

CalOMS Admission Form Instructions

REQUIRED FORM:

The Admission form is a required document in the client's file. Each participant's initial admission to the facility and any subsequent transfers or changes in service should be reported on a separate CalOMS Tx Admission form.

WHEN:

This form will be created at Intake-Admission to be defined as the first day of the participant's treatment/service. All Admission data must be gathered within seven days of a person's first day of treatment and completed in SanWITS by the 10th of the month following the report month.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- For instructions on each specific field, refer to CalOMS Data Collection Guide/CalOMS Treatment Data Dictionary.

NOTE:

If the client transfers or has a change in service the episode must be discharged and a new episode opened with a new admission form. The discharge should reflect "referred" and the admission under the new episode would be marked as a "transfer".

The "Special Population Program" question is now reflecting specific populations and is no longer tracking funding sources.



Provider Id: _____
Client Name: _____
Client #: _____
Data Entry Date: _____
Data Entry Int: _____
CalOMS Serial #:W_____

CalOMS Admission

ADMISSION PROFILE		(*REQUIRED)
<i>Screening</i>		
Potential Client for MH <input type="checkbox"/> YES <input type="checkbox"/> NO	Based on Screening Based on Referral Based on Testing Result	Court Ordered Treatment Court Ordered Screening/Assessment
Potential Client for TBI <input type="checkbox"/> YES <input type="checkbox"/> NO	Based on Screening Based on Referral Based on Testing Result	Court Ordered Treatment Court Ordered Screening/Assessment
* Admission Date	Codependent/Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO	
* Admission/Transaction Type	1-Initial Admission 2-Transfer of Change in Service	
* CalWORKs Recipient <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
* Type of Treatment Service	1-Nonresidential/Outpatient Treatment/Recovery 2-Nonresidential/Outpatient Day Program-intensive 3-Nonresidential/Outpatient Detoxification 5-Residential Detoxification (non-hospital) 6-Residential Treatment/recovery (30 days or less) 7-Residential Treatment/recovery (31 days or more)	
* SA Tx Under CalWORKs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
* Submit to CalOMS <input type="checkbox"/> YES <input type="checkbox"/> NO	All DHCS funded programs must submit CalOMS. Check with program manager if unsure.	
* Number of Days Waited to Enter Tx	Must select # between 0 and 999 99901-Not sure/don't know 99904-Unable to answer (only if client is in detox or developmentally disabled)	
Number of days waited for services due to unavailability of slots starting on the day client was accepted for treatment services, ending first day services began. Do not include days waited due to other circumstances unique to client's life.		
* Special Services Contract ID (Always NA) <input type="checkbox"/> NA		
* Number of Prior Episodes	* Special Services/Contract County Code (Always Not Applicable) <input type="checkbox"/> Not Applicable	
ADMISSION ADMINISTRATION		(*REQUIRED)
Program Fees	Intake Fees	
Drug Testing Participation <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
Testing Level Indicator	Amber Blue Bronze	Brown Cobalt Gold
	Green Jade Onyx	Opal Orange Pink
	Purple Red Rub	Silver Topaz White

* Required Field



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ADMISSION ADMINISTRATION		(*REQUIRED)
Pictures Taken <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		Encounter Fees
*Special Population Program (Funding Source)	1-Non BHS Contract 2-AB 109 Participant 3-CalWORKs Participant 4-Drug Court Participant	5-Juvenile Drug Court Participant 6-ReEntry Court Participant 7-Prop 47 Participant 8-PC 1000 Participant 9-None
*How did you hear about us?	1-Access and Crisis Line (ACL) 2-SUD/Prevention Brochures 3-County SUD Web Site 4-Help/Info Line (211) 5-Crim Justice i.e. Probation/Court/Parole/Law Enforcement 6-ER/Trauma/Hospital 7-Homeless Shelter	8-Mental Health Program 9-Primary Care Physician/Health Clinic 10- Family Member 11-Outreach Worker (HOW, HOT, etc.) 12-Return Participant 13-Other – Please Explain 14-Not Applicable
If Other, Specify		
Administrative Checklist (Select all that apply)	<input type="checkbox"/> Personal Rights Given <input type="checkbox"/> Emergency Contract release signed <input type="checkbox"/> Property Inventory done <input type="checkbox"/> Have the rules been read/signed <input type="checkbox"/> Medical assessment form	<input type="checkbox"/> Acknowledgement of receipt of privacy <input type="checkbox"/> Chemical Free agreement read/signed <input type="checkbox"/> Consent to Treatment <input type="checkbox"/> Health Questionnaire Given

ALCOHOL & DRUG USE		(*REQUIRED)
Primary Drug		
*Drug Type	0-None (Will be rejected) 1-Heroin 2-Alcohol 3-Barbiturates+ 4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	
Drug Name (+Must specify name)	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+ 12-Tranquilizers (e.g.Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin 16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy 20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+	
*Number of Days Used in Past 30 Days	Must select # between 0 and 30 99902-N/A or None	
*Route of Administration	1-Oral 2-Smoking 3-Inhalation 4-Injection (IV / intramuscular) 99902-None or not applicable (Will be rejected) 99903-Other	
*Age of First Use	Must select # between 5 and 105 99904-Unable to answer (only if client is in detox or developmentally disabled)	
Secondary Drug		
*Drug Type	0-None 1-Heroin 2-Alcohol 3-Barbiturates+ 4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	
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*Number of Days Alcohol Used in Past 30 Days																										
Auto-populates if 1 st or 2 nd drug is alcohol Must select # between 0 and 30																										
*Number of Days IV Used in Past 30 Days	Must select # between 0 and 30 99900-Declined to state 99904-Unable to answer (only if client is in detox or developmentally disabled)																									
*Used Needles in Past 12 Months																										
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to Answer/99904 (only if client is in detox or developmentally disabled)																										
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Age of First Use	Must select # between 5 and 105 99904-Unable to answer (only if client is in detox or developmentally disabled)																									
TOBACCO / NICOTINE		(* REQUIRED)																								
*Have you ever used Tobacco/Nicotine products?	<i>*Answering NO or UNKNOWN will cause remaining fields to auto-populate; if YES, continue answering the questions.</i>																									
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown																										
*Smoker Status	<table style="width: 100%; border: none;"> <tr> <td style="width: 66%;">Current every day smoker</td> <td style="width: 33%;">Smoke, current status unknown</td> </tr> <tr> <td>Current some day smoker</td> <td>Former smoker</td> </tr> </table>		Current every day smoker	Smoke, current status unknown	Current some day smoker	Former smoker																				
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At what age did you first use tobacco/nicotine product(s)?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1-<=10</td> <td style="width: 33%;">4-20-25</td> <td style="width: 33%;">6->=31</td> </tr> <tr> <td>2-11-14</td> <td>5-26-30</td> <td>97-Unknown</td> </tr> <tr> <td>3-15-19</td> <td></td> <td></td> </tr> </table>		1-<=10	4-20-25	6->=31	2-11-14	5-26-30	97-Unknown	3-15-19																	
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In the past 30 days, what tobacco/nicotine product did you use most frequently?	<table style="width: 100%; border: none;"> <tr> <td style="width: 66%;">0-No Tobacco Use</td> <td style="width: 33%;">3-Smokeless Tobacco</td> </tr> <tr> <td>1-Cigarettes</td> <td>4-Combo/more than 1</td> </tr> <tr> <td>2-Cigars or Pipes</td> <td></td> </tr> </table>		0-No Tobacco Use	3-Smokeless Tobacco	1-Cigarettes	4-Combo/more than 1	2-Cigars or Pipes																			
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TOBACCO / NICOTINE		(*REQUIRED)
Other/Please Describe <i>(Unable to add or modify information in this field – leave blank)</i>		
In the past 30 days, how often did you use tobacco/nicotine product(s)?	1- 1-3 times in the past 30 days 2- Once a week 3- 3-6 times a week 4- Daily	5- 3-6 times a day 6- More than 6 times a day 97- Unknown
In the past 30 days, how many cigarettes did you smoke per week?		
FAMILY / SOCIAL		(*REQUIRED)
*Number of Days Social Support in Past 30	Must select # between 0 and 30	
*Current Living Arrangements	1-Homeless 2-Dependent Living 3-Independent Living	
*Number of Children Under 18	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Children Age 5 or Less	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Days Living w/User of Alcohol or Drugs in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Children Living w/Someone Else Because of a Child Protection Order	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Days Family Conflict in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Children Living w/Someone Else for whom Parental Rights have been Terminated	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Current Zip Code	00000-Homeless XXXXX-Declined to state ZZZZZ-Unable to answer (only if client is in detox or developmentally disabled)	
<i>Abuse Characteristics</i>		
*Does episode involve physical abuse?	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer
*Does episode involve sexual abuse?	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer
*Does episode involve domestic abuse?	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer

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EMPLOYMENT		(*REQUIRED)																																				
*Employment Status	1-Employed Full Time (Includes self-employed; do not include volunteer hours) 2-Part time (Includes self-employed; do not include volunteer hours) 3-Unemployed looking for work 4-Unemployed not in the labor force (not seeking; students, homemaker, retired; injured on the job) 5-Not in the labor force (not seeking; unemployable due to disability)																																					
*Number of Paid Work Days in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
*Enrolled in School																																						
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state/99900 <input type="checkbox"/> Client unable to answer/99904 (Only if client is in detox or developmentally disabled)																																						
*Enrolled in Job Training																																						
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state/99900 <input type="checkbox"/> Client unable to answer/99904 (Only if client is in detox or developmentally disabled)																																						
*Graduated from High School																																						
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state/99900 <input type="checkbox"/> Client unable to answer/99904 (Only if client is in detox or developmentally disabled)																																						
*Highest School Grade Completed	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">00-Kindergarten</td> <td style="width: 25%;">11-11th Grade</td> <td style="width: 25%;">22-22</td> </tr> <tr> <td>01-1st Grade</td> <td>12-12th</td> <td>23-23</td> </tr> <tr> <td>02-2nd Grade</td> <td>Grade/GED</td> <td>24-24</td> </tr> <tr> <td>03-3rd Grade</td> <td>13-13</td> <td>25-25</td> </tr> <tr> <td>04-4th Grade</td> <td>14-14</td> <td>26-26</td> </tr> <tr> <td>05-5th Grade</td> <td>15-15</td> <td>27-27</td> </tr> <tr> <td>06-6th Grade</td> <td>16-16</td> <td>28-28</td> </tr> <tr> <td>07-7th Grade</td> <td>17-17</td> <td>29-29</td> </tr> <tr> <td>08-8th Grade</td> <td>18-18</td> <td>30-30 99900-Client declined to state</td> </tr> <tr> <td>09-9th Grade</td> <td>19-19</td> <td>99904-Client unable to answer (only if client is in detox or developmentally disabled)</td> </tr> <tr> <td>10-10th Grade</td> <td>20-20</td> <td></td> </tr> <tr> <td></td> <td>21-21</td> <td></td> </tr> </table>		00-Kindergarten	11-11 th Grade	22-22	01-1 st Grade	12-12 th	23-23	02-2 nd Grade	Grade/GED	24-24	03-3 rd Grade	13-13	25-25	04-4 th Grade	14-14	26-26	05-5 th Grade	15-15	27-27	06-6 th Grade	16-16	28-28	07-7 th Grade	17-17	29-29	08-8 th Grade	18-18	30-30 99900-Client declined to state	09-9 th Grade	19-19	99904-Client unable to answer (only if client is in detox or developmentally disabled)	10-10 th Grade	20-20			21-21	
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LEGAL / CRIMINAL JUSTICE		(*REQUIRED)																																				
*Number of Arrests in Last 30 Days	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
*Number of Jail Days in Last 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
*Number of Prison Days in Last 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
*Number of Arrests in Last 6 Months	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
*Criminal Justice Status	1-No criminal justice involvement 2-Under parole supervision from CDC 3-On parole from any other jurisdiction 4-Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction 5-Admitted under other diversion from any court under CA Penal Code Section 1000 6-Incarcerated 7-Awaiting trial, charges or sentencing 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					

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MEDICAL / PHYSICAL HEALTH		(*REQUIRED)
*Communicable Diseases: STD		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*Pregnant at Admission	(Auto-populates based on gender and previous pregnancy questions.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
MENTAL HEALTH		(*REQUIRED)
*Mental Illness Diagnosed		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NotSure/Don't Know/99901		
*Number of Times Outpatient Emergency MH Services in Past 30 Days	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of 24hr Psychiatric Facility Stays in Past 30 Days	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Mental Health Medication in Past 30 Days		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*Suicide Attempts		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
*Was the attempt in the last 30 days? (*Required field if suicide answer is YES)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROGRAM ENROLLMENT		(*REQUIRED)
*Facility Auto-populates		
*Program Name	Must select from pre-set programs under facility If the program is not available, contact the ADS help desk	
*Program Staff Auto-populates		
*Start Date	*End Date (Applicable when treatment ends)	
*Termination Reason (Required when treatment end date is selected)	1-Completed Treatment/Recovery Plan, Goals, Referred 2-Completed Treatment/Recovery Plan, Goals, Not Referred 3-Left Before Completion w/Satisfactory Progress/Referred 4-Left Before Completion w/Satisfactory Progress/Not Referred 5-Left Before Completion w/Unsatisfactory Progress/ Referred 6-Left Before Completion w/Unsatisfactory Progress/Not Referred 7-Death 8-Incarceration 9-Transferred to another program at this facility	

*** Required Field**