIN NOT 1-5
271 SECONDARY A/D = ALC * SEC ROUTE=SMOKING
272 SECONDARY A/D=INHAL*SEC ROUTE NOT =INHAL
273 SECONDARY A/D = 22 * SEC ROUTE NOT BLANK
280 PRIMARY FREQUENCY OF USE NOT 1-5
290 SECONDARY FREQUENCY OF USE NOT 1-5
291 SECONDARY A/D=22*SEC FREQUENCY NOT BLANK
300 PRIMARY AGE FIRST USE VALUE NOT 05-99
301 PRIMARY AGE FIRST USE > OR = AGE AT ADM
302 PRIMARY AGE FIRST USE NOT 01-99,BLANK
310 SECONDARY AGE FIRST USE NOT 00-99
311 SEC A/D IS 01-21*AGE USE UNDER 5 YRS OLD
312 SECONDARY A/D=BLANK/22*AGE NOT=BLANK/00
313 SECONDARY AGE FIRST USE > AGE AT ADM
320 USED NEEDLES DURING 12 MOS NOT 1 OR 2
321 PRIM ROUTE=4 * FREQ > 1 * NEEDLES USE=2
322 SEC ROUTE=4 * FREQ > 1 * NEEDLES USE=2
330 SS CONTRACT COUNTY # NOT 01-58 OR BLANK
340 SPEC SRVCS CNTRCT NOT 1-9999 OR BLANK
341 SPEC SRVCS COUNTY OR CONTRACT NOT VALID
342 SPEC SRVS CNTRCT DOES NOT MATCH MPF
350 BATCH COUNTY CODE NOT 00-58

351 BATCH COUNTY CODE NOT 00-99
352 COUNTY CODE NOT VALID FOR SOURCE OF SUB
360 SOURCE OF SUB INDICATOR NOT T, D, C OR H
361 SOURCE OF SUB INDICATOR NOT T, H, 0-9
370 DISCHARGE MONTH NOT 01-12
380 DISCHARGE DAY NOT 01-31
381 DISCHARGE DAY NOT VALID FOR MONTH
382 DIS DAY 29 NOT VALID FOR NON-LEAP YEAR
390 DISCHARGE YEAR NOT GREATER THAN OR = 82
392 DIS YR/MO GREATER THAN PARM YR/MO
393 DIS YEAR IS INCOMPLETE
400 DISCHARGE STATUS NOT 1-4
410 DIS EMPLOYMENT STATUS NOT 1-4
411 DIS EMPLOYED * LESS THAN 15 YEARS OF AGE
412 DIS EMPLOYMENT STATUS NOT 1-4 OR 8
413 EMPLOY=1, 2, 3, 8 * LESS THAN 15 YRS OLD
420 DIS PRIMARY VALUE NOT 01-17, 21 OR 22
421 DIS PRIMARY VALUE NOT 01-17, 21, 22, 86
430 DIS PRIM A/D=22 * SEC A/D DOES NOT = 22
460 DUPLICATE ADMISSION RECORD
461 NO MATCH FOUND FOR ADM CORR/DEL RECORD
462 NO MATCH FOUND FOR DIS CORR/DEL RECORD
463 CHECKED OLD TRANSOUT-DUPLICATE ADMISSION
464 DUPLICATE RECORD
465 RECORD DROPPED-DELETE RCD IN OLD TRNSOUT
470 DUPLICATE DISCHARGE RECORD
471 CHECKED OLD TRANSOUT-DUPLICATE DISCHARGE

2. ADMISSION/DISCHARGE MATCHING ERRORS:

900 UNMATCHED FSN
901 UNMATCHED PROVIDER NUMBER
902 UNMATCHED SEX
903 UNMATCHED BIRTH YEAR
904 ADMISSION DATE IS GREATER THAN DISCHARGE DATE
905 DUPLICATE MATCH RECORD
906 DUPLICATE ADMISSION RECORD
907 DUPLICATE DISCHARGE RECORD
908 NO MATCH FOUND FOR ADMISSION RECORD
909 NO MATCH FOUND FOR DISCHARGE RECORD
910 FOUND DISCHARGE RECORD IN UADM FILE