



# User Guide: CalOMS SUD Service Registration

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## User Guide: CalOMS SUD Service Registration

### General Information

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

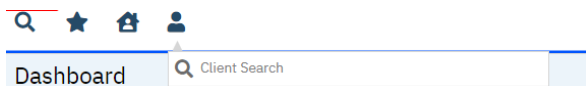
- Enroll client into the appropriate program
- Complete and sign the SUD Service Registration Document if this is clients first program admission at your organization, or first program they are returning to after fully discharging from your organization.

### Navigating to and Creating the CalOMS SUD Service Registration Document

#### From the Client Search or Quick link

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

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



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

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

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

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

The screenshot shows the 'Client Search' interface. At the top, there is a 'Clear' button. Below it, the 'Name Search' section includes checkboxes for 'Include Client Contacts' and 'Only Include Active Clients (Checking will not allow option to create new Client)'. There are 'Broad Search' and 'Narrow Search' buttons, and a 'Type of Client' section with radio buttons for 'Individual' (selected) and 'Organization'. Input fields for 'Last Name' (containing 'Test'), 'First Name' (containing 'Amber'), and 'Program' are visible. The 'Other Search Strategies' section contains several search buttons and input fields: 'SSN Search' (with fields for 456, 74, 1234), 'DOB Search' (with field for 07/19/1980 and a calendar icon), 'Primary Clinician Search' (with a dropdown arrow), 'Authorization ID / #' (with an empty field), 'Phone # Search' (with an empty field), 'Master Client ID Search' (with an empty field), 'Client ID Search' (with an empty field), and 'Insured ID Search' (with an empty field).

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

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

**Client Search** [?] [X]

Clear

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

**Broad Search** **Narrow Search** Type of Client  Individual  Organization

Last Name  First Name  Program

**Other Search Strategies**

**SSN Search**    **Phone # Search**

**DOB Search**   **Master Client ID Search**

**Primary Clinician Search**  **Client ID Search**

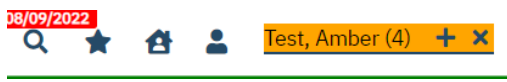
**Authorization ID / #**  **Insured ID Search**

**Records Found**

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

[Select] [Cancel]

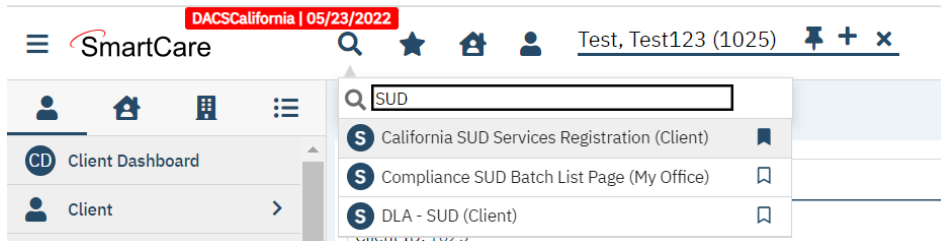
Click the 'Select' button to open the existing client. Once the client has been opened, you will note that there is a new tab open with the client's name and ID displayed.



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



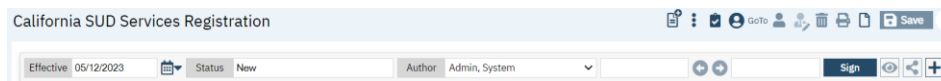
By using the magnifying glass to search for the CalOMS SUD Service Registration document you can search by typing SUD and you will be displayed with options below. Select 'California SUD Service Registration(Client)' to open CalOMS SUD Service Registration Document.



## CalOMS SUD Service Registration Document

### General

Under the CalOMS SUD Service Registration Document label, note the information pertaining to the status of the document.



We will explore these fields more thoroughly when completing the CalOMS SUD Service Registration 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 SUD Service Registration document is broken out into below possible tabs:

- Program
- Episode
- General
- Demographic and Client Information

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- SUD, Medical & Mental Health
- Diagnosis
- Client Contacts
- Insurance
- Auth Request
- Forms and Agreements

In completing your client’s CalOMS SUD Service Registration document, you will navigate across the tabs, left to right, beginning with General, 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 SUD Service Registration, 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.

## Program Tab

### Program Enrollment

**Program Enrollment**

Primary Program

Status

Assigned Staff

Requested Date

Enrolled Date

Comment

[Add Program Details](#) [Clear](#)

Program	Status	Assigned Staff	Requested Date	Enrolled Date
---------	--------	----------------	----------------	---------------

No data to display

- Primary Program - select a Program that the client is to be assigned. This will display the Program names the user has permissions to.
  - At least one program assignment is required
- Status - indicate the program assignment status
  - This is a required field. The user can select from the following values
    - Requested

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- Enrolled

- Assigned Staff - select a staff for the assigned program
- Requested Date - If the program assignment status is requested, indicate a requested date.
- Enrolled Date - if the program assignment is enrolled, indicate the enrolled date
- Comment - provide comments as needed
- Add Program Details - click the button to insert the entered program details into the grid below.

### Episode Tab

#### Case Information

Following the completion of the first SUD Services Registration, all future SUD Services Registrations completed within the episode this section will be read only.

Case Information	
Initial Referral/Screening Date	<input type="text"/>
Registration Date	<input type="text"/>
Information	Registration Comment
<input type="text"/>	<input type="text"/>

- Initial Referral/Screen Date - indicate the date of the initial referral.
- Registration Date - indicated the registration date
- Information - this is a ready only field of episode information
- Registration Comment - provide comments as needed

#### CalOMS Episode Information

All of the fields in this section are required for CalOMS Admissions

CalOMS Episode Information					
County of Submission	<input type="text"/>	Transaction Type	<input type="text"/>	CalOMS Program/FSN	<input type="text"/>
Request Date	<input type="text"/>	First Service Date	<input type="text"/>		
Referral type	<input type="text"/>	Referral Sub-type	<input type="text"/>		
How many days was the client on a waiting list before being admitted to this treatment program?	<input type="text"/>	<input type="checkbox"/>	Not sure / don't know	<input type="checkbox"/>	Client unable to answer
What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated?	<input type="text"/>	<input type="checkbox"/>	Not sure / don't know	<input type="checkbox"/>	Client unable to answer
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?	<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"/>				

- County of Submission - select the county that the CalOMS data will be reported to
- Transaction Type - select the type of CalOMS transaction  
Select from the following values

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- Admission
- Transfer or Change in Services
- CalOMS Program/FSN - this will display a list of enrolled CalOMS programs and the associated FSN.
- Request Date - indicate the date the request for services was received.
- First Service Date - indicate the first date of services
- Referral Type - indicate the type of referral
- Referral Sub-typ - as applicable, select a referral subtype
- How many days was the client on a waiting list before being admitted to this treatment program? - indicate how many days the client was on a waitlist
- What is the number of prior episodes in any alcohol or drug treatment program in which the client has participated? - indicate the number of previous episodes.
- Is there a consent form allowing future possible contact, signed by the client, on file within your agency? - indicate Yes or No if there is signed consent on file. This field is hidden for client under the age of 18.
- 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? - Indicate another county services may be provided on behalf of.

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### Referral Resource and Referral Reason

Referral Resource				
Referral Date	<input type="text"/>	Referral Source	<input type="text"/>	
Type of Provider	<input type="text"/>	Provider Name	<input type="text"/>	
Organization Name	<input type="text"/>		Phone	<input type="text"/>
First Name	<input type="text"/>		Last Name	<input type="text"/>
Address Line 1	<input type="text"/>		Address Line 2	<input type="text"/>
City	State	<input type="text"/>	ZIP	<input type="text"/>
Email	<input type="text"/>			
Comments	<input type="text"/>			

Referral Reason	
Reason for Referral 1	<input type="text"/>
Reason for Referral 2	<input type="text"/>
Reason for Referral 3	<input type="text"/>
Comment	<input type="text"/>

- These sections are optional for collecting additional referral information.



## General Tab

### General Information

**General Information**

Type of Client  Individual  Organization

Client ID 229 SSN 9999 Modify... Unable to Obtain SSN Reason ▼

Primary Care Coordinator ▼ Medical Provider ▼

Prefix ▼ E-Mail ▼  Active Professional Suffix ▼

First Name Client First Name at Birth ▼  Same as current first name

Last Name Test Last Name at Birth ▼  Same as current last name

Middle Name ▼ Middle Name at Birth ▼  Same as current middle name

Suffix ▼ Suffix at Birth ▼  Same as current suffix

Is the client a Medi-Cal beneficiary?  Yes  No  Client Unable to Answer Medi-Cal ID ▼

---

**Phone Numbers**

Home	<span style="border: 1px solid #ccc; padding: 2px;">▼</span> <span style="border: 1px solid #ccc; padding: 2px;">▼</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Business	<span style="border: 1px solid #ccc; padding: 2px;">▼</span> <span style="border: 1px solid #ccc; padding: 2px;">▼</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home 2	<span style="border: 1px solid #ccc; padding: 2px;">▼</span> <span style="border: 1px solid #ccc; padding: 2px;">▼</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Business 2	<span style="border: 1px solid #ccc; padding: 2px;">▼</span> <span style="border: 1px solid #ccc; padding: 2px;">▼</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Addresses**

Home ▼

Billing Details... [History](#)

Client unable to answer

**Comment**

List any special needs or considerations important to note about the client

- Type of Client - This is a readonly field and gets initialized from client information. This represents whether the client is an individual or an organization.
- Client ID - This is a readonly field and gets initialized based on the client selected.
- SSN - This is a readonly field. It applies similar logic to what core registration document is using. The user can modify it by clicking on the modify button.
- Unable to Obtain Reason - The user should provide a reason why Social Security Number is not provided.  
User can select one of the following values:
  - Client Declines
  - None or not applicable
  - Client unable to answer
  - Initialize from most recently CalOMS Registration document
  - This is a required field when SSN is not provided.
- Primary Care Coordinator - This field is initialized from the registration document -> General -> primary care coordinator.

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- **This is a required field.**
- Medical Provider - This field is initialized from registration document->General->Medical Provider.
  - **This is a required field.**
- Prefix - This field is initialized from the registration document->General->Prefix.
  - **This is a required field.**
- E-Mail . This field is initialized from the registration document->General->EMail.
  - **This is a required field.**
- Active Checkbox - This checkbox is used to make the E-Mail Active or Deactive
- Professional Suffix - The field is initialized from the registration document->General->Professional Suffix.
- First Name - Initialize from Client Information > General > First Name.
  - **This is a required field.**
- First Name at Birth - Initialize First Name at Birth from most recently signed CalOMS Registration, Enrollment, Update/Discharge.
- Same as current first name - If checkbox is selected, initialize Current First Name into Birth First Name field and make the field non editable/read only. Field may only be editable upon deselecting the checkbox.
- Last Name - Initialize from Client Information > General > Last Name
  - **This is a required field.**
- Last Name at Birth - Initialize Last Name at Birth from most recently signed CalOMS Registration, Enrollment, Update/Discharge.
- Same as current last name - If checkbox is selected, initialize Current Last Name into Birth Last Name field and make the field non editable/read only. Field may only be editable upon deselecting the checkbox.
- Middle Name - Initialize from Client Information>General>Middle Name
  - **This is a required field.**
- Middle Name at Birth - Initialize Middle Name at Birth from most recently signed CalOMS Registration, Enrollment, Update/Discharge.
- Same as current Middle Name - If a checkbox is selected, initialize current middle name into birth middle Name field and make the field non editable/read only. Field may only be editable upon deselecting the checkbox.
- Suffix - Initialize from Client Information>General > Suffix

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- Suffix at Birth - Initialize Suffix at Birth from most recently signed CalOMS Registration, Enrollment, Update/Discharge.
- Same as current Suffix - If the checkbox is selected, initialize current suffix into suffix st birth field and make the field non editable/read only. Field may only be editable upon deselecting the checkbox.
- Is the client a Medi-Cal beneficiary?
  - Allowed values
    - Yes
      - If the client has an active coverage plan WHERE plan > this is a Medicaid Plan = Yes THEN default Yes radio button
    - No
    - Client unable to Answer
      - It is not an allowable value based on the Type of Service the client is enrolled in. Look at the Program that is mapped to the TEDS Episode selected in Episode to Submit. If Program > Program Details > Custom Field > CalOMS Type of Service <> external code 3, 4 or 5 then validation applies
      - It is not an allowable value based on selection in "What type of disability/disabilities does the client have, if any?". If SUD Medical and Mental Health > What type of disability disabilities does the client have, if any? <> 7 (developmentally disabled) then validation applies
  - **This is a required field**
- Medi-Cal ID
- 
- Admission Transaction Type –
  - User can select one of the following values:
    - Initial Admission
    - Transfer or Change in Service
  - **This is a required field.**
- FSN (Form Serial Number) - This will show a list of Episode Number – Program Name combinations for any program enrollment that is not currently tied to a CalOMS Admission document.
  - If this is blank, be sure to enroll the client into the program and sign the Registration document to create the SmartCare Episode. If the client already has a current SmartCare Episode (i.e. enrolled in other programs where they have been receiving services without discharge from the agency), then you will only need to be sure they are enrolled in the new program for which you are completing this form.

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- **This is a required field.**
- How many days was the client on a waiting list before being admitted to this treatment program?
  - Allowed values
    - 0-999
    - 99901 – Use when Not sure/don't know
    - 99904 – Use when client is unable to answer
  - **This is a required field.**
- What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated?
  - Allowed Values
    - 0-999
    - 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?  
(If a Special Services Contract ID is provided, a county code must be provided in County Paying for Services)
  - **This is a required field.**
- What is the special services contract ID number under which the client's services were provided?  
(An ID can only be provided if County Paying for Services.)
  - Allowed Values
    - 0000-9999
    - 99902
  - **This is a conditional field.**
- Is the client a CalWorks recipient? –
  - User can select one of the following values
    - 1 Yes
    - 0 No
    - 99901 – Not Sure/Don't know
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This is a required field.**
- Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?

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- User can select one of the following values
  - 1 Yes
  - 0 No
  - 99901 – Not Sure/Don't know
- If the user selected anything other than 'Yes' in 'Is the client a CalWorks recipient?' then this field will default to 'No' and become Read Only.
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This is a required field.**
- What is the client's principal source of referral?
  - User can select one of the following values
    - 1 Individual, including self-referral
    - 2 Alcohol / Drug Abuse Program
    - 3 Other Health Care Provider
    - 4 School / Educational
    - 5 Employer / EAP
    - 6 12 Step Mutual Aid
    - 7 Probation or Parole
    - 8 Post-Release Community Supervision (AB 109)
    - 9 DUI / DWI
    - 10 Adult Felon Drug Court
    - 11 Dependency Drug Court
    - 12 Court / Criminal Justice
    - 13 Other Community Referral
    - 14 Child Protective Services
  - **This is a required field.**
- What is the client's gender?
  - User can select one of the following values
    - 1 Male
    - 2 Female
    - 99903 Other
  - **This is a required field.**
- What is the client's current first name?
  - This field will initialize from the client's first name in record if no previous CalOMS Admission document exists, otherwise it will initialize from the most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.

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- Max 20 Characters
- **This is a required field.**
- What is the client's current last name?
  - This field will initialize from the client's last name in record if no previous CalOMS Admission document exists, otherwise it will initialize from the most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.
  - Max 40 Characters
  - **This is a required field.**
- Date of Birth – This is a Read Only field. It will initialize from the client record.
- What is the client's social security number?
  - This will initialize from the client record and is read only.
- What is the client's birth first name?
  - This field will initialize from the client's first name in record if no previous CalOMS Admission document exists, otherwise it will initialize from the most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.
  - Max 20 Characters
  - **This is a required field.**
- What is the client's birth last name?
  - This field will initialize from the client's last name in record if no previous CalOMS Admission document exists, otherwise it will initialize from the most recently signed CalOMS Admission Document. It can be modified. It will not update the client record if you modify it on this form.
  - Max 40 Characters
  - **This is a required field.**
- Zip Code at Current Residence
  - Limited to 5 characters – Allowable values are below
    - Zip Code (true value)
    - 00000 (Client is unable to answer)
      - Not allowed if answer to 'What is the client's current living arrangement?' is anything other than Homeless
    - ZZZZZ (Unable to answer)
      - This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

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- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - XXXXX (Client Declined)
  - This field will initialize from the client record if no previous CalOMS Admission document exists, otherwise it will initialize from the most recently signed CalOMS Admission Document.
  - **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 Admission document, if one exists.
  - **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 Bentio
- 36 San Bernardino
- 37 San Diego
- 38 San Francisco
- 39 San Joaquin
- 40 San Luis Obispo
- 41 San Mateo
- 42 Santa Barbara
- 43 Santa Clara
- 44 Santa Cruz
- 45 Shasta
- 46 Sierra
- 47 Siskiyou
- 48 Solano
- 49 Sonoma
- 50 Stanislaus
- 51 Sutter

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- 52 Tehama
- 53 Trinity
- 54 Tulare
- 55 Tuolumne
- 56 Ventura
- 57 Yolo
- 58 Yuba
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required unless the 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 the user selected a state in the previous question.
    - 99900 (client declined to state)
      - This can only be entered if the user selected the same option in the previous question.
    - 99902 (None or not applicable)
      - This can only be entered if the user selected the same option in the previous question.
    - 99904 (Client unable to answer)
      - This can only be entered if the user selected the same option in the previous question.
      - This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2

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- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **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 the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - Any state in the list
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What is the first name of the client's mother, or individual the client considers to be their mother?
  - Maximum 20 Characters
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What is the client's race?
  - User can select multiple of the following values (up to 5 total)
    - 01 White / Caucasian
    - 02 Black / African-American
    - 03 American Indian
    - 04 Alaska Native
    - 05 Asian Indian



- 06 Cambodian
- 07 Chinese
- 08 Filipino
- 09 Guamanian
- 10 Hawaiian
- 11 Japanese
- 12 Korean
- 13 Laotian
- 14 Samoan
- 15 Vietnamese
- 16 Other Asian
- 17 Other Race
- 18 Multi Racial
- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- What is the client's ethnicity?
  - User can choose from the following values:
    - 1 Not Hispanic
    - 2 Mexican / Mexican American
    - 3 Cuban
    - 4 Puerto Rican
    - 5 Other Hispanic / Latino
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Is the client a U.S. veteran?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:

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

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- 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 signed CalOMS Admission document, if one exists.
- **This field is required.**
- Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?
  - User can choose from the following values:
    - 1 Heterosexual / Straight
    - 2 Lesbian (female)
    - 3 Gay (male)
    - 4 Bisexual
    - 5 Unsure / Questioning
    - 6 Declined to state
    - 7 Transgender
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **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 will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**

**Global Codes**

Field Name	Global Code Category Name
Admission Transaction Type	XCAFileType
What is the client's principal source of referral?	XCAReferralType
What is the client's state of birth if born within the United States?	XCADriverLicState
What is the client's county of birth if born in California	XCABirthCounty

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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

Admission SUD, Medical & Mental Health

#### Drug and Alcohol Information

##### Primary Drug Information

What is the client's primary alcohol or drug problem?

Please specify:

How many days in the past 30 days has the client used the primary drug? Allowed values: 0-30

What is the client's usual route of administration they use most often for their primary drug of abuse?

What was the client's age of first use for the primary drug of abuse? Allowed values: 5-105, 99904

##### Secondary Drug Information

What is the client's secondary alcohol or drug problem?

Please specify:

How many days in the past 30 days has the client used the secondary drug of abuse? Allowed values: 0-30, 99902

What is the client's usual route of administration they use most often for the secondary drug of abuse?

What was the client's age of first use for the secondary drug of abuse? Allowed values: 5-105, 99902

##### Additional Drug Information

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

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

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

#### 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?

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

#### Legal Information

What is the client's criminal justice status?

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

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

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

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

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

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

What is the client's FOTP Priority Status?

#### Medical/Physical Health Information

Is the client a Medi-Cal Beneficiary?

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

What medication is prescribed as part of treatment?

Has the client been diagnosis with Tuberculosis?

Has the client been diagnosed with Hepatitis C?

Has the client been diagnosed with any sexually transmitted diseases?

Has the client been tested for HIV/AIDS?

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

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

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

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

#### Mental Health Information

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



**Family/Social Information**

What is the client's current living arrangement?

How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?  
Allowed values: 0-30, 99900, 99904

How many days in the past 30 days had the client had serious conflicts with members of the family?  
Allowed values: 0-30, 99900, 99904

How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?  
Allowed values: 0-30, 99904

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

How many of the client's children age 17 and under are living with someone else because of a child protection court order?  
Allowed values: 0-30, 99904

If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated?

How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings, Other self-help meetings, Religious/faith recovery or self-help meetings, Meetings of organizations other than those listed above Interactions with family member and/or friend support of recovery?

- What is the client's 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

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- 19 Ecstasy
- 20 Other Club Drugs
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - This cannot be used on the Admission document.
- 99903 Other, please specify
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- Please specify:
  - This field must be completed if user selected any of the following values in the previous response:
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 11 Other Hallucinogens
    - 12 Tranquilizers (Benzodiazepine)
    - 13 Other Tranquilizers
    - 16 Other Opiates or Synthetics
    - 17 Inhalants
    - 18 Over-the-Counter
    - 20 Other Club Drugs
    - 99903 Other, please specify
  - Text must be at least 2 characters, but limited to 50 characters
  - This field will not show if user selects any of the following in the previous question
    - 0 None
    - 1 Heroin
    - 2 Alcohol
    - 5 Methamphetamine
    - 8 Cocaine / Crack
    - 9 Marijuana / Hashish
    - 10 PCP
    - 14 Non-Prescription Methadone
    - 15 OxyCodone / OxyContin
    - 19 Ecstasy

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- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - This cannot be used on the admission document.
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- How many days in the past 30 days has the client used the primary drug?
  - Allowable values are:
    - Any number from 0-30
    - 99902 (None or Not Applicable)
      - This value is only valid if the user selected 'None' for 'What is the client's primary alcohol or drug problem?'
  - If the user selected '0 None' for Primary Alcohol or Drug problem, then this will default to 99902 and become Read Only.
  - **This field is required.**
- What is the client's usual route of administration they use most often for their primary drug of abuse?
  - User can choose from the following values:
    - 1 Oral
    - 2 Smoking
    - 3 Inhalation
    - 4 Injection (IV or intramuscular)
    - 99902 None or not applicable
      - This value is only valid if the 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 Admission document, if one exists.
  - **This field is required.**
- What was the client's age of first use for the primary drug of abuse?
  - Allowable values
    - Any number from 5 to 105
    - 99904 Client is unable to answer



- This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- Age must be equal to or greater than the client's current age.
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- What is the client's secondary alcohol or drug problem?
  - User can choose from the following options:
    - 0 None
    - 1 Heroin\*
    - 2 Alcohol\*
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 5 Methamphetamine\*
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 8 Cocaine / Crack\*
    - 9 Marijuana / Hashish\*
    - 10 PCP\*
    - 11 Other Hallucinogens
    - 12 Tranquilizers (Benzodiazepine)
    - 13 Other Tranquilizers
    - 14 Non-Prescription Methadone\*
    - 15 OxyCodone / OxyContin\*
    - 16 Other Opiates or Synthetics

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- 17 Inhalants
- 18 Over-the-Counter
- 19 Ecstasy\*
- 20 Other Club Drugs
- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)
  - Only allowed for Discharges, so this option cannot be selected for an Admission record.
- 99903 Other, please specify
- User cannot select any value above with an '\*' if that is the value for 'What is the client's primary alcohol or drug problem?'
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- Please Specify:
  - This field must be completed if user selected any of the following values in the previous response:
    - 3 Barbiturates
    - 4 Other Sedatives or Hypnotics
    - 6 Other Amphetamines
    - 7 Other Stimulants
    - 11 Other Hallucinogens
    - 12 Tranquilizers (Benzodiazepine)
    - 13 Other Tranquilizers
    - 16 Other Opiates or Synthetics
    - 17 Inhalants
    - 18 Over-the-Counter
    - 20 Other Club Drugs
    - 99903 Other, please specify
  - Text must be at least 2 characters, but limited to 50 characters
  - This field will not show if user selects any of the following in the previous question
    - 0 None
    - 1 Heroin
    - 2 Alcohol
    - 5 Methamphetamine
    - 8 Cocaine / Crack
    - 9 Marijuana / Hashish

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





- This field will initialize from most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- What was the client's age of first use for the secondary drug of abuse?
  - Allowable values
    - Any number from 5 to 105
    - 99904 Client is unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - Age must be equal to or greater than the client's current age.
  - If Client's secondary alcohol or drug problem is '0 None', then this will default to 99902 and be read only.
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many days in the past 30 days has the client used alcohol?
  - Allowable values
    - Any number from 0-30
    - 99902 (None or Not Applicable)
  - If the 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 the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- This field will be hidden for any client less than 18 years of age.
- **This field is required.**
- Has the client used needles to inject drugs in the past twelve months?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer
      - This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If a user entered anything other than 0, 99900, 99904 in the previous field, this field will default to 'Yes' and become Read Only.
  - If a 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 will not show if the client is less than 18 years of age at time of admission.
  - 
  - **This field is required.**

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**Global Codes**

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

**Employment Information**

- What is the client’s current employment status?
  - User can choose from the following values:
    - 1 Employed Full time (35 hours or more)
      - This is not an allowable value if the client is less than 14 years of age at time of admission (Document Effective Date – DOB).
    - 2 Employed Part time (less than 35 hrs.)
    - 3 Unemployed, looking for work
    - 4 Unemployed, not in the labor force (not seeking)
    - 5 Not in the labor force (Not seeking)
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many days was the client paid for working in the past 30 days?
  - Allowable values
    - Any number from 0-30
    - 99900 (Client declined to state)
    - 99904 (Client is unable to answer)

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- This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- This field will not show if the client is less than 18 years of age at time of admission.
- **This field 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 the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
  - This response is not valid if client is receiving any type of service other than:
    - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Is the client currently enrolled in a job training program?
  - User can choose from the following values:
    - 1 Yes
    - 0 No

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

**Commented [1]:** Are these accurate values? It is built this way, but is this really how the state maps it?



**Global Codes**

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

**Legal Information**

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

- What is the client's criminal justice status?
  - User can choose from the following values:
    - 1 No criminal justice involvement
    - 2 Under parole supervision by CDCR (California Department of Correction & Rehabilitation)
    - 3 On parole from any other jurisdiction
    - 4 Post-release Community Supervision (AB 109) or on probation from any federal, state, or local jurisdiction
    - 5 Admitted under other diversion from any court under CA Penal Code, Section 1000
    - 6 Incarcerated
    - 7 Awaiting trial, charges or sentencing
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:

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

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

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

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

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- Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - This field will be hidden if the client is under 18 years of age.
  - This field will default to 0 No and become Read Only when document is associated with any of the following counties:
    - Los Angeles
    - Orange
    - Riverside
    - San Bernardino
  - This field will initialize from most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- What is the client's FOTP Priority Status?
  - User can choose from the following values:
    - 1 Completed "Forever Free" and released and enrolled in treatment program
    - 2 Any woman paroling from California Institute for Women (CIW)
    - 3 Completed "Forever Free" and goes direct to FOTP facility
    - 99902 None or not applicable
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If you selected 'Yes' to the previous question, you must select either response 1, 2, or 3 above. You cannot select 99902 or 99904.
  - If you selected anything other than 'Yes' in the previous question, then this field will default to '99901 None or not applicable' and become Read Only.
  - This field will be hidden if the client is less than 18 years of age at time of admission.
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.

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- This field is required.

### Global Codes

Field Name	Global Code Category Name
What is the client's criminal justice status?	XCACRIMJUSTICE
Is the client a parolee in the Parolee Services Network (PSN)?	XCASUDFOTP
Is the client a parolee in the Female Offender Treatment Program (FOTP)?	XCASUDFOTP
What is the client's FOTP Priority Status?	XCASUDFOTPStatus

### Medical/Physical Health Information

**Medical/Physical Health Information**

<p>Is the client a Medi-Cal Beneficiary? <input type="text" value=""/></p> <p>What medication is prescribed as part of treatment? <input type="text" value=""/></p> <p>Has the client been diagnosed with Hepatitis C? <input type="text" value=""/></p> <p>Has the client been tested for HIV/AIDS? <input type="text" value=""/></p> <p>How many times has the client visited an emergency room in the past 30 days for physical health problems? Allowed values: 0-99, 99904 <input type="text" value=""/></p> <p>How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? Allowed values: 0-99, 99904 <input type="text" value=""/></p> <p>How many days in the past 30 days has the client experienced physical health problems? Allowed values: 0-99, 99904 <input type="text" value=""/></p>	<p>Is the client is not male, is the client pregnant at time of admission? <input type="text" value=""/></p> <p>Has the client been diagnosis with Tuberculosis? <input type="text" value=""/></p> <p>Has the client been diagnosed with any sexually transmitted diseases? <input type="text" value=""/></p> <p>Does the client have the results of the HIV/AIDS test? <input type="text" value=""/></p>
--	---

- 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?'

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- This response is not valid if client is receiving any type of service other than:
  - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
  - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
  - Residential Detoxification (non-hospital) Withdrawal Management 3.2
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- If the client is not male, is the client pregnant at time of admission?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99901 Not sure / don't know
  - If the client's gender on the Admission tab = Male, this field will default to '0 No' and become Read Only.
  - **This field is required.**
- What medication is prescribed as part of treatment?
  - User can choose from the following values:
    - 1 None
    - 2 Methadone
    - 3 LAAM
    - 4 Buprenorphine (Subutex)
    - 5 Buprenorphine (Suboxone)
    - 99903 Other (only for medications prescribed for SUD treatment; e.g. Antabuse)
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- Has the client been diagnosis with Tuberculosis?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer



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

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

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- If the client's age is less than 18 years old, this field is hidden.
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- Does the client have the results of the HIV/AIDS test?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99900 Client declined to state
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If the response to the previous question is 'No' then this field will default to 'No' and become Read Only.
  - If the client 's age is less than 18 years old, this field is hidden.
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many times has the client visited an emergency room in the past 30 days for physical health problems?
  - Allowable Values:
    - Any number from 0 to 99
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:





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

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- Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
- Residential Detoxification (non-hospital) Withdrawal Management 3.2
- If the response to ‘How many times has the client visited an emergency room in the past 30 days for physical health problems?’ is anything other than 0 or Not able to answer (99904), then the user must answer a number greater than 0 for this field.
- If the response to ‘How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?’ is anything other than 0 or Not able to answer (99904), then the user must answer a number greater than 0 for this field.
- If the client's 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

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- 99901 Not sure / don't know
- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- In the past 30 days, has the client taken prescribed medication for mental health needs?
  - User can choose from the following values:
    - 1 Yes
    - 0 No
    - 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If the client's age is less than 18 years old, this field is hidden.
  - **This field is required.**
- How many times in the past 30 days had the client received outpatient emergency services for mental health needs?
  - Allowable Values:
    - Any number from 0-30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)



Family/Social Information	
What is the client's current living arrangement?	<input type="text"/>
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"/>
How many children does the client have age 5 or younger? Allowed values: 0-30, 99904	<input type="text"/>
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"/>
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"/>
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 Admission document, if one exists.
  - **This field is required.**
- How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
  - Allowable values
    - Any number from 0 to 30
    - 99900 (client declined to state)
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:



- Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If the client's age is less than 18 years old, this field is hidden.
  - **This field is required.**
- How many days in the past 30 days had the client had serious conflicts with members of the family?
  - Allowable values
    - Any number from 0 to 30
    - 99900 (client declined to state)
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If the client's age is less than 18 years old, this field is hidden.
  - **This field is required.**
- How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:

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- Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
    - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - If the client's age is less than 18 years old, this field is hidden.
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many children does the client have, age 5 or younger?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)
      - This response is not valid if the user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)\* Detox
        - Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - The number entered here must be equal to or less than the value entered in the previous response.
  - If the client's age is less than 18 years old, this field is hidden.
  - This field will initialize from the most recently signed CalOMS Admission document, if one exists.
  - **This field is required.**
- How many of the client's children age 17 and under are living with someone else because of a child protection court order?
  - Allowable values
    - Any number from 0 to 30
    - 99904 (Client unable to answer)



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





- This field will initialize from the most recently signed CalOMS Admission document, if one exists.
- **This field is required.**
- How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings, Other self-help meetings, Religious/faith recovery or self-help meetings, Meetings of organizations other than those listed above Interactions with family member and/or friend support of recovery?
  - Allowable values
    - Any number from 0 to 30
  - **This field is required.**

**Global Codes**

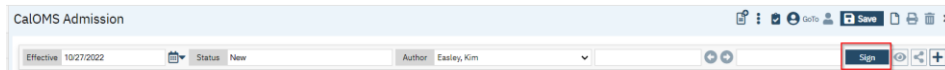
Field Name	Global Code Category Name
What is the client's current living arrangement?	XCALiving

**Completing the CalOMS Admission Document**

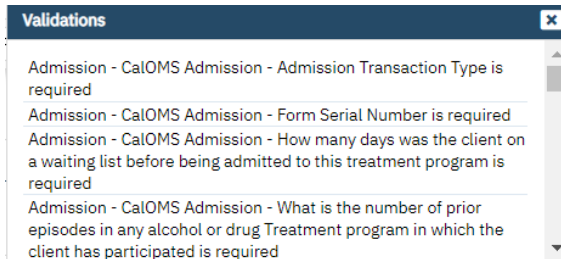
Now, you have two options: sign or save. If there is a compelling reason not to complete and sign the document, it can be saved and returned to at a later time by clicking the save button in the toolbar.



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

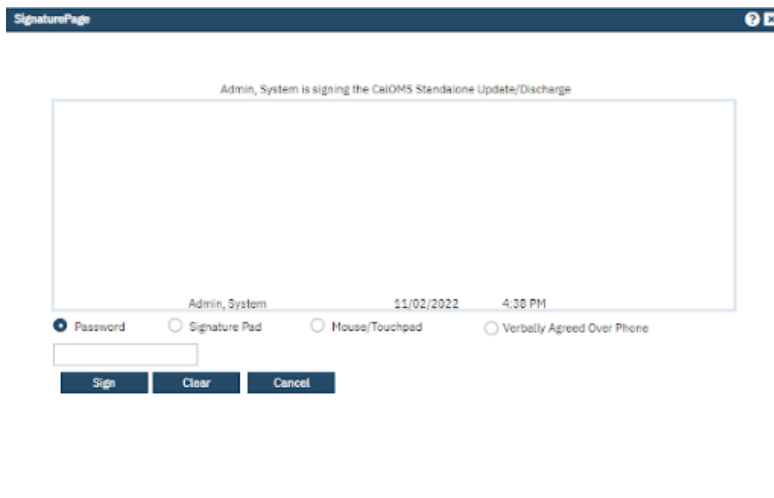


When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.



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

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



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

### Set-Up Considerations (Administrative Purpose)

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

#### Configuration Keys

Field Name	Configuration Key Category Name
County of Submission	XSetCountyCodeForCaliforniaStateReporting

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

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

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