User Guide: CalOMS Outside Provider Admission

Version 1.0 (California)

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User Guide: CalOMS Outside Provider Admission

General Information

The CalOMS Outside Provider Admission document is utilized in SmartCare to complete the information gathering for clients for county level state reporting. This document supports the collection of CalOMS data for individuals who are not clients in SmartCare, but the county has an obligation to report data on. California Counties (MHPs) are required to collect and report CalOMS data for individuals who are not clients of the county but are receiving care within a CalOMS Program at county Contracted Providers. These individuals may have commercial or self-pay funding. 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 Outside Provider Admission Document. The user collects the additional information not captured through registration/client information and signs the CalOMS Outside Provider 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 client's 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 Outside Provider Admission Document

From Search

You can create the document from the CalOMS Outside Provider Client Tracking List Page. In order to do this, you must first search for the CalOMS Outside Provider Client Tracking List Page.

Navigate to the 'Search icon'. Click the search icon and enter CalOMS Outside Provider Client Tracking List Page. Select CalOMS Outside Provider Client Tracking List Page (My Office).

The CalOMS Outside Provider Client Tracking List Page opens.

Select the Create New Admission button (**Create New Admission**) in the toolbar.

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.

Select the Organization radio button. Only Organization clients can be selected when creating a CalOMS Outside Provider Admission.

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.

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

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 Outside Provider Admission document.

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CalOMS Outside Provider Admission Document

General

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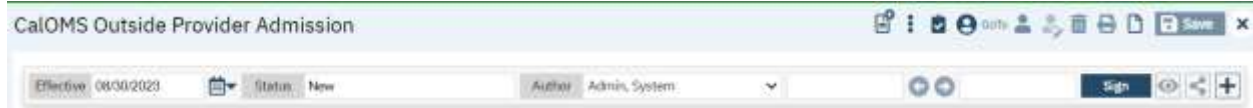
We will explore these fields more thoroughly when completing the CalOMS Outside Provider Admission document. However, note at this time that an effective date will be required to complete the document and it is defaulting to today's date. This default is configurable and can be changed, depending on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

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

- ▪ Admission
- ▪ SUD, Medical & Mental Health

In completing your client's CalOMS Outside Provider 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 Outside Provider 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

CalOMS Admission

Admission Date		Admission Transaction Type	
Provider ID		Program	
Provider's Participant ID		County of Submission	
Date of Birth			
What is the client's current first name?		What is the client's current last name?	
What is the clients social security number?		If the client does not have a SSN, provide a reason	
Form Serial Number		Generate	

How many days was the client on a waiting list before being admitted to this treatment program?
Allowed values: 0-999, 99901, 99904

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

If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?

What is the special services contract ID number under which the client's services were provided?
Allowed values: 0000-9999

Is the client a CalWorks recipient?		Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?	
What is the client's principal source of referral?		What is the client's gender?	

What is the client's birth first name?		What is the client's birth last name?	
Zip Code at Current Residence Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ		What is the client's state of birth if born within the United States?	
What is the client's county of birth if born in California?		What is the client's driver's license number or state ID card number? Allowed values: 13 digit ID, 99900, 99902, 99904	
For which state does the client have a valid driver's license or state ID card?		What is the first name of the client's mother, or individual the client considers to be their mother?	

What is the client's race?
- [ ] White / Caucasian
- [ ] Black / African-American
- [ ] American Indian
- [ ] Alaska Native

What is the client's ethnicity?

What type of disability/disabilities does the client have, if any?
- [ ] None
- [ ] Visual
- [ ] Hearing
- [ ] Speech
- [ ] Mobility

Is the client a U.S. veteran?

Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?

Is there a consent form allowing future possible contact, signed by the client, on file within your agency?

- Admission Date-
  - User can select the Admission date using the Calendar control.
  - The Admission date cannot be greater than the Document Signature Date.
  - After the Admission is signed, the Admission Date will initialize to TEDS Episode>Enrolled Date.
  - 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.**
- Provider ID-
  - Allowed values:
    - 4 Character Numeric
  - This is a required field.
- Program-This will show a list of active Programs under the CDAG that the logged in user is currently logged in to.
  - If the client CDAG active program is associated, with the SUD TEDS Setup then initialize that Program name to this Program field and make field inactive/read only. If CDAG is turned off then the list of, SUD TEDS Episode Programs displays.
  - This is a required field.
- Provider's Participant ID-
  - Allowed values
    - 20 Character Alpha Numeric.
      - Can include A-Z, a-z, 0-9, blank or hyphen.
  - This is a required field.
- County of Submission -
  - 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.**
- Date of Birth – This is a Read Only field. It will initialize from the client record.

- o Client age must be greater than 5 years old and no more than 105 years old at time of admission.
  - o This is a required field.
- What is the client's current first name?
  - o Max 20 Characters
  - o **This is a required field.**
- What is the client's current last name?
  - o Max 40 Characters
  - o **This is a required field.**
- What is the client's social security number?
  - o 9 digits required.
  - o If the dropdown is null, then the text is required.
- If the client does not have a SSN, provide a reason-
  - o User can select
    - ▪ Client declines to state
    - ▪ None or not applicable
    - ▪ Client unable to answer
  - o This is a required field if the text is null.
- Form Serial Number
  - o This is a read only field.
  - o This will initialize to the TEDS Episode>Episode Number.
  - o **This is a required field.**
- How many days was the client on a waiting list before being admitted to this treatment program?
  - o Allowed values
    - ▪ 0-999
    - ▪ 99901 – Use when Not sure/don't know
    - ▪ 99904 – Use when client is unable to answer
  - o **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?
  - o Allowed Values
    - ▪ 0-999
    - ▪ 99900 – Use when client declined to state
    - ▪ 99901 – Use when Not sure/don't know
    - ▪ 99904- Use when client is unable to answer
  - o **This is a required field.**

- If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?
  - User can select one of the following values
    - 99902 None or not applicable
    - 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

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- ▪ 34   Sacramento
- ▪ 35   San Benito
- ▪ 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
- ▪ 58   Yuba
  - o This is a required field.
- What is the special services contract ID number under which the client's services were provided?
  - o Allowed values
    - ▪ 0000-9999 or
    - ▪ 99902 None or not applicable
  - o If the client's treatment services are being delivered on behalf of another country, what is the code of the county for which the services are being performed? If 99902 None or not applicable is selected, then the field displays and is required, otherwise the field is hidden.
- 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 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
  - **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.**
- What is the client's birth first name?
  - Max 20 Characters
  - **This is a required field.**

- What is the client birth last name?
  - 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?'
    - XXXXX (Client Declined)
  - **This is a required field.**
- What is the client's state of birth if born within the United States?
  - User can select from the following values:
    - 99903 – Other (born outside US)
    - Any state in the list
  - **This is a required field.**
- What is the client's county of birth if born in California?
  - 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

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- 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 Benito
- 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
    - o **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.**
- What is the client's driver's license number or state ID card number?
    - o 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?'
    - o **This field is required.**
- For which state does the client have a valid driver's license or state ID card?
    - o 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?'
        - Any state in the list
    - o **This field is required.**

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- What is the first name of the client's mother, or individual the client considers to be their mother?
  - Maximum 20 Characters
  - **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 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 is required.**
- Is the client a U.S. veteran?
  - User can choose from the following values:
    - 1 Yes
    - 0 No

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- ▪ 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?'
  - o **This field is required.**
- ● What type of disability/disabilities does the client have, if any?
  - o 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?'
  - o **This field is required.**
- ● Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?
  - o 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
  - o **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?
  - o User can select from Yes or No.

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o **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

Drug and Alcohol Information

Drug and Alcohol Information

	Primary Drug Information		Secondary Drug Information	
What is the client's primary alcohol or drug problem?	[dropdown]		What is the client's secondary alcohol or drug problem?	[dropdown]
Please specify:	[field]		Please specify:	[field]
How many days in the past 30 days has the client used the primary drug? Allowed values: 0-30	[field]		How many days in the past 30 days has the client used the secondary drug of abuse? Allowed values: 0-30, 99902	[field]
What is the client's usual route of administration they use most often for their primary drug of abuse?	[dropdown]		What is the client's usual route of administration they use most often for the secondary drug of abuse?	[dropdown]
What was the client's age of first use for the primary drug of abuse? Allowed values: 5-105, 99904	[field]		What was the client's age of first use for the secondary drug of abuse? Allowed values: 5-105, 99904	[field]

Additional Drug Information

How many days in the past 30 days has the client used alcohol? Allowed values: 0-30, 99902   [field]

How many days has the client used needles to inject drugs in the past 30 days? Allowed values: 0-30, 99900, 99904   [field]

Has the client used needles to inject drugs in the past twelve months?   [dropdown]

- 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 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.
- ● How many days in the past 30 days has the client used the primary drug?
  - o Allowable values are:
    - ▪ Any number from 0-30
  - o **This field is required.**
- ● What is the client's usual route of administration they use most often for their primary drug of abuse?
  - o 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
  - o If 'What is the client's primary alcohol or drug problem?' = Inhalants, then this field will default to 3 Inhalation.
  - o If 'What is the client's primary alcohol or drug problem?' = Alcohol, then this field will default to 1 Oral.
  - o **This field is required.**
- ● What was the client's age of first use for the primary drug of abuse?
  - o 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?'
  - o **This field is required.**
- ● What is the client's secondary alcohol or drug problem?
  - o 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 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
  - o Text must be at least 2 characters, but limited to 50 characters
  - o 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.
- ● How many days in the past 30 days has the client used the secondary drug of abuse?
  - o 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?'
  - o If user selected '0 None' for Secondary Alcohol or Drug problem, then this will default to 99902 and become Read Only.
  - o **This field is required.**
- ● What is the client's usual route of administration they use most often for the secondary drug of abuse?
  - o 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
- o If 'What is the client's secondary alcohol or drug problem?' = Inhalants, then this field will default to 3 Inhalation.
- o If 'What is the client's secondary alcohol or drug problem?' = Alcohol, then this field will default to 1 Oral.
- o If 'What is the client's secondary alcohol or drug problem?' = None, then this field will default to 99902 None or Not applicable.
- o **This field is required.**
- ● What was the client's age of first use for the secondary drug of abuse?
  - o 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?'
  - o If Client's secondary alcohol or drug problem is '0 None', then this will default to 99902 and be read only.
  - o **This field is required.**
- ● How many days in the past 30 days has the client used alcohol?
  - o Allowable values
    - ▪ Any number from 0-30
    - ▪ 99902 (None or Not Applicable)
  - o If client's primary or secondary alcohol or drug problem = 2 Alcohol, then this will default to 99902 and become Read Only.
  - o **This field is required.**
- ● How many days has the client used needles to inject drugs in the past 30 days?
  - o 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?'

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- o This field will be hidden for any client less than 18 years of age.
  - o **This field is required.**
- ● Has the client used needles to inject drugs in the past twelve months?
  - o 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?'
  - o If user entered anything other than 0, 99900, 99904 in the previous field, this field will default to 'Yes' and become Read Only.
  - o 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.
  - o **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

- 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 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 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?'

- o **This field is required.**

- How many days was the client paid for working in the past 30 days?
  - o Allowable values
    - ▪ Any number from 0-30
    - ▪ 99900 (Client declined to state)
    - ▪ 99904 (Client is unable to answer)
  - o If age at age of admission is <18 years old then this is hidden and null.
    - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - o **This field is required.**
- Is the client currently enrolled in a job training program?
  - o 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?'
  - o This field will not show if the client is less than 18 years of age at time of admission.
  - o **This field is required.**

Global Codes

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

Legal Information

What is the client's criminal
justice status?

What is the client's
CDCR Identification Number?
Allowed values: 6 digit string,
99900, 99901, 99902, 99904

How many times has the client
been arrested in the past 30 days?
Allowed values:0-30, 99904

How many days has the client
been in jail in the past 30 days?
Allowed values:0-30, 99904

How many days has the client
been in prison in the past 30 days?
Allowed values:0-30, 99904

Is the client a parolee in the
Parolee Services Network (PSN)?

Is the client a parolee in the
Female Offender Treatment Program (FOTP)?

What is the client's FOTP Priority Status?

- 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 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 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 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 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 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?'
    - o This field will be hidden if client is less than 18 years of age at time of admission.
    - o **This field is required.**
- Is the client a parolee in the Parolee Services Network (PSN)?
    - o 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?'
    - o This field will be hidden if client is under 18 years of age.
    - o 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
    - o **This field is required.**
- Is the client a parolee in the Female Offender Treatment Program (FOTP)?
    - o 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 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 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?'
  - If you selected anything other than 'Yes' in the previous question, then this field will default to '99902 None or not applicable' and become Read Only.
  - **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

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Medical/Physical Health Information

Medical/Physical Health Information

Is the client a Medi-Cal Beneficiary?

What medication is prescribed as part of treatment?

Has the client been diagnosed with Hepatitis C?

Has the client been tested for HIV/AIDS?

If the client is not male, is the client pregnant at time of admission?

Has the client been diagnosis with Tuberculosis?

Has the client been diagnosed with any sexually transmitted diseases?

Does the client have the results of the HIV/AIDS test?

How many times has the client visited an emergency room in the past 30 days for physical health problems?
Allowed values: 0-99, 99904

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

How many days in the past 30 days has the client experienced physical health problems?
Allowed values: 0-99, 99904

- 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 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)
- ▪ 99904 Client unable to answer
  - o **This field is required.**
- ● Has the client been diagnosis with Tuberculosis?
  - o 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?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required.**
- ● Has the client been diagnosed with Hepatitis C?
  - o 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?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required.**
- ● Has the client been diagnosed with any sexually transmitted diseases?
  - o 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?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required.**
- Has the client been tested for HIV/AIDS?
  - o 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?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required.**
- Does the client have the results of the HIV/AIDS test?
  - o 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?'
  - o If response to previous question is 'No' then this field will default to 'No' and become Read Only.
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required.**
- How many times has the client visited an emergency room in the past 30 days for physical health problems?
  - o 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?'

- 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?'
  - 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?'
  - 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

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Mental Health Information
_____

Has the client ever been   In the past 30 days, Has the client
diagnosed with a mental illness?   [⌄]   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 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?'
    - 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?'
    - 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?

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- o 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?'
- o If client age is less than 18 years old, this field is hidden.
- o **This field is required.**

Family/Social Information

Family/Social Information

What is the client's current living arrangement?

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

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

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

How many children does the client have age 5 or younger?
Allowed values: 0-30, 99904

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

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

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?

- ● What is the client's current living arrangement?
    - o User can choose from the following values:
        - ▪ 1 Homeless
        - ▪ 2 Dependent living
        - ▪ 3 Independent living
    - o **This field is required.**
- ● How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
    - o Allowable values
        - ▪ Any number from 0 to 30
        - ▪ 99900 (client declined to state)
        - ▪ 99904 (Client unable to answer)

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- This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required.**
- How many days in the past 30 days had the client had serious conflicts with members of the family?
  - o 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?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **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?
  - o 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?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required.**
- How many children does the client have age 5 or younger?
  - o 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?'
  - o If client age is less than 18 years old, this field is hidden.
  - o **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?

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- 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?'
  - If client age is less than 18 years old, this field is hidden.
  - **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?'
  - If client age is less than 18 years old, this field is hidden.
  - **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 Outside Provider 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 Outside Provider 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.
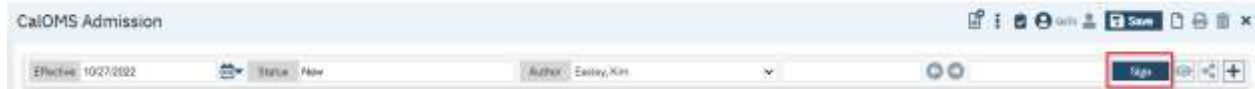

When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.
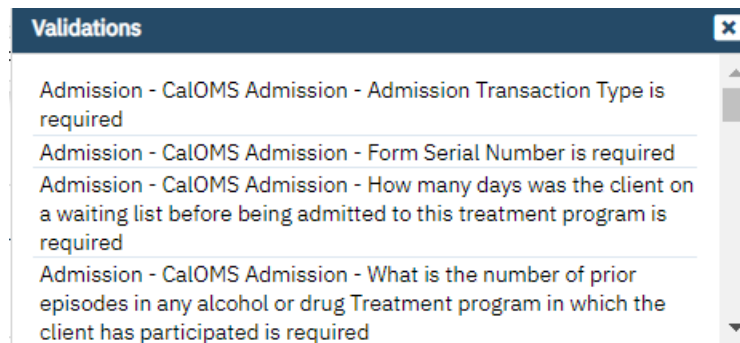
The validation message will tell you exactly where you need to go to complete the requirement. The first part of the message (e.g. Admission) will tell you on what tab you will find the requirement on. The second part of the message (e.g. CalOMS Outside Provider Admission) will tell you which section 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.
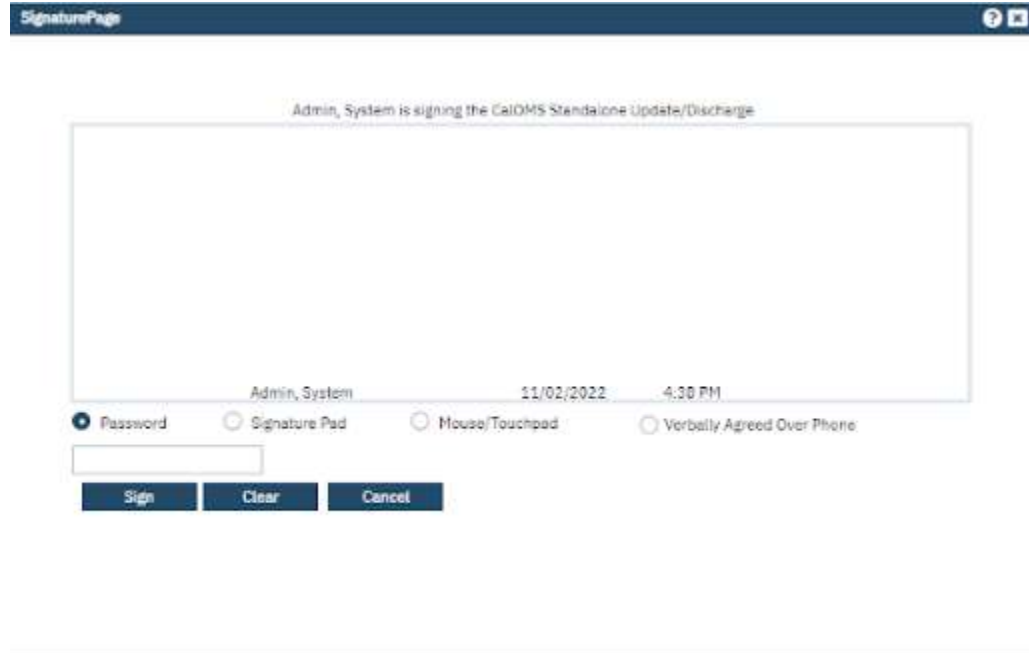
Once the document is signed, you should see a PDF of the document on the screen and status should change to complete.

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

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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.

Permissions

Permission Type	Permission Item
Document Codes (Edit)	CalOMS Outside Provider Admission
Document Codes (View)	CalOMS Outside Provider Admission