



User Guide: CalOMS Outside Provider Update/Discharge

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(California)

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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.

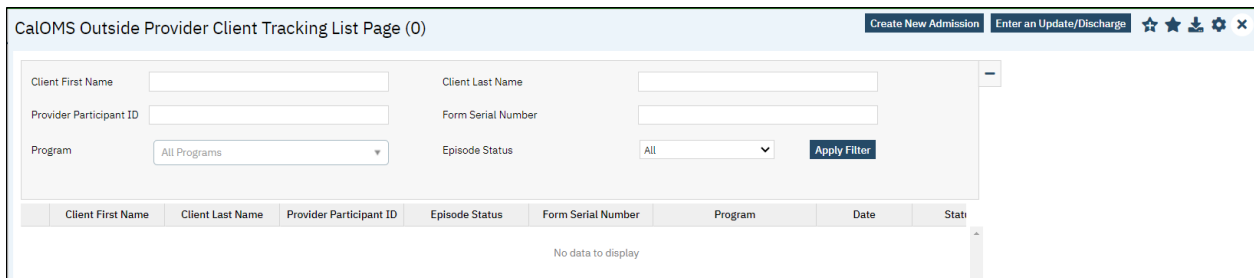
Navigating to and Creating the CalOMS Outside Provider Update/Discharge Document From Search

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.



The screenshot shows the 'CalOMS Outside Provider Client Tracking List Page (0)'. At the top right, there are buttons for 'Create New Admission' and 'Enter an Update/Discharge', along with icons for favorites, download, settings, and close. The main area contains several input fields: 'Client First Name', 'Client Last Name', 'Provider Participant ID', 'Form Serial Number', 'Program' (with a dropdown menu set to 'All Programs'), and 'Episode Status' (with a dropdown menu set to 'All'). An 'Apply Filter' button is located to the right of the 'Episode Status' dropdown. Below the input fields is a table with the following columns: Client First Name, Client Last Name, Provider Participant ID, Episode Status, Form Serial Number, Program, Date, and Status. The table currently displays 'No data to display'.



Use the Filters to search for the name, participant ID, FSN, or Program of the client/patient you want to enter the Update or Discharge record for. Click the 'Apply Filter' button and the list page will display the results based on the filters and your user permissions.

Select the checkbox for the record in the list you wish to complete the update/discharge for.

	Client First Name	Client Last Name	Provider Participant ID	Episode Status	Form Serial Number	Program	Date	Status
<input checked="" type="checkbox"/>	test	test	141414	Active	D0100004	CSI_TEDS	08/30/2023	Signed

Enter an Update/Discharge

Select the Enter an Update/Discharge () in the toolbar.

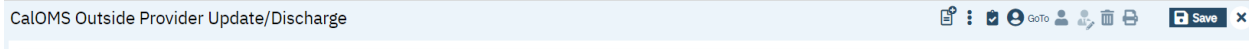
The CalOMS Outside Provider Update/Discharge document will open.

Select the CDAG Program Enrollment.

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.



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.

CalOMS Information		SUD, Medical & Mental Health	
CalOMS Information			
Provider ID	<input type="text" value="1231"/>	Transaction Type	<input type="text"/>
Program	<input type="text" value="CSI_TEDS"/>	Form Serial Number	<input type="text" value="D0100004"/>
Provider's Participant ID	<input type="text" value="141414"/>	Date of Birth	<input type="text" value="06/18/2000"/>
What is the client's current first name?	<input type="text" value="test"/>	What is the client's current last name?	<input type="text" value="test"/>
What is the clients social security number?	<input type="text" value="131414141"/>	If the client does not have a SSN, provide a reason	<input type="text"/>
Discharge			
Discharge Date	<input type="text"/>	Discharge Status	<input type="text"/>
Annual Update			
Annual Update Date	<input type="text"/>	Annual Update Number	<input type="text" value="1"/>
General			
Admission Date	<input type="text" value="08/30/2023"/>	County of Submission	<input type="text" value="Alameda"/>
What is the client's birth first name?	<input type="text" value="test"/>	What is the client birth last name?	<input type="text" value="test"/>
What is the client's gender?	<input type="text" value="Male"/>	Zip Code at Current Residence Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ	<input type="text" value="33333"/>
What is the client's state of birth if born within the United States?	<input type="text" value="Alabama"/>	What is the client's county of birth if born in California	<input type="text" value="Other (born outside Cal)"/>
For which state does the client have a valid driver's license or state ID card?	<input type="text" value="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	<input type="text" value="99900"/>
What is the first name of the client's mother, or individual the client considers to be their mother?	<input type="text" value="test"/>	What type of disability/disabilities does the client have, if any?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Mobility
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	<input type="text" value="Yes"/>		

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CalOMS General Tab

CalOMS Information

CalOMS Information

Provider ID	<input type="text" value="1231"/>	Transaction Type	<input type="text" value=""/>
Program	<input type="text" value="CSI_TEDS"/>	Form Serial Number	<input type="text" value="D0100004"/>
Provider's Participant ID	<input type="text" value="141414"/>	Date of Birth	<input type="text" value="06/18/2000"/>
What is the client's current first name?	<input type="text" value="test"/>	What is the client's current last name?	<input type="text" value="test"/>
What is the clients social security number?	<input type="text" value="131414141"/>	If the client does not have a SSN, provide a reason	<input type="text" value=""/>

- 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-
 - This field is read only.
 - Displays the TEDS>Episode Number
 - **This is a required field.**

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- Provider's Participant ID-
 - Allowed values
 - 20 Character Alpha Numeric.
 - Can include A-Z, a-z, 0-9, blank or hyphen.
 - 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.
 - 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
- 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

Discharge

Discharge


Discharge Date  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
 - 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)

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- 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

Annual Update

Annual Update	
Annual Update Date	<input type="text"/> 
Annual Update Number	<input type="text" value="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.

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General Information

General			
Admission Date	<input type="text" value="08/30/2023"/>	County of Submission	<input type="text" value="Alameda"/>
What is the client's birth first name?	<input type="text" value="test"/>	What is the client birth last name?	<input type="text" value="test"/>
What is the client's gender?	<input type="text" value="Male"/>	Zip Code at Current Residence Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ	<input type="text" value="33333"/>
What is the client's state of birth if born within the United States?	<input type="text" value="Alabama"/>	What is the client's county of birth if born in California	<input type="text" value="Other (born outside Cal)"/>
For which state does the client have a valid driver's license or state ID card?	<input type="text" value="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	<input type="text" value="99900"/>
What is the first name of the client's mother, or individual the client considers to be their mother?	<input type="text" value="test"/>	What type of disability/disabilities does the client have, if any?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Mobility
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	<input type="text" value="Yes"/>		

- Admission Date
 - 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?

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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.
 - 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
 - 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
 - 08 Del Norte
 - 09 El Dorado
 - 10 Fresno
 - 11 Glenn
 - 12 Humboldt
 - 13 Imperial
 - 14 Inyo

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- 15 Kern
- 16 Kings
- 17 Lake
- 18 Lassen
- 19 Los Angeles
- 20 Madera
- 21 Marin
- 22 Mariposa
- 23 Mendocino
- 24 Merced
- 25 Modoc
- 26 Mono
- 27 Monterey
- 28 Napa
- 29 Nevada
- 30 Orange
- 31 Placer
- 32 Plumas
- 33 Riverside
- 34 Sacramento
- 35 San Benito
- 36 San Bernardino
- 37 San Diego
- 38 San Francisco
- 39 San Joaquin
- 40 San Luis Obispo

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- 41 San Mateo
- 42 Santa Barbara
- 43 Santa Clara
- 44 Santa Cruz
- 45 Shasta
- 46 Sierra
- 47 Siskiyou
- 48 Solano
- 49 Sonoma
- 50 Stanislaus
- 51 Sutter
- 52 Tehama
- 53 Trinity
- 54 Tulare
- 55 Tuolumne
- 56 Ventura
- 57 Yolo
- 58 Yuba
- This field will initialize from 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

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- 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.
 - 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?

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- Maximum 20 Characters
- 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
 - 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:

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- 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?	XCASUDDisability
Birth State	XCADriverLicState
Birth County	XCABirthCountry

SUD, Medical & Mental Health Tab

Drug and Alcohol Information

Drug and Alcohol Information

<u>Primary Drug Information</u>	<u>Secondary Drug Information</u>
What is the client’s primary alcohol or drug problem? <input type="text" value="Alcohol"/>	What is the client’s secondary alcohol or drug problem? <input type="text" value="None"/>
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" value="Oral"/>	What is the client’s usual route of administration they use most often for the secondary drug of abuse? <input type="text" value="None or not applicable"/>
Additional Drug Information	
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"/>	

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- 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)
 - 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
 - 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

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- 14 Non-Prescription Methadone
- 15 OxyCodone / OxyContin
- 19 Ecstasy
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
 - This cannot be used on the admission document.
- This field will initialize from 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
 - 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

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

Employment Information

Employment Information

What is the client's current employment status? 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 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).

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- 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
 - 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.

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- **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 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
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)

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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?'
 - **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?'
 - 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?'
 - This field will be hidden if client is less than 18 years of age at time of admission.
 - **This is a required field.**

Medical/Physical Health Information

Medical/Physical Health Information

Has the client been tested for HIV/AIDS? Does the client have the results of the HIV/AIDS test?

If the client is not male, has the client been pregnant at the time during treatment?

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

How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? Allowed values: 0-99, 99904

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

- 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.
 - 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

- 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
 - 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="Independent Living"/>
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"/>
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"/>
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="0"/>
How many children does the client have age 5 or younger? Allowed values: 0-30, 99904	<input type="text" value="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	<input type="text" value="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	<input type="text" value="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?	<input type="text"/>

- 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/Discharge 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?
 - 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.

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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.**
- 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 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

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- 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?
 - 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

Completing the CalOMS Outside Provider Update/Discharge Document

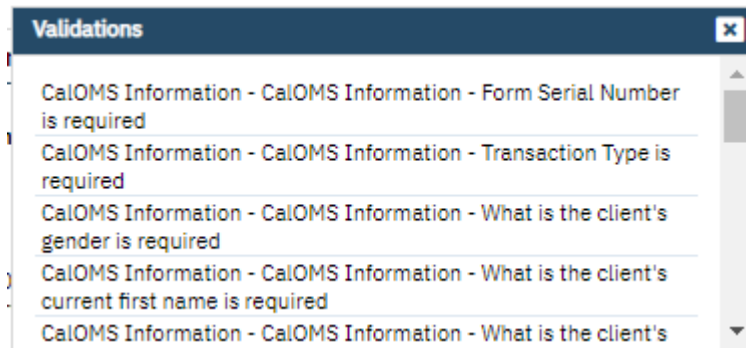
Now, you have two options: sign or save. If there is a compelling reason not to complete and sign the document, it can be saved and returned to at a later time by clicking the save button in the toolbar.



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.

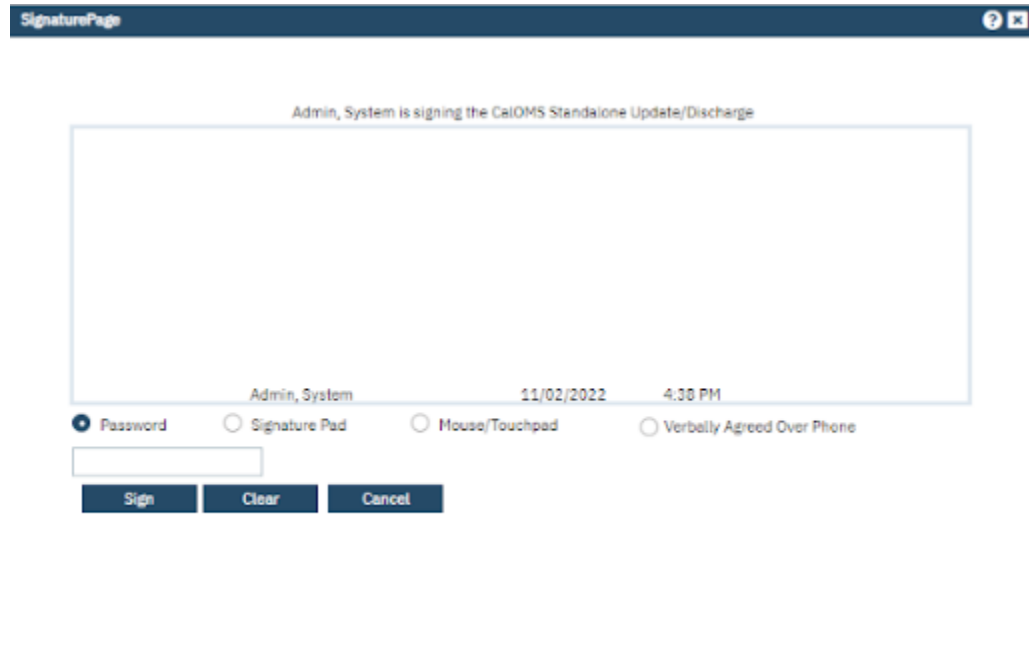
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When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.



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.

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



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

Set-Up Considerations (Administrative Purpose)

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

Configuration Keys

Field Name	Configuration Key Category Name
County of Submission	XsetCountyCodeForCaliforniaStateReporting

If your organization only provides services to clients within ONE county, then you should enter the County Code as defined by your state here. If nothing is entered, then on the form, user will be required to select the County every time. If something is entered here, then user will not see

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

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

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

Permissions

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