

CalOMS Annual Update Form Instructions

REQUIRED FORM:

The Annual Update form is a required document in the client file if the client remains in treatment for 11 months continuously in one provider and one service modality with no break in services exceeding 30 days.

WHEN:

The Annual Update can be created as early as 60 days before the individual's admission date anniversary and completed in SanWITS **no later** than the 11 month admission date anniversary.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

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

NOTE:

Annual updates are required for each year thereafter that the client is in the same program and modality continuously.

Annual Updates are to be completed for Active clients only. Do not open a discharged client in order to do an Annual Update as the record will be rejected.



CalOMS Annual Update

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

CALOMS ANNUAL UPDATE/FOLLOW-UP PROFILE (* REQUIRED)

*CalOMS Annual Update Date (mm / dd / yyyy)

CalOMS Annual Update # (Auto-populates)

ALCOHOL & DRUG USE AT ANNUAL UPDATE (* REQUIRED)

Primary Drug

*Drug Type	0-None (Will be rejected) 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy
Drug Name (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g.Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	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	3-Inhalation	99902-None or not applicable (Will be rejected)
2-Smoking	4-Injection (IV / intramuscular)	99903-Other

Secondary Drug

*Drug Type	0-None 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy
Drug Name (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	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	3-Inhalation	99902-None or not applicable
2-Smoking	4-Injection (IV / intramuscular)	99903-Other

*Number of Days Alcohol Used in Past 30 Days Auto-populates if 1st or 2nd 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

YES NO Unable to answer/99904 (only if client is in detox or developmentally disabled)

FAMILY/SOCIAL AT ANNUAL UPDATE (* REQUIRED)

*Number of Days Social Support in Past 30 Must select # between 0 and 30

*Required Field



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FAMILY/SOCIAL AT ANNUAL UPDATE (* REQUIRED)

*Number of Children Under 18	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Current Living Arrangements	1-Homeless 2-Dependent Living 3-Independent Living
*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)

EMPLOYMENT AT ANNUAL UPDATE (* 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"/> Declined to state/99900 <input type="checkbox"/> 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"/> Declined to state/99900 <input type="checkbox"/> 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"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)	

*Required Field



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CalOMS Annual Update

EMPLOYMENT AT ANNUAL UPDATE		(*REQUIRED)																																	
Highest School Grade Completed	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">00-Kindergarten</td> <td style="width: 33%;">11-11th Grade</td> <td style="width: 33%;">22-22</td> </tr> <tr> <td>01-1st Grade</td> <td>12-12th Grade/GED</td> <td>23-23</td> </tr> <tr> <td>02-2nd Grade</td> <td>13-13</td> <td>24-24</td> </tr> <tr> <td>03-3rd Grade</td> <td>14-14</td> <td>25-25</td> </tr> <tr> <td>04-4th Grade</td> <td>15-15</td> <td>26-26</td> </tr> <tr> <td>05-5th Grade</td> <td>16-16</td> <td>27-27</td> </tr> <tr> <td>06-6th Grade</td> <td>17-17</td> <td>28-28</td> </tr> <tr> <td>07-7th Grade</td> <td>18-18</td> <td>29-29</td> </tr> <tr> <td>08-8th Grade</td> <td>19-19</td> <td>30-30 99900-Client declined to state</td> </tr> <tr> <td>09-9th Grade</td> <td>20-20</td> <td>99904-Unable to answer (only if client is in detox or developmentally disabled)</td> </tr> <tr> <td>10-10th Grade</td> <td>21-21</td> <td></td> </tr> </table>	00-Kindergarten	11-11 th Grade	22-22	01-1 st Grade	12-12 th Grade/GED	23-23	02-2 nd Grade	13-13	24-24	03-3 rd Grade	14-14	25-25	04-4 th Grade	15-15	26-26	05-5 th Grade	16-16	27-27	06-6 th Grade	17-17	28-28	07-7 th Grade	18-18	29-29	08-8 th Grade	19-19	30-30 99900-Client declined to state	09-9 th Grade	20-20	99904-Unable to answer (only if client is in detox or developmentally disabled)	10-10 th Grade	21-21		
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LEGAL/CRIMINAL JUSTICE AT ANNUAL UPDATE		(*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)																																		
MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE		(*REQUIRED)																																	
*Number of Times Emergency Room in Past 30	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Number of Hospital Overnights in Past 30 Days	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Number of Days Medical Problems in Past 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*HIV Tested																																			
<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)																																			
*HIV Test Results Received																																			
<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)																																			

*Required Field



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MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE (* REQUIRED)

<p>*Pregnant at Admission</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>(Auto-populates based on gender and previous pregnancy questions.)</p>
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MENTAL HEALTH AT ANNUAL UPDATE (* REQUIRED)

<p>*Mental Illness Diagnosed</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know/99901</p>
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<p>*Number of Times Outpatient Emergency MH Services in Past 30 Days</p>	<p>Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)</p>
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<p>*Number of 24hr Psychiatric Facility Stays in Past 30 Days</p>	<p>Must select # between 0 and 30 99904-Unable (only if client is in detox or developmentally disabled)</p>
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<p>*Mental Health Medication in Past 30 Days</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)</p>
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*Required Field