

# CalOMS Admission Screenshots

## Patient Identification Tab

\*Performed on: 01/06/2023 1004 PST

**Admission Patient Identification**

CID-2 Provider's Participant ID: FIN #  
 CID-3 Gender:  
 CID-4 D.O.B.: mm/dd/yyyy  
 CID-7 SSN:

**Provider's Participant ID:** 100014995361  
**Gender:** Female: 2  
**D.O.B.:** 05/04/2004  
**SSN:** Not in reg

**Definition of Alternative Answers:**  
 Patient declined to state: Enter -1  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

CID-2A Provider's Participant ID (FIN)

**Encounter Smart Template**

**Facility:** ADAS SUD Santa Ana  
**FIN:** 100014995361

CID-7a Does the patient have a Social Security Number?  
 Yes  
 -1 Pt declined to state  
 -3 None or N/A  
 -5 No answ (DD or Detox)

CID-8 What is the patient's zip code at their current residence?  
  
 Type in Current residence 5 digit zip code, or choose alternative answer with arrow on right side of question field.

CID-11a What is the patient's county of birth if born in California?

CID-12 What is the patient's driver license number?  
  
 If the patient does not have a driver's license, what is the patient's state ID card number?

CID-13 For what state does the patient have a valid driver's license or state ID card?

CID-15: What is the patient's race?  
 Choose up to 5 variations in race.

CID-16: What is the patient's ethnicity?

CID-17: Is the patient a veteran?  
 1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

CID-18: Does the patient have a disability?  
 01 None  
 02 Visual  
 03 Hearing  
 04 Speech  
 05 Mobility  
 06 Mental  
 07 DD (Develop Disabled)  
 08 Other Disab (not ADD)  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

CID-19 Is there a consent form allowing future possible contract signed by the patient on file within your agency?  
 Yes  
 No

Comments

01 White  
 02 Black/African America  
 03 American Indian  
 04 Alaskan Native  
 05 Asian Indian  
 06 Cambodian  
 07 Chinese  
 08 Filipino  
 09 Guamanian  
 10 Hawaiian  
 11 Japanese  
 12 Korean  
 13 Laotian  
 14 Samoan  
 15 Vietnamese  
 16 Other Asian  
 17 Other Race  
 18 Mixed Race

# CalOMS Admission Screenshots

## Admission Data tab

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CalOMS Patient k  
 CalOMS Admissio  
 CalOMS ADU Prir  
 CalOMS Misc Dru  
 CalOMS Employm  
 CalOMS Criminal  
 CalOMS Med/Phy  
 CalOMS M/H Info  
 CalOMS Family/S  
 CalOMS FOTP Pr  
 CalOMS CalWOR  
 CalOMS Primary C  
 CalOMS ADU Ser  
 CalOMS Seconda  
 CalOMS Birth Stat  
 CalOMS Commun  
 CalOMS HIV Res  
 CalOMS CDCR ID

**Admission Date:** 06/25/2018  
**Provider ID:** SUD SA ODF  
**Age at Admission:** 14 Years  
**Program Specialty:** Not Applicable

ADM-1 Admission Date: mm/dd/yyyy  
 ADM-3: Provider ID: (Example: C3030380)  
 Age of Patient at Admission:  
 Program Specialty:

**Admission Data**  
**Definition of Alternative Answers:**  
 Patient declined to state: Enter -1  
 Not Sure/Don't Know: Enter -2  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

ADM-1A Original Admission Date:

ADM-2 Admission Transaction Type:  1 Initial  2 Transfer

ADM-4: Type of service?  
 01 Nonres/Dpt Tx/Rec  
 02 NonRes/DP Day Prgm  
 03 Nonres/Dpt Detox  
 04 Res/Detox (hospital)  
 05 Res/Detox nonHospital  
 06 Res/Tx =<30 Days  
 07 Res/Tx =>30 Days

01 Nonresidential/Outpatient Treatment Recovery  
 02 Nonresidential/Outpatient Day Program-intensive  
 03 NonResidential/Outpatient Detox  
 04 Residential Detox (hospital)  
 05 Residential Detox (Non-hospital)  
 06 Residential Treatment/recovery (30 days or less)  
 07 Residential Treatment/recovery (31 days or more)

ADM-5: What is the patient's principal source of referral?  
 1 Individual (Includes Self - Referral)  
 2 Alcohol/Drug Abuse Program  
 3 Other Health Care Provider  
 4 School/Educational  
 5 Employer/EAP  
 6 12 Step/Mutual Aid  
 7 Probation or Parole  
 8 Post-release Community Supervision (AB109)  
 9 DUI/DWI  
 10 Adult Felon Drug Court  
 11 Dependency Drug Court  
 12 Non SACPA Court/Criminal Justice  
 13 Other Community Referral  
 14 Child Protective Services

ADM-6: How many days was the patient on a waiting list before being admitted to this treatment program?

ADM-7: What is the number of prior episodes in any alcohol or drug treatment program in which the patient has participated?

ADM-6 Alternative Answers: -2 or -5  
 ADM-7 Alternative Answers: -1, -2 or -5

ADM-8: Is the patient a CalWORKS recipient?  
 1 Yes  
 0 No  
 -2 Unknown/Not Sure

CalOMS CalWORKS S A Treatment - Zzztest, Uthred

**ADMISSION**  
**CalWORKS Substance Abuse Treatment Information**

ADM-9: Is the patient receiving substance abuse treatment under CalWDRKs recipient's welfare-to-work plan?  
 1 Yes  
 0 No  
 -2 Unknown/Not Sure

# CalOMS Admission Screenshots

## Primary Alcohol & Drug Use Information tab

- \* CalOMS Patient I
- \* CalOMS Admissio
- \* CalOMS ADU Prim
- \* CalOMS Misc Dru
- \* CalOMS Employm
- \* CalOMS Criminal
- \* CalOMS Med/Phy
- \* CalOMS M/H Inf
- \* CalOMS Family/S
- CalOMS FOTP Pr
- CalOMS CalWOR
- CalOMS Primary C
- CalOMS ADU Sec
- CalOMS Seconda
- CalOMS Birth Sta
- CalOMS Commun
- CalOMS HIV Res
- CalOMS CDCR ID

**ADMISSION**  
**Primary Alcohol & Drug Use Information**

**Alternative Answers**  
 Patient declined to state: Enter -1  
 Unknown or Not sure/Don't know: Enter -2  
 None or not applicable: Enter -3  
 Other: Enter -4  
 Patient unable to answer. (Use only for Developmentally Disabled (DD) or Detox Pts): Enter -5

**ADU-1a  
Primary  
Drug  
(Code)**

00 None  
 01 Heroin  
 02 Alcohol  
 03 Barbituates  
 04 Other Sedatives or Hyp  
 05 Methamphetamines  
 06 Other Amphetamines  
 07 Other Stimulants  
 08 Cocaine/Crack  
 09 Marijuana/Hashish  
 10 PCP (Phencyclidine)  
 11 Other Hallucinogens  
 12 Tranquilizers (Benzodi  
 13 Other Tranquilizers  
 14 Non - Prescription Met  
 15 OxyCodone / OxyContin  
 16-Other Opiates or Synth  
 17-Inhalants  
 18-Over the Counter  
 19-Ecstasy  
 20-Other Club Drugs  
 -2 Unknown/Not Sure  
 -4 Other

If the word "Other" or Barbituates is selected, the Primary Drug Name (ADU-1b) must be provided.

**ADU-2**  
 How many days in the past 30 days has the patient used the primary drug? (Answer 0 to 30) or Alternate Answer.

**ADU-2 Alternative Answers:**  
 None or not applicable: Enter -3

**ADU-3**  
 What is the patient's usual route to administration for the primary drug?

1 Oral  
 2 Smoking  
 3 Inhalation  
 4 Injection (IV or Intra  
 -3 None or N/A  
 -4 Other

**ADU-4**  
 What was the patient's age of first use for the primary drug?  
 Answer: Age Range: 5 to 105 or Alternate Answers.

**ADU-4 Alternative Answers:**  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

**ADU-C**  
 Does the patient have a secondary drug or alcohol problem?

1 Yes  
 2 No

Comments

ADMISSION

Name of "other type" of Primary Drug

ADU-1b Primary Drug Name.

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

Please name or describe any "other" drugs even if it includes alcohol.

# CalOMS Admission Screenshots

## Secondary Alcohol & Drug Use Information tab

CalOMS ADU Secondary Admission - Zzztest, Uthred

**ADMISSION  
Secondary Drug Use**

ADU-5a Secondary Drug (Code)

If 99903 "Other" is selected, the Secondary Drug Name (ADU-5b) must be provided.

- 00 None
- 01 Heroin
- 02-Alcohol
- 03 Barbituates
- 04 Other Sedatives or Hyp
- 05 Methamphetamines
- 06 Other Amphetamines
- 07 Other Stimulants
- 08 Cocaine/Crack
- 09 Marijuana/Hashish
- 10 PCP (Phencyclidine)
- 11 Other Hallucinogens
- 12 Tranquilizers (Benzodi
- 13 Other Tranquilizers
- 14 Non - Prescription Met
- 15 OxyCodone / OxyContin
- 16-Other Opiates or Synth
- 17-Inhalants
- 18-Over the Counter
- 19-Ecstasy
- 20-Other Club Drugs
- 4 Other

Alternative Answers:  
 Patient declined to state: Enter -1  
 Unknown or Not sure/Don't know: Enter -2  
 None or not applicable: Enter -3  
 Other: Enter -4  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

ADU-6 How many days in the past 30 days has the patient used the secondary drug?  
 Answer: Enter 0 to 30 or Alternative Answer -3 (Only).

ADU-7 What is the patient's usual route of administration for the secondary drug?

- 1 Oral
- 2 Smoking
- 3 Inhalation
- 4 Injection (IV or intra
- 3 None or N/A
- 4 Other

ADU-8 What was the patient's age of first use for the Secondary Drug.  
 Age Range: 5 to 105 or Alternative Answer -3 Only.

ADMISSION  
Name of "other type" of secondary drug.

ADU-5b Secondary Drug Name  
 What is the Patient's secondary alcohol or drug problem?  
 Please name or describe any "other" drugs even if it includes alcohol.

# CalOMS Admission Screenshots

## Miscellaneous Alcohol and Drug Use Information tab

* CalOMS Patient k * CalOMS Admissio * CalOMS ADU Pri * CalOMS Misc Dr * CalOMS Employm * CalOMS Criminal * CalOMS Med/Phy * CalOMS M/H Inf * CalOMS Family/S CalOMS FOTP Pr CalOMS CalWOR CalOMS Primary C * CalOMS ADU Sec CalOMS Second CalOMS Birth Stat CalOMS Commun CalOMS HIV Res CalOMS CDCR IC	<p>Alternative Answers:</p> <p>Patient declined to state: Enter -1 Unknown or Not sure/Don't know: Enter -2 None or not applicable: Enter -3 Other: Enter -4 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5</p>	<h3>ADMISSION</h3> <h4>Miscellaneous Alcohol and Drug Use Information</h4>
	<p>ADU-9 Alcohol Frequency</p> <p>How many days in the past 30 days has the patient used alcohol. If alcohol is PRIMARY or SECONDARY drug enter -3. Answer: Enter 0 to 30 or Alternative Answer -3 Only.</p>	<input type="text"/>
	<p>ADU-10 IV Use</p> <p>How many days has the patient injected in the past 30 days Answer: Enter 0 to 30 or Alternative Answer -1 or -5 Only.</p>	<input type="text"/>
	<p>ADU-11</p> <p>Has the patient used needles during the past 12 months?</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> -5 No answ (DD or Detox)</p>

# CalOMS Admission Screenshots

## Employment Information tab

- \* CalOMS Patient In
- \* CalOMS Admissio
- \* CalOMS ADU Prir
- \* CalOMS Misc Dru
- \* **CalOMS Employm**
- \* CalOMS Criminal
- \* CalOMS Med/Phy
- \* CalOMS M/H Inf
- \* CalOMS Family/S
- CalOMS FOTP Pr
- CalOMS CalWOR
- CalOMS Primary C
- CalOMS ADU Sec
- CalOMS Seconda
- CalOMS Birth Stat
- CalOMS Commun
- CalOMS HIV Res
- CalOMS CDCR ID

**Alternative Answers:**  
 Patient declined to state: Enter -1  
 Unknown or Not sure/Don't know: Enter -2  
 None or not applicable: Enter -3  
 Other: Enter -4  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

ADMISSION  
 Employment Information

**EMP-1 Employment Status**

What is the patient's current employment status?

1 Emp F/T 35 + Hours/wk  
 2 Employed P/T < 35/wk  
 3 Unemp (Seeking Work)  
 4 Unemp, Not seeking Work  
 5 Not in Labor Force

**EMP-2 Work in Past 30 Days**

How many days was the patient paid for working in the past 30 days?

Answer: 0 to 30 days or Special Answers -1, -5 (Only).

**EMP-3 Enrolled in School**

Is patient enrolled in school?

1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

**EMP-4 Enrolled in Job Training**

Is patient currently enrolled in in a job training program?

1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

**EMP-5**

What is the patient's highest school grade completed? Choose 0 to 30 Years or See Alternative Answers

EMP-5 Alternative Answers:  
 Patient Declined to State -1  
 Patient Unable to Answer (DD or Detox) -5

# CalOMS Admission Screenshots

## Criminal Justice Information tab

**ADMISSION Criminal Justice Information**

**Alternative Answers:**  
 Patient declined to state: Enter -1  
 Unknown or Not sure/Don't know: Enter -2  
 None or not applicable: Enter -3  
 Other: Enter -4  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

**LEG-1** What is the patient's criminal justice status?

- 1 Not Applicable
- 2 Under Parole Supervision by CDCR
- 3 On Parole From any Other Jurisdiction
- 4 Post-release Community Service (AB109) or probation from any federal, state, or local jurisdiction
- 5 Admitted under Diversion from any Court
- 6 Incarcerated
- 7 Awaiting Trial, Charges or Sentencing
- 5 Patient unable to answer

**LEG-2a** Does the patient have a CDCR Identification Number?

- Yes
- 1 Pt declined to state
- 2 Unknown/Not Sure
- 3 None or N/A
- 5 No ans (DD or Detox)

**LEG-1a** Is this client on Parole other than SACPA or PSN?

- Yes
- No

**LEG-3** How many times has the patient been arrested in the past 30 days? Answer 0 to 30 or Alternative answer.

**LEG-3** Alternative Answer can ONLY be: -5 Patient unable to answer

**LEG-4** Number of jail days in last 30 Days How many times in the past 30 Days has the patient been in Jail? Answer: 0 to 30 or Alternative answer.

**LEG-4** Alternative Answer can ONLY be: -5 Patient unable to answer

**LEG-5** Number of prison days last 30 days How many days in the past 30 days has the patient been in prison? Answer: 0 to 30

**LEG-5** Alternative Answer can ONLY be: -5 Patient unable to answer

**LEG-6** Is the patient a parolee in the Services Network (PSN)?

- 1 Yes
- 0 No
- 5 No ans (DD or Detox)

**ADMISSION CDCR ID - Zzztest, Uthred**

**ADMISSION CDCR Identification Number**

**LEG-2** CDCR Identification Number

CDCR ID Number Alpha Character

CDCR ID Number Digits 5 digits ONLY

**ADMISSION FOTP Information**

**LEG-8** What Is the patient's FOTP Status?

- 1 Forever Free Completed
- 2 Woman Paroling from CIW
- 3 Admit FOTP Fac from FF
- 3 None or N/A
- 5 No ans (DD or Detox)

# CalOMS Admission Screenshots

## Medical and Physical Health Data tab

- \* CalOMS Patient Identification Admissi
- \* CalOMS Admission Data
- \* CalOMS ADU Primary Admission
- \* CalOMS Misc Drug Admission
- \* CalOMS Employment Admission
- \* CalOMS Criminal Justice Admission
- \* CalOMS Med/Phy Health Admission
- \* CalOMS M/H Information Admission
- \* CalOMS Family/Social Admission
- \* CalOMS FOTP Priority Status
- CalOMS CalWORKS S A Treatment
- \* CalOMS Primary Other Drug Admissio
- CalOMS ADU Secondary Admission
- CalOMS Secondary Other Drug Admis
- CalOMS Birth State Admission
- CalOMS Communicable Diseases Dat
- CalOMS HIV Results Admission
- CalOMS CDCR ID

For all MED Questions

Patient declined to state: Enter -1  
 Unknown or Not sure/Don't know: Enter -2  
 None or not applicable: Enter -3  
 Other: Enter -4  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

**ADMISSION**  
**Medical and Physical Health Data**

MED-1 Is the patient a Medi-Cal Beneficiary?

1 Yes  
 0 No  
 -5 No answ (DD or Detox)

MED-2 How many times in the past 30 days has the patient visited an emergency room for physical health problems? Choose 0 through 99 or Alternative Answer.

MED-2 Alternative Answer can ONLY be:  
 -5 Patient unable to answer

MED-3 How many days in the past 30 days has the patient stayed overnight in a hospital for physical health problems.

MED-3 Alternative Answer can ONLY be:  
 -5 Patient unable to answer

MED-4 How many days in the last 30 days has the patient experienced health problems? Choose 0 through 30 or Alternative Answer.

MED-4 Alternative Answer can ONLY be:  
 -5 Patient unable to answer

MED-5 If the patient is not a male, is the patient pregnant at the time of admission?

0 No

MED-7 What medication is prescribed as a part of treatment?

1 None  
 2 Methadone  
 3 LAAM  
 4 Buprenorphine (Subutex)  
 5 Buprenorphine (Suboxon)  
 -4 Other

MED-C Has the patient been diagnosed with a Communicable Disease or tested for HIV/AIDS or have the results of the HIV/AIDS test?

No  
 Yes

Comments



# CalOMS Admission Screenshots

Communicable Diseases Data & HIV Test Result Question (these are triggered by answers to questions on the Medical and Physical Health Data tab)

CalOMS Communicable Diseases Data - Zzztest, Uthred

For all MED Questions  
Patient declined to state: Enter -1  
Unknown or Not sure/Don't know: Enter -2  
None or not applicable: Enter -3  
Other: Enter -4  
Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

**ADMISSION  
Communicable Diseases Data**

MED-8  
Has the patient been diagnosed with Tuberculosis?

1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

MED-9  
Has the patient been diagnosed with Hepatitis C?

1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

MED-10  
Has the patient been diagnosed with a Sexually transmitted Disease?

1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

MED-11  
Has the Patient been tested for HIV/AIDS?

1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

Comments

CalOMS HIV Results Admission - Zzztest, Uthred

**ADMISSION  
HIV Test Result Question**

MED-12  
Does the patient have the results of the HIV/AIDS test?

1 Yes  
 0 No  
 -1 Pt declined to state  
 -5 No answ (DD or Detox)

# CalOMS Admission Screenshots

## Mental Health Information tab

- \* CalOMS Patient Identification Admission
- \* CalOMS Admission Data
- \* CalOMS ADU Primary Admission
- \* CalOMS Misc Drug Admission
- \* CalOMS Employment Admission
- \* CalOMS Criminal Justice Admission
- \* CalOMS Med/Phy Health Admission
- \* CalOMS M/H Information Admission**
- \* CalOMS Family/Social Admission
- \* CalOMS FOTP Priority Status
- ✓ CalOMS CalWORKS S A Treatment
- \* CalOMS Primary Other Drug Admission
- CalOMS ADU Secondary Admission
- CalOMS Secondary Other Drug Admis
- CalOMS Birth State Admission
- ✓ CalOMS Communicable Diseases Dat

Alternative Answers:  
Patient declined to state: Enter -1  
Unknown or Not sure/Don't know: Enter -2  
None or not applicable: Enter -3  
Other: Enter -4  
Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

### ADMISSION Mental Health Information

MHD-1  
Has the patient ever been diagnosed with a mental illness?

1 Yes  
 0 No  
 -2 Unknown/Not Sure

MHD-2  
How many times in the past 30 days has the patient received outpatient emergency services for mental health needs?  
  
Answers: 0 to 30 days or  
Alternative Answer: -5

▲  
▼

MHD-3 How many days in the past 30 days has the patient stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?  
  
Answers: 0 to 30 days or  
Alternative Answer: -5

▲  
▼

MHD-4  
In the past 30 days, has the patient taken prescribed medication for mental health needs?

1 Yes  
 0 No  
 -5 No answ (DD or Detox)

Comments

# CalOMS Admission Screenshots

## Family and Social Information tab

* CalOMS Patient Identification Admissi			
* CalOMS Admission Data			
* CalOMS ADU Primary Admission			
* CalOMS Misc Drug Admission			
* CalOMS Employment Admission			
* CalOMS Criminal Justice Admission			
* CalOMS Med/Phy Health Admission			
* CalOMS M/H Information Admission			
* CalOMS Family/Social Admission			
* CalOMS FOTP Priority Status			
✓ CalOMS CalWORKS S A Treatment			
* CalOMS Primary Other Drug Admissio			
CalOMS ADU Secondary Admission			
CalOMS Secondary Other Drug Admis			
CalOMS Birth State Admission			
✓ CalOMS Communicable Diseases Dat			
✓ CalOMS HIV Results Admission			
CalOMS CDCR ID			

  

Alternative Answers for Questions SOC-3, SOC-4, SOC-5, SOC-6, SOC-7, SOC-8:  
 Patient declined to state: Enter -1  
 Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

SOC-1 How many days in the last 30 days has the patient participated in any social support recovery activities such as:  
 12-Step Meetings.  
 Other Self Help Meetings.  
 Religious/Faith Recovery or Self-Help Meetings.  
 Attending Meetings of organizations other than those listed above.  
 Interactions with Family Member and/or Friend Support of Recovery?  
 Answer can be: 0-30

SOC-3 How many days in the last 30 days has the patient lived with someone who uses alcohol or drugs?  
 Answers: 0-30 or Alternative -1 or -5.

SOC-5 How many children does the patient have aged 17 or less (birth or adopted) whether they live with the patient or not?  
 Answers: 0-30 or Alternative -5.

SOC-7 How many of the patient's children are living with someone else because of a child protection court order?  
 Answers: 0-30 or Alternative -5.

**ADMISSION**  
**Family and Social Information**

01 Homeless  
 02 Dependent Living  
 03 Independent Living

SOC-2: What is the patient's current living arrangements?

SOC-4 How many days in the past 30 days has the patient had serious conflicts with their family?  
 Answers: 0-30 or Alternative Answers -1 or -5.

SOC-6 How many children does the patient have aged 5 or younger?  
 Answers: 0-30 or Alternative -5.

SOC-8 If the patient has children living with someone else because of a child protection order, for how many of these children have the patient's parental rights been terminated?  
 Answers: 0-30 or Alternative -5