# SMARTCARE CALOMS DISCHARGE

| Client ID | Admission Date (mm / dd / yyyy) |
|---|---|
| | |

## CALOMS INFORMATION

| FSN # | Transaction Type |
|---|---|
| | Annual Update |
| | Discharge – Standard |
| | Discharge – Administrative |
| | Discharge – Detox |

| Discharge Date (mm / dd / yyyy) | Discharge Status | |
|---|---|---|
| | 1-Completed Tx/Recovery Plan Goals/Refer/Standard | 5-Left Before Completion w/Unsatisfactory Progress/Standard |
| | 2-Completed Tx/Recovery Plan Goals/Not Refer/Standard | 6-Left Before Completion w/Unsatisfactory Progress/Admin |
| | 3-Left Before Completion w/Satisfactory Progress/Standard | 7-Death |
| | | 8-Incarceration |
| | 4-Left Before Completion w/Satisfactory Progress/Admin | |

| Gender | Client DOB |
|---|---|
| Male | |
| Female | |
| Other | |

| Client's Current First Name | Client's Current Last Name |
|---|---|
| | |

| SSN | Current Zip Code (5-digit zip XXXXX or 00000-Homeless) |
|---|---|
| 99900-Declined to State | |
| 99902-Not applicable (if client does not have a SSN) | |
| 99904-Unable to answer | |

| Birth First Name | Birth Last Name |
|---|---|
| | |

| State of Birth if Within US (use other if born outside US) | County of Birth State if Within US (use other if outside of CA) |
|---|---|
| | |

| Driver's License State | Driver's License or State ID# |
|---|---|
| | (13-digit ID) |
| | 99900 |
| | 99902 |
| | 99904 |

| Mother's First Name or Individual Considered to be Mother |
|---|
| |

| Disabilities (select all that apply) | None | Mobility | Client declined to state |
|---|---|---|---|
| | Visual | Mental | Client unable to answer |
| | Hearing | Developmentally Disabled | |
| | Speech | Other Disability (Not SUD) | |

| Consent on File for Future Contact |
|---|
| Yes |
| No |

Alternative Values can be used where allowable, and it is not possible to obtain the answers.
99900 – Client Declined to State
99901 – Unknow or Not Sure/Don't'Know
99902 – Not Applicable
99903 – Other
99904 – Client Unable to Answer (can only be used if client is in detox or developmental disability)
Please refer to DHCS CalOMS Treatment Data Collection Guide which can be found on the Optum website.

## SUD, MEDICAL & MENTAL HEALTH

## ALCOHOL & DRUG USE INFORMATION

### *Primary Drug Information*

**Drug or Alcohol Type**

| | | |
|---|---|---|
| None (Will be rejected) | Other Amphetamines | Non-Prescription Methadone |
| Heroin | Other Stimulants | Oxycodone / OxyContin |
| Alcohol | Cocaine / Crack | Other Opiates or Synthetics |
| Barbiturates | Marijuana / Hashish | Inhalants |
| Other Sedatives or Hypnotics | PCP | Over the Counter |
| Methamphetamine | Other Hallucinogens | Ecstasy |
| | Tranquilizers (e.g. Benzodiazepine) | Other Club Drugs |
| | Other Tranquilizers | 99903-Other (specify) |

| **Number of Days Used in Past 30 Days** | **Route of Administration** | |
|---|---|---|
| (0–30) | Oral | |
| 99902-None/not applicable | Smoking | Injection (IV or intramuscular) |
| Not Applicable | Inhalation | 99902-None or not applicable |
| | | 99903-Other |

### *Secondary Drug Information*

**Drug Type**

| | | |
|---|---|---|
| None (Will be rejected) | Other Amphetamines | Non-Prescription Methadone |
| Heroin | Other Stimulants | Oxycodone / OxyContin |
| Alcohol | Cocaine / Crack | Other Opiates or Synthetics |
| Barbiturates | Marijuana / Hashish | Inhalants |
| Other Sedatives or Hypnotics | PCP | Over the Counter |
| Methamphetamine | Other Hallucinogens | Ecstasy |
| | Tranquilizers (e.g. Benzodiazepine) | Other Club Drugs |
| | Other Tranquilizers | 99903-Other (specify) |

| **#of Days Used in Past 30 Days** | **Usual Route of Administration** | |
|---|---|---|
| (0-30) | Oral | |
| 99902-None or Not Applicable | Smoking | Injection (IV or intramuscular) |
| | Inhalation | 99902-None or not applicable |
| | | 99903-Other |

### *Additional Drug Information*

| **# of Days Alcohol Used in Past 30** | **Used Needles to Inject Drugs in Past 30** |
|---|---|
| (0-30)   99902 | Yes    No    99904 |

## EMPLOYMENT INFORMATION

| **Employment Status** | **# of Paid Workdays in Past 30** |
|---|---|
| Employed Full Time (35 hours or more) | (0 and 30) |
| Part time (less than 35 hours | 99900-Decline to state |
| Unemployed looking for work | 99904-Unable to answer |
| Unemployed not in the labor force (not seeking) | |
| Not in the labor force (not seeking) | |

**Currently Enrolled in School**

Yes     No     99900 - Client declined to state     99904 - Client unable to answer

**Currently Enrolled in Job Training**

Yes     No     99900 - Client declined to state     99904 - Client unable to answer

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## LEGAL / CRIMINAL JUSTICE INFORMATION

| | |
|---|---|
| **# of Arrests in Last 30 Days** (0-30) | **# of Jail Days in Last 30** (0-30) |

**# of Prison Days in Last 30** (0-30)

## MEDICAL / PHYSICAL HEALTH INFORMATION

| **HIV/AIDS Tested?** | **HIV/AIDS Test Results Received?** | **Pregnant at Any Time During Tx?** |
|---|---|---|
| Yes   No<br>99900 Client declined to state<br>99904 Client unable to answer | Yes   No<br>99900 Client declined to state<br>99904 Client unable to answer | Yes   No<br> 99901 Not Sure/Don't Know |
| **# of Times Emergency Room in Past 30** (0-30) | **# of Hospital Overnights in Past 30 Days** (0-30) | **# of Days Medical Problems in Past 30** (0-30) |

## MENTAL HEALTH INFORMATION

| **Mental Illness Diagnosed?** | **Mental Health Medication in Past 30 Days** |
|---|---|
| Yes    No<br>99901-Not Sure / Don't Know | Yes  No<br>99904 Client unable to answer |
| **# of Times Outpatient Emergency MH Services in Past 30 Days** (0-30) | **# of Days Stayed for More than 24 Hr in Hospital/Psychiatric for MH in Past 30** (0-30) |

## FAMILY / SOCIAL INFORMATION

| **Current Living Arrangements**<br>Homeless<br>Dependent Living<br>Independent Living | **# of Days Lived with Someone Who Uses Alcohol or Drugs in Past 30** (0-30) |
|---|---|
| **# of Days Serious Family Conflict in Past 30** (0-30) | **# of Children Age 17 or Less (Birth or adopted), whether They Live with Client or Not** (0-30) |
| **# of Children Age 5 or Younger** (0-30)<br>99904 Client unable to answer | **# of Children Age 17 or Under are Living w/Someone Else because Child Protection Order** (0 and 30)<br>99904 Client unable to answer |
| **# of Children Living w/Someone Else for whom Parental Rights have been Terminated** (0 and 30)<br>99904 Client unable to answer | **# of Days Social Support in Past 30** (12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, interactions with family member and /or friend support of recovery) (0-30)<br>99904 Client unable to answer |

**Staff Printed Name**

| **Staff Signature** | **Signature Date** |
|---|---|

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