

CalOMS Discharge Screenshots

Discharge Status tab

The screenshot shows a software interface for entering discharge status. At the top, there is a toolbar with various icons and a header area with the text '*Performed on: 01/06/2023' and '1013 PST'. On the left, a vertical sidebar lists various CalOMS tabs, with 'CalOMS Discharge Status' highlighted in blue. The main content area is titled 'CalOMS Discharge Status' in a yellow box. Below this, there are two green boxes: 'DIS-1 Discharge Date for Treatment Episode [Last Face to Face Session]' and 'DIS-2 Discharge Status'. The DIS-1 box contains a date input field with a dropdown arrow. The DIS-2 box contains a list of eight radio button options for discharge status. To the right of the main content area, there is a box titled 'Encounter Smart Template' containing the text 'Facility: ADAS SUD Santa Ana' and 'FIN: 100014995361'. At the bottom of the main content area, there is a yellow box titled 'Answers:' containing a list of eight options corresponding to the radio buttons in the DIS-2 box.

*Performed on: 01/06/2023 1013 PST

CalOMS Discharge Status

Encounter Smart Template

Facility: ADAS SUD Santa Ana
FIN: 100014995361

DIS-1
Discharge Date for Treatment Episode [Last Face to Face Session]

DIS-2
Discharge Status

01 Completed Treatment/Recovery Plan, Goals/Referred - Standard (all questions)
 02 Completed Treatment/Recovery Plan, Goals/Not Referred - Standard (all questions)
 03 Left Before Completion w/Satisfactory Progress - Standard (all questions)
 04 Left Before Completion w/Satisfactory Progress - Administrative (minimum questions)
 05 Left Before Completion w/Unsatisfactory Progress - Standard (all questions)
 06 Left Before Completion w/Unsatisfactory Progress - Administrative (minimum questions)
 07 Death - Administrative (minimum questions)
 08 Incarceration - Administrative (minimum questions)

Answers:

01 Completed Treatment/Recovery Plan, Goals/Referred
02 Completed Treatment/Recovery Plan, Goals/Not Referred
03 Left before Completion w/Satisfaction Progress /Referred
04 Left before Completion w/Satisfaction Progress /Not Referred
05 Left before Completion w/Unsatisfaction Progress /Referred
06 Left before Completion w/Unsatisfaction Progress /Not Referred
07 Death
08 Incarceration

CalOMS Discharge Screenshots

Patient Identification tab

*Performed on: 01/06/2023 1013 PST

CalOMS Discharge
 CalOMS Patient I
 CalOMS Admissio
 CalOMS ADU Pri
 CalOMS Misc Dru
 CalOMS Employm
 CalOMS Criminal
 * CalOMS Med/Phy
 CalOMS M/H Inf
 CalOMS Family/S
 CalOMS Primary C
 CalOMS ADU Sec
 CalOMS Second
 CalOMS HIV Test
 CalOMS Birth Stat

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

**DISCHARGE
 Patient Identification**

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

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

CID-18 What Type of Disabilities does the patient have?
 01 None
 02 Visual
 03 Hearing
 04 Speech
 05 Mobility
 06 Mental
 07 DD (Develop Disabled)
 08 Other Disab (not AOD)
 -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 you agency?
 Yes
 No

Comments

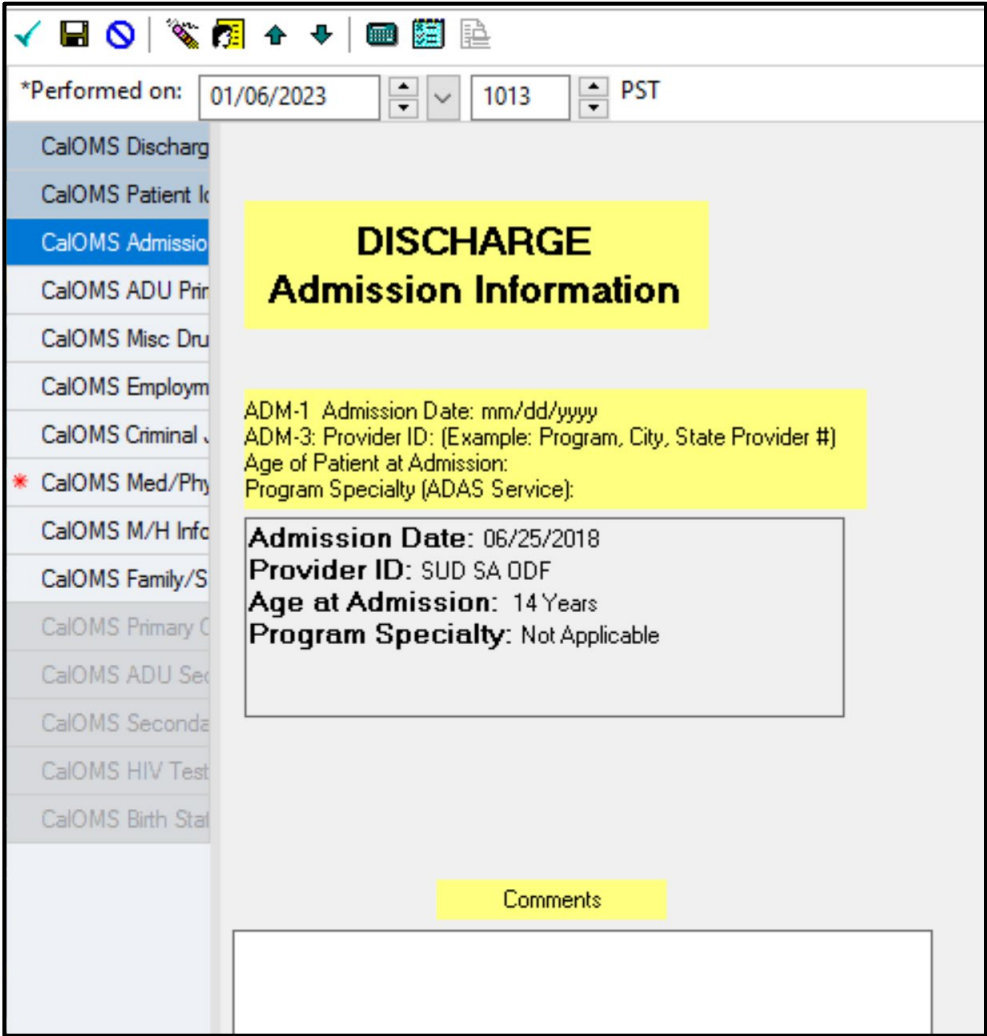
CalOMS Birth State Discharge - Zzztest, Uthred

CID-11b What is the patient's state of birth if born within the United States but outside California?

<input type="radio"/> AL Alabama	<input type="radio"/> LA Louisiana	<input type="radio"/> OK Oklahoma
<input type="radio"/> AK Alaska	<input type="radio"/> ME Maine	<input type="radio"/> OR Oregon
<input type="radio"/> AZ Arizona	<input type="radio"/> MD Maryland	<input type="radio"/> PA Pennsylvania
<input type="radio"/> AR Arkansas	<input type="radio"/> MA Massachusetts	<input type="radio"/> RI Rhode Island
<input type="radio"/> CA California	<input type="radio"/> MI Michigan	<input type="radio"/> SC South Carolina
<input type="radio"/> CO Colorado	<input type="radio"/> MN Minnesota	<input type="radio"/> SD South Dakota
<input type="radio"/> CT Connecticut	<input type="radio"/> MS Mississippi	<input type="radio"/> TN Tennessee
<input type="radio"/> DE Delaware	<input type="radio"/> MO Missouri	<input type="radio"/> TX Texas
<input type="radio"/> DC District of Columbia	<input type="radio"/> MT Montana	<input type="radio"/> UT Utah
<input type="radio"/> FL Florida	<input type="radio"/> NE Nebraska	<input type="radio"/> VT Vermont
<input type="radio"/> GA Georgia	<input type="radio"/> NV Nevada	<input type="radio"/> VA Virginia
<input type="radio"/> HI Hawaii	<input type="radio"/> NH New Hampshire	<input type="radio"/> WA Washington
<input type="radio"/> ID Idaho	<input type="radio"/> NJ New Jersey	<input type="radio"/> WV West Virginia
<input type="radio"/> IL Illinois	<input type="radio"/> NM New Mexico	<input type="radio"/> WI Wisconsin
<input type="radio"/> IN Indiana	<input type="radio"/> NY New York	<input type="radio"/> WY Wyoming
<input type="radio"/> IA Iowa	<input type="radio"/> NC North Carolina	<input type="radio"/> -4 Other (Outside USA)
<input type="radio"/> KS Kansas	<input type="radio"/> ND North Dakota	
<input type="radio"/> KY Kentucky	<input type="radio"/> OH Ohio	

CalOMS Discharge Screenshots

Admission Information tab



CalOMS Discharge Screenshots

CalOMS Discharge Screenshots

Primary Alcohol & Drug Use Information

- CalOMS Discharg
- CalOMS Patient In
- CalOMS Admissio
- CalOMS ADU Pri
- CalOMS Misc Dru
- CalOMS Employm
- CalOMS Criminal
- * CalOMS Med/Phy
- CalOMS M/H Info
- CalOMS Family/S
- CalOMS Primary C
- CalOMS ADU Sex
- CalOMS Seconda
- CalOMS HIV Test
- CalOMS Birth Stat

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)

If Other is selected, the Primary Drug Name (ADU-1b) 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
- 2 Unknown/Not Sure
- 4 Other

ADU-2 How many days in the past 30 days has the patient used the primary drug? (Answer 0 to 30) or Alternative 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-3 Alternative Answers:

None or not applicable: Enter -3
 Other: Enter -4

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

- 1 Yes
- 2 No

DISCHARGE

Primary Alcohol & Drug Use Information

DISCHARGE

Primary "Other" 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 Primary Other Drug Discharge - Zzztest, Uthred

CalOMS Discharge Screenshots

Secondary Alcohol and Drug Use tab

CalOMS ADU Secondary Discharge - Zzztest, Uthred

DISCHARGE
Secondary Alcohol and Drug Usage

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-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

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

Comments

CalOMS Secondary Other Drug Discharge - Zzztest... X

DISCHARGE
Secondary "Other" 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 Discharge Screenshots

Miscellaneous Alcohol and Other Drug Use Information tab

The screenshot displays the CalOMS Discharge system interface. On the left is a vertical sidebar with a list of tabs: CalOMS Discharg, CalOMS Patient In, CalOMS Admissio, CalOMS ADU Pri, CalOMS Misc Dru (highlighted in blue), CalOMS Employm, CalOMS Criminal, * CalOMS Med/Phy, CalOMS M/H Info, CalOMS Family/S, CalOMS Primary C, CalOMS ADU Sec, CalOMS Seconda, CalOMS HIV Test, and CalOMS Birth Stat. The main content area features a yellow header with the text "DISCHARGE Miscellaneous Alcohol and Other Drug Use Information". Below the header, there is a cyan box containing "Alternative Answers:" followed by a list of instructions: "Patient declined to state: Enter -1", "Unknown or Not sure/Don't know: Enter -2", "None or not applicable: Enter -3", "Other: Enter -4", and "Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5". Below this, there are two green boxes, each with a text label and a description, and a corresponding numeric input field with up and down arrows. The first green box is labeled "ADU-9 Alcohol Frequency" and asks for the number of days in the past 30 days the patient used alcohol, with instructions to enter 0 to 30 or -3 for alternative answers. The second green box is labeled "ADU-10 IV Use" and asks for the number of days in the past 30 days the patient injected, with instructions to enter 0 to 30 or -1 or -5 for alternative answers.

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

DISCHARGE
Miscellaneous Alcohol and Other Drug Use Information

ADU-9 Alcohol Frequency

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.

ADU-10 IV Use

How many days has the patient injected in the past 30 days Answer: Enter 0 to 30 or Alternative Answer -1 or -5 Only.

CalOMS Discharge Screenshots

Employment Information tab

CalOMS Discharg

CalOMS Patient Ic

CalOMS Admissio

CalOMS ADU Prim

CalOMS Misc Dru

CalOMS Employm

CalOMS Criminal v

* CalOMS Med/Phy

CalOMS M/H Info

CalOMS Family/S

CalOMS Primary C

CalOMS ADU Sec

CalOMS Seconda

CalOMS HIV Test

CalOMS Birth Stat

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

EMP-1 Employment Status

What is the patient's current employment status?

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?

EMP-4 Enrolled in Job Training

Is patient currently enrolled in in a job training program?

DISCHARGE
Employment Information

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

1 Yes

0 No

-1 Pt declined to state

-5 No answ (DD or Detox)

1 Yes

0 No

-1 Pt declined to state

-5 No answ (DD or Detox)

CalOMS Discharge Screenshots

Criminal Justice Information tab

**DISCHARGE
Criminal Justice Questions**

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

LEG-3
How many times has the patient been arrested in the past 30 days?
Answer: 0 to 30

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

LEG-4
How many times in the past 30 days has the patient been in jail?
Answer: 0 to 30

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

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

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

CalOMS Discharge Screenshots

Medical/Physical Health Information tab

DISCHARGE Medical /Physical Health Information

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 (DD) or Detox Pts): Enter -5

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-6
If the patient is not a male, was the patient pregnant any time during treatment?
 0 No

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)

MED-12
Does the patient have results of the HIV/AIDS Test?
 1 Yes
 0 No
 -1 Pt declined to state
 -5 No answ (DD or Detox)

Comments

DISCHARGE HIV/AIDS Test Result

CalOMS Discharge Screenshots

Mental Health Information tab

**DISCHARGE
Mental Health 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

- CalOMS Discharg
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- CalOMS HIV Test
- CalOMS Birth Stat

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?

▲
▼

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 Discharge Screenshots

Family/Social Information tab

CalOMS Discharge			
CalOMS Patient Information			
CalOMS Admissions			
CalOMS ADU Primary			
CalOMS Misc Drugs			
CalOMS Employment			
CalOMS Criminal Justice			
✓ CalOMS Med/Physical			
CalOMS M/H Information			
CalOMS Family/Social Information			
CalOMS Primary Care			
CalOMS ADU Secondary			
CalOMS Secondary			
CalOMS HIV Test			
CalOMS Birth Status			

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

DISCHARGE Family Social Information

▲
▼
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.

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