

# User Guide: CalOMS Outside Provider Update/Discharge

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# User Guide: CalOMS Outside Provider Update/Discharge

# **General Information**

The CalOMS Outside Provider Update/Discharge 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. SC needs a way to collect the CalOMS data without the creation of a SC client record. The system then creates the TEDS episode under an Organizational Client for each completed Update/Discharge document.

Client require regular updates to be done for reporting. This document is also required to be completed upon program discharge. The data from the completed document is now eligible for batching and submission.

# Navigating to and Creating the CalOMS Outside Provider Update/Discharge 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.

lant Fini Narw novider Participant 3D			Chern Last Norma					15
ngan	Altegram		Eprendik Statua	4	ų)	Apply Filtur		
Client First Name	Glett Last Name	Provider Participant 10	Episodia Status	form Serial Number	Program	Date.	Stab	

Select the checkbox for the CalOMS document you wish to complete the update/discharge for.

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Select the Enter an Update/Discharge (

Enter an Update/Discharge

) in the toolbar.

Select the CDAG Program Enrollment.

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 Update/Discharge.

Nam	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 All Client Search					
	Organization Name			Program	~	

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.

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Soarch					
Search					
Clear					
ne Search	] Include Client Contact	ts 🗌 Only Include Act	tive Clients (Checking	will not allow option to	create new Client)
Broad Search	Narrow Search	Type of Client	dividual 🔿 Organizati	00	
Last Name	Test	First Name A	mber	Program	~
er Search Str	ategies				
	456 74	1234	Phone # Search		
SSN Search			Master Client ID		
SSN Search	07/00/000		Master Client ID:	Search	
SSN Search DOB Search	07/19/198	0 🛗 🕶			
		0 ■ ▼	Client ID Search	1	

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

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ent Search				?
Clear		Provider	All Providers	~
lame Search 🗌 Include Client Contact	s 🗌 Only Include Act	ive Clients (Checking wil	l not allow option to cre	ate new Client)
Broad Search Narrow Search	Type of Client OInc	lividual 💽 Organization	All Client Search	
Organization Name		Program		~
Other Search Strategies				
EIN Search		Phone # Search		
DOB Search	<b>≕ -</b>	Master Client ID Sea	arch	
Primary Clinician Search	~	Client ID Search		
Authorization ID / #		Insured ID Search		
ID Master ID Client Name	△ <u>Chosen Name</u>	SSN/EIN DOB	Status City	Primary Clinician
	No dat	a to display		
6	0 · 0 · 11	ou		F.
	Create Provide	Client Create New Po	tential Client S	elect Cancel ent) Inquiry (New Client

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 Update/Discharge document.





# **CalOMS Outside Provider Update/Discharge Document**

# General

Under the CalOMS Outside Provider Update/Discharge Document label, note the information pertaining to the status of the document.

CalOMS Outside Provider Update/Discharge

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We will explore these fields more thoroughly when completing the CalOMS Outside Provider Update/Discharge 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 Update/Discharge document is broken out into two possible tabs:

- CalOMS Information
- SUD, Medical & Mental Health

In completing your client's CalOMS Outside Provider Update/Discharge document, you will navigate across the tabs, left to right, beginning with Update/Discharge, 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 Update/Discharge, 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.

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CalOMS Information SUD, Medical 8	& Mental Health		
CalOMS Information			
Provider ID	1231	Transaction Type	~
		Transaction Type	
Program	CSI_TEDS	Form Serial Number	D0100004
Provider's Participant ID	141414	Date of Birth	06/18/2000
What is the client's current first name?	test	What is the client's current last name?	test
What is the clients social security numbe	r? 131414141	If the client does not have a SSN, provide	a reason 🗸 🗸
Discharge			
	≡ -	Dischards Dischar	
Discharge Date		Discharge Status	~
Annual Update			
Annual Update Date	<b>∷ ▼</b>	Annual Update Number	1
General			
Admission Date	08/30/2023	County of Submission	Alameda 🗸
What is the client's birth first name?	test	What is the client birth last name?	test
What is the client's gender?	Male 🗸	Zip Code at Current Residence Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ	33333
What is the client's state of birth if born within the United States?	Alabama 🗸	What is the client's county of birth if born in California	Other (born outside Cal 🗸
For which state does the client have a valid driver's license or state ID card?	Client declined to state $\checkmark$	What is the client's driver's license number or state ID card number? Allowed values: 13 digit ID, 99900, 99902, 99904	99900
What is the first name of the client's mother, or individual the client considers to be their mother?	test	What type of disability/disabilities does the client have, if any?	Visual Hearing Speech Mobility
Is there a consent form allowing future possible contact, signed by the client, on	Veg 🗸		
file within your agency?	···· ·		

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# **CalOMS Information**

#### CalOMS Information

Provider ID	1231	Transaction Type		~
Program	CSI_TEDS	Form Serial Number	D01000D4	
Provider's Participant ID	141414	Date of Birth	06/18/2000	<b>Ö</b> *
What is the client's current first name?	test	What is the client's current last name?	test	
What is the clients social security number?	131414141	If the client does not have a SSN, provide a reason		×

- Provider ID-
  - Allowed values:
    - 4 Character Numeric
  - This field initializes from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - This is a required field.
- Transaction Type
  - User can select one of the following values:
    - Annual Update
    - Discharge Standard
    - Discharge Administrative
    - Discharge Detox
  - This is a required field.
- Program-
  - This field is read only.
  - Displays the Program Name for the program mapped to the service type for the selected TEDS.
  - This is a required field.
- Form Serial Number-
  - $\circ$  This field is read only.
  - o Displays the TEDS>Episode Number
  - 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.

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- The data pulls from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This is a required field.
- Date of Birth
  - This is a Read Only field.
  - This data pulls from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - This is a required field.
- What is the client's current first name?
  - This data pulls from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - Max 20 Characters
  - This is a required field.
- What is the client's current last name?
  - This data pulls from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - Max 40 Characters
  - This is a required field.
- What is the client's social security number?
  - Allowed values
    - 9 digits
  - This data pulls from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - $\circ$   $\;$  If the drop down is null then the text is required.
- If the client does not have a SSN, provide a reason
  - Allowed values
    - Client declines to state
    - None or not applicable
    - Client unable to answer
  - o If the client does not have an SSN, then one of the above values are required.

## **Global Codes**

Field Name	Global Code Category Name
Transaction Type	FileType

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# Discharge

Discharge				
Discharge Date	<b>₫</b> •	Discharge Status	~	

Discharge Date

•

- Enter the date of discharge.
- This field is required under the following conditions:
  - Transaction Type =
    - Discharge
    - Discharge Admin
    - Discharge Detox
  - Field is hidden when conditions above are NOT met
- Discharge Date initializes to TEDS Episode Details>Discharge Date for the selected FSN.
- Discharge Status
  - o User can choose from the following Values
    - 1-Completed Treatment Plan & Goals / Referred /Standard (all questions)
    - 2-Completed Treatment Plan & Goals / Not Referred / Standard (all questions)
    - 3-Left Before Completion w / Satisfactory Progress / Standard (all questions)
    - 4-Left Before Completion w / Satisfactory Progress / Administrative (minimum questions)
    - 5-Left Before Completion w / Unsatisfactory Progress / Standard (all questions)
    - 6-Left Before Completion w / Unsatisfactory Progress / Administrative (minimum questions)
    - 7-Death

•

- 8-Incarceration
- This field is required under the following conditions:
  - Transaction Type =
    - Discharge
    - Discharge Admin
    - Discharge Detox
  - Field is hidden when conditions above are NOT met

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nual Opdate					
<b>.</b>	Annual Update Number	1			
	<b>≅</b> ~	Annual Update Number	Annual Update Number 1		

- Annual Update Date-
  - This field is required under the following conditions:
    - Transaction Type =
      - Annual Update
      - Field is hidden when conditions above are NOT met
- Annual Update Number-

.

- This field is read only.
- Field is hidden unless Transaction Type=Annual Update.
- This field is a calculation of the sequential number of the annual update(s) that have been completed for a given CalOMS TEDS Episode. Start by looking at the TEDS Episode selected in the "Form Serial Number" drop down. Then for the selected Episode determine if previous CalOMS Update/Discharge Standalone Documents exist where Transaction Type = Annual Update. Then calculated from the Standalone Admission how many completed Annual updated exist. Example: Admission document completed 7/1/2019. Annual Update completed 7/1/2020 = Annual Update #1, Annual Update completed 7/1/2021 = Annual Update #2 so on and so forth.

## **General Information**

General				
Admission Date	08/30/2023	County of Submission	Alameda 🗸 🗸	
What is the client's birth first name?	test	What is the client birth last name?	Test	
What is the client's gender?	Male 👻	Zip Code at Current Residence Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ	33333	
What is the client's state of birth if born within the United States?	Alabama 🗸	What is the client's county of birth if born in California	Other (born outside Cal 💙	
For which state does the client have a valid driver's license or state ID card?	Client declined to state 🗸	What is the client's driver's license number or state ID card number? Allowed values: 13 digit ID, 99900, 99902, 99904	99900	
What is the first name of the client's mother, or individual the client considers to be their mother?	test	What type of disability/disabilities does the client have, if any?	Visuat Hearing Speech Mchility	ļ
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	Yes 🗸			

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- Admission Date
  - o This is a Read Only field
  - The date pulls from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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 pulls from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This is a required field.

What is the client's birth first name?

- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- Max 20 Characters
- This is a required field.
- What is the client's birth last name?
  - This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - Max 40 Characters
  - 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

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- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- 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 field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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 field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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

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- 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 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

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- 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 the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- 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?'
    - Any state in the list
  - This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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.

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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 field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- 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
  - o If name is unknown, enter 'mother' or 'mom'
  - This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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

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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?'
- 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 the most recently CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.

• This field is required.

- 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 is only required if Transaction Type = one of the following:
    - Discharge Standard
    - Discharge Detox
  - This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - This field will be hidden if client is less than 18 years of age.

# **Global Codes**

Field Name	Global Code Category Name
What is the client's gender?	SEX
What type of disability /disabilities does the client have, if any?	XCASUDD is a bility
Birth State	XCADriverLicState
Birth County	XCABirthCountry

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# SUD, Medical & Mental Health Tab

# Drug and Alcohol Information

**Drug and Alcohol Information** 

Primary Drug	Information		Secondary Dru	g Information	
What is the client's primary elcohol or drug problem?	Alcohol	~	What is the client's secondary alcohol or drug problem?	None	*
How many days in the past 30 days has he client used the primary drug? Allowed ratues: 0-30			How many days in the past 30 days has the client used the secondary drug of abuse?Allowed values: 0-30, 99902		
What is the client's usual route of administration they use most often for their primary drug of abuse?			What is the client's usual route of administration they use most often for the secondary drug of abuse?	None or not applicable	~
Additional Drug Information					
How many days in the past 30 days has th	e client used alcoho	(? Allowed value	es: 0+30, 99902		
How many days has the client used needle	es to inject drugs in t	the past 30 days	7 Allowed values: 0-30, 99900,		

- 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

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- 18 Over-the-Counter
- 19 Ecstasy
- 20 Other Club Drugs
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
- 99903 Other, please specify
- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- 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
  - 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

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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 the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This field is required.
- How many days in the past 30 days has the client used the primary drug?
  - Allowable values are:
    - Any number from 0-30
  - 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 the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - This is a required field.
- 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

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- 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 Update/Discharge 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 the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This is a required field.
- 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
- $\circ$   $\;$  Text must be at least 2 characters, but limited to 50 characters
- $\circ$  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 Update/Discharge record.
- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This is a required field.
- 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.
- 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 0 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 the most recently signed CalOMS Outside Provider 0 Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This is a required field.
- 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 is a required field.
- How many days has the client used needles to inject drugs in the past 30 days?
  - Allowable values 0
    - 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 field will not show if the client is less than 18 years of age at time of admission.
  - This is a required field.

#### **Global Codes**

Field Name	Global Code Category Name
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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**

ny days was the client paid for working in
ny days was the cuent paid for working in
ent currently enrolled in a job training No

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 the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This is a required field.
- How many days was the client paid for working in the past 30 days?
  - Allowable values
    - Any number from 0-30

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- 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 field is hidden if client is less than 18 years old.

# • 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 will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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?'
  - $\circ$  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 Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - This is a required field.

# **Global Codes**

Field Name	Global Code Category Name

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What is the client's current employment status?

XEMPLOYMENTSTATUS

# **Legal Information**

Legal Information	
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	

#### 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 is a required field.
- 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?'
  - $\circ$   $\;$  This field will be hidden if client is less than 18 years of age at time of admission.
  - This is a required field.
- 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?'
- $\circ$   $\;$  This field will be hidden if client is less than 18 years of age at time of admission.
- This is a required field.

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# **Medical/Physical Health Information**

Medical/Physical Health Information	on			
Has the client been tested for HIV/AIDS?	No	*	Does the client have the results of the HIV/AIDS teet?	
If the client is not male, has the client been p	regnant at the tim	e during treatme	int?	~
How many times has the client visited an eme 99904	argency room in ti	he past 30 days f	or physical health problems? Allowed values: 0-99,	
How many days has the client stayed overnig 99904	ht in a hospital in	the last 30 days	for physical health problems? Allowed values: 0-99,	
How many days in the past 30 days has the cl	ient experienced	physical health p	robiems? Allowed values: 0-99, 99904	

#### 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?'
- If client age is less than 18 years old, this field is hidden.
- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.

#### • 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?'
  - 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.

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- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This field is required.
- If the client is not male, has the client been pregnant at the time of admission?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99901 Not sure / don't know
  - 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?'
  - 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?'
  - $\circ$   $\;$  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 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.
- o If client age is less than 18 years old, this field is hidden.
- This field is required.

## **Mental Health Information**

as the client ever been diagnosed with a			In the past 30 days, Has the client taken	
rental illness?	No	~	prescribed medication for mental health needs?	~
low many time in the past 30 days had the cl -30, 99904	ient received ou	tpatient emerge	ncy services for mental health needs? Allowed values:	
iow many days in the past 30 has the client s	taved for more t	han 24 hours in	a hospital or psychiatric facility for mental health	

#### 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 the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- This field is required.
- This is a required field.
- 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

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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?'
- 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?
  - 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.
  - This field is required.

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#### Family/Social Information

Family/Social Information	
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What is the client's current living arrangement?	Independent Livin 👻
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	0
How many children does the client have age 5 or younger? Allowed values: 0-30, 99904	0
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	0
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	0
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?

- User can choose from the following values:
  - 1 Homeless
  - 2 Dependent living
  - 3 Independent living
- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Disharge under the FSN for the record selected.
- This is a required field.
- 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?'
  - If client age is less than 18 years old, this field is hidden.
  - This is a required field.
- How many days in the past 30 days had the client had serious conflicts with members of the family?

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- 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?'
- 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?'
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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?'
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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?'
- If client age is less than 18 years old, this field is hidden.
- This field will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
- 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 will initialize from the most recently signed CalOMS Outside Provider Admission or CalOMS Outside Provider Update/Discharge under the FSN for the record selected.
  - 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?
  - o 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?	LIVINGARRANGEMENT

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# **Completing the CalOMS Outside Provider Update/Discharge Document**

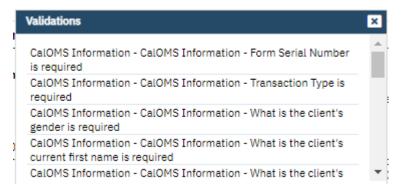
Now, you have two options: sign or save. If there is a compelling reason not to complete and sign the document, it can be saved and returned to at a later time by clicking the save button in the toolbar.



However, keep in mind that if the CalOMS Outside Provider Update/Discharge 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. Update/Discharge) will tell you on what tab you will find the requirement on. The second part of the message (e.g. CalOMS Update/Discharge) will tell you which section to find the requirement in. The third part of the message (e.g Update/Discharge Transaction Type is required) will tell you what the requirement itself is.

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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.

	Admin, Syste	em is signing the CalOMS Stendal	one Update/Discharge	
	Admin, System	11/02/2023	2 4.30 PM	
O Password	O Signature Pad	O Mouse/Touchpad	Verbally Agreed Over Phone	
Sign	Clear Co	incel		

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

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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.

## Permissions

Permission Type	Permission Item
Document Codes (Edit)	CalOMS Outside Provider Update/Discharge
Document Codes (View)	CalOMS Outside Provider Update/Discharge

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