

## CalOMS Profile Form Instructions

### **OPTIONAL FORM:**

The Profile form is an optional document in the client's file.

### **WHEN:**

This form will be created **IF** the client profile does not already exist in SanWITS. A thorough search is required. An existing profile should be reviewed and updated if needed for each new episode.

### **COMPLETED BY:**

Authorized agency representative

### **REQUIRED ELEMENTS:**

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

### **NOTE:**

To effectively manage client information, each client should have only one profile. To reduce the number of duplicate client records, SanWITS does not allow a social security number to be used more than once or a participant ID to be used for more than one client. The State Client ID aka Unique Client number aka participant ID is based on the first and last initial of the birth name, the middle initial (the system will enter a zero if there is no middle name), a code for gender (1-male and 2-female) as well as the date of birth (DOB). Carefully search for a client before adding them to the database. Check your SanWITS User's Manual for different search criteria.

Fields in the client profile are linked to other areas in SanWITS. The Admission, Annual Update and Discharge record will not be uploaded to the state if the Profile form is not completed in SanWITS.

Payor Group Enrollment is part of the profile. This section is required only for Drug Medi-Cal (DMC) billing.

Collateral Contacts are part of the Profile but are not required unless your program requires this information. Because various contacts can be entered, Collateral Contacts has its own form S109B.



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

## CalOMS Profile

<b>CLIENT PROFILE</b>				<b>(*REQUIRED)</b>
<b>*Current First Name</b>	<b>State Client ID aka Unique Client Number</b> (Auto-populates after data is saved)		<b>State Client No</b> (Auto-populates after data is saved)	
<b>Middle Name</b>	<b>Provider Client ID</b> (Internal Client # if applicable)			
<b>*Current Last Name</b>	<b>*SSN</b>	99900-Declined to State 99902-Not applicable (if client does not have a SSN)	99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Birth First Name</b>	<b>*Driver's License #</b> (State ID# is acceptable)	99900-Declined to State 99902-Not applicable (if client does not have a DL/ ID)	99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Birth Last Name</b>	<b>*Driver's License State</b>			
<b>*Mother's First Name</b>	<b>Medicaid #</b>			
<b>*Gender</b>	1-Male 2-Female 99903-Other	<b>Date of Death</b> (Client)		
<b>*Place of Birth</b> (CA County or 99903-Other)	<b>*State</b>			
<b>*DOB</b>	<b>*Consent on File for Future Contact</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>No Readmit Until</b>	<b>Has Paper File</b> (Always select YES) <input type="checkbox"/> YES			
<b>ALTERNATE NAMES</b>				<b>(*REQUIRED)</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>ADDITIONAL INFORMATION</b>				<b>(*REQUIRED)</b>
<b>*Ethnicity</b> (Select One)	1-Not Hispanic 2-Mexican/Mexican American 3-Cuban		4-Puerto Rican 5-Other Hispanic/Latino	
<b>*Primary Race/Ethnicity</b> (Select One)	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American <input type="checkbox"/> Other	

**\* Required Field**



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## CalOMS Profile

<b>ADDITIONAL INFORMATION</b>		<b>(*REQUIRED)</b>	
<b>*Races</b> (Select at least one; not to exceed 5)	1-White 2-Black/African American 3-American Indian 4-Alaskan Native 5-Asian Indian 6-Cambodian	7-Chinese 8-Filipino 9-Guamanian 10-Hawaiian 11-Japanese 12-Korean	13-Laotian 14-Samoan 15-Vietnamese 16-Other Asian 17-Other Race 18-Mixed Race
<b>*Disabilities</b> (Select All That Apply)	1-None 2-Visual 3-Hearing 4-Speech	5-Mobility 6-Mental 7-Developmentally Disabled 8-Other Disability (Not AOD)	99900-Declined to State 99904-Unable to Answer (only if client is in detox)
<b>General Client Comments</b>			
<b>Sexual Orientation</b> (Select One)	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay Male <input type="checkbox"/> Heterosexual	<input type="checkbox"/> Intersex <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning	<input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State
<b>Religious Preference</b> (Select One)	<input type="checkbox"/> Agnostic <input type="checkbox"/> Babi & Baha'i Faith <input type="checkbox"/> Baptist <input type="checkbox"/> Bon <input type="checkbox"/> Brethren <input type="checkbox"/> Buddhism <input type="checkbox"/> Cao Dai <input type="checkbox"/> Celticism <input type="checkbox"/> Christian (non-Catholic) <input type="checkbox"/> Christian Scientist <input type="checkbox"/> Church of Christ <input type="checkbox"/> Church of God <input type="checkbox"/> Confucianism <input type="checkbox"/> Congregational <input type="checkbox"/> Cyberculture Religion <input type="checkbox"/> Disciples of Christ <input type="checkbox"/> Divination <input type="checkbox"/> Eastern Orthodox <input type="checkbox"/> Episcopal	<input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Fourth Way <input type="checkbox"/> Free Daism <input type="checkbox"/> Friends <input type="checkbox"/> Full Gospel <input type="checkbox"/> Gnosis <input type="checkbox"/> Hinduism <input type="checkbox"/> Humanism <input type="checkbox"/> Independent <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Judaism <input type="checkbox"/> Latter Day Saints <input type="checkbox"/> Lutheran <input type="checkbox"/> Mahayana <input type="checkbox"/> Meditation <input type="checkbox"/> Messianic Judaism <input type="checkbox"/> Methodist	<input type="checkbox"/> Mitrasm <input type="checkbox"/> Native American <input type="checkbox"/> Nazarene <input type="checkbox"/> New Age <input type="checkbox"/> None <input type="checkbox"/> Non-Roman Catholic <input type="checkbox"/> Occult <input type="checkbox"/> Orthodox <input type="checkbox"/> Other <input type="checkbox"/> Paganism <input type="checkbox"/> Pentecostal <input type="checkbox"/> Presbyterian <input type="checkbox"/> Process, The <input type="checkbox"/> Protestant <input type="checkbox"/> Protestant, No Denomination <input type="checkbox"/> Reformed <input type="checkbox"/> Reformed/ Presbyterian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Salvation Army
<b>*Preferred Language</b> (Select One)	<input type="checkbox"/> English <input type="checkbox"/> American Sign Language <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Braille <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> Czech <input type="checkbox"/> Dutch <input type="checkbox"/> Fang Yan <input type="checkbox"/> Farsi <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati	<input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Hungarian <input type="checkbox"/> Ilocano <input type="checkbox"/> Indian (General) <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Lakota Sioux <input type="checkbox"/> Laotian <input type="checkbox"/> Large Print English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Marathi <input type="checkbox"/> Mien <input type="checkbox"/> Norwegian	<input type="checkbox"/> Other Language <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Puyallup <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Salish <input type="checkbox"/> Samoan <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Tigrigna <input type="checkbox"/> Turkish <input type="checkbox"/> Ukranian <input type="checkbox"/> Unknown Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yakama

**\* Required Field**



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ADDITIONAL INFORMATION				(*REQUIRED)
<b>Interpreter Needed</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>*Are you a veteran?</b>				
<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)				
CONTACT INFO				(*REQUIRED)
<b>Home Phone #</b>		<b>Preferred Method of Contact</b>		1-Phone 2-Email 3-Letter
<b>Work Phone #</b>				
<b>Mobile #</b>				
<b>Other Phone #</b>				
<b>Fax #</b>				
<b>Email Address</b>				
<b>Address Type</b> (Select One)		1-Client Billing 2-Client Home 3-Client Mailing	4-Client Previous 5-Client Unknown 6-Client Work	<b>Confidential</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>City</b>		<b>State</b>		<b>Zip</b>
PAYOR GROUP ENROLLMENT - for BILLING ONLY				(*REQUIRED)
<b>*Payor-Type</b>		<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Self-pay <input type="checkbox"/> Other <input type="checkbox"/> Group Insurance		
<b>Payor Priority Order</b>	<b>*Coverage Start Date</b> (mm /dd /yyyyy)	<b>Coverage End Date</b> (mm / dd / yyyyy)	<b>*Aid Code</b> (DMC Required)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2				
<b>*Plan-Group</b>	<input type="checkbox"/> Medi-Cal-ADP-Perinatal / Medi-Cal-Perinatal <input type="checkbox"/> Medi-Cal-ADP-NonPerinatal / Medi-Cal-Non Perinatal		<b>Policy#</b>	
<b>Payment Scale</b>				

\* Required Field



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PAYOR GROUP ENROLLMENT - for BILLING ONLY			(*REQUIRED)
*Relationship to Subscriber/Responsible Party			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Life Partner <input type="checkbox"/> Child <input type="checkbox"/> Cadaver Donor <input type="checkbox"/> Employee <input type="checkbox"/> Organ Donor <input type="checkbox"/> Other Relationship <input type="checkbox"/> Unknown
<i>Subscriber / Responsible Party Info (Auto-populates when Subscriber/Responsible Party is "Self")</i>			
*First Name	Middle	*Last Name	
*Birthdate	*Gender	Subscriber#	
*Address 1			
Address 2			
*City	*State	*Zip	

\* Required Field



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## CalOMS Profile

### COLLATERAL CONTACTS – IF APPLICABLE (\*Required)

<b>*First Name</b>		<b>*Last Name</b>	
<b>*Relationship</b>	Attorney Attorney (Child's) Brother(s) Community Service Court Daughter(s) Father Guardian Judge	Law Enforcement Legal Mother Office of Children's Svc Other Other Relatives Parole Pharmacy Physician	Probation Regional Case Manager Sister(s) Social Worker(s) Son(s) Sponsor Spouse Treatment Case Manager Unrelated
<b>*Can Contact</b>	<b>Active Date</b> (mm / dd / yyyy)	<b>Inactive Date</b> (mm / dd / yyyy)	<b>Legal Guardian</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Address 1</b>			
Address 2			
<b>*City</b>	<b>*State</b>	<b>Zip</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Mobile</b>	
<b>Fax</b>	<b>Other</b>	<b>Email</b>	
<b>*First Name</b>		<b>*Last Name</b>	
<b>*Relationship</b>	Attorney Attorney (Child's) Brother(s) Community Service Court Daughter(s) Father Guardian Judge	Law Enforcement Legal Mother Office of Children's Svc Other Other Relatives Parole Pharmacy Physician	Probation Regional Case Manager Sister(s) Social Worker(s) Son(s) Sponsor Spouse Treatment Case Manager Unrelated
<b>*Can Contact</b>	<b>Active Date</b> (mm / dd / yyyy)	<b>Inactive Date</b> (mm / dd / yyyy)	<b>Legal Guardian</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Address 1</b>			
Address 2			
<b>*City</b>	<b>*State</b>	<b>Zip</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Mobile</b>	
<b>Fax</b>	<b>Other</b>	<b>Email</b>	