

CalOMS Annual Screenshots

Annual Update Information tab

*Performed on: 01/06/2023 1010 PST

ANNUAL UPDATE INFORMATION

Encounter Smart Template
Facility: ADAS SUD Santa Ana
FIN: 100014995361

AUP-1 Annual Update Date

AUP-1 Instructions:
Annual CalOMS should be created within 30 days prior to the anniversary date.
Example: If Admission date was 01/01/2006, the AUD-1 could be as early as 12/02/2006 which would be within the 30 days prior to the 01/01/2007 Anniversary Date.

AUP-2 Annual Update Number

AUP-2 Instructions:
Annual Update Number (AUN) can be from 1 to 99. The AUN begins with the number 1 on first anniversary and will be continue in sequence for each annual anniversary until the patient is discharged (EOC) from the program.

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Patient Identification tab

*Performed on: 01/06/2023 1010 PST

ANNUAL Patient Identification

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

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

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

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-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-18 What type of disability does the patient have, if any?

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 Annual - Zzztest, Uthred

CID-11b
 What is the patient's state of birth 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	

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Admission Data tab

The screenshot displays the CalOMS Annual Update software interface. At the top, there is a toolbar with various icons for navigation and editing. Below the toolbar, a header area shows the date and time: "*Performed on: 01/06/2023 10:10 PST".

The left sidebar contains a list of menu items, with "CalOMS Admission" highlighted in blue. Other items include "CalOMS Annual U...", "CalOMS Patient I...", "CalOMS ADU Pri...", "CalOMS Misc Dru...", "CalOMS Employm...", "CalOMS Criminal...", "CalOMS Med/Phy...", "CalOMS M/H Info...", "CalOMS Family/S...", "CalOMS Primary C...", "CalOMS Seconda...", "CalOMS ADU Sec...", "CalOMS Birth Sta...", and "CalOMS HIV Res...".

The main content area is titled "ANNUAL UPDATE Admission Information" in a yellow box. Below this, there are instructions for data entry in another yellow box:

- ADM-1 Admission Date: mm/dd/yyyy
- ADM-3 Provider ID: (Example: Program, City, State Provider #)
- Age of Patient at Admission:
- Program Specialty (ADAS Service):

A white box contains the following admission data:

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

At the bottom of the main content area, there is a yellow box labeled "Comments" and a white text input field below it.

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Primary Alcohol & Drug Use Information tab

- CalOMS Annual U
- CalOMS Patient I
- CalOMS Admissio
- CalOMS ADU Prim
- CalOMS Misc Dru
- CalOMS Employm
- CalOMS Criminal
- * CalOMS Med/Phy
- CalOMS M/H Info
- CalOMS Family/S
- CalOMS Primary C
- CalOMS Seconda
- CalOMS ADU Sec
- CalOMS Birth Stat
- CalOMS HIV Res

ANNUAL UPDATE
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)

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

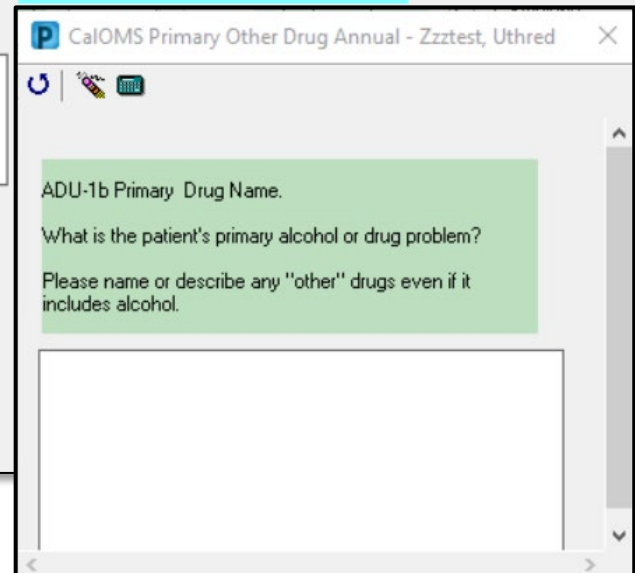
ADU-C Does the patient have a secondary drug or alcohol problem?

- 1 Yes
- 2 No

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.



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Secondary Alcohol & Drug Use Information tab

CalOMS ADU Secondary Annual - Zzztest, Uthred

ANNUAL UPDATE Secondary Alcohol & Drug Use Information

ADU-5a Secondary Drug (Code)

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

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

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?

<input type="radio"/> 1 Oral
<input type="radio"/> 2 Smoking
<input type="radio"/> 3 Inhalation
<input type="radio"/> 4 Injection (IV or intra
<input type="radio"/> -3 None or N/A
<input type="radio"/> -4 Other

Comments

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

CalOMS Secondary Other Drug Annual - Zzztest, ...

ADU-5b Secondary Other Drug Name

What is the Patient's secondary alcohol or drug problem?
Please name or describe any "other" drugs even if it includes alcohol.

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Miscellaneous Alcohol and Drug Use Information tab

CalOMS Annual U		
CalOMS Patient I		
CalOMS Admissio		
CalOMS ADU Prir		
CalOMS Misc Dr	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	ANNUAL UPDATE Miscellaneous Alcohol and Drug Use Information
CalOMS Employm		
CalOMS Criminal		
* CalOMS Med/Phy	ADU-9 Alcohol Frequency How many days in the past 30days has the patient used alcohol. If alcohol is PRIMARY or SECONDARY drug enter -3. Answer: Enter 0 to 30 or Alternative Answer -3 Only.	<input type="text"/>
CalOMS M/H Info		
CalOMS Family/S		
CalOMS Primary C		
CalOMS Seconda	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.	<input type="text"/>
CalOMS ADU Sec		
CalOMS Birth Stat		
CalOMS HIV Res		

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Employment Information tab

CalOMS Annual U		
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 Seconda		
CalOMS ADU Sec		
CalOMS Birth Stat		
CalOMS HIV Res		

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

**ANNUAL UPDATE
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 a job training program?

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

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Criminal Justice Information tab

CalOMS Annual U	ANNUAL UPDATE
CalOMS Patient Ic	Criminal Justice Information
CalOMS Admissio	
CalOMS ADU Pir	Alternative Answers for: LEG-3, LEG-4, LEG-5
CalOMS Misc Dru	Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5
CalOMS Employm	
CalOMS Criminal	
* CalOMS Med/Phy	LEG-3 How many times has the pateint been arrested in the past 30 days?
CalOMS M/H Info	<input type="text"/>
CalOMS Family/S	LEG-3 Alternative Answer can ONLY be: -5 Patient unable to answer
CalOMS Primary C	
CalOMS Seconda	LEG-4 Number of jail days Last 30 days How many times in the past 30 days has the patient been in Jail? Answer: 0 to 30
CalOMS ADU Sec	<input type="text"/>
CalOMS Birth Stat	
CalOMS HIV Res	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
	<input type="text"/>
	LEG-5 Alternative Answer can ONLY be: -5 Patient unable to answer

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Medical Physical Information tab & HIV results

- CalOMS Annual L
- CalOMS Patient I
- 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 Seconda
- CalOMS ADU Sec
- CalOMS Birth Stat
- CalOMS HIV Res

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

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-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-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-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-6
If the patient is not a male, was the patient pregnant at any time during treatment?

0 No

Comments

P CalOMS HIV Results Annual - Zzzt... ✕

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)

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Mental Health Information tab

CalOMS Annual L	Alternative Answers:	
CalOMS Patient k	Patient declined to state: Enter -1	
CalOMS Admissio	Unknown or Not sure/Don't know: Enter -2	
CalOMS ADU Pri	None or not applicable: Enter -3	
CalOMS Misc Dru	Other: Enter -4	
CalOMS Employ	Patient unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5	
CalOMS Criminal	MHD-1 Has the patient ever been diagnosed with a mental illness?	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> -2 Unknown/Not Sure
✓ CalOMS Med/Phy		
CalOMS M/H Info		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
CalOMS Family/S		
CalOMS Primary C	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?	
CalOMS Seconda		MHD-4 In the past 30 days, has the patient taken prescribed medication for mental health needs?
CalOMS ADU Sec		<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> -5 No answ (DD or Detox)
CalOMS Birth Stat		
CalOMS HIV Resi	Answers: 0 to 30 days or Alternative Answer: -5	
		Comments

CalOMS Annual Screenshots

Family and Social Information tab

CalOMS Annual L			
CalOMS Patient k			
CalOMS Admissio			
CalOMS ADU Prir			
CalOMS Misc Dru			
CalOMS Employm			
CalOMS Criminal v			
✓ CalOMS Med/Phy			
CalOMS M/H Inf			
CalOMS Family/S			
CalOMS Primary C			
CalOMS Seconda			
CalOMS ADU Sec			
CalOMS Birth Stat			
CalOMS HIV Res			

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

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