CalOMS/LACPRS DATA COLLECTION
QUICK USER GUIDE

Version 3

COUNTY OF LOS ANGELES
Public Health
Substance Abuse Prevention and Control

Table of Contents

CalOMS Submission Standards

Facilities <u>receiving DHCS funding</u> for the services					
Outpatient, At-Risk outpatient	Intensive outpatient	Residential	Withdrawal management	Opioid treatment services	Recovery support services

Must report CalOMS/LACPRS for ALL PATIENTS

Regardless of the source of funding for a patient (e.g., private pay)
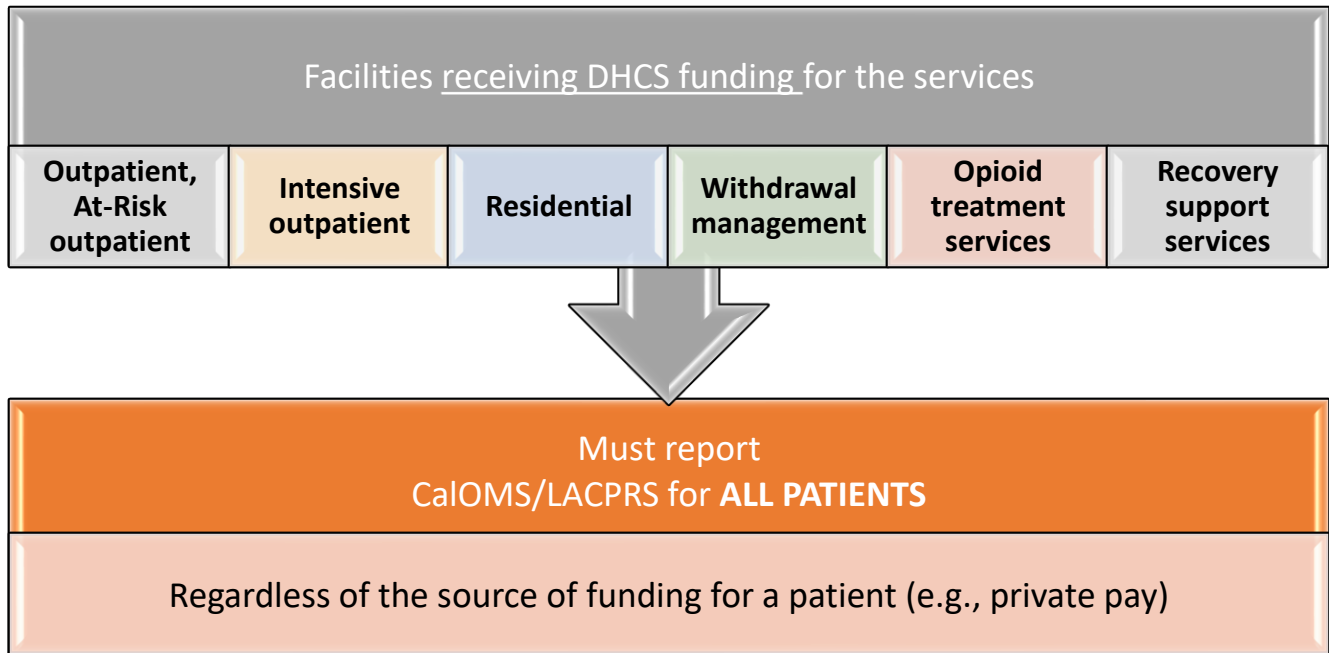
- **CalOMS Admission is <u>required</u> for:**
  - New admissions, including Recovery Support Services, ASAM 0.5, and "OTP – Detoxification"
  - Any changes in services/level of care
  - Any changes in location
  - **EXCEPTION:**
    - **IF AND ONLY IF** the movement is within the **SAME** residential facility and within residential LOCs (3.1 to 3.3. to 3.5 or reverse order), then a new CalOMS Admission is <u>not</u> required.
- **No concurrent CalOMS are allowed for the same type of services:**
  - Concurrent CalOMS are now allowed in Sage for Outpatient 1.0 and Opioid Treatment Program from January 29, 2024
- **CalOMS Submission Requirements**
  - Must submit a complete Admission Form within 7 calendar days of a patient's entry to treatment
  - Discharge Form on the day of discharge

- **When you have a new staff submitting CalOMS forms, please contact the HODA CalOMS team (HODA_CALOMS@PH.LACOUNTY.GOV) to schedule a training session.**

CalOMS Submission:
Annual Update Requirements

Admission Date: 1/1/2022

Admission Anniversary & Annual Update DUE: 1/1/2023

Admission Anniversary & Annual Update DUE: 1/1/2024

Optimal Submission Period

Optimal Submission Period

Able to submit Annual Update: 11/2/2022

Able to submit Annual Update: 11/2/2023
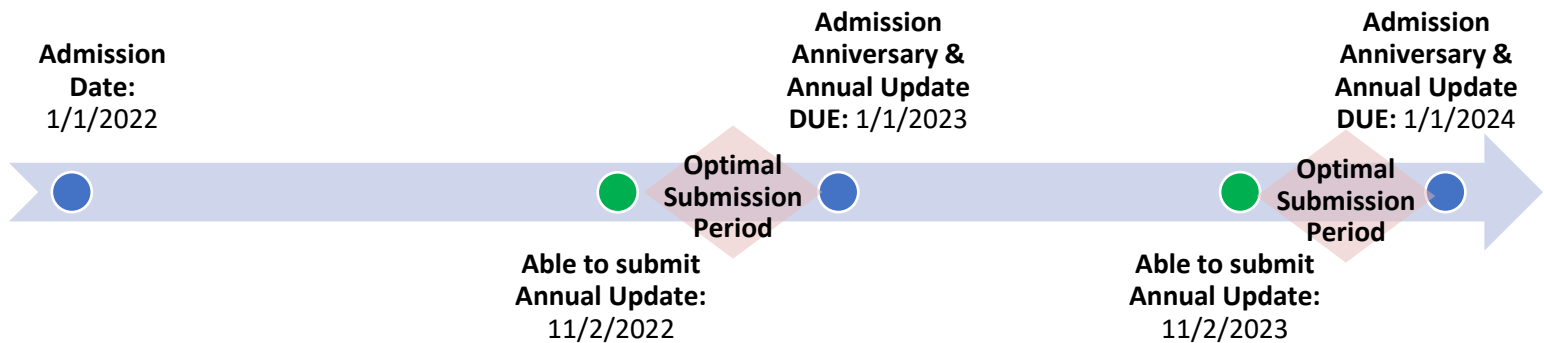
- **For Whom:**
  Annual updates are required for those participants in treatment for 12 months or more, continuously at one facility and same Level of Care (LOC).

- **When:**
  Annual update information can be collected earlier than 12 months, as early as 60 days prior to the individual's admission date anniversary as well. However, annual update data must be collected no later than 12 months from the program participant's admission anniversary date.

- **Example:**
  For a participant in a narcotic treatment LOC, such as methadone maintenance, for 12 months or longer, annual updates are required for all treatment program participants.

- CalOMS Admission records with the upcoming Annual Update due dates are flagged on the monthly CalOMS Data Quality Report

- **In summary:**
  – **Required** if a participant remains in treatment for one year or longer.
  – Can be completed as early as 60 days prior to admission anniversary date.
  – **MUST** be completed **no later than 12 months** from participant's admission date (admission anniversary date, if longer than 2 years).

- **When you have a new staff submitting CalOMS forms or have any questions on Annual Updates, please contact the HODA CalOMS team (HODA_CALOMS@PH.LACOUNTY.GOV) to schedule a training session.**

CalOMS Submission: Annual Update – Important Tips

- MUST verify the "Form Serial Number" when working on any records to avoid working on incorrect records
- Good checking points:
    - Level of Care
    - Admission Date
    - Form Serial Number

Facility	PATID	Form Serial Number	Level of Care Admitted	Admission Date	Last Annual Update Submitted	Last Date of Service in Claims	Agency Response
			Open Admission Records for RECOVERY INC.				
Recovery Inc. 123 Main St	999999	Z1234567	Outpatient	02/16/2024	.	03/31/2025	

SELECT THE CORRECT ONE

CAL-OMS ANNUAL UPDATE

- Cal-OMS Annual Update
- Alcohol and Drug Use Data
- Employment Data
- Criminal Justice Data
- Medical/Physical Health Data
- Mental Illness
- Family/Social Data
    - Social Support
    - Living Arrangements
    - Children

Online Documentation

1.1. Associated Level of Care *

Select ✕

Admission Date: 02/16/2024, LOC: Outpatient Services
Admission Date: 02/18/2023, LOC: Recovery Support Services
Admission Date: 02/19/2018, LOC: Withdraw Management-3.2 (Clinically M
Admission Date: 04/17/2024, LOC: Intensive Outpatient
Admission Date: 06/19/2024, LOC: ASAM 0.5 (Youth and Young Adults 12-2
Admission Date: 09/01/2023, LOC: Opioid Treatment Program -Detoxificati
Admission Date: 09/07/2023, LOC: Inpatient Withdraw Management-3.7 (M
Admission Date: 09/07/2023, LOC: Residential-3.1 (Clinically Managed Low

VERIFY THE FSN

CAL-OMS ANNUAL UPDATE

- Cal-OMS Annual Update
- Alcohol and Drug Use Data
- Employment Data
- Criminal Justice Data
- Medical/Physical Health Data
- Mental Illness
- Family/Social Data
    - Social Support
    - Living Arrangements
    - Children

Online Documentation

1.5. Social Security Number

1.6. Zip Code At Current Residence
90000

1.7. Consent

◯ No   ◯ Yes

1.8. Record to be Submitted
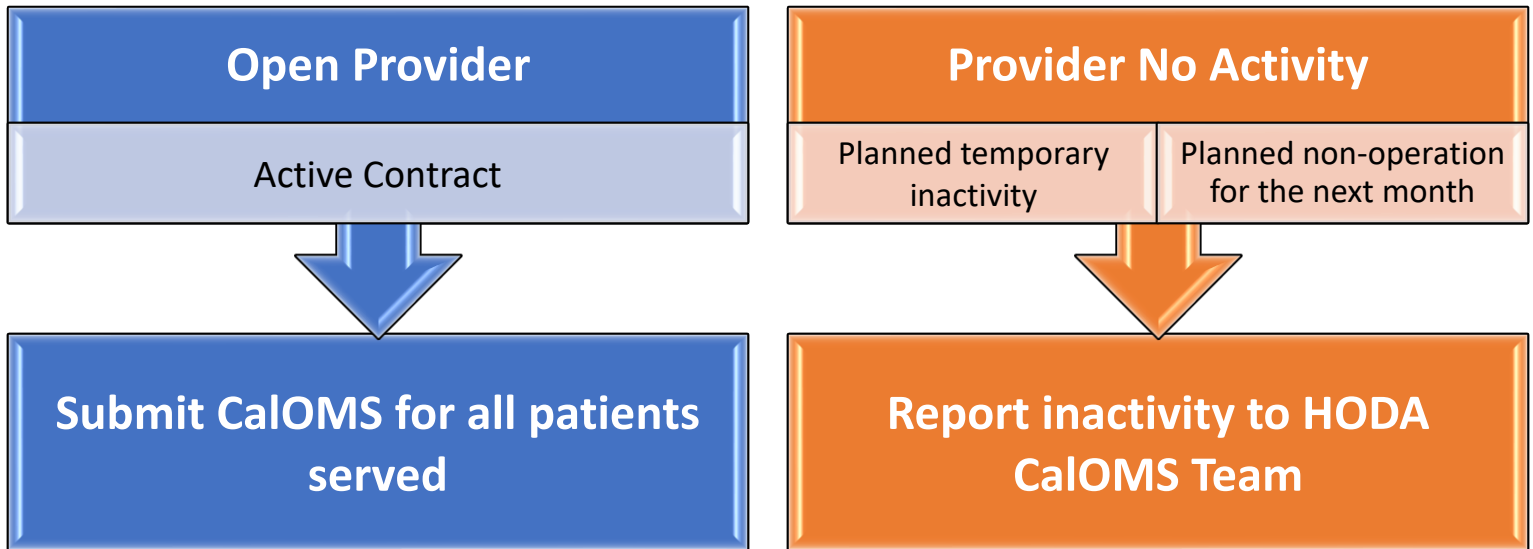
◉ Annual Update
◯ Resubmission of Annual Update
◯ Deletion of Annual Update
◯ None

Form Serial Number

Z1234567

5

CalOMS Submission:
Guidelines by Facility Status

Open Provider	Provider No Activity	
Active Contract	Planned temporary inactivity	Planned non-operation for the next month

Submit CalOMS for all patients served	Report inactivity to HODA CalOMS Team

There is **monthly** tracking of facilities that have active contracts.

Open Provider
- When a provider is open/active, the provider is expected to submit CalOMS for all patients served.

Provider No Activity
- If a provider has planned temporary inactivity or plans not to be in operation for the next **month**, then promptly email the *HODA CalOMS Team*: **HODA_CALOMS@PH.LACOUNTY.GOV**

CalOMS Submission FAQ

GENERAL

Q1: Which questions am I required to answer?

(1) Please answer **all** fields that are available/activated, regardless of whether they are highlighted in red or not.
- If a field is grayed out, then it is not applicable, and you can proceed to the next question.

(2) To avoid possible technical issues, questions should be answered in order.

(3) When applicable and available, make sure to select "None," "Not applicable," "Not sure/don't know," "Client declined to state," "Client unable to answer," or use special codes described in Q2.
- Refer to other sections of the Quick Guide for guidance on specific questions.

Q2: What special codes are available to use?

When questions allow the following response options, please use:
- Client declined to state: 99900
- Not sure/don't know: 99901
- Not applicable: 99902
- Client unable to answer: 99904. **Only applicable when:**
    1. The patient is in:
        - Nonresidential / Narcotic Treatment Program (NTP) Detoxification
        - Residential Detoxification
    2. OR the patient is developmentally disabled

When the question does not allow for special codes but has an option for "Other (Specify)," please select "Other (Specify)" and enter your response in the free text follow-up field.

Q3: What should I do when a patient is experiencing homelessness and does not have an address?

1) The **"Admission (Outpatient)"** form in PCNX asks for the patient's address. You can include the DPSS District Office, provider facility, shelter, or any other designated mailing address
2) However, in the **CalOMS form**, please use 00000 in the **Zip Code At Current Residence.** If a homeless patient is in a shelter or facility, you may use the shelter or facility zip code.

Q4: When can I use the paper version of the CalOMS forms?

The paper forms should be used only when:
- You cannot login to Sage (e.g., Sage system is down, power outage)
- CalOMS is open at another agency (e.g., "There is an active Cal-OMS admission" error message)

Any data collected using the paper forms must be entered into the CalOMS form in Sage as soon as the system allows (no uploading option for the paper form is available). Refer to the *CalOMS Resource Page* link (Appendix A, #1) for access to the paper forms.

Q5: What should I do when I am unable to submit the CalOMS Admission Form because a patient has an open admission with another agency (i.e., "There is an active CalOMS admission…")?

1) <u>STOP</u>. Discard your CalOMS Admission.
2) Go to the *CalOMS Resources Page* and download the CalOMS Admission PDF. Collect patient's admission information on the PDF.
3) In PCNX, run the "CalOMS Open Admission Episode Report" (Page 23) to identify which agency has the open/active CalOMS admission.
4) Use the CalOMS Liaison Contact List to reach out to the other agency.
5) Once the issue is addressed, enter CalOMS Form electronically in PCNX.
6) Paper/PDF CalOMS Forms are NOT accepted and must be entered electronically in the system once you are able to do so.

NOTE: Please DO NOT use a different level of care to bypass the system and save CalOMS. This will create further issues down the line. Refer to the *CalOMS Resource Page* link (Appendix A, #1) for access to the paper forms.

For any questions, issues, or to request the most up-to-date CalOMS Liaison Contact List, please email the *HODA CalOMS Team*:
HODA_CALOMS@PH.LACOUNTY.GOV
- If you need assistance with a specific case, provide the following information for the admission you are trying to enter at your agency: Patient ID, Admission Date, Level of Care

Q6: I entered a CalOMS form in error. What should I do?

Please contact the *HODA CalOMS Team* (**HODA_CALOMS@PH.LACOUNTY.GOV**) immediately for guidance. These situations are handled on a case-by-case basis.

Q7: I submitted a CalOMS Admission with the incorrect "Admission Date." What do I do?

Currently, the system **will not** allow you to edit the CalOMS "Admission Date" field after the CalOMS Admission is submitted, so we advise agencies to be **very careful** when submitting any forms in PCNX.

Please contact the *HODA CalOMS Team* (**HODA_CALOMS@PH.LACOUNTY.GOV**) immediately for guidance. These situations are handled on a case-by-case basis.

Q8: CalOMS Admissions for "Recovery Support Services" have a pop-up message and look different in PCNX. Please explain what I should do.

- If this message pops up "This record will not be submitted to Cal-OMS because there is no associated 'Cal-OMS Type of Service' for the selected Level of Care," **you are allowed to click "OK" to bypass it.**
- "Cal-OMS Type of Service" will say "No Type of Service defined for this Level of Care. Record will not be submitted to Cal-OMS." **This is OK and will not impact your CalOMS submission.**
- Use TAB key on the keyboard to navigate to the next activated question.
- "Secondary Drug Route of Administration" may be incorrectly activated and can be left blank.
- You may receive a pop-up that says, "There are more than 10 empty fields." If you have already double checked that all activated fields are answered, **you can click "Continue Filing."**
    - Unfortunately, this message may appear even when you have answered all activated fields.

Q9: Which CalOMS discharge form should I use?

When you would like to submit a CalOMS discharge form, you must choose one form from the beginning in order to continue. If you select the wrong form, select "Cancel" or "Discard" to return to the home page. Then you can select the correct form.

There are three CalOMS discharge forms:
1. CalOMS Discharge
2. CalOMS Administrative Discharge
3. CalOMS Youth/Detox Discharge

A **CalOMS Discharge** form should be used when a patient qualifies for the following discharge status:

1: Completed treatment/recovery plan goals (referred or transferred)
2: Completed treatment/recovery plan goals (not referred or transferred)
3: Left before completing treatment/recovery plan goals with satisfactory progress (referred or transferred)
5: Left before completing treatment/recovery plan goals with unsatisfactory progress (referred or transferred)

A **CalOMS Administrative Discharge** form should be used only when a patient qualifies for the following discharge status:

4: Left before completing treatment/recovery plan goals with satisfactory progress (not referred or transferred)
6: Left before completing treatment/recovery plan goals with unsatisfactory progress (not referred or transferred)
7: Discharged by agency for cause (e.g., non-compliance with agency rules)
8: Death
9: Incarceration

A **CalOMS Youth/Detox Discharge** form should be used when a patient meets one of the following criteria:
- Youth patient = less than 18 years old at admission, or
- Admitted to detox LOC

Please refer to the Discharge Form section (Page 46) for detailed information.

Q10: Pop-up windows are appearing when they are not applicable. Help!

Pop-up windows may appear when they are not applicable.

Please double check whether the pop-up windows are applicable or not.
- If they are applicable, ensure the corresponding question is completed.
- **If they are not applicable, you can click "Continue Filing."**
    - The following questions are not applicable to the current CalOMS Admission Form:
        - County Paying for Services
        - Special Services Contract ID
        - Number of Children Living with Someone Else
        - Number of Children Living with Someone Else and Parental Rights Terminated
        - Gender Identity*
        - Sexual Orientation*
- If there is no option to click "Continue Filing," then promptly email the *HODA CalOMS Team*: **HODA_CALOMS@PH.LACOUNTY.GOV**

* *Should be answered on "Update Client Data" or "Admission (Outpatient)" form*

Examples of pop-up windows that may not be applicable:

Q11: What is the Absence Without Leave (AWOL) policy for CalOMS?

SAPC Provider Manual Version 9.0* (pg. 36) outlines the CalOMS AWOL policy:

1. **For Non-OTP Levels of Care (ASAM 0.5, Outpatient, Intensive Outpatient, Withdrawal Management, Residential, Recovery Services):**
    *   If a patient fails to appear for the scheduled appointment, the provider should make efforts to reengage the patient before discharging the patient from CalOMS and the treatment program **within 14 calendar days** from the scheduled appointment date.

2. **For Opioid Treatment Program (OTP):**
    *   If a patient fails to appear for the scheduled appointment, the provider should make efforts to reengage the patient before discharging the patient from CalOMS and the treatment program **within 30 calendar days** from the scheduled appointment date.

However, if another provider contacts the original provider with the intention of opening a CalOMS/LACPRS record for the patient who attended their program, the original provider should promptly discharge the patient from CalOMS/LACPRS.

For non-OTP levels of care, the **CalOMS "Discharge Date"** should correspond to the **date of the patient's last face-to-face or telehealth treatment session**. For Opioid Treatment Program (OTP) participants, the **CalOMS "Discharge Date"** should correspond to the date of the last oral medication the participant had. They shall document the actual date of discharge as the **"Discharge Process Date"** in the relevant CalOMS Discharge forms.

* Note: SAPC Provider Manual Version 9.0 can be found in Appendix A #3.

Q12: When a transfer to the same level of care occurs on the same day, how should discharge/admission dates be documented?

Since CalOMS episodes at the same level of care cannot have overlapping dates in Sage, the discharging site must discharge the day before the transfer on the CalOMS to allow the new site to admit the patient on the CalOMS on the day of the transfer.

If you are not able to complete a CalOMS Admission due to a possible same-day residential transfer, please complete the steps below:
1) STOP. Discard your CalOMS Admission.
2) Go to the CalOMS Resources Page and download the CalOMS Admission PDF. Collect patient's admission information on the PDF.
3) Email the *HODA CalOMS Team*: **HODA_CALOMS@PH.LACOUNTY.GOV**
4) Provide the following information for the admission you are trying to enter at your agency: Client ID, Admission Date, Level of Care
5) Once the issue is addressed, enter CalOMS Form electronically in PCNX.
6) Paper/PDF CalOMS Forms are NOT accepted and must be entered electronically in the system once you are able to do so.

NOTE: Please DO NOT use a different level of care to bypass the system and save CalOMS. This will create further issues down the line. Refer to the *CalOMS Resource Page* link (Appendix A, #1) for access to the paper forms.

RESIDENTIAL PROGRAMS

Q13: When a Drug Court patient (LOC 3.1, 3.5) is sanctioned and taken into custody for longer than 7 days, what is the process we are supposed to complete when the individual returns?

Complete the entire discharge process (CalOMS, discharge form, etc.), and complete a new admission when they return from custody. Do not simply complete a miscellaneous note when they return to treatment explaining that they were sanctioned into custody. Treatment cannot be billed while the patient is gone.

Q14: If a residential (LOC 3.1, 3.5) patient with approved authorization leaves treatment and the CalOMS discharge is completed…

Q14a: Is the authorization still valid as long as that individual comes back to treatment within 7 days of their discharge?

No, the approved authorization is valid only if the patient has not been discharged from CalOMS. If the patient is discharged from CalOMS, you cannot "undo" a CalOMS discharge and subsequently would need to perform a new admission, including a new ASAM assessment.

Q14b: Are we required to complete all of the required information for a new admission in the Sage system upon the patient's timely return within that 7 days?

Yes, a new set of admission information must be completed in the Sage system (e.g., ASAM assessment, ICD-10 diagnosis, patient consent, etc.). If you think a patient will be returning within 7 days and want to exercise the 7-day bed hold option to reserve their bed while they're gone and avoid having to do a new admission, then you should not discharge from CalOMS until after the 7 days passes. However, if the patient is admitted at a different agency after leaving your agency, then the patient must be discharged.

Q14c: Could we just complete a CalOMS admission and a Miscellaneous Note explaining why the patient was discharged and re-admitted within the 7-day timeframe?

No, a full new set of admission information must be entered in the Sage system (e.g., ASAM assessment, ICD-10 diagnosis, patient consent, etc.).

Q14d: Do we request from Netsmart that the CalOMS discharge be removed from the system and complete a Miscellaneous Note explaining what happened?

No, any submitted CalOMS forms CANNOT be deleted.

ADDITIONAL RESOURCES

Q15: Who do I contact when I have CalOMS questions or issues?

When you encounter the following CalOMS issues, please contact the HODA CalOMS Team IMMEDIATELY.

- Submitted the CalOMS form for the wrong date, LOC, or patient
- Unable to open the CalOMS Admission Form because the same patient's CalOMS Admission Form is submitted by another provider prior to your CalOMS data submission (the patient left before your CalOMS submission)
- Unable to submit the CalOMS Annual Update because of no admission record in the system
- Submitted a wrong discharge form

Please note if you submit CalOMS data TIMELY and ACCURATELY, you can avoid these issues!

How to Contact Us

SAPC HODA CalOMS Team Email: **HODA_CALOMS@PH.LACOUNTY.GOV**
- Harim Yoo
- Kelly Sadamitsu
- Jelilat Dayo Majekodunmi
- Katherine Wang

When contacting us, please provide the following:
- Detailed description of the issue
- Screenshots of any error messages

Q16: Where can I go for additional CalOMS resources?

Please refer to **Appendix A** for General Resources, such as the link to the CalOMS Resource webpage and the county and state CalOMS Data Collection Guides. **Appendix B** contains Medi-Cal Resources, such as the patient website, DHCS checklist, and links to check eligibility and apply online.

NAVIGATING PCNX

- My Favorites
- My Forms
- All Doc/Chart
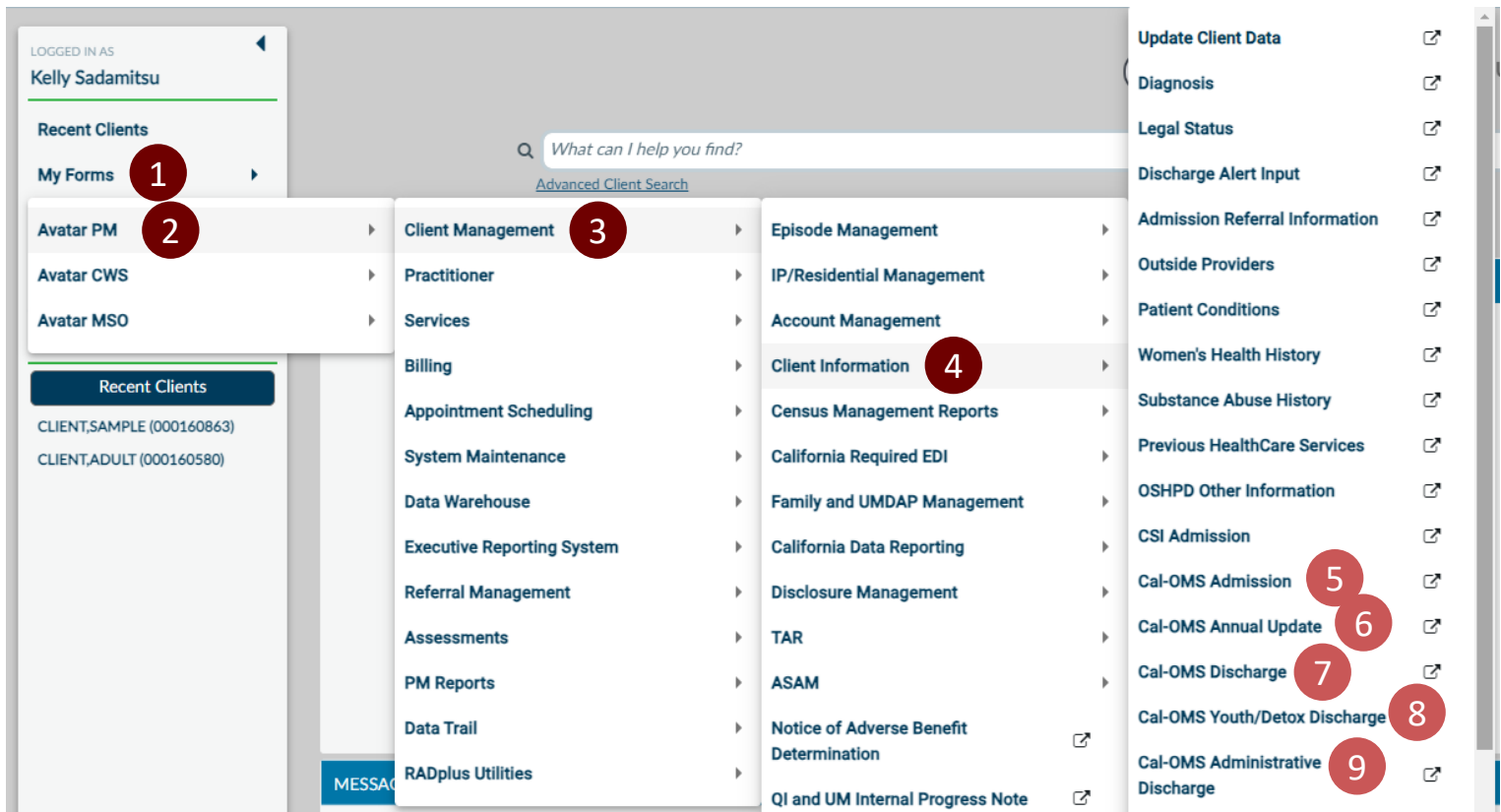- CalOMS Open Admission Episode Report

NAVIGATING PCNX
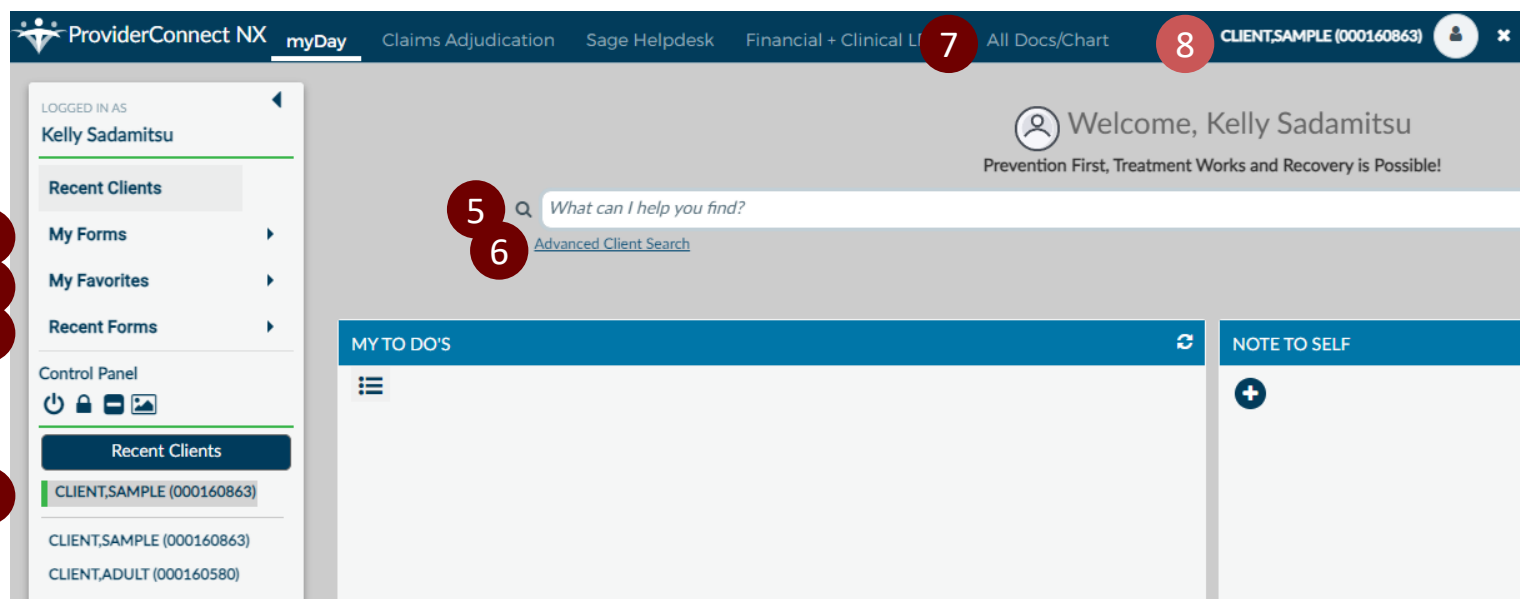
1. • **"My Forms"** is a comprehensive way to navigate to any Sage form.
   • CalOMS Forms can be found by navigating to:
     • My Forms > Avatar PM > Client Management > Client Information

2. • For easy access to frequently used forms, add them to **"My Favorites."**

3. • **"Recent Forms"** will list the most recent forms accessed during the current session.

4. • Patients accessed during your current session will be listed under **"Recent Clients."**
   • A patient's record is selected if the name is highlighted with a green bar on the left. The patient's name and ID will also appear on the bar at the top of the window 8 .
   • When a patient's name is highlighted, any forms that you open will be associated with that patient.

5. • The **"search bar"** can be used to navigate to any form, patient, or staff member.

6. • **"Advanced Client Search"** is recommended when searching for patients because more patient identifiers can be entered to ensure the correct record is selected.
   • At least three patient identifier fields must be entered in order to search for a patient.

7. • **"All Docs/Chart"** is not recommended for opening CalOMS forms.
   • Can be used to save/print PDFs of CalOMS forms that have been submitted.
   • Can be used to check which type of CalOMS Discharge form was previously submitted.

MY FAVORITES (RECOMMENDED)

FAVORITES EDITOR ✕

🔍 cal-oms ③   Add Folder

Here is what I found:

Forms

Undock	Name	Menu Option
↗	Cal-OMS Admission	/ Avatar PM / Client Management / Client Information
↗	Cal-OMS Annual Update	/ Avatar PM / Client Management / Client Information
↗	Cal-OMS Discharge	/ Avatar PM / Client Management / Client Information
↗	Cal-OMS Youth/Detox Discharge	/ Avatar PM / Client Management / Client Information
↗	Cal-OMS Administrative Discharge	/ Avatar PM / Client Management / Client Information

ProviderConnect NX myDay

LOGGED IN AS
Kelly Sadamitsu

Recent Clients

My Forms ▶

① **My Favorites** ▶

② **Edit Favorites**

Control Panel
⏻ 🔒 ➖ 🖼

Recent Clients

CLIENT,SAMPLE (000160863)

CLIENT,ADULT (000160580)

CLIENT,SAMPLE (000160863)

FAVORITES EDITOR ✕

🔍 What can I help you find?   ④ Add Folder

Cal-OMS Admission ✎ ✖
Cal-OMS Annual Update ✎ ✖
▾ 📂 CalOMS Discharges ✎ ✖
   Cal-OMS Discharge ✎ ✖
   Cal-OMS Youth/Detox Discharge ✎ ✖
   Cal-OMS Administrative Discharge ✎ ✖

⑤ ⑥

Save   Dismiss

① • Add frequently used forms to **"My Favorites"** by clicking **"My Favorites"** then **"Edit Favorites"** ② .

③ • Use the **"Favorites Editor"** search bar to search for the form of interest. Click each form to add it.

④ • **"Add Folder"** can be used to help organize forms into groups and subgroups.

⑤ • Be sure to **"Save"** once done making changes.

⑥ • **"Dismiss"** can be used to discard any changes.

My Favorites ▶

Edit Favorites

Cal-OMS Admission ↗

Cal-OMS Annual Update ↗

CalOMS Discharges ▶   **Cal-OMS Discharge** ↗

CLIENT,ADULT (000160580)   **Cal-OMS Youth/Detox Discharge** ↗

CLIENT,SAMPLE (000160863)   **Cal-OMS Administrative Discharge** ↗

MY FORMS

**CalOMS Forms can be found
by navigating to:**

1   My Forms >>

     2   Avatar PM >>

         3   Client Management >>

           4   Client Information >>

             5   CalOMS Admission

             6   CalOMS Annual Update

             7   CalOMS Discharge

             8   CalOMS Youth/Detox Discharge

             9   CalOMS Administrative Discharge

ALL DOC/CHART

"ALL DOC/CHART" is recommended for:

- Printing/saving PDFs of previously submitted CalOMS forms
- Viewing which CalOMS discharge form type was previously submitted
- Viewing fields that were submitted successfully

"ALL DOC/CHART" is NOT recommended for:

- Opening CalOMS forms

1 • After selecting a patient, navigate to the **"All Doc/Chart"** view.

2 • Select the **"CalOMS"** tab to view previously submitted CalOMS forms.

3 • The **"Date"** and **"Time"** listed for each form refers to the last date/time the form was submitted/saved, not the Admission Date or the Discharge Date.

4 • Type of CalOMS discharge form will be listed under **"Form Description."**

5 • Double click the form of interest to view it in the **6** **"Console Widget Viewer."**

- Instructions for printing/saving PDFs of CalOMS forms can be found on the next page (Page 21).

ALL DOC/CHART

To print/save a PDF of a CalOMS Form:

- **7** • **"Console Widget Viewer"** will display a tab for each form you have open.

- **8** • <u>Note</u>: **"Console Widget Viewer"** will only display fields that were answered. Fields that were not answered will **not** be displayed.

- **9** • To print/save a PDF of a CalOMS Form, select **9** **"Print"** then **10** **"Print Current."**

ALL DOC/CHART

To view the discharge form type that was previously submitted:

11 • Select the **"Cal-OMS"** tab in the **"Patient Chart Forms"** section.

12 • **"Form Description"** will list the type of CalOMS discharge form that was previously submitted (e.g., CalOMS Discharge, CalOMS Administrative Discharge, CalOMS Youth/Detox Discharge).

• **Note:** Once you know the type of CalOMS discharge form that was previously submitted, only use this form type to re-enter an existing form. It is recommended to access the form through **"My Favorites," "My Forms,"** or the **search bar**.

13 14 • **Reminder**: The **"Date"** and **"Time"** listed for each form refers to the last date/time the form was submitted/saved, not the Admission Date or the Discharge Date.

"CalOMS Open Admission Episode Report"

"CalOMS Open Admission Episode Report" in PCNX that displays the client's "undischarged" or "open" CalOMS episodes
- "Release of Information_In Network" (ROI) form in PCNX must be completed to access the full list of episodes

When you are unable to submit a CalOMS Admission Form because a patient has an open admission with another agency, please refer to the full set of instructions listed in the CalOMS Submission FAQ, Q5 (Page 8).

1 With your client already selected, type any portion of the form name into the search bar, "CalOMS Open Admission Episode Report"

2 **3** Ensure your client and your agency are selected, then click "Process" **4**

5 The report will be generated in a new window.

CalOMS Reports

1. CalOMS Data Quality Report
2. CalOMS Open Admission (OA) Report

- Sent monthly by HODA CalOMS Team to designated CalOMS liaisons from Los Angeles County (LAC) substance use disorder (SUD) agencies.

CalOMS Data Quality Report

CalOMS Data Quality Report

- Intended to assist LAC SUD agencies in accomplishing the ongoing countywide goals outlined below.

CalOMS Goals for All LAC SUD Agencies

Improve **CalOMS completeness**	Improve **CalOMS submission timeliness** - Admission within 7 days - Discharge within same day	**Discharge open CalOMS episodes** when patients are no longer active

Use **standard CalOMS Discharge Form**, whenever applicable	Complete **Discharge Status field** when filling out CalOMS discharge forms

"CalOMS Quality" Tab

- Includes all CalOMS submissions for the **current fiscal year** (i.e., with a CalOMS Admission Date and/or Discharge Date in the current fiscal year)
- Refer to columns labeled "Action Items" for items to address.
- Agencies are welcome to add comments/findings to this tab and return to the HODA CalOMS Team for review

Agency Expectations

- Activities are monitored, and continued non-responses to address the outstanding items/action items will be subject to corrective actions.
- Agencies can request trainings for the CalOMS Data Quality Report from the *HODA CalOMS Team.*
- When you come across any questions, issues, or error messages while working on the CalOMS Data Quality Report, please reach out to the *HODA CalOMS Team* right away: **HODA_CALOMS@PH.LACOUNTY.GOV**

CalOMS Open Admission (OA) Report

CalOMS Open Admission (OA) Report

- Includes CalOMS Admissions open for more than one year *without* either a **CalOMS Annual Update** or a **CalOMS discharge**

HODA CalOMS Team Provides:

Open Admission Records for RECOVERY INC.							
Facility	PATID	Form Serial Number	Level of Care Admitted	Admission Date	Last Annual Update Submitted	Last Date of Service in Claims	Agency Response
Recovery Inc. 123 Main St	999999	Z1234567	Outpatient	02/16/2024	.	03/31/2025	

Agency Expectations

Patient is still active at the specified level of care with no break* in treatment services since the CalOMS Admission Date	→	**CalOMS Annual Update** form is needed
Patient is no longer active at the specified level of care	→	The applicable **CalOMS discharge** form is needed
Once the record is addressed, indicate the action taken using the drop-down menu in the "Agency Response" column. Return completed report to CalOMS Team.	→	**Agency Response** — CalOMS Annual Update form submitted / Discharged / Other, please explain in detail

Please address all the listed OAs in the report and return the report to the *HODA CalOMS Team* by the **due date**. Should you require an extension, a request email must be sent to the *HODA CalOMS Team*: **HODA_CALOMS@PH.LACOUNTY.GOV**.

In addition, when you come across any questions or issues while working on the CalOMS OA Report, please reach out to the *HODA CalOMS Team* right away.

* Note: CalOMS Data Submission & AWOL Policy can be found in SAPC Provider Manual Version 9.0 (pg. 36).

DEMOGRAPHIC FORMS

- "Admission (Outpatient)" Form
- "Update Client Data" Form

DEMOGRAPHIC FORMS

"Admission (Outpatient)" and **"Update Client Data"** are **not** CalOMS forms.

- When a patient is **new to your agency**, the "Admission (Outpatient)" form is used to "open" the patient's chart in PCNX.

- When a patient has **been to your agency before**, the "Admission (Outpatient)" form does not need to be completed.

- To update demographic information for a patient who has **been to your agency before** and already has an "Admission (Outpatient)" form at your agency, you can use the "Update Client Data" form.

Note: Though the form is called "Admission (Outpatient)" , it is applicable for **all** levels of care, not just outpatient.

Pop-up messages may appear:
- When a patient already has an "Admission (Outpatient)" form completed at your agency → Form does not need to be completed

> **!**
>
> Client Is Already Active In This Program
> Ep# 1 Admit : 01/01/2023
>
> OK
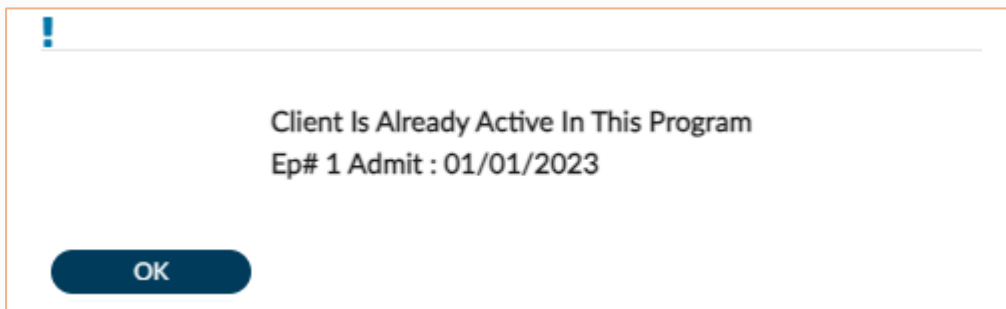
- If a patient has been to other agencies in the SAPC SUD Treatment network → Click OK to bypass this message, then proceed with completing form

> **?**
>
> Client is Active In Other Episodes.
>
> Ep# 1 Admit : 01/01/2023 (Recovery Inc)
>
> OK   Cancel
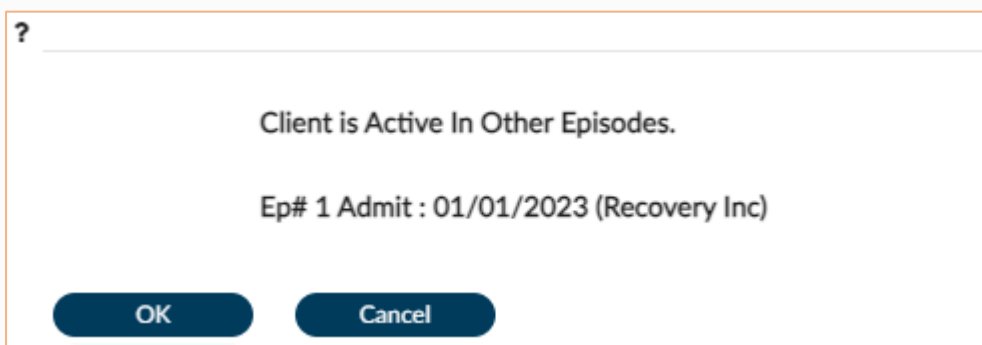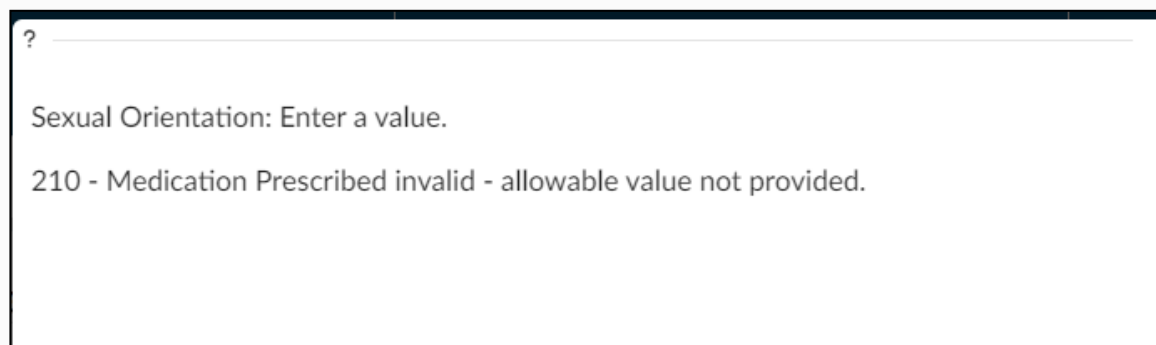
DEMOGRAPHIC FORMS

Providers must complete **all** questions, even if they are not marked as required (in red font). The responses are required by the State for successful CalOMS submission. Missing certain fields may result in the submission being rejected by the State.

Tips For Completing "Admission (Outpatient)" and "Update Client Data" Forms:

- **Social Security Number**
    - Enter 9 digits with dashes or xxx-xx-xxxx format. Wrong SSN input will cause error for the CalOMS admission form.
    - If a client declined to state, does not know, or has no SSN, use 999-99-9999.
    - This field is populated on the CalOMS form.

- **Zip Code**
    - Put a valid 5-digit zip code of patient's current address.
    - If a client is homeless, use 00000. If a homeless client is in a shelter or a facility, you may use the shelter or facility zip code.
    - If a client declined to state, use XXXXX.
    - If a client is unable to answer, use ZZZZZ.

- **"Gender Identity" and "Sexual Orientation" questions**
    - Found on the "Admission (Outpatient)" and "Update Client Data" forms
    - If these fields are not answered, you may receive a pop-up message on the CalOMS Admission.

?

Sexual Orientation: Enter a value.

210 - Medication Prescribed invalid - allowable value not provided.

    - You can click "Continue Filing" to bypass the message and submit the CalOMS Admission form.
    - If you cannot click "Continue Filing," please contact the HODA CalOMS Team right away: **HODA_CALOMS@PH.LACOUNTY.GOV**
    - Then please make sure to answer **ALL** applicable question(s) on the "Admission (Outpatient)" or "Update Client Data" form.

CALOMS ADMISSION FORM

PATIENT IDENTIFICATION AND DEMOGRAPHICS

1   Currently, the system will not allow the field "Admission Date" to be edited after the form is submitted. It **cannot** be edited after initial submission. **Please double check and ensure this information is correct before submitting.**

     If you submit an incorrect value for this field, please contact the *HODA CalOMS Team* (HODA_CALOMS@PH.LACOUNTY.GOV) immediately for guidance. These situations are handled on a case-by-case basis.

3   Selecting an option for the "Level of Care" field should be done carefully to avoid losing any data.
- To avoid potential issues, do your best select the correct "Level of Care" from the beginning.
- Do NOT use an incorrect level of care to bypass pop-up messages, such as "There is an active CalOMS Admission…"
- If the "Level of Care" needs to be updated for a previously submitted form, please contact the HODA CalOMS Team for assistance: **HODA_CALOMS@PH.LACOUNTY.GOV**

4   ONLY use the option "Admission." DO NOT use any other possible values. They will create errors.

5   If field is activated, ONLY use the option "Yes"

6   If field is activated, ONLY use the option "No"

🚫   Do not touch this field.

PATIENT IDENTIFICATION AND DEMOGRAPHICS

⌄ Client Identification

(7) **1.5. Birth Last Name** HODA	(8) **1.6. Birth First Name** TEST	(9) **1.7. Place of Birth - State** * Select	(10) **1.8. Place of Birth - County** * Select
(11) **1.9. Current Last Name** *	(12) **1.10. Current First Name** *	(13) **1.11. Driver's License State** * Select	(14) **1.12. Driver's License Number** *
(15) **1.13. Social Security Number** *	(16) **1.14. Zip Code At Current Residence** *	(17) **1.15. Mother's First Name** *	

(9)
- If **(10)** "Place of Birth – County" is within California, California must be selected.
- If the patient was born outside the U.S., select "Other (born outside of the U.S.)."
- If the individual cannot remember or does not know what state he/she/they was/were born in, select the state in which the individual is living.

(10)
- If **(9)** "Place of Birth – State" is "Born outside of the U.S." or a state rather than California, then select "Other (born outside of CA)."
- If **(9)** "Place of Birth – State" is "California," a county name must be selected.
- If the individual cannot remember or does not know what county he/she/they was/were born in, select the county in which the individual is living.

(13)
- The "Driver's License State" drop-down menu is **ALPHABETICALLY** ordered. **If a patient does not have a driver's license or state ID card, select "None or not applicable."** Options for "Client declined to state" and "Client unable to answer" are also available. Be sure to choose the correct option and align with special codes in **(14)** .
  - Choosing a random state when the patient does not have a license or state ID card is incorrect.

(14)
- An alpha-numeric driver's license/state identification card number
- **If the following situations apply, use the special codes below** and make sure that the responses are aligned in **(13)** . (**99900**: Client declined to state; **99902**: None or N/A; **99904**: Client unable to answer due to detox or developmental disability)

(15) The SSN from the *"Admission (Outpatient)" Form* may contain non-valid SSNs such as 999-99-9999. However, this is <u>invalid</u> for the *CalOMS Admission Form*. For these cases, the *CalOMS Admission Form* must be updated with one of the following special codes (**99900**: declined to state; **99902**: N/A, does not have SSN; **99904**: unable to answer due to detox or developmental disability), as non-action will result in errors.

(16) Prefilled from the demographic form. Refer to the following guide for changes:
- If a patient is homeless, use 00000; if a homeless patient is in a shelter or facility, use the shelter or facility zip code.
- If a patient declined to state, use XXXXX.
- If a patient is unable to answer, use ZZZZZ.

(17)
- If a patient is unable to provide a name or cannot recall his/her mother's name, enter "mother," "mom," or ask the person to provide mother's nickname.

PATIENT IDENTIFICATION AND DEMOGRAPHICS

(18) • For patients of mixed race, select "Mixed Race" in the "Race" field; specify the mixed races in the "Race (1)" to "Race (5)" fields.
  - If "Mixed Race" is selected, Race (1) and Race (2) are enabled/required
  - When Race (2) is filled out, Race (3) will be enabled and so on.
  - When there are no more races to add, leave the last Race field blank.
• If "Other Race (Specify)" is chosen, go to question **(19)** directly.
• For Hispanic/Latino patients who do not want to identify themselves with any other race, choose "Other Race (Specify)" then go to Ethnicity question **(20)** directly.

Race (answer choices)

Alaskan Native	Guamanian	Other Asian
American Indian	Hawaiian	**Other Race (Specify)**
Armenian	Iranian	Samoan
Asian Indian	Japanese	Thai
Black/African-American	Korean	Vietnamese
Cambodian	Laotian	White/Caucasian
Chinese	Middle Eastern	
Filipino	Mixed Race	

PATIENT IDENTIFICATION AND DEMOGRAPHICS

20
- Be careful not to mix the race with the ethnicity responses.
  - E.g., "Hispanic" is considered an ethnicity NOT a race.
- If "South American (Specify)" is chosen, answer question **21** and input a South American ethnicity that is NOT listed in the "Ethnicity" field options.

Ethnicity (answer choices)

Belizean	Honduran	Panamian
Costa Rican	Mexican/Mexican American	Puerto Rican
Cuban	Nicaraguan	Salvadorian
Dominican	Not Hispanic	**South American (Specify)**
Guatemalan	Other Hispanic/Latino	

24 **23** This field will be enabled when "Other Primary Language" is selected from "Primary Language at Home" field options. Put a language that is not listed in the "Primary Language at Home" question.

27 This field will be enabled when "Other Preferred Language" is selected from **26** "Preferred Treatment Language" field.

PATIENT IDENTIFICATION AND DEMOGRAPHICS

Veteran Consent and Disability Data

28

1.22. Veteran *

- ○ No
- ○ Client declined to state
- ○ Yes
- ○ Client unable to answer

29

1.23. Consent *

- ○ No
- ○ Yes

30

1.24. Disability *

- ☐ None
- ☐ Visual
- ☐ Hearing
- ☐ Speech
- ☐ Mobility
- ☐ Mental
- ☐ Developmentally Disabled
- ☐ Other
- ☐ Client declined to state
- ☐ Client unable to answer

Sexual History

31

1.25. When you have sex, do you wear condoms? *

Select ⌄

29   Set to "No" as default.

30
- A patient may have more than one disability.
- Can NOT be combined with other disability types when choosing one of the following:
    - None
    - Client declined to state
    - Client unable to answer

31   This question is for youth (ages 12 – 17 years) only.

ADMISSION DATA

- Field (3) = A valid number from 0 to 999.
- Field (4) = A valid number from 0 to 99.
- **99900**: declined to state; **99901:** not sure/don't know; **99902**: N/A; **99904**: unable to answer due to detox or developmental disability
    - Detailed instructions for special codes are located on Page 7 of this guide.

- "Yes" is applicable for a patient who **has** a CIN number, and Medi-Cal eligibility has been determined and **verified** through the Medicaid Eligibility Data System (MEDS).
    - If this is chosen, enter CIN number in question (6).
- "Pending" is applicable for patients who **submitted** a Medi-Cal application but Medi-Cal eligibility **is still pending** (i.e., not in MEDS yet).
    - If this is chosen, use "Pending" as the CIN number in (6).
- "No" is applicable for patients who did not submit the Medi-Cal application at the time of admission or who are not eligible for Medi-Cal.
    - If patients are deemed eligible based on the eligibility verification form (e.g., income), providers can take active steps to ensure patients submit applications to DPSS during their intake process.
    - Also, if patients meet medical necessity, providers should select either MHLA or other Non-DMC funding programs if applicable for "Other Funding Programs" field (7).

For additional Medi-Cal resources (e.g., how to check eligibility, how to apply online, DHCS checklist, patient website), please see Appendix B.

ADMISSION DATA

Funding Programs

(7) 3.7. Other Funding Programs (Choose all that apply) *

All |Clear   Search

- [ ] AB109
- [ ] Adult Drug Court
- [ ] CalWORKS (API)
- [ ] CalWORKS Detox
- [ ] CalWORKS Family Solution Center
- [ ] CalWORKS

(8) 3.8. CalWORKs Recipient *

- ○ No
- ○ Not sure/Don't Know
- ○ Yes

(9) 3.9. Substance Abuse Treatment Under CalWORKs *

- ○ No
- ○ Not sure/Don't Know
- ○ Yes

RBH

(10) 3.10. Is the client in or being admitted to Recovery Bridge Housing?

Select

Field Based Services

(11) 3.11. Field Based Services? *

Select

(12) 3.12. Type of Field Based Services (check all that apply)

All |Clear   Search

- [ ] Alcohol Drug Testing
- [ ] Assessment (Triage, Continuum)
- [ ] Case Management
- [ ] Collateral Services
- [ ] Crisis Intervention

(13) 3.13. Field Based Services Location

Select

Other Field Based Location (Specify)

(14)

(15) 3.14. JJCPA/Schiff-Cardenas *

- ○ Yes
- ○ No

Personal Responsibility Assessment

(16) 3.15. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good) *

(7) • If "Adult Drug Court," "Family Dependency Drug Court," "AB109," "Prop 47," "Prop 57," "Juvenile In Custody Probation Camp," "Probation/Day Reporting Center," "Probation JJCPA," or "Probation Title IV E" is selected, then "No Criminal Justice Involvement" CANNOT be selected for the "Criminal Justice Status" field on Page 41.

• "My Health LA" CANNOT be selected if "Yes" or "Pending" was selected for the "Medi-Cal beneficiary" field **(5)** .

(10) Recovery Bridge Housing participants must be concurrently enrolled in Outpatient, Intensive Outpatient, OTP, or WM1 services.

(15) This field indicates whether the youth patient participated in the Juvenile Justice Crime Prevention Act (JJCPA), formerly referred to as Schiff Cardenas.

ALCOHOL AND DRUG USE DATA

∨ Primary and Secondary Drug Use

(1) 4.1. Primary Drug (Code) *
Select

(2) 4.2. Primary Drug Name

(3) 4.3. Days of Primary Drug Use In The Last 30 Days *

(4) 4.4. Primary Drug Route of Administration *
Select

(5) 4.5. Primary Drug Age of First Use *

(6) 4.6. Secondary Drug (Code) *
Select

(7) 4.7. Secondary Drug Name

(8) 4.8. Days of Secondary Drug Use In The Last 30 Days *

(9) 4.9. Secondary Drug Route of Administration *
Select

(10) 4.10. Secondary Drug Age of First Use *

(2) A drug name that was not in the "Primary Drug (Code)" list must be provided when "Other" drug is chosen for question **(1)**. Enter 999 if you do not know the drug name.

   Common "*Other*" Drugs:
   - Fentanyl = "Other Opiates and Synthetics"
   - Xanax = "Tranquilizers (Benzodiazepine)"
   - GHB = "Other Sedatives or Hypnotics"
   - BZP = "Other Stimulants"

(3)(8) Input number must be within the range of 0 to 30. If the patient has been in a controlled environment such as jail or a residential facility 30 days before entering treatment and reports no drug use in those 30 days then 0 (zero) must be reported.

(4)(9) "Route of Administration" fields default to "Oral" when "Alcohol" is selected as Primary or Secondary Drug. If you change to another drug after initially selecting "Alcohol," please change "Route of Administration," if applicable.

(5)(10) "Age of First Use" must be smaller than current age.

(7) A drug name that was not in the "Secondary Drug (Code)" list must be provided when "Other" drug is chosen for question **(6)**. Enter 999 if you do not know the drug name.

ALCOHOL AND DRUG USE DATA

Additional Alcohol and Drug Use

11 4.11. Days of Alcohol Use In The Last 30 Days *

12 4.12. Days of IV Use (Needle Use) In The Last 30 Days *

13 4.13. Needle Use in the Last 12 Months *

○ No ○ Yes
○ Client unable to answer

14 4.14. In addition to your primary and secondary drugs, did you use any of the following drugs in the last 30 days? (check all that apply) *

All |Clear   Search   🔍

☐ Alcohol
☐ Barbiturates
☐ Cocaine /Crack
☐ Ecstasy
☐ Heroin
☐ Inhalants

15 4.14a. Other Drugs (Specify)

Personal Drug and Alcohol Assessment

16 4.15. How many of your friends use alcohol and/or drugs? *

Select

17 4.16. If I wanted to, I could easily reduce my substance use. It is up to me whether I reduce my substance use *

Select

18 4.17. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --> not good at all to 10 --> very good) *

19 4.18. Codependent/Significant Other *

○ Yes   ○ No

---

11 99902 is the default value when the primary drug or secondary drug is alcohol.

12 Needle use in the last 30 days for primary drug, secondary drug, or any other drug use.
- A number range of 0 to 30
- Client declined to state: 99900
- Client unable to answer: 99904

13 Must choose "Yes" if there is a number of 0 to 30 reported for question **12** .

14
- Check all of the drugs that patient used in last 30 days in addition to primary/secondary drug reported; cannot be the same as primary/secondary drug reported above.
- The option "None" can't be selected along with any other drugs.

19 Is the patient's codependent/significant other in the treatment program with them? Choose "No" as default.

EMPLOYMENT DATA

∨ Education Data

(1) 5.1. Enrolled in School *

- No
- Client declined to state
- Yes
- Client unable to answer

(2) 5.2. Highest School Grade Completed *

Select ⌄

(3) 5.3. Type of school enrollment

Select ⌄

(4) Other (Specify)

∨ Employment Data

(5) 5.4. Employment Status *

- Employed Full Time (35 hrs or more)
- Employed Part Time (less than 35 hrs)
- Unemployed Looking For Work
- Unemployed - (Not seeking)
- Not in the labor force (Not seeking)

(6) 5.5. Days of Paid Work In The Last 30 Days *

(7) 5.6. Enrolled in Job Training *

- No
- Client declined to state
- Yes
- Client unable to answer

(1) "Yes" should be reported when individuals are currently enrolled in classes to obtain a high school diploma or high school equivalency diploma, or individuals taking college courses, whether to obtain a degree or not.

(2) A number from 0 to 30 or 30+. E.g., individuals with a GED or other high school equivalency, enter 12, to indicate the equivalent of 12 years of education.

(5) "Employment Status" can't be "Employed full time" if patient is 14 years or younger.
- *Employed full time (35 hrs or more):* legally employed and works 35 or more hours per week for payment
- *Employed part time (less than 35 hrs):* legally employed and works up to 35 hours per week for payment
- *Unemployed looking for work:* not employed and actively seeking employment in the past 30 days (e.g., temporary layoff, waiting the start date of a new job)
- *Unemployed (not seeking):* not employed and has not been seeking work in the last 30 days (e.g., students, homemakers, retirees)
- *Not in the labor force (not seeking):* unemployable and are not in the labor force including those who cannot work due to a disability

(7) "Yes" should be reported when individuals are participating in an internship; attending vocational schools or participating in vocational programs such as Job Core; or attending some sort of trade school, such as a school that specializes in training people on a specific skill (e.g., bookkeeping or dental hygiene, etc.).

CRIMINAL JUSTICE DATA

∨ **Criminal Justice Data**

6.1. Criminal Justice Status *

○ No criminal justice involvement
○ Under parole supervision by CDC
○ On parole from any other jurisdiction
○ Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction
○ Admitted under diversion from any court under CA Penal Code Section 1000
○ Incarcerated
○ Awaiting trial, charges, or sentencing
○ Client unable to answer

6.2. Number of Arrests Last 30 Days *

6.3. Number of Jail Days Last 30 Days *

6.4 Number of Prison Days Last 30 Days *

6.5. Parolee Services Network (PSN) *

○ No   ○ Yes
○ Client unable to answer

6.6. FOTP Parolee *

○ No   ○ Yes
○ Client unable to answer

6.7. FOTP Priority Status *

○ Completed Forever Free and released and enrolled in treatment program
○ Any woman paroling from CIW
○ Completed Forever Free and goes direct to FOTP facility
○ None or Not Applicable
○ Client unable to answer

6.8. CDC Identification Number *

1
- "Criminal Justice Status" must be aligned with the information provided in other questions that have criminal justice related information, such as "Proposition 36 Participant" and "Source of Referral" on Page 36, and "Other Funding Programs" on Page 37.
- Examples of criminal justice involvement include: probation or parole, drug court, DUI/DWI, AB109, Prop 47, Probation Title IV E, etc.

2 **3** **4**
- A number from 0 to 30
- Client unable to answer: 99904

2 An arrest happens when a person is taken into police custody. Simply being put in the back of the police car will not be counted as an arrest.

3 Jails are usually run by local law enforcement and/or local government agencies and are designed to hold inmates awaiting trial or serving a short sentence.

8 This question is for an adult patient "Under parole supervision by CDC" and with criminal justice involvement. Special codes accepted.

MEDICAL/PHYSICAL HEALTH DATA

Medical and Physical Health Data

1
7.1. Number of Emergency Room Visits In The Last 30 Days *

2
7.2. Days of Hospital Overnight Stay In The Last 30 Days *

3
7.3. Days With Medical Problems In The Last 30 Days *

4
7.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 --> not good at all to 10 --> very good) *

5
Medi-Cal Beneficiary

○ No   ○ Yes
○ Client unable to answer

6
7.5. Are you currently pregnant? *

○ No   ○ Yes
○ Not Sure/Don't Know

Medication Information

7
7.6. Which of the following medication is prescribed as part of treatment? *

Select

8
Other medications for SUD treatment (Specify)

9
7.7. Have you ever received education about Naloxone use for drug overdose? *

Select

10
7.8. Have you ever used Naloxone for drug overdose reversal for yourself or others? *

Select

1
- A number from 0 to 99
- Client unable to answer: 99904

2 **3**
- A number from 0 to 30
- Client unable to answer: 99904

5   This field will be automatically filled. Please do not make changes.

7
- Response cannot be "None" for a patient in Opioid Treatment Programs. If selected, an error message will pop up saying that medication prescribed cannot be "None" for patients in Opioid Treatment Programs.
- This information should be limited to the medication prescribed by the provider for an individual's SUD treatment.
- Do not use "Other" when an individual reports taking medication for other health conditions.
- If "Other medications for SUD treatment (Specify)" is selected, **8** MUST be filled.

MEDICAL/PHYSICAL HEALTH DATA

Communicable Diseases

(11) **7.9. Communicable Diseases: Tuberculosis** *

○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

(12) **7.10. Communicable Diseases: Hepatitis C** *

○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

(13) **7.11. Communicable Diseases: Sexually Transmitted Diseases** *

○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

(14) **7.12. If yes, which of the following STDs?**

☐ Chlamydia   ☐ Gonorrhea   ☐ Herpes
☐ Syphilis   ☐ Other

(15) **7.13. Have you been diagnosed with any other communicable diseases?** *
○ Yes   ○ No

(16) **7.14. HIV Tested** *

○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

(17) **7.15. HIV Test Results** *

○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

(17) If "No" is selected for **(16)**, "No" must be chosen for this question.

MENTAL HEALTH DATA

(1) **8.1. Have you ever been diagnosed with a mental illness?** *

○ No   ○ Yes
○ Not Sure/Don't Know

(2) **8.2. Mental Health Medication In The Last 30 Days** *

○ No   ○ Yes
○ Client unable to answer

(3) **8.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health)** *

(4) **8.4. Days of Psychiatric Facility Use In The Last 30 Days** *

(5) **8.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good)** *

(3)
- A number from 0 to 99
- Client unable to answer: 99904

(4)
- A number from 0 to 30
- Client unable to answer: 99904

FAMILY/SOCIAL DATA

Social Support

(1) **9.1. How many days have you participated in any social support recovery activities in the past 30 days 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 members and/or friend support of recovery? ***

(2) **9.2. Are any family members or guardians included as part of the treatment/recovery plan? ***

Select ▾

Living Arrangements

(3) **9.3. Current Living Arrangements ***

Select ▾

(8) Is this participant homeless?

◯ Yes   ◯ No

(4) 9.4. What is your current dependent living arrangement?

Select ▾

(9) 9.6. Current homeless living arrangement?

Select ▾

(5) Other dependent living (Specify)

(10) Specify Other Homeless Living Arrangement

(6) 9.5. What is your current independent living arrangement?

Select ▾

(11) 9.7. How long have you been homeless?

Select ▾

(7) Other independent living (Specify)

(12) **9.8. Are you interested in improving your current living situation? ***

Select ▾

(13) **9.9. Are you exiting institution (e.g., hospital, residential treatment, jail/prison)? ***

Select ▾

(2) This question is for youth (ages 12 – 17 years) patients only.

(3)
- *Homeless*: This includes patients with no permanent residence (e.g., living in shelters, motels, or in a vehicle).
  - If "Homeless" is selected, "00000" will be automatically filled in the zip code field.
- *Dependent living:* Patients living in a supervised setting such as residential institutions, prison, jail, halfway houses or group homes, adult children (age 18 or over) living with parents that contribute to less than half of expenditures, and children (under age 18) living with parents, relatives, guardians or in foster care.
- *Independent living:* This includes individuals who own their home, rent/live alone, live with roommates and do not require supervision. These individuals pay rent or otherwise contribute financially to the cost of the home/apartment. This includes adult children (age 18 or over) living with parents that contribute to more than half of expenditures.

(5) Answer this question only if "Current Living Arrangement" is "Dependent living / Supervised setting."

(7) Answer this question only if "Current Living Arrangement" is "Independent living (Own or rent a home alone or with roommates with no supervision)."

(9) (11) (12) (13) Answer these questions only if a patient is "Homeless."

(11) This question is very important to help identify patients who are chronically homeless.

FAMILY/SOCIAL DATA

Family and Social

(14) 9.10. Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or drug user? *
Select

(15) 9.11. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days *

(16) 9.12. Days With Family Conflict In The Last 30 Days *

(17) 9.13. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --> not good at all to 10 --> very good) *

(18) 9.14. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? *

(19) 9.15. Number Of Children Aged 5 Years Or Younger *

(20) 9.16. How many children are living with someone else because of a child protection court order? *

(21) 9.17. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated? *

Abuse

(22) 9.18. Have you been physically abused during the past 30 days? *
○ Yes   ○ No

(23) 9.19. Have you been sexually abused during the past 30 days? *
○ Yes   ○ No

(15)(16)
- A number from 0 to 30
- Client declined to state: 99900
- Client unable to answer: 99904

(18) Count only the children that are related to a patient through birth or adoption. This does not include step-children, nieces, nephews, cousins, or children from previous relationships, unless they were adopted.

(19) Numbers should be smaller than or equal to the number provided in **(18)**.

(18)(19)
- Client unable to answer: 99904

(20)(21) Ask these questions if the patient reported having at least one child aged 17 or younger.

CALOMS DISCHARGE FORMS

CALOMS DISCHARGE FORMS

There are three CalOMS discharge forms available to choose from in Sage.
Please ensure you are selecting the correct one from the beginning:

Cal-OMS Discharge   ☒

Cal-OMS Administrative Discharge   ☒

Cal-OMS Youth/Detox Discharge   ☒

Cal-OMS Discharge form is **standard** and should be used when a patient is available for an exit interview and qualifies for the following discharge status:

> 1: Completed treatment/recovery plan goals (referred or transferred)
> 2: Completed treatment/recovery plan goals (not referred or transferred)
> 3: Left before completing treatment/recovery plan goals with satisfactory progress (referred or transferred)
> 5: Left before completing treatment/recovery plan goals with unsatisfactory progress (referred or transferred)

Cal-OMS Administrative Discharge form should be used <u>only</u> when a patient is not available for an exit interview and qualifies for the following discharge status:

> 4: Left before completing treatment/recovery plan goals with satisfactory progress (not referred or transferred)
> 6: Left before completing treatment/recovery plan goals with unsatisfactory progress (not referred or transferred)
> 7: Discharged by agency for cause (e.g., non-compliance with agency rules)
> 8: Death
> 9: Incarceration

Cal-OMS Youth/Detox Discharge form should be used when a patient meets one of the following criteria:

- Youth patient = less than 18 years old at admission
- Admitted to detox LOC

⚠️ **Standard vs. Administrative**
- ✓ Completed treatment/goals → Standard
- ✓ Incomplete treatment/goals AND referred → Standard
- ✓ Incomplete treatment/goals AND NOT referred → Administrative
- ✓ Discharged by agency for cause, Death, or Incarceration → Administrative

STANDARD DISCHARGE

1 **1.1. Discharge Date** *

2 **1.2. Discharge Process Date** *

3 **1.3. Record to be Submitted** *
Select

4 **1.4. Discharge Status** *
Select

1.5. Level of Care Admitted
Outpatient Services

Flag for Resubmission 💡
○ Yes   ○ No

5 **1.6. Which SUD level of care was the client referred/transferred to?** *
Select

8 **1.9. What other services was the client referred to?** *
All |Clear   Search
☐ Emergency Department
☐ Housing Assistance
☐ Medical Services
☐ Mental Health Services
☐ None

6 **1.7. Reason client was not referred to another SUD level of care** *
Select

7 **1.8. Other reason (Specify)** *

9 **1.10. Other service (Specify)** *

1
- For standard discharges, enter the date of the patient's last face-to-face, telehealth treatment session or MAT service.
- The discharge date may not exceed the last date of face-to-face/telehealth service, and it cannot be after the discharge data is being entered into the database.
- Discharge date must be later than the admission date.

2 "Discharge Process Date" is the date that the discharge data is being entered into the database.

3 ONLY use the option "Discharge." DO NOT use any other possible values. They will create errors.

4 For the following situations and Discharge Status options, use the "Cal-OMS Administrative Discharge" form instead of the standard "Cal-OMS Discharge":
- Left Before completing treatment/recovery plan goals with Satisfactory Progress (not referred or transferred)
- Left Before completing treatment/recovery plan goals with Unsatisfactory Progress (not referred or transferred)
- Discharged by agency for cause, death, or incarceration

5 Choose a treatment level of care. Please do not choose "RBH".

8 Select "None" if not referred. "None" can not be combined with other options.

STANDARD DISCHARGE

Services During Treatment

10 1.11. Did you have a care manager? *
Select

11 1.12. What kind of care coordination services did the client receive during the treatment? *
All |Clear   Search
- Basic Needs
- Child Care
- Educational/Vocational
- Employment
- Family/Social

12 1.13. Other service (Specify) *

13 1.14. My care manager helped me find services I needed *
Select

14 1.15. Was the client in Recovery Bridge Housing during treatment? *
Select

15 1.16. If yes, has the client been discharged from Recovery Bridge Housing? *
Select

16 1.17. Did you receive field based services? *
Select

17 1.18. Type of field based services received (check all that apply) *
All |Clear   Search
- Alcohol Drug Testing
- Assessment (Triage, Continuum)
- Case Management
- Collateral Services
- Crisis Intervention

Client details

18 1.19. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good) *

19 1.20. Consent *
○ No   ○ Yes

20 1.21. Disability (check all that apply) *
- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other
- Client declined to state
- Client unable to answer

21 1.22. Was the client available for an exit interview? *
○ Yes   ○ No

22 1.23. Were the treatment services provided in your preferred language? *
Select

23 1.24. Current Last Name
24 1.25. Current First Name
25 1.26. Social Security Number
26 1.27. Zip Code At Current Residence *
27 Form Serial Number

> For all other questions in this section, please refer to the same questions available in the "Admission Form" section that begins on Page 30.

10 If patient received care management from any staff (does not have to have a "care manager" title) during treatment, select "Yes" and answer **11** and **13**.

11 Select all that apply. For more information on types of case management services, please refer to *Case Management References* (Appendix A, #2).

14 Recovery Bridge Housing participants must be concurrently enrolled in outpatient, intensive outpatient, OTP, or Withdraw Management 1 services.

16 "Yes" is only for Outpatient, Intensive Outpatient, and Recovery Support Service, and can only be delivered in designated and SAPC approved sites.

ALCOHOL AND DRUG USE DATA

Primary and Secondary Drug Use

1 2.1. Primary Drug (Code) *
Select

5 2.5. Secondary Drug (Code) *
Select

2 2.2. Primary Drug Name

6 2.6. Secondary Drug Name

3 2.3. Days of Primary Drug Use In The Last 30 Days *

7 2.7. Days of Secondary Drug Use In The Last 30 Days *

4 2.4. Primary Drug Route of Administration *
Select

8 2.8. Secondary Drug Route of Administration *
Select

Additional Alcohol and Drug Use

9 2.9. Days of Alcohol Use In The Last 30 Days *

11 2.11. Is this participant sober/abstinent? *
○ Yes   ○ No

10 2.10. Days of IV Use (Needle Use) In The Last 30 Days *

12 2.12. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --> not good at all to 10 --> very good) *

1
- Choose "None" if a patient doesn't have any primary drug problem at discharge.
- Refer to the "Primary Drug Code" in the Admission Form section for drug descriptions and extra data entry instructions.

5
- Choose "None" if a patient doesn't have any secondary drug problem at discharge.
- Refer to the "Secondary Drug Code" in the Admission Form section for drug descriptions and extra data entry instructions.

11 Answer this question based on the observation of a patient's responses.

EMPLOYMENT DATA

1 3.1. Employment Status *
○ Employed Full Time (35 hrs or more)
○ Employed Part Time (less than 35 hrs)
○ Unemployed Looking For Work
○ Unemployed - (Not seeking)
○ Not in the labor force (Not seeking)

4 3.4. Enrolled in School *
○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

5 3.5. Highest School Grade Completed *
Select

2 3.2. Days of Paid Work In The Last 30 Days *

3 3.3. Enrolled in Job Training *
○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 40.

CRIMINAL JUSTICE DATA

1 4.1. Number of Arrests Last 30 Days *

2 4.2. Number of Jail Days Last 30 Days *

3 4.3. Number of Prison Days Last 30 Days *

> For all questions in this section, please refer to the same questions available in the Admission Form section on Page 41.

MEDICAL/PHYSICAL HEALTH DATA

Medical and Physical Health Data

1 5.1. Number of Emergency Room Visits In The Last 30 Days *

2 5.2. Days of Hospital Overnight Stay In The Last 30 Days *

3 5.3. Days With Medical Problems In The Last 30 Days *

4 5.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, and taking care of health or dental problems) (from 1 --> Not good at all to 10 --> Very good) *

5 5.5. Pregnant At Any Time During Treatment *
- ○ No
- ○ Not Sure/Don't Know
- ○ Yes

Medication Information

6 5.6. Which of the following medications did you take as part of treatment? *

All |Clear   Search
- ☐ Acamprosate (Campral)
- ☐ Buprenorphine (Suboxone)
- ☐ Buprenorphine (Subutex)
- ☐ Disulfiram (Antabuse)
- ☐ LAAM

7 5.7. Other medications for SUD treatment (Specify) *

8 5.8. Have you received education about Naloxone use for drug overdose during treatment? *
Select

9 5.9. Have you used Naloxone for drug overdose reversal for yourself during treatment? *
Select

Communicable Diseases

10 5.10. Since Admission, have you been diagnosed with tuberculosis? *
- ○ Yes
- ○ No

11 5.11. Since Admission, have you been diagnosed with Hepatitis C? *
- ○ Yes
- ○ No

12 5.12. Since Admission, have you been diagnosed with a sexually transmitted disease (STD)? *
- ○ Yes
- ○ No

13 5.13. If yes, which of the following STDs? *
- ☐ Chlamydia
- ☐ Syphilis
- ☐ Gonorrhea
- ☐ Other
- ☐ Herpes

14 5.14. Since admission, have you been diagnosed with any other communicable diseases? *
- ○ Yes
- ○ No

15 5.15. HIV Tested *
- ○ No
- ○ Client declined to state
- ○ Yes
- ○ Client unable to answer

16 5.16. HIV Test Results *
- ○ No
- ○ Client declined to state
- ○ Yes
- ○ Client unable to answer

10 **11** **12** **14** It is for the period during treatment only.

MENTAL HEALTH DATA

Mental Illness

1

6.1. Mental Illness *

○ No   ○ Yes
○ Not Sure/Don't Know

2

6.2. Mental Health Medication In The Last 30 Days *

○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

3

6.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health) *

4

6.4. Days of Psychiatric Facility Use In The Last 30 Days *

5

6.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good) *

2   Please do not use the option "Client declined to state"

For all other questions in this section, please refer to the same questions available in the Admission Form section on Page 43.

FAMILY/SOCIAL DATA

Social Support

(1) 7.1. How many days have you participated in any social support recovery activities in the past 30 days 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 members and/or friend support of recovery? *

(2) 7.2. Were any of your family members / significant others actively involved during your treatment/recovery? *

Select

Living Arrangements

(3) 7.3. Current Living Arrangements *

Select

(4) Is this participant homeless?

○ Yes   ○ No

(5) 7.4. Current homeless living arrangement? *

Select

(6) 7.5. Specify Other Homeless Living Arrangement *

(7) 7.6. Has the client been linked to a stable/permanent housing during treatment? *

Select

(8) 7.6a. If yes, what is the permanent housing arrangement? *

○ Rental by client, no ongoing housing subsidy
○ Rental by client, with ongoing housing subsidy
○ Staying or living with family, permanent tenure
○ Staying or living with friends, permanent tenure
○ Other: specify

(9) 7.6b. What is the zip code of the permanent housing *

(10) 7.6c. Specify 'Other' Permanent Housing *

(11) 7.6d. If no, explain *

Family and Social

(12) 7.7. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days *

(13) 7.8. Days With Family Conflict In The Last 30 Days *

(14) 7.9. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --> Not good at all to 10 --> Very good) *

(15) 7.10. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? *

(16) 7.11. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not? *

(17) 7.12. How many children are living with someone else because of a child protection court order? *

(18) 7.13. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated? *

Abuse

(19) 7.14. Have you been physically abused during the past 30 days? *
○ Client Declined to Answer
○ Yes
○ No

(20) 7.15. Have you been sexually abused during the past 30 days? *
○ Client Declined to Answer
○ Yes
○ No

(7) If yes, please complete **(8)** and **(9)**. Complete **(10)** if applicable.

(11) Explain why patient was not linked to stable/permanent housing.

ADMINISTRATIVE DISCHARGE

1.0. Level of Care Admitted
Outpatient Services

5 **1.5. Record to be Submitted** *
- ⦿ Discharge
- ○ Discharge Delete
- ○ Discharge Update
- ○ None

Flag for Resubmission 💡
- ○ Yes
- ○ No

1 **1.1. Discharge Date** *

2 **1.2. Discharge Process Date** *

6 **1.6. Current First Name**

3 **1.3. Discharge Status** *
Select

7 **1.7. Current Last Name**

4 **1.4. Zip Code At Current Residence** *

8 **1.8. Primary Drug (Code)** *
Select

12 **1.12. Pregnant At Any Time During Treatment** *
- ○ No
- ○ Not Sure/Don't Know
- ○ Yes

9 **1.9. Primary Drug Name**

13 **1.13. Disability (check all that apply):** *
- ☐ None
- ☐ Hearing
- ☐ Visual
- ☐ Speech
- ☐ Mobility
- ☐ Mental
- ☐ Developmentally Disabled
- ☐ Client declined to state
- ☐ Client unable to answer
- ☐ Other

10 **1.10. Days of Primary Drug Use Last 30 Days** *

11 **1.11. Primary Drug Route of Administration** *
- ○ Oral - ingested by mouth
- ○ Smoking
- ○ Inhalation
- ○ None or Not Applicable
- ○ Injection
- ○ Other

Form Serial Number

1
- For administrative discharges, enter the date of the last face-to-face/telehealth services.
- For Opioid Treatment Program (OTP) participants, enter date of the last oral medication the participant received.
- The discharge date must be on or before the date that the discharge data is being entered into the database.
- Discharge date must be later than the admission date.

2 "Discharge Process Date" is the date that the discharge data is being entered into the database.

5 ONLY use the option "Discharge." DO NOT use any other possible values. They will create errors.

8
- Choose "None" if a patient doesn't have any primary drug problem at discharge.
- Refer to the "Primary Drug Code" in the Admission Form section for drug descriptions and extra data entry instructions.

YOUTH/DETOX DISCHARGE

1.1. Discharge Date *

1.2. Record to be Submitted *

○ Discharge   ○ Discharge Update
○ Discharge Delete   ○ None

Flag for Resubmission ♡

○ Yes   ○ No

1.3. Discharge Status *

Select

1.4. Level of Care Admitted

Intensive Outpatient

1.5. Current First Name

1.6. Current Last Name

Form Serial Number

1.8. Disability (check all that apply): *

☐ None
☐ Visual
☐ Hearing
☐ Speech
☐ Mobility
☐ Mental
☐ Developmentally Disabled
☐ Client declined to state
☐ Client unable to answer
☐ Other

1.7. Consent *

○ No   ○ Yes

1.9. Pregnant At Any Time During Treatment *

○ No   ○ Yes
○ Not Sure/Don't Know

1 • The discharge date may not exceed the last date of face-to-face/telehealth service, and it cannot be after the discharge data is being entered into the database.
• Discharge date must be later than the admission date.

2 ONLY use the option "Discharge." DO NOT use any other possible values. They will create errors.

55

YOUTH/DETOX DISCHARGE

9

2.1. Primary Drug (Code) *

Select

10

2.2. Primary Drug Name

11

2.3. Days of Primary Drug Use Last 30 Days *

12

2.4. Primary Drug Route of Administration

○ Oral - ingested by mouth
○ Smoking
○ Inhalation
○ Injection
○ None or Not Applicable
○ Other

13

2.5. Secondary Drug (Code) *

Select   × ∨

14

2.6. Secondary Drug Name

15

2.7. Days of Secondary Drug Use Last 30 Days *

16

2.8. Secondary Drug Route of Administration *

○ Oral - ingested by mouth
○ Smoking
○ Inhalation
○ Injection
○ None or Not Applicable
○ Other

17

2.9. Days of Alcohol Use Last 30 Days *

18

3.1. Employment Status *

○ Employed Full Time (35 hrs or more)
○ Employed Part Time (less than 35 hrs)
○ Unemployed - (Not seeking)
○ Unemployed Looking For Work
○ Not in the labor force (Not seeking)

19

3.2. Enrolled in School *

○ No   ○ Yes
○ Client declined to state   ○ Client unable to answer

20

3.3. Current Living Arrangements * ♡

○ Homeless   ○ Dependent Living
○ Independent Living

21

3.4. Zip Code At Current Residence *

22

3.5. Mental Illness *

○ No   ○ Yes
○ Not Sure/Don't Know

23

3.6. Number of Arrests Last 30 Days *

24

3.7. Social Support: How many days have you participated in any social support recovery activities in the past 30 days 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 members and/or friend support of recovery? *

25

Discharge Process Date *

📅 T Y

10
- Choose "None" if a patient doesn't have any primary drug problem at discharge.
- Refer to the "Primary Drug Code" in the Admission Form section for drug descriptions and extra data entry instructions.

CALOMS ANNUAL UPDATE

- **<u>Required</u>** if a participant remains in treatment for one year or longer.

- Can be completed as early as 60 days prior to admission anniversary date.

- **MUST** be completed **no later than 12 months** from participant's admission date (admission anniversary date, if longer than 2 years).

- Details can be found on Pages 4 and 5

ANNUAL UPDATE

1.1. Associated Level of Care *

Select   ×

1.2. Annual Update Date

1.3. Current Last Name

1.4. Current First Name

1.5. Social Security Number

1.6. Zip Code At Current Residence

1.7. Consent

○ No   ○ Yes

1.8. Record to be Submitted

◉ Annual Update
○ Resubmission of Annual Update
○ Deletion of Annual Update
○ None

1.9. Disability (check all that apply):

☐ None
☐ Visual
☐ Hearing
☐ Speech
☐ Mobility
☐ Mental
☐ Developmentally Disabled
☐ Client declined to state
☐ Other
☐ Client unable to answer

Flag for Resubmission

○ Yes   ○ No

---

1 You **must** select the correct Admission Date and Level of Care to connect the Annual Update to the correct CalOMS.

2 Annual Update Date:
- Can be as early as 60 days prior to the admission anniversary date.
- Must be completed by the admission anniversary date.

8 ONLY use the option "Annual Update." DO NOT use any other possible values. They will create errors.

For all other questions in this section, please refer to the same questions available in the "Admission Form" section that begins on Page 30.

ALCOHOL AND DRUG USE DATA

1 2.1. Primary Drug (Code)
Select

5 2.5. Secondary Drug (Code)
Select

2 2.2. Primary Drug Name

6 2.6. Secondary Drug Name

3 2.3. Primary Drug Route of Administration
Select

7 2.7. Secondary Drug Route of Administration
Select

4 2.4. Days of Primary Drug Use Last 30 Days

8 2.8. Days of Secondary Drug Use Last 30 Days

9 2.9. Days of Alcohol Use Last 30 Days

10 2.10. Days of IV Use (Needle Use) Last 30 Days

1 • Refer to the "Primary Drug Code" in the Admission Form section for drug descriptions and extra data entry instructions.

5 • Choose "None" if a patient doesn't have any secondary drug problem at time of annual update.
  • Refer to the "Secondary Drug Code" in the Admission Form section for drug descriptions and extra data entry instructions.

EMPLOYMENT DATA

1 3.1. Employment Status
○ Employed Full Time (35 hrs or more)
○ Employed Part Time (less than 35 hrs)
○ Unemployed Looking For Work
○ Unemployed - (Not seeking)
○ Not in the labor force (Not seeking)

4 3.4. Enrolled in School
○ No
○ Client declined to state
○ Yes
○ Client unable to answer

5 3.5. Enrolled in Job Training
○ No
○ Client declined to state
○ Yes
○ Client unable to answer

2 3.2. Work Past 30 Days

3 3.3. If the participant is not in the labor force, which of the following describes this participant?
☐ Homemaker
☐ Job Training Program
☐ Enrolled in school
☐ Other

6 3.6. Highest School Grade Completed
Select

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 40.

CRIMINAL JUSTICE DATA

1 4.1. Number of Arrests Last 30 Days

2 4.2. Number of Jail Days Last 30 Days

3 4.3. Number of Prison Days Last 30 Days

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 41.

MEDICAL/PHYSICAL HEALTH DATA

1 5.1. Number of Emergency Room Visits Last 30 Days

2 5.2. Days of Hospital Overnight Stay Last 30 Days

3 5.3. Days with Medical Problems Last 30 Days

4 5.4. Pregnant At Any Time During Treatment *
- No
- Not Sure/Don't Know
- Yes

5 5.5. HIV Tested
- No
- Client declined to state
- Yes
- Client unable to answer

6 5.6. HIV Test Results
- No
- Client declined to state
- Yes
- Client unable to answer

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 42/43.

MENTAL ILLNESS

1 6.1. Mental Illness
- No
- Yes
- Not Sure/Don't Know

2 6.2. Mental Health Medication
- No
- Client declined to state
- Yes
- Client unable to answer

3 6.3. Number of Emergency Room Visits Last 30 Days/Mental Health

4 6.4. Days of Psychiatric Facility Use Last 30 Days

For all questions in this section, please refer to the same questions available in the Admission Form section on Page 43.

FAMILY/SOCIAL DATA

⌄ Social Support

(1) 7.1. How many days have you participated in any social support recovery activities in the past 30 days 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 members and/or friend support of recovery?

⌄ Living Arrangements

(2) 7.2. Current Living Arrangements
Select ✕

(3) 7.3. Is this participant homeless?
○ Yes   ○ No

(4) 7.4. Current homeless living arrangement?
Select ⌄

(5) 7.5. Specify Other Homeless Living Arrangement

(6) 7.6. Has the client been linked to a stable/permanent housing during treatment?
Select ✕ ⌄

(7) 7.6a. If yes, what is the permanent housing arrangement?
○ Rental by client, no ongoing housing subsidy
○ Rental by client, with ongoing housing subsidy
○ Staying or living with family, permanent tenure
○ Staying or living with friends, permanent tenure
○ Other: specify

(8) 7.6b. Specify 'Other' Permanent Housing

(9) 7.6c. What is the zip code of the permanent housing

(10) 7.6d. If no, explain

⌄ Children

(11) 7.7. Days with Family Conflict Last 30 Days

(12) 7.8. Days Living with Someone Who Uses Alcohol or Drugs Last 30 days

(13) 7.9. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not?

(14) 7.10. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?

(15) 7.11. How many children are living with someone else because of a child protection court order?

(16) 7.12. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

(6) If yes, please complete **(7)** and **(9)**. Complete **(8)** if applicable.

(10) Explain why patient was not linked to stable/permanent housing.

Appendix A: General Resources

1. CalOMS Resource Page

   http://publichealth.lacounty.gov/sapc/providers/CalOMS-resources.htm

2. Case Management References

   http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/020818/CaseManagementReferences020818.pdf

3. SAPC Provider Manual 9.0

   http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-08/SAPC-IN24-08-Provider-Manual-9.0-Att-II-10-04-2024.pdf

Appendix B: Medi-Cal Resources

1. Check eligibility: https://dpss.lacounty.gov/en/health.html

2. Apply online: https://benefitscal.com/

3. DHCS Checklist: https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx

HEALTH OUTCOME AND DATA ANALYTICS DIVISION
SUBSTANCE USE DISORDER TREATMENT SERVICES BUREAU
CalOMS/LACPRS Data Collection Quick User Guide (Version 3)
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Public Health
Substance Abuse Prevention and Control