

# User Guide: CalOMS Outside Provider Admission

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(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

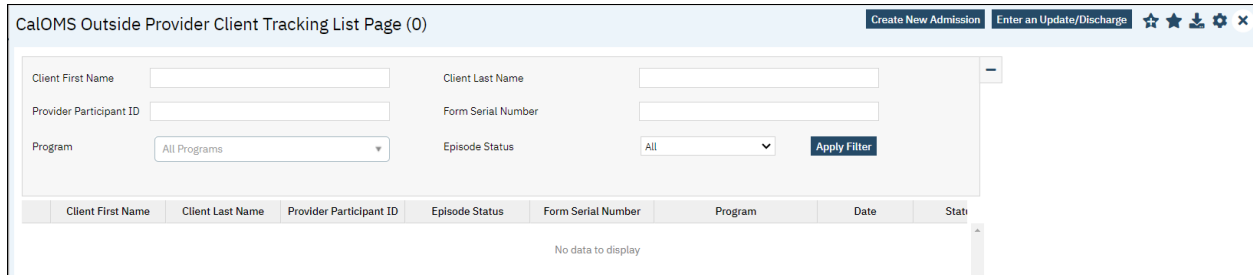
#### From Search

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.



The screenshot shows a web application interface for 'CalOMS Outside Provider Client Tracking List Page (0)'. At the top right, there is a toolbar with buttons for 'Create New Admission', 'Enter an Update/Discharge', and several utility icons (star, download, settings, close). Below the toolbar is a search form with the following fields: 'Client First Name', 'Client Last Name', 'Provider Participant ID', 'Form Serial Number', 'Program' (a dropdown menu currently set to 'All Programs'), and 'Episode Status' (a dropdown menu currently set to 'All'). An 'Apply Filter' button is located to the right of the 'Episode Status' dropdown. Below the search form is a table with the following columns: 'Client First Name', 'Client Last Name', 'Provider Participant ID', 'Episode Status', 'Form Serial Number', 'Program', 'Date', and 'Stat'. The table is currently empty, with the text 'No data to display' centered below it.

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

You will be presented with the 'Client Search' screen.

1. Select the Organization radio button. Only Organization clients can be selected when creating a CalOMS Outside Provider Admission.
2. In the Organization Name field, type in the name **[Each SmartCare customer should insert the name users should type here]** (note this name is setup in the User Guide CA CalOMS Outside Provider Client Tracking List Page).
3. Click 'Broad Search' button
4. The name of you searched for will appear in the Records Found section of the pop up. Select the radio button for the record, to the left of the ID in the list.
5. Click the 'Select' button at the bottom right of the pop up.

Client Search
?
✕

Clear

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

---

Broad Search
Narrow Search

Type of Client
 Individual
 Organization

**Other Search Strategies**

EIN Search

DOB Search

Primary Clinician Search

Authorization ID / #

Phone # Search

Master Client ID Search

Client ID Search

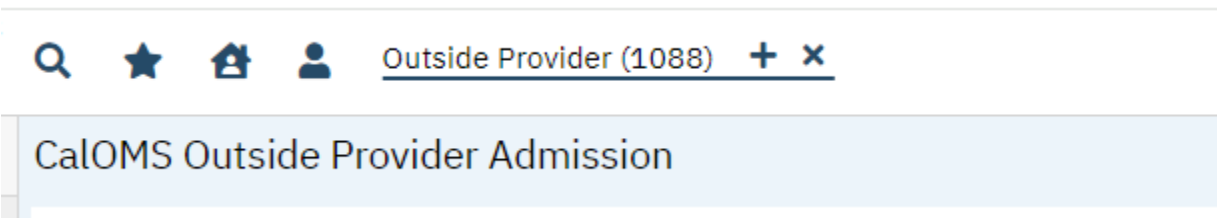
Insured ID Search

**Records Found**

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
1088	1088	Outside Provider		22222...		Active		

Select
Cancel

This will open the 'CalOMS Outside Provider Admission' document. You will see this screen name at the top of the screen along with the name you just typed in the Organization Name field in the Client Search.



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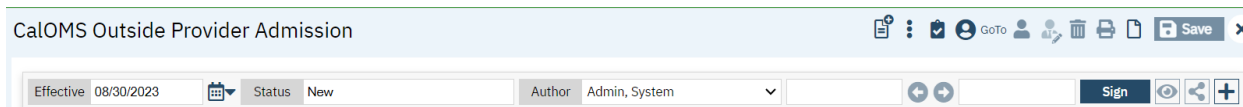
v.7.9.2024

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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	
<b>CalOMS Admission</b>			
Admission Date	<input type="text"/>	Admission Transaction Type	<input type="text"/>
Provider ID	<input type="text"/>	Program	<input type="text"/>
Provider's Participant ID	<input type="text"/>	County of Submission	<input type="text"/>
Date of Birth	<input type="text"/>		
What is the client's current first name?	<input type="text"/>	What is the client's current last name?	<input type="text"/>
What is the client's social security number?	<input type="text"/>	If the client does not have a SSN, provide a reason	<input type="text"/>
Form Serial Number	<input type="text"/>	<b>Generate</b>	
How many days was the client on a waiting list before being admitted to this treatment program? Allowed values: 0-999, 99901, 99904	<input type="text"/>		
What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated? Allowed values: 0-999, 99900, 99901, 99904	<input type="text"/>		
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?	<input type="text"/>		
What is the special services contract ID number under which the client's services were provided? Allowed values: 0000-9999	<input type="text"/>		
Is the client a CalWorks recipient?	<input type="text"/>	Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?	<input type="text"/>
What is the client's principal source of referral?	<input type="text"/>	What is the client's gender?	<input type="text"/>
What is the client's birth first name?	<input type="text"/>	What is the client's birth last name?	<input type="text"/>
Zip Code at Current Residence Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ	<input type="text"/>	What is the client's state of birth if born within the United States?	<input type="text"/>
What is the client's county of birth if born in California?	<input type="text"/>	What is the client's driver's license number or state ID card number? Allowed values: 13 digit ID, 99900, 99902, 99904	<input type="text"/>
For which state does the client have a valid driver's license or state ID card?	<input type="text"/>	What is the first name of the client's mother, or individual the client considers to be their mother?	<input type="text"/>
What is the client's race?	<input type="checkbox"/> White / Caucasian <input type="checkbox"/> Black / African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native	What is the client's ethnicity?	<input type="text"/>
Is the client a U.S. veteran?	<input type="text"/>	What type of disability/disabilities does the client have, if any?	<input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Mobility
Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?	<input type="text"/>	Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	<input type="text"/>

- 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 – Enter the DOB for the client/patient you are documenting the Admission for.
  - This is a required field.
- What is the client's current first name? - Enter the first name of the client/patient you are documenting the Admission for.
  - Max 20 Characters
  - **This is a required field.**
- What is the client's current last name? - Enter the last name of the client/patient you are documenting the Admission for.
  - Max 40 Characters
  - **This is a required field.**
- What is the client's social security number? - Enter the SSN of the client/patient you are documenting the Admission for.
  - 9 digits required.
  - If the dropdown is null, then the text is required.
- If the client does not have a SSN, provide a reason-
  - User can select
    - Client declines to state
    - None or not applicable
    - Client unable to answer
  - This is a required field if the text is null.
- Form Serial Number - Click the Save tool in the Toolbar at the top right of the screen. Then click the Generate Button next to the Form Serial Number field.
  - This is a read only field.
  - This will initialize to the TEDS Episode>Episode Number.
  - **This is a required field.**

Effective 07/09/2024 Status In Progress Author Admin, System

Admission SUD, Medical & Mental Health

**CalOMS Admission**

Admission Date	07/09/2024	Admission Transaction Type	Initial Admission
Provider ID	10	Program	CalOMS ODS Group
Provider's Participant ID	3524	County of Submission	Glenn
Date of Birth	02/02/1992		
What is the client's current first name?	Katie	What is the client's current last name?	Smith
What is the clients social security number?	999552211	If the client does not have a SSN, provide a reason	
Form Serial Number	E1000605	<b>Generate</b>	

How many days was the client on a waiting list before being admitted to this treatment program?  
Allowed values: 0, 999, 9991, 9994

- How many days was the client on a waiting list before being admitted to this treatment program?
  - Allowed values
    - 0-999
    - 99901 – Use when Not sure/don't know
    - 99904 – Use when client is unable to answer
  - **This is a required field.**
- What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated?
  - Allowed Values
    - 0-999
    - 99900 – Use when client declined to state
    - 99901 – Use when Not sure/don't know
    - 99904- Use when client is unable to answer
  - **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
- 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
  - This is a required field.
- What is the special services contract ID number under which the client's services were provided?
  - Allowed values
    - 0000-9999 or
    - 99902 None or not applicable
  - 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
- 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
- **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?
  - Allowable values to enter:
    - 13 digit ID
      - A valid ID # is required if user selected a state in previous question.
    - 99900 (client declined to state)

- This can only be entered if user selected the same option in previous question.
  - 99902 (None or not applicable)
    - This can only be entered if user selected the same option in previous question.
  - 99904 (Client unable to answer)
    - This can only be entered if user selected the same option in previous question.
    - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - **This field is required.**
- 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 is required.**
- What is the first name of the client's mother, or individual the client considers to be their mother?
  - Maximum 20 Characters
  - **This field 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

- 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 type of disability/disabilities does the client have, if any?
  - User can choose multiple from the following values:
    - 1 None
    - 2 Visual
    - 3 Hearing
    - 4 Speech
    - 5 Mobility
    - 6 Mental
    - 7 Developmentally Disabled
    - 8 Other Disability (not SUD)
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - **This field is required.**
- Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?
  - User can choose from the following values:
    - 1 Heterosexual / Straight
    - 2 Lesbian (female)
    - 3 Gay (male)
    - 4 Bisexual
    - 5 Unsure / Questioning

- 6 Declined to state
  - 7 Transgender
  - **This field 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 field is required.**

### Global Codes

Field Name	Global Code Category Name
Admission Transaction Type	XCAFileType
What is the client's principal source of referral?	XCAReferralType
What is the client's state of birth if born within the United States?	XCADriverLicState
What is the client's county of birth if born in California	XCABirthCounty
For which state does the client have a valid driver's license or state ID card?	XCADriverLicState
What is the client's race?	XCARace
What is the client's ethnicity?	XCAEthnicity
Is the client a U.S. veteran?	XCATEDSVETERANSTATUS
What type of disability/disabilities does the client have, if any?	XCASUDDisability
Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?	XCASEXUALORIENTATION
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	XCACONSENT

## SUD, Medical & Mental Health Tab

### Drug and Alcohol Information

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

- What is the client's primary alcohol or drug problem?
  - User can choose from the following options:
    - 0 None
    - 1 Heroin
    - 2 Alcohol
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 5 Methamphetamine
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 8 Cocaine / Crack
    - 9 Marijuana / Hashish
    - 10 PCP
    - 11 Other Hallucinogens

- 12 Tranquilizers (Benzodiazepine)
- 13 Other Tranquilizers
- 14 Non-Prescription Methadone
- 15 OxyCodone / OxyContin
- 16 Other Opiates or Synthetics
- 17 Inhalants
- 18 Over-the-Counter
- 19 Ecstasy
- 20 Other Club Drugs
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - This cannot be used on the Admission document.
- 99903 Other, please specify
- **This field 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?
  - 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 is required.**
- What was the client's age of first use for the primary drug of abuse?
  - Allowable values
    - Any number from 5 to 105
    - 99904 Client is unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - **This field is required.**
- What is the client's secondary alcohol or drug problem?
  - User can choose from the following options:
    - 0 None
    - 1 Heroin\*
    - 2 Alcohol\*
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 5 Methamphetamine\*
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 8 Cocaine / Crack\*
    - 9 Marijuana / Hashish\*

- 10 PCP\*
- 11 Other Hallucinogens
- 12 Tranquilizers (Benzodiazepine)
- 13 Other Tranquilizers
- 14 Non-Prescription Methadone\*
- 15 OxyCodone / OxyContin\*
- 16 Other Opiates or Synthetics
- 17 Inhalants
- 18 Over-the-Counter
- 19 Ecstasy\*
- 20 Other Club Drugs
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - Only allowed for Discharges, so this option cannot be selected for an Admission record.
- 99903 Other, please specify
- User cannot select any value above with an '\*' if that is the value for 'What is the client's primary alcohol or drug problem?'
- **This field is required.**
- Please Specify:
  - This field must be completed if user selected any of the following values in the previous response:
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 11 Other Hallucinogens
    - 12 Tranquilizers (Benzodiazepine)
    - 13 Other Tranquilizers

- 16 Other Opiates or Synthetics
- 17 Inhalants
- 18 Over-the-Counter
- 20 Other Club Drugs
- 99903 Other, please specify
- Text must be at least 2 characters, but limited to 50 characters
- This field will not show if user selects any of the following in the previous question
  - 0 None
  - 1 Heroin
  - 2 Alcohol
  - 5 Methamphetamine
  - 8 Cocaine / Crack
  - 9 Marijuana / Hashish
  - 10 PCP
  - 14 Non-Prescription Methadone
  - 15 OxyCodone / OxyContin
  - 19 Ecstasy
  - 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
    - Only allowed for discharge records, so this option cannot be selected for an Admission record.
- How many days in the past 30 days has the client used the secondary drug of abuse?
  - Allowable values are:
    - Any number from 0-30
    - 99902 (None or Not Applicable)
      - This value is only valid if user selected 'None' for 'What is the client's primary alcohol or drug problem?'
  - If user selected '0 None' for Secondary Alcohol or Drug problem, then this will default to 99902 and become Read Only.
  - **This field is required.**

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- What is the client's usual route of administration they use most often for the secondary drug of abuse?
  - User can choose from the following values:
    - 1 Oral
    - 2 Smoking
    - 3 Inhalation
    - 4 Injection (IV or intramuscular)
    - 99902 None or not applicable
      - This value is only valid if user selected 'None' for 'What is the client's secondary alcohol or drug problem?'
    - 99903 Other
  - If 'What is the client's secondary alcohol or drug problem?' = Inhalants, then this field will default to 3 Inhalation.
  - If 'What is the client's secondary alcohol or drug problem?' = Alcohol, then this field will default to 1 Oral.
  - If 'What is the client's secondary alcohol or drug problem?' = None, then this field will default to 99902 None or Not applicable.
  - **This field is required.**
- What was the client's age of first use for the secondary drug of abuse?
  - Allowable values
    - Any number from 5 to 105
    - 99904 Client is unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - If Client's secondary alcohol or drug problem is '0 None', then this will default to 99902 and be read only.
  - **This field is required.**
- How many days in the past 30 days has the client used alcohol?
  - Allowable values
    - Any number from 0-30
    - 99902 (None or Not Applicable)

- If client’s primary or secondary alcohol or drug problem = 2 Alcohol, then this will default to 99902 and become Read Only.
- **This field is required.**
- How many days has the client used needles to inject drugs in the past 30 days?
  - Allowable values
    - Any number from 0-30
    - 99900 (Client declined to state)
    - 99904 (Client is unable to answer)
      - This response is not valid if user selects anything other than ‘Developmentally Disabled’ for ‘What type of disability does the client have, if any?’
  - This field will be hidden for any client less than 18 years of age.
  - **This field is required.**
- Has the client used needles to inject drugs in the past twelve months?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than ‘Developmentally Disabled’ for ‘What type of disability does the client have, if any?’
  - If user entered anything other than 0, 99900, 99904 in the previous field, this field will default to ‘Yes’ and become Read Only.
  - If user entered ‘4 Injection’ for Primary or Secondary drug use AND entered 1 or higher for the previous field, then this field will default to ‘Yes’ and become Read Only.
  - **This field is required.**

**Global Codes**

Field Name	Global Code Category Name
What is the client’s primary alcohol or drug problem?	XCAClientPrimary

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What is the client’s usual route of administration they use most often for their primary drug of abuse?	XCASUDPrimaryDrug
What is the client’s secondary alcohol or drug problem?	XCAClientPrimary
What is the client’s usual route of administration they use most often for the secondary drug of abuse?	XCASUDPrimaryDrug

### Employment Information

**Employment Information**

---

What is the client’s current employment status?

How many days was the client paid for working in the past 30 days?  
Allowed values: 0-30, 99900, 99904

Is the client currently enrolled in school?

Is the client currently enrolled in a job training program?

What is the client’s highest school grade completed?  
Allowed values: 0-30, 99900, 99904

- 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?'
  - **This field is required.**
- How many days was the client paid for working in the past 30 days?
  - Allowable values
    - Any number from 0-30
    - 99900 (Client declined to state)
    - 99904 (Client is unable to answer)
  - 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?'
  - **This field is required.**
- Is the client currently enrolled in a job training program?
  - User can choose from the following values:
    - 1 Yes
    - 0 No

- 99900 Client declined to state
- 99904 Client unable to answer
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This field will not show if the client is less than 18 years of age at time of admission.
- **This field is required.**

### Global Codes

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

### Legal Information

**Legal Information**

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<p>What is the client's criminal justice status? <input style="width: 100%;" type="text"/></p>	<p>What is the client's CDCR Identification Number? Allowed values: 6 digit string, 99900, 99901, 99902, 99904 <input style="width: 100%;" type="text"/></p>
<p>How many times has the client been arrested in the past 30 days? Allowed values:0-30, 99904 <input style="width: 100%;" type="text"/></p>	<p>How many days has the client been in jail in the past 30 days? Allowed values:0-30, 99904 <input style="width: 100%;" type="text"/></p>
<p>How many days has the client been in prison in the past 30 days? Allowed values:0-30, 99904 <input style="width: 100%;" type="text"/></p>	<p>Is the client a parolee in the Parolee Services Network (PSN)? <input style="width: 100%;" type="text"/></p>
<p>Is the client a parolee in the Female Offender Treatment Program (FOTP)? <input style="width: 100%;" type="text"/></p>	<p>What is the client's FOTP Priority Status? <input style="width: 100%;" type="text"/></p>

- 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?'
  - This field will be hidden if client is less than 18 years of age at time of admission.
  - **This field is required.**
- Is the client a parolee in the Parolee Services Network (PSN)?
  - User can choose from the following values:

- 1 Yes
- 0 No
- 99904 Client unable to answer
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This field will be hidden if client is under 18 years of age.
- This field will default to 0 No and become Read Only when document is associated with any of the following counties:
  - Alameda
  - Contra Costa
  - Fresno
  - Kern
  - Los Angeles
  - Marin
  - Napa
  - Orange
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Francisco
  - San Mateo
  - Santa Clara
  - Solano
  - Sonoma
- **This field is required.**
- Is the client a parolee in the Female Offender Treatment Program (FOTP)?
  - User can choose from the following values:

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- 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

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

### Medical/Physical Health Information

**Medical/Physical Health Information**

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<p>Is the client a Medi-Cal Beneficiary? <input style="width: 100%;" type="text"/></p> <p>What medication is prescribed as part of treatment? <input style="width: 100%;" type="text"/></p> <p>Has the client been diagnosed with Hepatitis C? <input style="width: 100%;" type="text"/></p> <p>Has the client been tested for HIV/AIDS? <input style="width: 100%;" type="text"/></p> <p>How many times has the client visited an emergency room in the past 30 days for physical health problems? Allowed values: 0-99, 99904 <input style="width: 100%;" type="text"/></p> <p>How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? Allowed values: 0-99, 99904 <input style="width: 100%;" type="text"/></p> <p>How many days in the past 30 days has the client experienced physical health problems? Allowed values: 0-99, 99904 <input style="width: 100%;" type="text"/></p>	<p>If the client is not male, is the client pregnant at time of admission? <input style="width: 100%;" type="text"/></p> <p>Has the client been diagnosis with Tuberculosis? <input style="width: 100%;" type="text"/></p> <p>Has the client been diagnosed with any sexually transmitted diseases? <input style="width: 100%;" type="text"/></p> <p>Does the client have the results of the HIV/AIDS test? <input style="width: 100%;" type="text"/></p>
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- Is the client a Medi-Cal Beneficiary?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - **This 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
  - **This field is required.**
- Has the client been diagnosis with Tuberculosis?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**
- Has the client been diagnosed with Hepatitis C?
  - User can choose from the following values:
    - 1 Yes
    - 0 No

- 99900 Client declined to state
- 99904 Client unable to answer
  - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- If client age is less than 18 years old, this field is hidden.
- **This field is required.**
- Has the client been diagnosed with any sexually transmitted diseases?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**
- Has the client been tested for HIV/AIDS?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - If client age is less than 18 years old, this field is hidden.
  - **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.
- **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?'
  - 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

### Mental Health Information

**Mental Health Information**

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Has the client ever been diagnosed with a mental illness?

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

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

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

- Has the client ever been diagnosed with a mental illness?
  - User can choose from following values:
    - 1 Yes
    - 0 No
    - 99901 Not sure / don't know
  - **This field is required.**
- In the past 30 days, has the client taken prescribed medication for mental health needs?
  - User can choose from the following values:

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- 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?
  - 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.**

## Family/Social Information

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

- What is the client's current living arrangement?
  - User can choose from the following values:
    - 1 Homeless
    - 2 Dependent living
    - 3 Independent living
  - **This field is required.**
- How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
  - Allowable values
    - Any number from 0 to 30
    - 99900 (client declined to state)
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - If client age is less than 18 years old, this field is hidden.
  - **This field is required.**

- How many days in the past 30 days had the client had serious conflicts with members of the family?
  - Allowable values
    - Any number from 0 to 30
    - 99900 (client declined to state)
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - 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 is required.**
- How many children does the client have age 5 or younger?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - If client age is less than 18 years old, this field is hidden.
  - **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 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

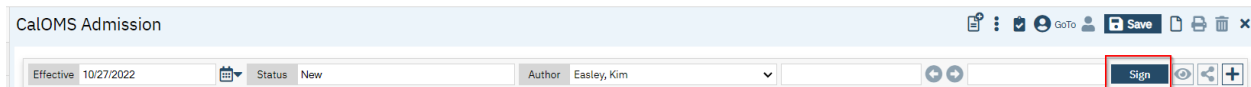
### Completing the CalOMS Outside Provider Admission Document

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.

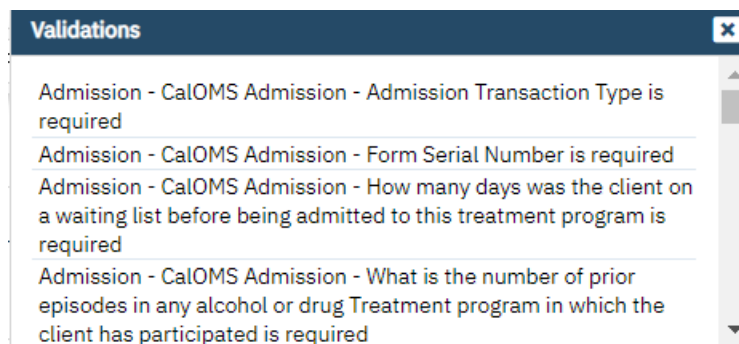
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However, keep in mind that if the CalOMS Outside Provider Admission document is not signed information will not initialize into the client record, where applicable. To sign the document, it is not required that you save it first. Signing will both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

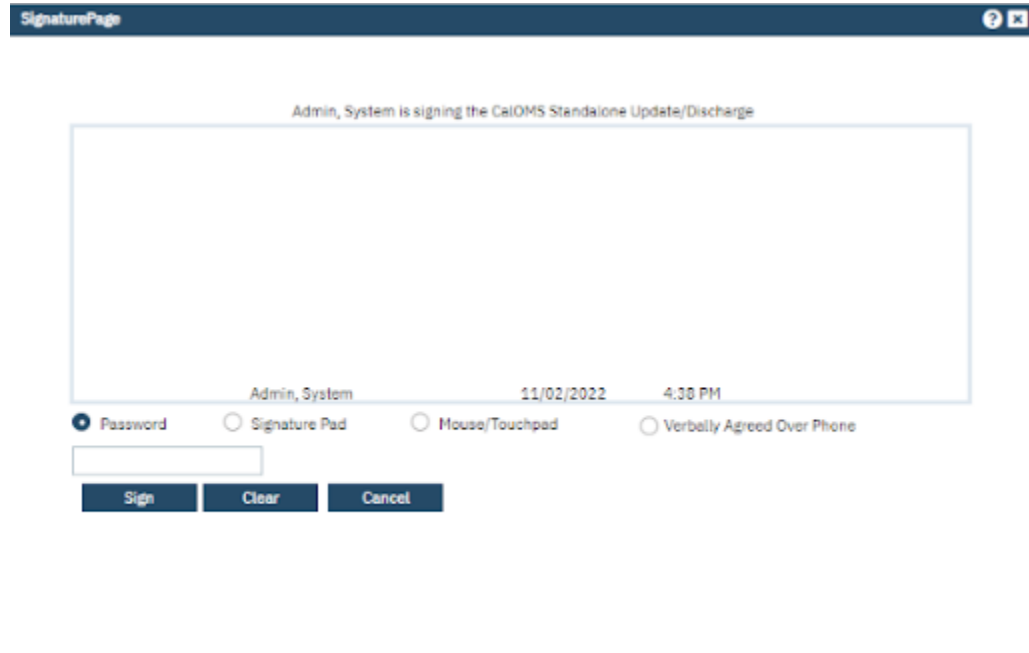


When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.



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 the field and it will prepopulate in the table for this document to be sent for reporting to the accurate county.

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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