

# User Guide: CalOMS Admission Stand Alone

Version 1.0 (California)

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## User Guide: CalOMS Admission

### General Information

The CalOMS Admission document is utilized in SmartCare to complete the information gathering for clients for county level state reporting. Client presents at a clinic for the first time and is enrolled into a program that requires CalOMS reporting. Upon enrollment a TEDS Episode is generated and tracking protocols trigger a flag that notifies the individual(s) who are responsible to complete the CalOMS Admission Document. The user collects the additional information not captured through registration/client information and signs the CalOMS Admission document. The data from the completed document is now eligible for batching and submission.

Before starting this document, you will need to first do the following:

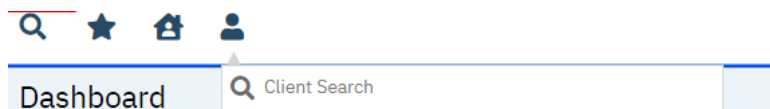
- Enroll client into the appropriate program
- Complete and sign the Registration Document if this is clients first program admission at your organization, or first program they are returning to after fully discharging from your organization.

### Navigating to and Creating the CalOMS Admission Document

#### From the Client Search or Quick link

You can create the document from the client tab. In order to do this, you must first search for the client or select the client from your primary list in client search drop down.

Navigate to the 'Person Icon'. Click the dropdown and select 'Client Search' or choose the client name in the drop down. If using search functionality, see below:

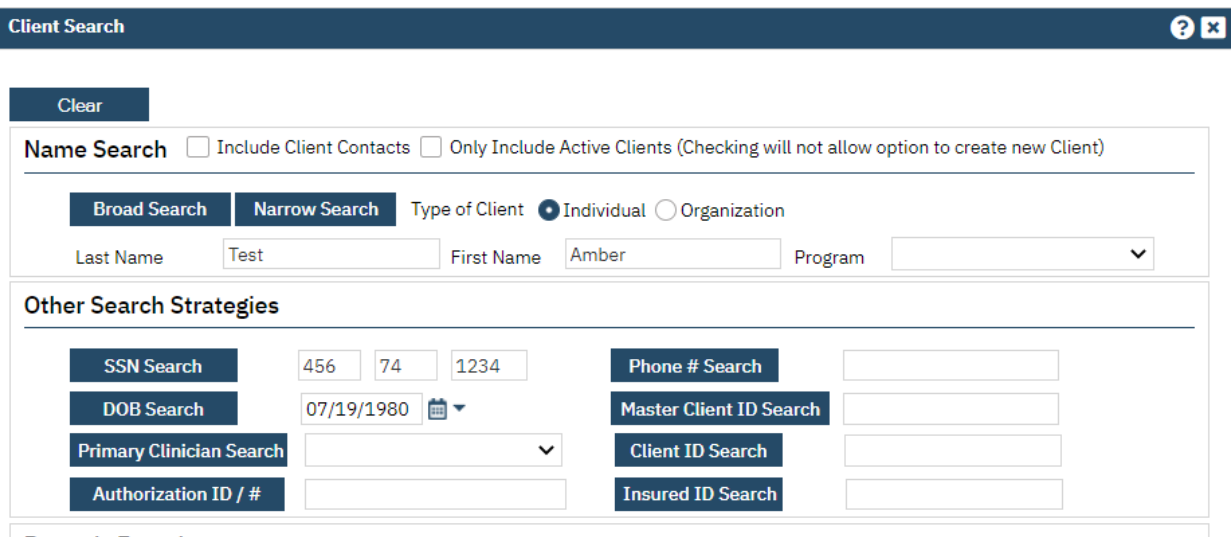


You will be presented with the 'Client Search' screen. On this screen, you will be able to search for a client by a number of parameters.

- Broad Search - Allows for the search of a client by name, partial name, sounds like.
- Narrow Search - Returns for search of exact name match
- SSN Search - Social Security Number search
- DOB Search - Date of Birth search

- Primary Clinician Search - Search by assigned primary clinician
- Authorization ID/# - Search by authorization ID or number recorded in SmartCare
- Phone # Search - Client phone number search
- Master Client ID Search - Used in Care Management; Search by client’s Master Record ID. Your organization will not use this button.
- Client ID Search
- Insured ID Search-search by insurance ID.

Upon opening client search you will note that the only button to the bottom right that is actionable is ‘Cancel.’ Your client should already exist at this point of your workflow, so you can enter information in each of the fields you would like to use for a search parameter and click the corresponding search button for each, as shown outlined in below.



The screenshot shows the 'Client Search' window with the following elements:

- Client Search** (Title bar)
- Clear** button
- Name Search** section:
  - Include Client Contacts
  - Only Include Active Clients (Checking will not allow option to create new Client)
  - Broad Search** / **Narrow Search** buttons
  - Type of Client:  Individual /  Organization
  - Last Name:  First Name:  Program:
- Other Search Strategies** section:
  - SSN Search**:
  - DOB Search**:
  - Primary Clinician Search**:
  - Authorization ID / #**:
  - Phone # Search**:
  - Master Client ID Search**:
  - Client ID Search**:
  - Insured ID Search**:

If the client for whom you are searching already has a record in SmartCare, you will have the ability to select the existing record.

- Select - This will open the selected client’s record

Client Search
?
✕

Clear

**Name Search**  Include Client Contacts  Only Include Active Clients (Checking will not allow option to create new Client)

---

Broad Search

Narrow Search

Type of Client  Individual  Organization

Last Name

First Name

Program

---

**Other Search Strategies**

SSN Search

DOB Search

Primary Clinician Search

Authorization ID / #

Phone # Search

Master Client ID Search

Client ID Search

Insured ID Search

---

**Records Found**

	ID	Master ID	Client Name	SSN/EIN	DOB	Status	City	Primary Clinician
4	4		Test, Amber	1234	07/19/2010	Active	Auburn	Lindemann, Ashley

Select

Cancel

Click the 'Select' button to open the existing client. Once the client has been opened, you will note that there is a new tab open with the client's name and ID displayed.



This is the client tab. When a client is selected, the client's name will appear on the toolbar. This is where you will be able to create the CalOMS Admission document.

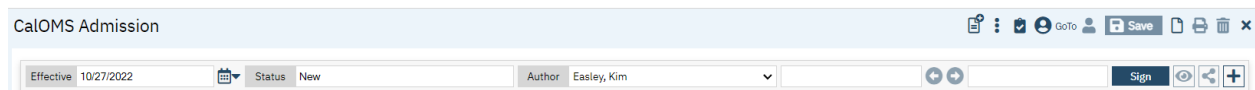
By using the magnifying glass to search for the CalOMS Admission document you can search for the assessment or locate the assessment using a quick link.



## CalOMS Admission Document

### General

Under the CalOMS Admission Document label, note the information pertaining to the status of the document.



A screenshot of the CalOMS Admission document header. It shows a title bar with "CalOMS Admission" and various icons. Below the title bar, there are fields for "Effective" (10/27/2022), "Status" (New), and "Author" (Easley, Kim). There is also a "Sign" button and a "+" icon.

We will explore these fields more thoroughly when completing the CalOMS Admission document. However, note at this time that an effective date will be required to complete the document and it is defaulting to today's date. This default is configurable and can be changed, depending on your organization.

Beneath the authorship, status, and effective date fields, information in the CalOMS Admission document is broken out into two possible tabs:

- Admission
- SUD, Medical & Mental Health

In completing your client's CalOMS Admission document, you will navigate across the tabs, left to right, beginning with Admission, but you can jump around as often as you like, as long as all required fields are completed prior to signing.

Each tab on the CalOMS Admission, as you will note throughout SmartCare, is broken out into sections. We will look at each section per tab in turn, paying specific attention to which fields have been required by your organization.

## Admission Tab

### CalOMS Admission

Admission		SUD, Medical & Mental Health	
<b>CalOMS Admission</b>			
Client ID	1019		
Admission Transaction Type	<input type="text"/>	FSN	<input type="text"/>
How many days was the client on a waiting list before being admitted to this treatment program? Allowed values: 0-999, 99901, 99904	<input type="text"/>		
What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated? Allowed values: 0-999, 99900, 99901, 99904	<input type="text"/>		
Is the client a CalWorks recipient?	<input type="text"/>	Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?	<input type="text"/>
What is the client's principal source of referral?	<input type="text"/>	What is the client's gender?	<input type="text"/>
What is the client's current first name?	Kim	What is the client's current last name?	Test
Date of Birth	08/08/1988	What is the clients social security number?	999999999
What is the client's birth first name?	Kim	What is the client's birth last name?	Test
Zip Code at Current Residence Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ	<input type="text"/>	What is the client's state of birth if born within the United States?	<input type="text"/>
What is the client's county of birth if born in California	<input type="text"/>	What is the client's driver's license number or state ID card number? Allowed values: 13 digit ID, 99900, 99902, 99904	<input type="text"/>
For which state does the client have a valid driver's license or state ID card?	<input type="text"/>	What is the first name of the client's mother, or individual the client considers to be their mother?	<input type="text"/>
What is the client's race?	<input type="checkbox"/> White / Caucasian <input type="checkbox"/> Black / African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native	What is the client's ethnicity?	<input type="text"/>
Is the client a U.S. veteran	<input type="text"/>	What type of disability/disabilities does the client have, if any? <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Mobility	
Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?	<input type="text"/>	Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	<input type="text"/>

- County of Submission – Not seen in screenshot above

- If your organization is the county level provider or a CBO who only reports to one county, then this field will not show due to configuration. See Set Up Considerations – Configuration Keys section for more information.
- If your organization is providing services on contract for more than one county and will report to the counties, then you must select the county from this drop down. Your organization can hide counties that you do not provide services for within the global code category. See Set Up Considerations – Configuration Keys section for more information on how to hide counties from the drop down.
- **This is a required field.**
- Admission Transaction Type –
  - User can select one of the following values:
    - Initial Admission
    - Transfer or Change in Service
  - **This is a required field.**
- FSN (Form Serial Number) - This will show a list of Episode Number – Program Name combinations for any program enrollment that is not currently tied to a CalOMS Admission document.
  - If this is blank, be sure to enroll client into the program and sign the Registration document to create the SmartCare Episode. If client already has a current SmartCare Episode (i.e. enrolled in other programs where they have been receiving services without discharge from agency), then you will only need to be sure they are enrolled in the new program for which you are completing this form.
  - **This is a required field.**
- How many days was the client on a waiting list before being admitted to this treatment program?
  - Allowed values
    - 0-999
    - 99901 – Use when Not sure/don't know
    - 99904 – Use when client is unable to answer
  - **This is a required field.**
- What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated?
  - Allowed Values
    - 0-999



- 99901 – Use when Not sure/don't know
- 99904 – Use when client is unable to answer
- **This is a required field.**
- Is the client a CalWorks recipient? –
  - User can select one of the following values
    - 1 Yes
    - 0 No
    - 99901 – Not Sure/Don't know
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This is a required field.**
- Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?
  - User can select one of the following values
    - 1 Yes
    - 0 No
    - 99901 – Not Sure/Don't know
  - If user selected anything other than 'Yes' in 'Is the client a CalWorks recipient?' then this field will default to 'No' and become Read Only.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This is a required field.**
- What is the client's principal source of referral?
  - User can select one of the following values
    - 1 Individual, including self-referral
    - 2 Alcohol / Drug Abuse Program
    - 3 Other Health Care Provider
    - 4 School / Educational
    - 5 Employer / EAP

- 6 12 Step Mutual Aid
- 7 Probation or Parole
- 8 Post-Release Community Supervision (AB 109)
- 9 DUI / DWI
- 10 Adult Felon Drug Court
- 11 Dependency Drug Court
- 12 Court / Criminal Justice
- 13 Other Community Referral
- 14 Child Protective Services
- **This is a required field.**
- What is the client's gender?
  - User can select one of the following values
    - 1 Male
    - 2 Female
    - 99903 Other
  - **This is a required field.**
- Date of Birth – This is a Read Only field. It will initialize from the client record.
- What is the client's current first name?
  - This field will initialize from client's first name in record if no previous CalOMS Admission document exists, otherwise it will initialize from most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.
  - Max 20 Characters
  - **This is a required field.**
- What is the client's current last name?
  - This field will initialize from client's last name in record if no previous CalOMS Admission document exists, otherwise it will initialize from most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.

- Max 40 Characters
  - **This is a required field.**
- What is the client's social security number?
  - This will initialize from the client record and is read only.
- What is the client's birth first name?
  - This field will initialize from client's first name in record if no previous CalOMS Admission document exists, otherwise it will initialize from most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.
  - Max 20 Characters
  - **This is a required field.**
- What is the client birth last name?
  - This field will initialize from client's last name in record if no previous CalOMS Admission document exists, otherwise it will initialize from most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.
  - Max 40 Characters
  - **This is a required field.**
- Zip Code at Current Residence
  - Limited to 5 characters – Allowable values are below
    - Zip Code (true value)
    - 00000 (Client is unable to answer)
      - Not allowed if answer to 'What is client's current living arrangement?' is anything other than Homeless
    - ZZZZZ (Unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)

- o Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - XXXXX (Client Declined)
  - o This field will initialize from client record if no previous CalOMS Admission document exists, otherwise it will initialize from most recently signed CalOMS Admission Document.
  - o **This is a required field.**
- What is the client's state of birth if born within the United States?
  - o User can select from the following values:
    - 99903 – Other (born outside US)
    - Any state in the list
  - o This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - o **This is a required field.**
- What is the client's county of birth if born in California?
  - o User can select from the following values:
    - 99903 Other (born outside California)
    - 01 Alameda
    - 02 Alpine
    - 03 Amador
    - 04 Butte
    - 05 Calaveras
    - 06 Colusa
    - 07 Contra Costa
    - 08 Del Norte
    - 09 El Dorado
    - 10 Fresno
    - 11 Glenn

- 12 Humboldt
- 13 Imperial
- 14 Inyo
- 15 Kern
- 16 Kings
- 17 Lake
- 18 Lassen
- 19 Los Angeles
- 20 Madera
- 21 Marin
- 22 Mariposa
- 23 Mendocino
- 24 Merced
- 25 Modoc
- 26 Mono
- 27 Monterey
- 28 Napa
- 29 Nevada
- 30 Orange
- 31 Placer
- 32 Plumas
- 33 Riverside

- 34 Sacramento
- 35 San Bentio
- 36 San Bernardino
- 37 San Diego
- 38 San Francisco
- 39 San Joaquin
- 40 San Luis Obispo
- 41 San Mateo
- 42 Santa Barbara
- 43 Santa Clara
- 44 Santa Cruz
- 45 Shasta
- 46 Sierra
- 47 Siskiyou
- 48 Solano
- 49 Sonoma
- 50 Stanislaus
- 51 Sutter
- 52 Tehama
- 53 Trinity
- 54 Tulare
- 55 Tuolumne

- 56 Ventura
- 57 Yolo
- 58 Yuba
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required unless client was born in any state other than California. In that case, the field will default to 99903 Other (born outside California) and become Read Only.**
- For which state does the client have a valid driver's license or state ID card?
  - User can select from the following options
    - 99900 Client declined to state
    - 99902 None or not applicable
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - Any state in the list
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What is the client's driver's license number or state ID card number?
  - Allowable values to enter:
    - 13 digit ID
      - A valid ID # is required if user selected a state in previous question.

- 99900 (client declined to state)
  - This can only be entered if user selected the same option in previous question.
- 99902 (None or not applicable)
  - This can only be entered if user selected the same option in previous question.
- 99904 (Client unable to answer)
  - This can only be entered if user selected the same option in previous question.
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - This response is not valid if client is receiving any type of service other than:
    - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What is the first name of the client's mother, or individual the client considers to be their mother?
  - Maximum 20 Characters
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What is the client's race?
  - User can select multiple of the following values (up to 5 total)
    - 01 White / Caucasian
    - 02 Black / African-American
    - 03 American Indian



- 04 Alaska Native
- 05 Asian Indian
- 06 Cambodian
- 07 Chinese
- 08 Filipino
- 09 Guamanian
- 10 Hawaiian
- 11 Japanese
- 12 Korean
- 13 Laotian
- 14 Samoan
- 15 Vietnamese
- 16 Other Asian
- 17 Other Race
- 18 Multi Racial
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- What is the client's ethnicity?
  - User can choose from the following values:
    - 1 Not Hispanic
    - 2 Mexican / Mexican American
    - 3 Cuban
    - 4 Puerto Rican

- 5 Other Hispanic / Latino
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- Is the client a U.S. veteran?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
    - If client is less than 17 years old at the time of effective date of the document then this field will default to '0 No' and be Read Only.
    - This field will initialize from most recently signed CalOMS Admission document, if one exists.
    - **This field is required.**
  - What type of disability/disabilities does the client have, if any?
    - User can choose multiple from the following values:
      - 1 None
      - 2 Visual

- 3 Hearing
- 4 Speech
- 5 Mobility
- 6 Mental
- 7 Developmentally Disabled
- 8 Other Disability (not SUD)
- 99900 Client declined to state
- 99904 Client unable to answer
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - This response is not valid if client is receiving any type of service other than:
    - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If you select anything from numbers 2-8 above, you cannot also select Client Declined to State and/or Client Unable to Answer. You will receive a signature validation if these combinations exist.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?
  - User can choose from the following values:
    - 1 Heterosexual / Straight
    - 2 Lesbian (female)

- 3 Gay (male)
- 4 Bisexual
- 5 Unsure / Questioning
- 6 Declined to state
- 7 Transgender
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **18 and older, this field is required. 17 or younger, this field still displays, but is optional for response.**
- Is there a consent form allowing future possible contact, signed by the client, on file within your agency?
  - User can select from Yes or No.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**

### Global Codes

Field Name	Global Code Category Name
Admission Transaction Type	XCAFileType
What is the client's principal source of referral?	XCAReferralType
What is the client's state of birth if born within the United States?	XCADriverLicState
What is the client's county of birth if born in California	XCABirthCounty
For which state does the client have a valid driver's license or state ID card?	XCADriverLicState
What is the client's race?	XCARace
What is the client's ethnicity?	XCAEthnicity
Is the client a U.S. veteran?	XCATEDSVETERANSTATUS

What type of disability/disabilities does the client have, if any?	XCASUDDisability
Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?	XCASEXUALORIENTATION
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	XCACONSENT

## SUD, Medical & Mental Health Tab

### Drug and Alcohol Information

**Drug and Alcohol Information**

Primary Drug Information	Secondary Drug Information
What is the client's primary alcohol or drug problem? <input style="width: 100%;" type="text"/>	What is the client's secondary alcohol or drug problem? <input style="width: 100%;" type="text"/>
How many days in the past 30 days has the client used the primary drug? Allowed values: 0-30, 99902 <input style="width: 100%;" type="text"/>	How many days in the past 30 days has the client used the secondary drug of abuse? Allowed values: 0-30, 99902 <input style="width: 100%;" type="text"/>
What is the client's usual route of administration they use most often for their primary drug of abuse? <input style="width: 100%;" type="text"/>	What is the client's usual route of administration they use most often for the secondary drug of abuse? <input style="width: 100%;" type="text"/>
What was the client's age of first use for the primary drug of abuse? Allowed values: 5-105, 99904 <input style="width: 100%;" type="text"/>	What was the client's age of first use for the secondary drug of abuse? Allowed values: 5-105, 99904 <input style="width: 100%;" type="text"/>
<b>Additional Drug Information</b>	
How many days in the past 30 days has the client used alcohol? Allowed values: 0-30, 99902 <input style="width: 100%;" type="text"/>	
How many days has the client used needles to inject drugs in the past 30 days? Allowed values: 0-30, 99900, 99904 <input style="width: 100%;" type="text"/>	
Has the client used needles to inject drugs in the past twelve months? <input style="width: 100%;" type="text"/>	

- What is the client's primary alcohol or drug problem?
  - User can choose from the following options:
    - 0 None
    - 1 Heroin
    - 2 Alcohol

- 3 Barbiturates
- 4 Other Sedatives or Hypnotics
- 5 Methamphetamine
- 6 Other Amphetamines
- 7 Other Stimulants
- 8 Cocaine / Crack
- 9 Marijuana / Hashish
- 10 PCP
- 11 Other Hallucinogens
- 12 Tranquilizers (Benzodiazepine)
- 13 Other Tranquilizers
- 14 Non-Prescription Methadone
- 15 OxyCodone / OxyContin
- 16 Other Opiates or Synthetics
- 17 Inhalants
- 18 Over-the-Counter
- 19 Ecstasy
- 20 Other Club Drugs
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - This cannot be used on the Admission document.
- 99903 Other, please specify
- This field will initialize from most recently signed CalOMS Admission document, if one exists.

- **This field is required.**
- Please specify:
  - This field must be completed if user selected any of the following values in the previous response:
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 11 Other Hallucinogens
    - 12 Tranquilizers (Benzodiazepine)
    - 13 Other Tranquilizers
    - 16 Other Opiates or Synthetics
    - 17 Inhalants
    - 18 Over-the-Counter
    - 20 Other Club Drugs
    - 99903 Other, please specify
  - Text must be at least 2 characters, but limited to 50 characters
  - This field will not show if user selects any of the following in the previous question
    - 0 None
    - 1 Heroin
    - 2 Alcohol
    - 5 Methamphetamine
    - 8 Cocaine / Crack
    - 9 Marijuana / Hashish
    - 10 PCP

- 14 Non-Prescription Methadone
- 15 OxyCodone / OxyContin
- 19 Ecstasy
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - This cannot be used on the admission document.
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- How many days in the past 30 days has the client used the primary drug?
  - Allowable values are:
    - Any number from 0-30
    - 99902 (None or Not Applicable)
      - This value is only valid if user selected 'None' for 'What is the client's primary alcohol or drug problem?'
  - If user selected '0 None' for Primary Alcohol or Drug problem, then this will default to 99902 and become Read Only.
  - 
  - **This field is required.**
- What is the client's usual route of administration they use most often for their primary drug of abuse?
  - User can choose from the following values:
    - 1 Oral
    - 2 Smoking
    - 3 Inhalation
    - 4 Injection (IV or intramuscular)
    - 99902 None or not applicable
      - This value is only valid if user selected 'None' for 'What is the client's primary alcohol or drug problem?'
    - 99903 Other



- If 'What is the client's primary alcohol or drug problem?' = Inhalants, then this field will default to 3 Inhalation.
- If 'What is the client's primary alcohol or drug problem?' = Alcohol, then this field will default to 1 Oral.
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- What was the client's age of first use for the primary drug of abuse?
  - Allowable values
    - Any number from 5 to 105
    - 99904 Client is unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - Age must be equal to or greater than client's current age.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What is the client's secondary alcohol or drug problem?
  - User can choose from the following options:
    - 0 None
    - 1 Heroin\*
    - 2 Alcohol\*

- 3 Barbiturates
- 4 Other Sedatives or Hypnotics
- 5 Methamphetamine\*
- 6 Other Amphetamines
- 7 Other Stimulants
- 8 Cocaine / Crack\*
- 9 Marijuana / Hashish\*
- 10 PCP\*
- 11 Other Hallucinogens
- 12 Tranquilizers (Benzodiazepine)
- 13 Other Tranquilizers
- 14 Non-Prescription Methadone\*
- 15 OxyCodone / OxyContin\*
- 16 Other Opiates or Synthetics
- 17 Inhalants
- 18 Over-the-Counter
- 19 Ecstasy\*
- 20 Other Club Drugs
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - Only allowed for Discharges, so this option cannot be selected for an Admission record.
- 99903 Other, please specify

- User cannot select any value above with an ‘\*’ if that is the value for ‘What is the client’s primary alcohol or drug problem?’
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- Please Specify:
  - This field must be completed if user selected any of the following values in the previous response:
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 11 Other Hallucinogens
    - 12 Tranquilizers (Benzodiazepine)
    - 13 Other Tranquilizers
    - 16 Other Opiates or Synthetics
    - 17 Inhalants
    - 18 Over-the-Counter
    - 20 Other Club Drugs
    - 99903 Other, please specify
  - Text must be at least 2 characters, but limited to 50 characters
  - This field will not show if user selects any of the following in the previous question
    - 0 None
    - 1 Heroin
    - 2 Alcohol
    - 5 Methamphetamine

- 8 Cocaine / Crack
- 9 Marijuana / Hashish
- 10 PCP
- 14 Non-Prescription Methadone
- 15 OxyCodone / OxyContin
- 19 Ecstasy
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - Only allowed for discharge records, so this option cannot be selected for an Admission record.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
- How many days in the past 30 days has the client used the secondary drug of abuse?
  - Allowable values are:
    - Any number from 0-30
    - 99902 (None or Not Applicable)
      - This value is only valid if user selected 'None' for 'What is the client's primary alcohol or drug problem?'
    - If user selected '0 None' for Secondary Alcohol or Drug problem, then this will default to 99902 and become Read Only.
    - **This field is required.**
- What is the client's usual route of administration they use most often for the secondary drug of abuse?
  - User can choose from the following values:
    - 1 Oral
    - 2 Smoking
    - 3 Inhalation
    - 4 Injection (IV or intramuscular)

- 99902 None or not applicable
      - This value is only valid if user selected 'None' for 'What is the client's secondary alcohol or drug problem?'
    - 99903 Other
  - If 'What is the client's secondary alcohol or drug problem?' = Inhalants, then this field will default to 3 Inhalation.
  - If 'What is the client's secondary alcohol or drug problem?' = Alcohol, then this field will default to 1 Oral.
  - If 'What is the client's secondary alcohol or drug problem?' = None, then this field will default to 99902 None or Not applicable.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What was the client's age of first use for the secondary drug of abuse?
  - Allowable values
    - Any number from 5 to 105
    - 99904 Client is unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - Age must be equal to or greater than client's current age.
  - If Client's secondary alcohol or drug problem is '0 None', then this will default to 99902 and be read only.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many days in the past 30 days has the client used alcohol?

- Allowable values
  - Any number from 0-30
  - 99902 (None or Not Applicable)
- If client's primary or secondary alcohol or drug problem = 2 Alcohol, then this will default to 99902 and become Read Only.
- **This field is required.**
- How many days has the client used needles to inject drugs in the past 30 days?
  - Allowable values
    - Any number from 0-30
    - 99900 (Client declined to state)
    - 99904 (Client is unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - This field will be hidden for any client less than 18 years of age.
  - **This field is required.**
- Has the client used needles to inject drugs in the past twelve months?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If user entered anything other than 0, 99900, 99904 in the previous field, this field will default to 'Yes' and become Read Only.
  - If user entered '4 Injection' for Primary or Secondary drug use AND entered 1 or higher for the previous field, then this field will default to 'Yes' and become Read Only.
  - **This field is required.**

**Global Codes**

Field Name	Global Code Category Name
What is the client's primary alcohol or drug problem?	XCAClientPrimary
What is the client's usual route of administration they use most often for their primary drug of abuse?	XCASUDPrimaryDrug
What is the client's secondary alcohol or drug problem?	XCAClientPrimary
What is the client's usual route of administration they use most often for the secondary drug of abuse?	XCASUDPrimaryDrug

## Employment Information

Employment Information			
What is the client's current employment status?	<input type="text"/>	How many days was the client paid for working in the past 30 days? Allowed values: 0-30, 99900, 99904	<input type="text"/>
Is the client currently enrolled in school?	<input type="text"/>	Is the client currently enrolled in a job training program?	<input type="text"/>
What is the client's highest school grade completed? Allowed values: 0-30, 99900, 99904	<input type="text"/>		

- What is the client's current employment status?
  - User can choose from the following values:
    - 1 Employed Full time (35 hours or more)
      - This is not an allowable value if client is less than 14 years of age at time of admission (Document Effective Date – DOB).
    - 2 Employed 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)
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many days was the client paid for working in the past 30 days?
  - Allowable values
    - Any number from 0-30
    - 99900 (Client declined to state)
    - 99904 (Client is unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:



- Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
      - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
      - Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - **This field is required.**
  - Is the client currently enrolled in school?
    - User can choose from the following values:
      - 1 Yes
      - 0 No
      - 99900 Client declined to state
      - 99904 Client unable to answer
        - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
        - This response is not valid if client is receiving any type of service other than:
          - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
          - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
          - Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - This field will initialize from most recently signed CalOMS Admission document, if one exists.
    - **This field is required.**
  - Is the client currently enrolled in a job training program?
    - User can choose from the following values:
      - 1 Yes
      - 0 No
      - 99900 Client declined to state

- 99904 Client unable to answer
    - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
    - This response is not valid if client is receiving any type of service other than:
      - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
      - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
      - Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - This field will not show if the client is less than 18 years of age at time of admission.
    - This field will initialize from most recently signed CalOMS Admission document, if one exists.
    - **This field is required.**
- What is the client's highest school grade completed?
  - Allowable values
    - Any number from 0-30
    - 99900 (Client declined to state)
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
      - This field will initialize from most recently signed CalOMS Admission document, if one exists.
      - **This field is required.**

## Global Codes

Field Name	Global Code Category Name
What is the client's current employment status?	XCAEMPLOYMENTSTATUS

## Legal Information

Legal Information			
What is the client's criminal justice status?	<input type="text"/>	What is the client's CDCR Identification Number? Allowed values: 6 digit string, 99900, 99901, 99902, 99904	<input type="text"/>
How many times has the client been arrested in the past 30 days? Allowed values:0-30, 99904	<input type="text"/>	How many days has the client been in jail in the past 30 days? Allowed values:0-30, 99904	<input type="text"/>
How many days has the client been in prison in the past 30 days? Allowed values:0-30, 99904	<input type="text"/>	Is the client a parolee in the Parolee Services Network (PSN)?	<input type="text"/>
Is the client a parolee in the Female Offender Treatment Program (FOTP)?	<input type="text"/>	What is the client's FOTP Priority Status?	<input type="text"/>

- What is the client's criminal justice status?
  - User can choose from the following values:
    - 1 No criminal justice involvement
    - 2 Under parole supervision by CDCR (California Department of Correction & Rehabilitation)
    - 3 On parole from any other jurisdiction
    - 4 Post-release Community Supervision (AB 109) or 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 Awaiting trial, charges or sentencing
    - 99904 Client unable to answer

- This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- What is the client's CDCR Identification Number?
  - Allowable values
    - 6 digit string
    - 99900 (Client declined to state)
      - This option is not valid if answer = Yes to 'Is the client a parolee in the Parolee Services Network (PSN)?' and/or 'Is the client a parolee in the Female Offender Treatment Program (FOTP)?'
    - 99901 (Use when Not sure/don't know)
      - This option is not valid if answer = Yes to 'Is the client a parolee in the Parolee Services Network (PSN)?' and/or 'Is the client a parolee in the Female Offender Treatment Program (FOTP)?'
    - 99902 (None or not applicable)
      - This option is not valid if answer = Yes to 'Is the client a parolee in the Parolee Services Network (PSN)?' and/or 'Is the client a parolee in the Female Offender Treatment Program (FOTP)?'
    - 99904 (client unable to answer)
      - This option is not valid if answer = Yes to 'Is the client a parolee in the Parolee Services Network (PSN)?' and/or 'Is the client a parolee in the Female Offender Treatment Program (FOTP)?'

- This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- This field will be hidden if client is less than 18 years of age at time of admission.
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- How many times has the client been arrested in the past 30 days?
  - Allowable values:
    - Any number from 0 to 30
    - 99904 (Client Unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - **This field is required.**
- How many days has the client been in jail in the past 30 days?
  - Allowable values:
    - Any number from 0 to 30
    - 99904 (Client Unable to answer)

- This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- This field will be hidden if client is less than 18 years of age at time of admission.
- **This field is required.**
- How many days has the client been in prison in the past 30 days?
  - Allowable values:
    - Any number from 0 to 30
    - 99904 (Client Unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - This field will be hidden if client is less than 18 years of age at time of admission.
  - **This field is required.**
- Is the client a parolee in the Parolee Services Network (PSN)?
  - User can choose from the following values:
    - 1 Yes
    - 0 No

- 99904 Client unable to answer
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - This response is not valid if client is receiving any type of service other than:
    - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- This field will be hidden if client is under 18 years of age.
- This field will default to 0 No and become Read Only when document is associated with any of the following counties:
  - Alameda
  - Contra Costa
  - Fresno
  - Kern
  - Los Angeles
  - Marin
  - Napa
  - Orange
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Francisco

- San Mateo
- Santa Clara
- Solano
- Sonoma
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- Is the client a parolee in the Female Offender Treatment Program (FOTP)?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - This field will be hidden if client is under 18 years of age.
  - This field will default to 0 No and become Read Only when document is associated with any of the following counties:
    - Los Angeles
    - Orange
    - Riverside
    - San Bernardino



- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- What is the client’s FOTP Priority Status?
  - User can choose from the following values:
    - 1 Completed “Forever Free” and released and enrolled in treatment program
    - 2 Any woman paroling from California Institute for Women (CIW)
    - 3 Completed “Forever Free” and goes direct to FOTP facility
    - 99902 None or not applicable
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than ‘Developmentally Disabled’ for ‘What type of disability does the client have, if any?’
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If you selected ‘Yes’ to the previous question, you must select either response 1, 2, or 3 above. You cannot select 99902 or 99904.
  - If you selected anything other than ‘Yes’ in the previous question, then this field will default to ‘99901 None or not applicable’ and become Read Only.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**

**Global Codes**

Field Name	Global Code Category Name
What is the client’s criminal justice status?	XCACRIMJUSTICE

Is the client a parolee in the Parolee Services Network (PSN)?	XCASUDFOTP
Is the client a parolee in the Female Offender Treatment Program (FOTP)?	XCASUDFOTP
What is the client's FOTP Priority Status?	XCASUDFOTPStatus

### Medical/Physical Health Information

**Medical/Physical Health Information**

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<p>Is the client a Medi-Cal Beneficiary? <input type="text" value=""/></p> <p>What medication is prescribed as part of treatment? <input type="text" value=""/></p> <p>Has the client been diagnosed with Hepatitis C? <input type="text" value=""/></p> <p>Has the client been tested for HIV/AIDS? <input type="text" value=""/></p> <p>How many times has the client visited an emergency room in the past 30 days for physical health problems? Allowed values: 0-99, 99904 <input type="text" value=""/></p> <p>How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? Allowed values: 0-99, 99904 <input type="text" value=""/></p> <p>How many days in the past 30 days has the client experienced physical health problems? Allowed values: 0-99, 99904 <input type="text" value=""/></p>	<p>Is the client is not male, is the client pregnant at time of admission? <input type="text" value=""/></p> <p>Has the client been diagnosis with Tuberculosis? <input type="text" value=""/></p> <p>Has the client been diagnosed with any sexually transmitted diseases? <input type="text" value=""/></p> <p>Does the client have the results of the HIV/AIDS test? <input type="text" value=""/></p>
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- Is the client a Medi-Cal Beneficiary?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox

- Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
      - Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - This field will initialize from most recently signed CalOMS Admission document, if one exists.
    - **This field is required.**
  - If the client is not male, is the client pregnant at time of admission?
    - User can choose from the following values:
      - 1 Yes
      - 0 No
      - 99901 Not sure / don't know
    - If client's gender on Admission tab = Male, this field will default to '0 No' and become Read Only.
    - **This field is required.**
  - What medication is prescribed as part of treatment?
    - User can choose from the following values:
      - 1 None
      - 2 Methadone
      - 3 LAAM
      - 4 Buprenorphine (Subutex)
      - 5 Buprenorphine (Suboxone)
      - 99903 Other (only for medications prescribed for SUD treatment; e.g. Antabuse)
    - This field will initialize from most recently signed CalOMS Admission document, if one exists.
    - **This field is required.**
  - Has the client been diagnosis with Tuberculosis?
    - User can choose from the following values:
      - 1 Yes
      - 0 No

- 99900 Client declined to state
- 99904 Client unable to answer
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - This response is not valid if client is receiving any type of service other than:
    - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Has the client been diagnosed with Hepatitis C?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)

- Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Has the client been diagnosed with any sexually transmitted diseases?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Has the client been tested for HIV/AIDS?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state

- 99904 Client unable to answer
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - This response is not valid if client is receiving any type of service other than:
    - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Does the client have the results of the HIV/AIDS test?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2

- If response to previous question is 'No' then this field will default to 'No' and become Read Only.
- If client age is less than 18 years old, this field is hidden.
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- How many times has the client visited an emergency room in the past 30 days for physical health problems?
  - Allowable Values:
    - Any number from 0 to 99
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**
- How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?
  - Allowable Values:
    - Any number from 0 to 99
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:

- Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**
- How many days in the past 30 days has the client experienced physical health problems?
  - Allowable Values:
    - Any number from 0 to 99
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If response to 'How many times has the client visited an emergency room in the past 30 days for physical health problems?' is anything other than 0 or Not able to answer (99904), then user must answer a number greater than 0 for this field.
  - If response to 'How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?' is anything other than 0 or Not able to answer (99904), then user must answer a number greater than 0 for this field.
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**



## Global Codes

Field Name	Global Code Category Name
If the client is not male, is the client pregnant at time of admission?	PregnantOnStartDate
What medication is prescribed as part of treatment?	XCASUDMedication

## Mental Health Information

**Mental Health Information**

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Has the client ever been diagnosed with a mental illness?

In the past 30 days, Has the client taken prescribed medication for mental health needs?

How many time in the past 30 days had the client received outpatient emergency services for mental health needs?  
Allowed values: 0-30, 99904

How many days in the past 30 has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?  
Allowed values: 0-30, 99904

- Has the client ever been diagnosed with a mental illness?
  - User can choose from following values:
    - 1 Yes
    - 0 No
    - 99901 Not sure / don't know
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- In the past 30 days, has the client taken prescribed medication for mental health needs?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer

- This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- If client age is less than 18 years old, this field is hidden.
- **This field is required.**
- How many time in the past 30 days had the client received outpatient emergency services for mental health needs?
  - Allowable Values:
    - Any number from 0-30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**
- How many days in the past 30 has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?
  - Allowable Values:
    - Any number from 0-30

- 99904 (Client unable to answer)
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - This response is not valid if client is receiving any type of service other than:
    - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**

### Family/Social Information

Family/Social Information	
What is the client's current living arrangement?	<input type="text" value=""/>
How many days in the past 30 days has the client lived with someone who uses alcohol or drugs? Allowed values: 0-30, 99900, 99904	<input type="text" value=""/>
How many days in the past 30 days had the client had serious conflicts with members of the family? Allowed values: 0-30, 99900, 99904	<input type="text" value=""/>
How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not? Allowed values: 0-30, 99904	<input type="text" value=""/>
How many children does the client have age 5 or younger? Allowed values: 0-30, 99904	<input type="text" value=""/>
How many of the client's children age 17 and under are living with someone else because of a child protection court order? Allowed values: 0-30, 99904	<input type="text" value=""/>
If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated? Allowed values: 0-30, 99904	<input type="text" value=""/>
How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings, Other self-help meetings, Religious/faith recovery or self-help meetings, Meetings of organizations other than those listed above Interactions with family member and/or friend support of recovery?	<input type="text" value=""/>

- What is the client's current living arrangement?
  - User can choose from the following values:
    - 1 Homeless
    - 2 Dependent living

- 3 Independent living
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
  - Allowable values
    - Any number from 0 to 30
    - 99900 (client declined to state)
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**
- How many days in the past 30 days had the client had serious conflicts with members of the family?
  - Allowable values
    - Any number from 0 to 30
    - 99900 (client declined to state)
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:

- Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- If client age is less than 18 years old, this field is hidden.
- **This field is required.**
- How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many children does the client have age 5 or younger?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- The number entered here must be equal to or less than the value entered in the previous response.
- If client age is less than 18 years old, this field is hidden.
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- How many of the client's children age 17 and under are living with someone else because of a child protection court order?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - The number entered here must be equal to or less than the value entered in the question about how many children client has 17 and under.
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**

- If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client’s parental rights been terminated?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than ‘Developmentally Disabled’ for ‘What type of disability does the client have, if any?’
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - The number entered here must be equal to or less than the value entered in the previous question.
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings, Other self-help meetings, Religious/faith recovery or self-help meetings, Meetings of organizations other than those listed above Interactions with family member and/or friend support of recovery?
  - Allowable values
    - Any number from 0 to 30
  - **This field is required.**

**Global Codes**

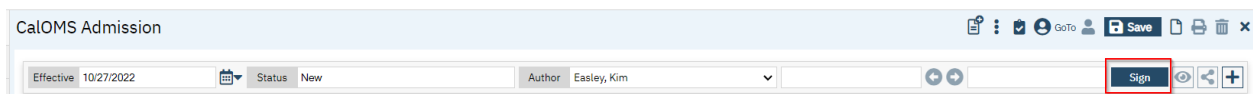
Field Name	Global Code Category Name
What is the client's current living arrangement?	XCALiving

## Completing the CalOMS Admission Document

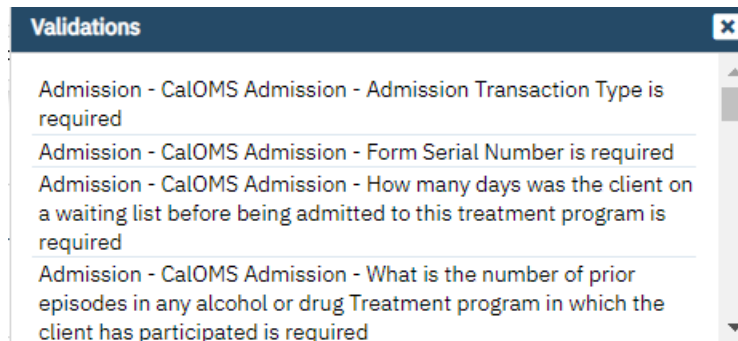
Now, you have two options: sign or save. If there is a compelling reason not to complete and sign the document, it can be saved and returned to at a later time by clicking the save button in the toolbar.



However, keep in mind that if the CalOMS Admission document is not signed information will not initialize into the client record, where applicable. To sign the document, it is not required that you save it first. Signing will both save and sign the document. First, ensure that the document has an effective date, and then click the blue 'Sign' button.



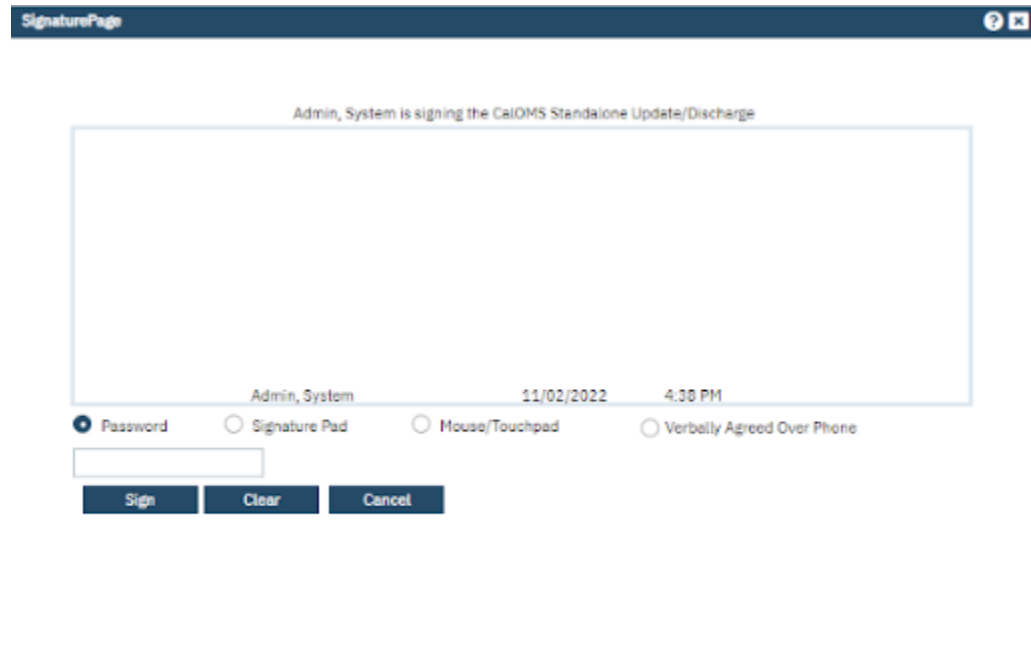
When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.



The validation message will tell you exactly where you need to go to complete the requirement. The first part of the message (e.g. Admission) will tell you on what tab you will find the requirement on. The second part of the message (e.g. CalOMS Admission) will tell you which section to find the requirement in. The third part of the message (e.g. Admission Transaction Type is required) will tell you what the requirement itself is.



Once all requirements have been completed, click the sign button again (if validations occurred). You will then be presented with the signature screen. By typing in your password and clicking 'Sign' the document will be signed and applicable information initialized to the client record.



Once the document is signed, you should see a PDF of the document on the screen and status should change to complete.

### Set-Up Considerations (Administrative Purpose)

This section outlines all items needed for setting up this document for use with your organization, including any necessary configurations/details around how to set up other areas of your system that work directly with this document.

#### Configuration Keys

Field Name	Configuration Key Category Name
County of Submission	XSetCountyCodeForCaliforniaStateReporting



If your organization only provides services to clients within ONE county, then you should enter the County Code as defined by your state here. If nothing is entered, then on the form, user will be required to select the County every time. If something is entered here, then user will not see the field and it will prepopulate in the table for this document to be sent for reporting to the accurate county.

If your organization provides services to clients in more than one county and you report to each of those counties, then you should indicate 'None' in this key or leave it blank and users will be required to select the county each time they do the document.

If there are counties you do not provide services to, you can go to the DACSManagingEntity Global Code category in the Global Codes screen and deactivate any counties you do not want staff to see in the drop down. You should only do this for counties that NONE of your programs are serving. You should keep all counties that at least one program serves as active.