User Guide: CalOMS Update/Discharge

Version 1.0 (California)

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# User Guide: CalOMS Update/Discharge

General Information

The CalOMS Update/Discharge document is utilized in SmartCare to complete the information gathering for clients for county level state reporting. 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 Update/Discharge 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 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:
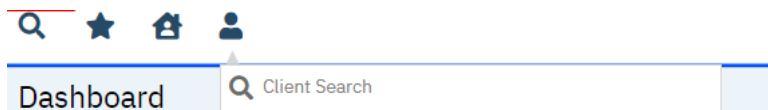
You will be presented with the 'Client Search' screen. On this screen, you will be able to search for a client by a number of parameters.

- 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
- 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.

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

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

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

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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 Update/Discharge document.

By using the magnifying glass to search for the CalOMS Update/Discharge document you can search for the assessment or locate the assessment using a quick link.

CalOMS Update/Discharge Document

General

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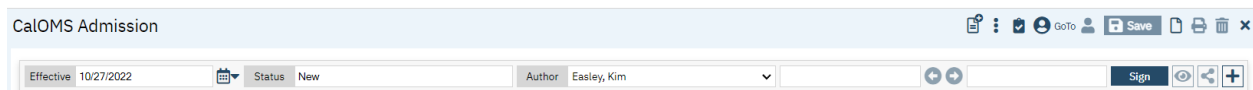
We will explore these fields more thoroughly when completing the CalOMS Update/Discharge document. However, note at this time that an effective date will be required to complete the document and it is defaulting to today's date. This default is configurable and can be changed, depending on your organization.

Beneath the authorship, status, and effective date fields, information in the CalOMS Update/Discharge document is broken out into two possible tabs:

- ▪ CalOMS Information
- ▪ SUD, Medical & Mental Health

In completing your client's CalOMS 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 Update/Discharge, as you will note throughout SmartCare, is broken out into sections. We will look at each section per tab in turn, paying specific attention to which fields have been required by your organization.

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CalOMS Episode Information

- County of Submission –
  - If your organization is the county level provider or a CBO who only reports to one county, then this field will not show due to configuration. See Set Up Considerations – Configuration Keys section for more information.
  - If your organization is providing services on contract for more than one county and will report to the counties, then you must select the county from this drop down. Your organization can hide counties that you do not provide services for within the global code category. See Set Up Considerations – Configuration Keys section for more information on how to hide counties from the drop down.
  - **This is a required field.**

- Transaction Type –
  - User can select one of the following values:
    - Annual Update
    - Discharge - Standard
    - Discharge - Administrative
    - Discharge – Detox
  - **This is a required field.**

- CalOMS Program/FSN - This will show a list of Episode Number – Program Name combinations for any program enrollment that is currently tied to a CalOMS SUD Registrationdocument.

- Admission Date
  - This is a Read Only field
  - The date pulls from the Program Enrollment date that is associated with the FSN you selected.

- Discharge Status
  - User can choose from the following Values

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- - Completed Treatment Plan & Goals / Referred /Standard (all questions)

    - Completed Treatment Plan & Goals / Not Referred / Standard (all questions)

    - Left Before Completion w / Satisfactory Progress / Standard (all questions)

    - Left Before Completion w / Satisfactory Progress / Administrative (minimum questions)

    - Left Before Completion w / Unsatisfactory Progress / Standard (all questions)

    - Left Before Completion w / Unsatisfactory Progress / Administrative (minimum questions)

    - Death

    - 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

- Discharge Date
  - Enter the date of discharge.

- Is there a consent form allowing future possible contact, signed by the client, on file within your agency?
  - User can select from Yes or No.
  - This is only required if Transaction Type = one of the following:

    - Discharge – Standard

    - Discharge - Detox
  - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - This field will be hidden if client is less than 18 years of age.

Global Codes

Field Name	Global Code Category Name
Transaction Type	FileType

General Information

General Information

Current First Name	Test	First Name at Birth	Test	☑ Same as current first name
Last Name	Client	Last Name at Birth	Client	☑ Same as current last name
Middle Name		Suffix		Date of Birth 01/01/1990
SSN	999999999	Unable to Obtain SSN Reason		

- What is the client's current first name?
    - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. 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 first name?
    - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. 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 first name?
    - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. 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 current last name?

- o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o Max 40 Characters
  - o **This is a required field.**

- What is the client birth last name?
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o Max 40 Characters
  - o **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?
  - o This will initialize from the client record and is read only.

General Demographics

General Demographics		
What is the client's current living arrangement? [dropdown]	Zip Code [_____]	☐ Client is Unable to Answer ☐ Client declines to state
What is the client's gender? [dropdown]		

- What is the client's current living arrangement?
  - o User can choose from the following values:
    - ▪ 1 Homeless
    - ▪ 2 Dependent living
    - ▪ 3 Independent living
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required for the following Transaction Types**
    - ▪ **Annual Update**

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- ▪ **Discharge – Standard**

- ▪ **Discharge - Detox**

- Zip Code at Current Residence
  - o 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?'

      - This response is not valid if client is receiving any type of service other than:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - o Residential Detoxification (non-hospital) Withdrawal Management 3.2

    - ▪ XXXXX (Client Declined)
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This is a required field.**

- What is the client's gender?
  - o User can select one of the following values

    - ▪ 1 Male

    - ▪ 2 Female

    - ▪ 99903 Other
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent.

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- o **This is a required field.**

Global Codes

Field Name	Global Code Category Name
What is the client's current living arrangement?	LIVINGARRANGEMENT
What is the client's gender?	SEX

Additional Demographic Information

Additional Demographic Information

Birth State [▾]   Birth County [▾]   ☐ Other (born outside of California)

Driver's License Number [ ]   ○ Client declined to state ○ None or not applicable ○ Client unable to answer

Mother's First Name [ ]   Driver's License State [▾]

- ● What is the client's state of birth if born within the United States?
  - o User can select from the following values:
    - ▪ 99903 – Other (born outside US)
    - ▪ Any state in the list
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This is a required field.**
- ● What is the client's county of birth if born in California?
  - o User can select from the following values:
    - ▪ 99903 Other (born outside California)
    - ▪ 01   Alameda
    - ▪ 02   Alpine
    - ▪ 03   Amador
    - ▪ 04   Butte

- 05   Calaveras
- 06   Colusa
- 07   Contra Costa
- 08   Del Norte
- 09   El Dorado
- 10   Fresno
- 11   Glenn
- 12   Humboldt
- 13   Imperial
- 14   Inyo
- 15   Kern
- 16   Kings
- 17   Lake
- 18   Lassen
- 19   Los Angeles
- 20   Madera
- 21   Marin
- 22   Mariposa
- 23   Mendocino
- 24   Merced
- 25   Modoc
- 26   Mono
- 27   Monterey
- 28   Napa
- 29   Nevada
- 30   Orange

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- 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
- 52 Tehama
- 53 Trinity
- 54 Tulare
- 55 Tuolumne
- 56 Ventura

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- ▪ 57   Yolo

- ▪ 58   Yuba
- o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
- o **This field is required unless client was born in any state other than California. In that case, the field will default to 99903 Other (born outside California) and become Read Only.**

- For which state does the client have a valid driver's license or state ID card?
  - o User can select from the following options

    - ▪ 99900 Client declined to state

    - ▪ 99902 None or not applicable

    - ▪ 99904 Client unable to answer

      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

      - This response is not valid if client is receiving any type of service other than:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - o Residential Detoxification (non-hospital) Withdrawal Management 3.2

    - ▪ Any state in the list
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required.**

- What is the client's driver's license number or state ID card number?
  - o Allowable values to enter:

    - ▪ 13 digit ID

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- 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 response is not valid if client is receiving any type of service other than:
         o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
         o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
         o Residential Detoxification (non-hospital) Withdrawal Management 3.2

   o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
   o **This field is required.**

- What is the first name of the client's mother, or individual the client considers to be their mother?
   o Maximum 20 Characters
   o If name is unknown, enter 'mother' or 'mom'
   o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
   o **This field is required.**

Global Codes

Field Name	Global Code Category Name
Birth State	XCADriverLicState
Birth County	XCABirthCountry

Family Information

- If the client is not male, is the client pregnant at time of admission?
    - User can choose from the following values:
        - 1 Yes
        - 0 No
        - 99901 Not sure / don't know
    - If client's gender on Update/Discharge tab = Male, this field will default to '0 No' and become Read Only.
    - **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:
    - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
    - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
    - o Residential Detoxification (non-hospital) Withdrawal Management 3.2

- o If client age is less than 18 years old, this field is hidden.
- o **This field is required for the following Transaction Types**

  - ▪ **Annual Update**

  - ▪ **Discharge – Standard**

  - ▪ **Discharge - Detox**

- ● How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?
  - o Allowable values

    - ▪ Any number from 0 to 30

    - ▪ 99904 (Client unable to answer)

      - ● This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

      - ● This response is not valid if client is receiving any type of service other than:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)

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- o Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - o If client age is less than 18 years old, this field is hidden.
    - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
    - o **This field is required for the following Transaction Types**
        - ▪ **Annual Update**
        - ▪ **Discharge – Standard**
        - ▪ **Discharge - Detox**

- How many children does the client have age 5 or younger?
    - o Allowable values
        - ▪ Any number from 0 to 30
        - ▪ 99904 (Client unable to answer)
            - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
            - This response is not valid if client is receiving any type of service other than:
                - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
                - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
                - o Residential Detoxification (non-hospital) Withdrawal Management 3.2
    - o The number entered here must be equal to or less than the value entered in the previous response.
    - o If client age is less than 18 years old, this field is hidden.
    - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
    - o **This field is required for the following Transaction Types**
        - ▪ **Annual Update**

- ▪ **Discharge – Standard**

- ▪ **Discharge - Detox**

- How many of the client's children age 17 and under are living with someone else because of a child protection court order?
  - o Allowable values

    - ▪ Any number from 0 to 30

    - ▪ 99904 (Client unable to answer)

      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

      - This response is not valid if client is receiving any type of service other than:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - o Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - o 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.
  - o If client age is less than 18 years old, this field is hidden.
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required for the following Transaction Types**

    - ▪ **Annual Update**

    - ▪ **Discharge – Standard**

    - ▪ **Discharge - Detox**

- 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?
  - o Allowable values

    - ▪ Any number from 0 to 30

▪ 99904 (Client unable to answer)

- This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

- 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 client age is less than 18 years old, this field is hidden.
- This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
- **This field is required for the following Transaction Types**
  - ▪ **Annual Update**
  - ▪ **Discharge – Standard**
  - ▪ **Discharge - Detox**

● 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 for the following Transaction Types**
    - ▪ **Annual Update**
    - ▪ **Discharge – Standard**
    - ▪ **Discharge - Detox**

Employment/Income/Insurance

What is the client's current employment status? [▾]   If not in labor force, detailed reason [▾]

How many days was the client paid for working in the past 30 days? [   ]   ○ Client declined to state ○ Client Unable to answer

Is the client currently enrolled in school?   ○ Yes ○ No   ○ Client declined to state ○ Client Unable to answer

Is the client currently enrolled in a job training program?   ○ Yes ○ No   ○ Client declined to state ○ Client Unable to answer

- What is the client's current employment status?
    - User can choose from the following values:
        - 1 Employed Full time (35 hours or more)
            - This is not an allowable value if client is less than 14 years of age at time of admission (Document Effective Date – DOB).
        - 2 Employed Part time (less than 35 hrs.)
        - 3 Unemployed, looking for work
        - 4 Unemployed, not in the labor force (not seeking)
        - 5 Not in the labor force (Not seeking)
    - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
    - **This field is required for the following Transaction Types**
        - **Annual Update**
        - **Discharge – Standard**
        - **Discharge - Detox**
- 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 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 hidden if client is less than 18 years old.
  - **This field is required for the following Transaction Types**
    - **Annual Update**
    - **Discharge – Standard**
    - **Discharge - Detox**

- 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 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)

- o Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required for the following Transaction Types**
    - ▪ **Annual Update**
    - ▪ **Discharge – Standard**
    - ▪ **Discharge - Detox**

- Is the client currently enrolled in a job training program?
  - o User can choose from the following values:
    - ▪ 1 Yes
    - ▪ 0 No
    - ▪ 99900 Client declined to state
    - ▪ 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - o Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - o This field will not show if the client is less than 18 years of age at time of admission.
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required for the following Transaction Types**
    - ▪ **Annual Update**

- ▪ **Discharge – Standard**
- ▪ **Discharge - Detox**

Global Codes

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

Legal Information

- How many times has the client been arrested in the past 30 days?
  - o Allowable values:
    - ▪ Any number from 0 to 30
    - ▪ 99904 (Client Unable to answer)
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - This response is not valid if client is receiving any type of service other than:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)

- o Residential Detoxification (non-hospital) Withdrawal Management 3.2
- o **This field is required for the following Transaction Types**
    - ▪ **Annual Update**
    - ▪ **Discharge – Standard**
    - ▪ **Discharge - Detox**

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

- How many days has the client been in prison in the past 30 days?
    - o Allowable values:
        - ▪ Any number from 0 to 30
        - ▪ 99904 (Client Unable to answer)

- This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

- 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

  o This field will be hidden if client is less than 18 years of age at time of admission.
  o **This field is required for the following Transaction Types**
  - **Annual Update**
  - **Discharge – Standard**
  - **Discharge - Detox**

- What is the client's CDCR Identification Number?
  o Allowable values:
    - 10 digit
    - None
    - Client declined to state
    - Not Sure/Don't Know

- What is the client's FOTP Priority Status?
  o Allowable values:
    - Completed "Forever Free" and released and enrolled in treatment program
    - Any woman paroling from California Institute for Women (CIW)
    - Completed "Forever Free" and goes direct to FOTP facility
    - None or not applicable
    - Client unable to answer

- Is the client a parolee in the Female Offender Treatment Program (FOTP)?
  - Allowable values:
    - Yes
    - No
    - Client unable to answer

SUD, Medical & Mental Health Tab

Substance Use Information

Substance Use Information

Primary Drug Information		Secondary Drug Information	
What is the client's primary alcohol or drug problem?	[dropdown]	What is the client's secondary alcohol or drug problem?	[dropdown]
Please specify:	[text field]	Please specify:	[text field]
How many days in the past 30 days has the client used the primary drug?	[text field] ☐ None or Not Applicable	How many days in the past 30 days has the client used the secondary drug of abuse?	[dropdown]
What is the client's usual route of administration they use most often for their primary drug of abuse?	[dropdown]		

- What is the client's 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

- o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.

- o **This field is required for the following Transaction Types**

  - ▪ **Annual Update**

  - ▪ **Discharge – Standard**

  - ▪ **Discharge - Detox**

- ● 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)

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- This cannot be used on the admission document.
  - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - **This field is required for the following Transaction Types when it shows**
    - **Annual Update**
    - **Discharge – Standard**
    - **Discharge - Detox**

- 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 user selected 'None' for 'What is the client's primary alcohol or drug problem?'
  - If user selected '0 None' for Primary Alcohol or Drug problem, then this will default to 99902 and become Read Only.
  - **This field is required for the following Transaction Types**
    - **Annual Update**
    - **Discharge – Standard**
    - **Discharge - Detox**

- 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
- o If 'What is the client's primary alcohol or drug problem?' = Inhalants, then this field will default to 3 Inhalation.
- o If 'What is the client's primary alcohol or drug problem?' = Alcohol, then this field will default to 1 Oral.
- o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
- o **This field is required for the following Transaction Types**
  - ▪ **Annual Update**
  - ▪ **Discharge – Standard**
  - ▪ **Discharge - Detox**
- ● What is the client's secondary alcohol or drug problem?
  - o User can choose from the following options:
    - ▪ 0 None
    - ▪ 1 Heroin*
    - ▪ 2 Alcohol*
    - ▪ 3 Barbiturates
    - ▪ 4 Other Sedatives or Hypnotics
    - ▪ 5 Methamphetamine*
    - ▪ 6 Other Amphetamines
    - ▪ 7 Other Stimulants
    - ▪ 8 Cocaine / Crack*
    - ▪ 9 Marijuana / Hashish*
    - ▪ 10 PCP*
    - ▪ 11 Other Hallucinogens
    - ▪ 12 Tranquilizers (Benzodiazepine)
    - ▪ 13 Other Tranquilizers
    - ▪ 14 Non-Prescription Methadone*

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- 15 OxyCodone / OxyContin*

- 16 Other Opiates or Synthetics

- 17 Inhalants

- 18 Over-the-Counter

- 19 Ecstasy*

- 20 Other Club Drugs

- 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)

  - Only allowed for Discharges, so this option cannot be selected for an Update/Discharge record.

- 99903 Other, please specify
  - o User cannot select any value above with an '*' if that is the value for 'What is the client's primary alcohol or drug problem?'
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required for the following Transaction Types**

    - **Annual Update**

    - **Discharge – Standard**

    - **Discharge - Detox**

- Please Specify:
  - o This field must be completed if user selected any of the following values in the previous response:

    - 3 Barbiturates

    - 4 Other Sedatives or Hypnotics

    - 6 Other Amphetamines

    - 7 Other Stimulants

    - 11 Other Hallucinogens

    - 12 Tranquilizers (Benzodiazepine)

- 13 Other Tranquilizers

- 16 Other Opiates or Synthetics

- 17 Inhalants

- 18 Over-the-Counter

- 20 Other Club Drugs

- 99903 Other, please specify
  - o Text must be at least 2 characters, but limited to 50 characters
  - o This field will not show if user selects any of the following in the previous question

    - 0 None

    - 1 Heroin

    - 2 Alcohol

    - 5 Methamphetamine

    - 8 Cocaine / Crack

    - 9 Marijuana / Hashish

    - 10 PCP

    - 14 Non-Prescription Methadone

    - 15 OxyCodone / OxyContin

    - 19 Ecstasy

    - 99901 Unknown/not sure/ don't know why (only allowable for administrative discharges)

      - Only allowed for discharge records, so this option cannot be selected for an Update/Discharge record.
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required for the following Transaction Types**

    - **Annual Update**

    - **Discharge – Standard**

    - **Discharge - Detox**

- How many days in the past 30 days has the client used the secondary drug of abuse?
  - Allowable values are:
    - Any number from 0-30
    - 99902 (None or Not Applicable)
      - This value is only valid if user selected 'None' for 'What is the client's primary alcohol or drug problem?'
  - If user selected '0 None' for Secondary Alcohol or Drug problem, then this will default to 99902 and become Read Only.
  - **This field is required for the following Transaction Types**
    - **Annual Update**
    - **Discharge – Standard**
    - **Discharge - Detox**
- 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.

- o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
- o **This field is required for the following Transaction Types**
  - ▪ **Annual Update**
  - ▪ **Discharge – Standard**
  - ▪ **Discharge - Detox**

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

Additional Substance Use Information

Additional Substance Use Information

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

How many days in the past 30 days has the client used alcohol? [ ] ☐ Not Applicable

How many days has the client used needles to inject drugs in the past 30 days? [ ] ☐ Client declined to state ☐ Client unable to answer

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? [ ]

How many days in the past 30 days has the client lived with someone who uses alcohol or drugs? [ ] ☐ Client declined to state ☐ Client unable to answer

- How many days in the past 30 days has the client used alcohol?
    - Allowable values
        - Any number from 0-30
        - 99902 (None or Not Applicable)
    - If client's primary or secondary alcohol or drug problem = 2 Alcohol, then this will default to 99902 and become Read Only.
    - **This field is required for the following Transaction Types**
        - **Annual Update**
        - **Discharge – Standard**
        - **Discharge - Detox**
- 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 response is not valid if client is receiving any type of service other than:

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- o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
- o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
- o Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - o **This field is required for the following Transaction Types**
    - ▪ **Annual Update**
    - ▪ **Discharge – Standard**
    - ▪ **Discharge - Detox**
- How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
  - o Allowable values
    - ▪ Any number from 0 to 30
    - ▪ 99900 (client declined to state)
    - ▪ 99904 (Client unable to answer)
      - ● 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:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - o Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - o If client age is less than 18 years old, this field is hidden.
  - o **This field is required for the following Transaction Types**
    - ▪ **Annual Update**
    - ▪ **Discharge – Standard**
    - ▪ **Discharge - Detox**

Mental Health Information

Mental Health Information

Has the client ever been diagnosed with a mental illness?   ○ Yes ○ No ○ Not sure/don't know

In the past 30 days, has the client taken prescribed medication for mental health needs?   ○ Yes ○ No ○ Client unable to answer

How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?   [____] ☐ Client is unable to answer

How many times in the past 30 days has the client received outpatient emergency services for mental health needs?   [____] ☐ Client is unable to answer

---

- Has the client ever been diagnosed with a mental illness?
  - User can choose from following values:
    - 1 Yes
    - 0 No
    - 99901 Not sure / don't know
  - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - **This field is required for the following Transaction Types**
    - **Annual Update**
    - **Discharge – Standard**
    - **Discharge - Detox**
- 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:

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        o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox

        o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)

        o Residential Detoxification (non-hospital) Withdrawal Management 3.2

  o If client age is less than 18 years old, this field is hidden.

  o **This field is required for the following Transaction Types**

        ▪ **Annual Update**

        ▪ **Discharge – Standard**

        ▪ **Discharge - Detox**

- 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?'
      - 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 for the following Transaction Types**
    - **Annual Update**
    - **Discharge – Standard**
    - **Discharge - Detox**

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- 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?'
            - 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 for the following Transaction Types**
        - **Annual Update**
        - **Discharge – Standard**
        - **Discharge - Detox**

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Medical Information

How many times has the client visited an emergency room in the past 30 days? ☐ Client is unable to answer

How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? ☐ Client is unable to answer

How many days in the past 30 days has the client experienced physical health problems? ☐ Client is unable to answer

What type of disability /disabilities does the client have, if any? ▼

Has the client been tested for HIV/AIDS? ○ Yes ○ No ○ Client declined to state ○ Client Unable to answer

Does the client have the results of the HIV/AIDS test? ○ Yes ○ No ○ Client declined to state ○ Client Unable to answer

- 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 for the following Transaction Types**
    - **Annual Update**
    - **Discharge – Standard**
    - **Discharge - Detox**
- How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?

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

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- o Residential Detoxification (non-hospital) Withdrawal Management 3.2
- o If response to 'How many times has the client visited an emergency room in the past 30 days for physical health problems?' is anything other than 0 or Not able to answer (99904), then user must answer a number greater than 0 for this field.
- o If response to 'How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?' is anything other than 0 or Not able to answer (99904), then user must answer a number greater than 0 for this field.
- o If client age is less than 18 years old, this field is hidden.
- o **This field is required for the following Transaction Types**
  - ▪ **Annual Update**
  - ▪ **Discharge – Standard**
  - ▪ **Discharge - Detox**

- What type of disability/disabilities does the client have, if any?
  - o User can choose multiple from the following values:
    - ▪ 1 None
    - ▪ 2 Visual
    - ▪ 3 Hearing
    - ▪ 4 Speech
    - ▪ 5 Mobility
    - ▪ 6 Mental
    - ▪ 7 Developmentally Disabled
    - ▪ 8 Other Disability (not SUD)
    - ▪ 99900 Client declined to state
    - ▪ 99904 Client unable to answer
      - This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'
      - 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 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 most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - **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
  - If client age is less than 18 years old, this field is hidden.
  - This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.

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- o **This field is required for the following Transaction Types**

  - ▪ **Annual Update**

 - ▪ **Discharge – Standard**

  - ▪ **Discharge – Detox**

- ● Does the client have the results of the HIV/AIDS test?
  - o User can choose from the following values:

    - ▪ 1 Yes

    - ▪ 0 No

    - ▪ 99900 Client declined to state

    - ▪ 99904 Client unable to answer

      - ● This response is not valid if user selects anything other than 'Developmentally Disabled' for 'What type of disability does the client have, if any?'

      - ● This response is not valid if client is receiving any type of service other than:
        - o Nonresidential/Outpatient Detoxification (non-medical); Use for Narcotic Treatment Program (NTP)* Detox
        - o Residential Detoxification (hospital / 24 hrs.); Inpatient Methadone Detoxification (IMD)
        - o Residential Detoxification (non-hospital) Withdrawal Management 3.2
  - o If response to previous question is 'No' then this field will default to 'No' and become Read Only.
  - o If client age is less than 18 years old, this field is hidden.
  - o This field will initialize from most recently signed CalOMS SUD Registration or Update/Discharge document if more recent. It can be modified. It will not update the client record if you modify it on this form.
  - o **This field is required for the following Transaction Types**

    - ▪ **Annual Update**

    - ▪ **Discharge – Standard**

    - ▪ **Discharge - Detox**

Global Codes

Field Name	Global Code Category Name
What type of disability /disabilities does the client have, if any?	XCASUDDisability

## Completing the CalOMS 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 Update/Discharge document is not signed information will not initialize into the client record, where applicable. To sign the document, it is not required that you save it first. Signing will both save and sign the document. First, ensure that the document has an effective date, and then click the blue 'Sign' button.
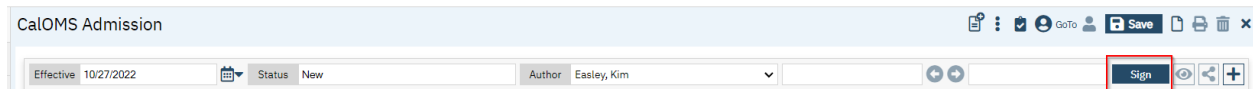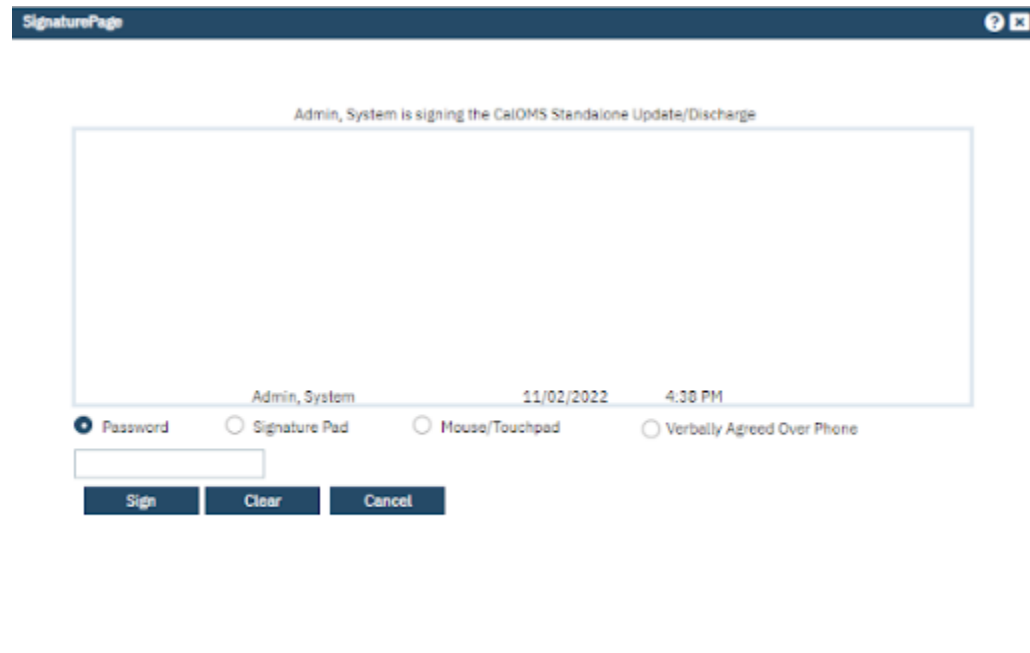

When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.
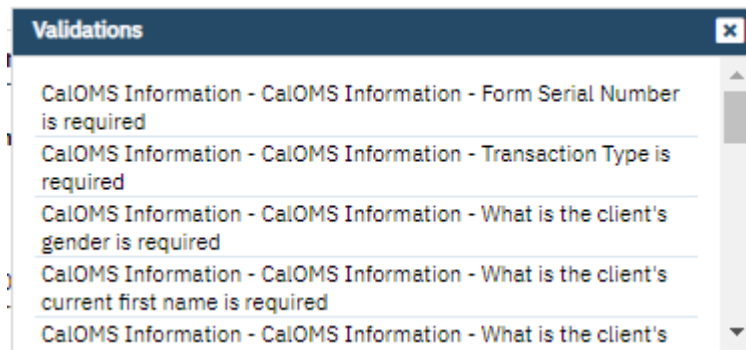
The validation message will tell you exactly where you need to go to complete the requirement. The first part of the message (e.g. Update/Discharge) will tell you on what tab you will find the requirement on. The second part of the message (e.g. CalOMS Update/Discharge) will tell you which section to find the requirement in. The third part of the message (e.g Update/Discharge Transaction Type is required) will tell you what the requirement itself is.

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

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

Set-Up Considerations (Administrative Purpose)

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

Configuration Keys

Field Name	Configuration Key Category Name
County of Submission	XSetCountyCodeForCaliforniaStateReporting

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

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.