CalOMS Discharge Screenshots

Discharge Status tab

CalOMS Discharge Screenshots

Patient Identification tab

Performed on: 01/06/2023 | 1013 | PST

- CalOMS Discharg
- CalOMS Patient I
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- CalOMS Misc Dru
- CalOMS Employm
- CalOMS Criminal J
- * CalOMS Med/Phy
- CalOMS M/H Info
- CalOMS Family/S
- CalOMS Primary (
- CalOMS ADU Sec
- CalOMS Seconda
- CalOMS HIV Test
- CalOMS Birth Stat

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

**DISCHARGE
Patient Identification**

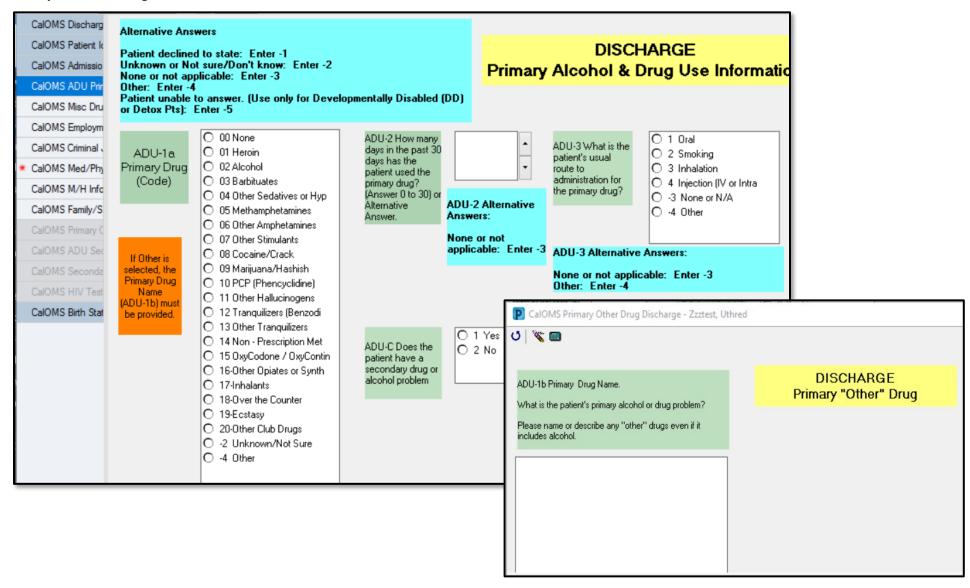**Provider's Participant ID:** 100014995361
Gender: Female: 2
D.O.B.: 05/04/2004
SSN: Not in reg

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-18
What Type of Disabilities does the patient have?

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

- ☐ 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 oustside California?

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

CalOMS Discharge Screenshots

Admission Information tab

CalOMS Discharge Screenshots

CalOMS Discharge Screenshots

Primary Alcohol & Drug Use Information

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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

DISCHARGE
Primary Alcohol & Drug Use Informatio

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 Other 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 Alternative Answer.

ADU-2 Alternative Answers:

None or not applicable: Enter -3

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

○ 1 Yes
○ 2 No

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

P CalOMS Primary Other Drug Discharge - Zzztest, Uthred

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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.

DISCHARGE
Primary "Other" Drug

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...

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

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DISCHARGE
Miscellaneous Alcohol and Other 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 or Detox Pts): Enter -5

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

Sidebar navigation:
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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
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)

CalOMS Discharge Screenshots

Criminal Justice Information tab

CalOMS Discharge Screenshots

Medical/Physical Health Information tab

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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

DISCHARGE
Medical /Physical Health Information

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

Comments

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)

P CalOMS HIV Test Results Discharge - Zzztest, Uthred   ✕

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

DISCHARGE
HIV/AIDS Test Result

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

CalOMS Discharge Screenshots

Mental Health Information tab

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CalOMS M/H Info
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CalOMS Primary C
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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

**DISCHARGE
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 Alternitive 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 Alternitive 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 Discharge Screenshots

Family/Social Information tab

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CalOMS Employm
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✓ CalOMS Med/Phy
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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

○ 01 Homeless
○ 02 Dependent Living
○ 03 Independent Living

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

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-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-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-6 How many children does the patient have aged 5 or younger?

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.

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