

## Substance Use Program

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# Contract Provider User Guide

JUNE 2016 (v.1)

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## Section One: Introduction

Welcome to Riverside University Health System, Behavioral Health “ELMR” system, which stands for **Electronic Management of Records**. Effective July 1, 2016, all Substance Use Contract Providers will be able to access the County’s ELMR system after opening a Virtual Private Network (VPN). (Review **ELMR System Requirement** user guide – Section 5) Providers will be able to view service authorizations, enter consumer’s diagnosis as well as all CalOMS data.

### ELMR Sign-in

At the ELMR Sign-in screen, enter the Provider Authentication information:

- **Server** – Default: MyAvatar Live
- **System Code** – Type in All CAPS: “LIVE”
- **User Name** – Type in lowercase: Personal ID assigned by County.
  - (Existing Providers: Same username used to log in to Provider Connect)
- **Password** –
  - Initial logon: Type in system generated password “123”.
  - User Access: User Defined personal Password.

Select “Sing In” command button

System generated passwords will prompt the message below and prompt user to select “OK” to enter a new user defined personal password.

**New Password Entry:** Requires that the new password be no less than 8 characters, of which at least one of the characters are uppercase and one lowercase, as well as it must include one special character. Valid special characters are: % @ # \$ ! \* ? / + > [ ] { } | -

## Home Page (Providers Caseload)

The Home Page or Providers Caseload page will display a list of all consumers assigned to the logged on agency. This home page will also allow navigation through command buttons to access the service entry and reports request screens. A print page and refresh command button are also available on this page.

The **PATID** (patient identification number assigned by ELMR during registration) is a hyper link to access the individual consumer's data/chart.

All **headers** on this page allow the end user to **sort** by individual column. End User can review consumers by 'Open' episode "Status" or by consumer "Lastname".

**When exiting ELMR select "Sign Out" not the "X".**

The screenshot shows the 'Contract Providers Caseload' page for user TESTDAS. At the top right, there are navigation links: Home, Preferences, Lock, Sign Out, Switch, Help, and Logout. A callout box points to the 'Sign Out' link with the text: 'Always "Sign Out" by selecting here. Do not exit via the "X"'. Below the navigation is a table with columns: PATID, Lastname, Firstname, Gender, Date of Birth, Program, Caseload Start Date, Caseload End Date, and Status. Two rows of data are visible. Below the table are buttons for 'Print this page', 'Refresh Page', 'View Services', and 'View Reports'. The footer indicates 'Riverside University Health System - Behavioral Health'.

PATID	Lastname	Firstname	Gender	Date of Birth	Program	Caseload Start Date	Caseload End Date	Status
950645162	TESTDATA	TEST	Female	01/05/1987	ZZZTEST MFI SU CONTRACT TEST PROGRAM	07/01/2015		Open
950645162	TESTDATA	TEST	Female	01/05/1987	Riverside SU AB109 ODF 333489	07/01/2015	07/01/2015	Closed

## Consumer Chart View

Select the **PATID #** to open the individual consumer's data for viewing.

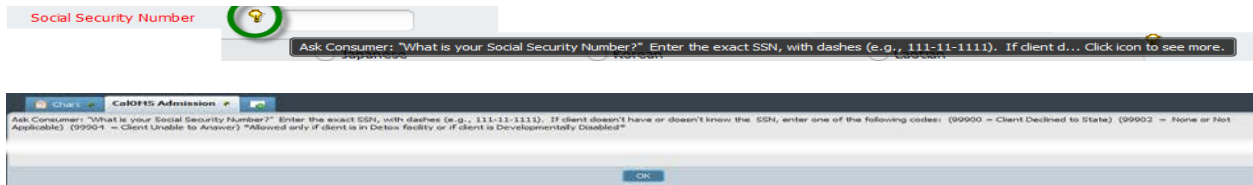
This page will display the following for the consumer:

- **Demographics Box:** *DOB, Gender, Primary Language, SSN and Caseload Start Date*
- Access to ELMR Forms (See Section 2)
  - **View Auths:** *Service Authorization*
  - **View Diagnosis:** *Diagnosis Entry*
  - **Cal-OMS Admission**
  - **Cal-OMS Annual Update**
  - **Cal-OMS Discharges**
    - *Cal-OMS Standard Discharge*
    - *Cal-OMS Youth/Detox Discharge*
    - *Cal-OMS Administrative Discharge*

The screenshot shows the 'Consumer Chart View' for consumer TESTDATA, TEST (950645162). At the top, there are buttons for 'Print this page', 'Refresh Page', 'View Services', and 'View Reports'. Below these is a summary box with the following information: Date of Birth: 01/05/1987, Gender: Female, Primary Language: English, SSN: 000-00-0000, and Caseload Start Date: 07/01/2015. Below the summary box is a section titled 'Caseload >> TESTDATA, TEST (950645162)'. On the left, there are links for 'View Auths', 'View Diagnosis', 'Cal-OMS Admission', 'Cal-OMS Annual Update', and 'Cal-OMS Discharge'. On the right, there are status indicators: 'Diagnosis Missing', 'Cal-OMS Admission Missing', and 'Cal-OMS Update None'. The footer indicates 'Riverside University System - Behavioral Health'.

## Navigation Tools

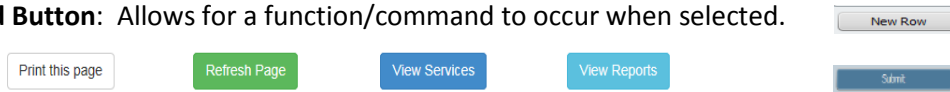
1. **Light Bulbs:** Hovering over the lightbulb will display the first row of the help message. Double-clicking the lightbulb will open a message box with the entire help message.



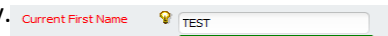
2. **Dropdown List:** Allows for a single selection. Highlight the row to select the value.



3. **Command Button:** Allows for a function/command to occur when selected.



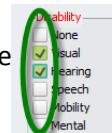
4. **Free-Text Field:** Allows for free text entry.



5. **Radio Button:** Allows for a single selection by selecting the circle before the value.



6. **Check-Box:** Allows for multiple selections by selecting each applicable box before the value.



7. **Multiple Iteration Table:** Allows for rows to be added to display multiple entries.

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Primary (1)	Alcohol abuse, unsp...	Active (1)		Axis I (1)	1	305.00	F10.10
2			Active (1)			2		

8. **Red Required Field Name:** Field names in red font are required fields. Forms cannot be submitted or finalized without answering each required field. **Status**

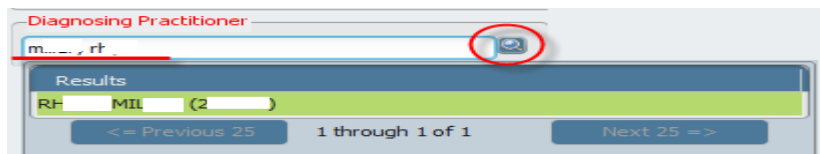
9. **Hovering** over headers or displayed information can provide additional information.

Diagnosis Missing Diagnosis Must Be Entered To Bill

10. **Dialog Box:** Error or Warning messages will pop-up/display after end user entries.



11. **Process Search:** Free Text field that will search system for matching data to populate in field.



## CalOMS Alternative Values

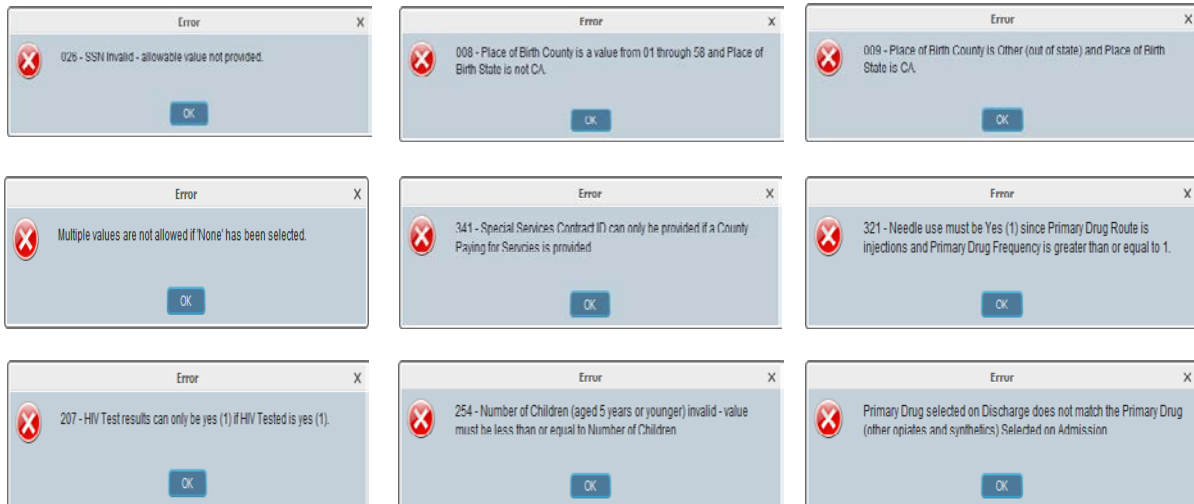
The CalOMS Data Collection Guide (DCG) allows some questions to be answered with Alternative Values:

- **99900**: *Client Declined to State*
- **99901**: *Unknown or Not Sure / Don't Know*
- **99902**: *Not Applicable (None)*
- **99903**: *Other*
- **99904\***: *Client Unable to Answer* (This code is only allowable if the type of service is detoxification or if the disability specified in the disability field is 'developmentally disabled')
- **00000**: *Homeless for Zip Code Question*
- **XXXXX**: *Declined to State for Zip Code Question*
- **ZZZZZ\***: *Client Unable to Answer* (See comment for 99904) for Zip Code Question

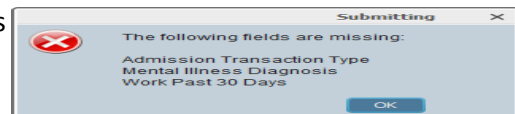
## CalOMS Specific Error/Warning Messages

Additional samples of error/warning message dialog box pertaining to CalOMS entries.

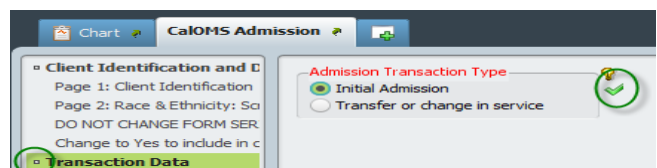
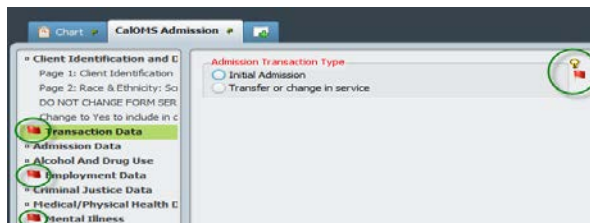
### ➤ Error Messages



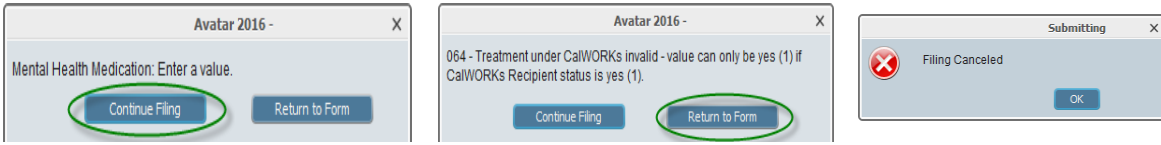
### ➤ Warning Message at Submission – Missing Values



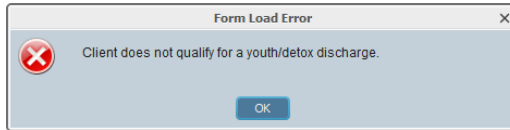
### ➤ Missing Values are Red Flagged for Correction and will clear upon entry.



- Error Messages after submitting form – Select “Continue Filing” if message does not require correction. Select “Return to Form” if message requires a correction.



- Form loading error message



## Section Two: ELMR Forms

Select the form name option to view corresponding page.

- **View Auths:** Access to view approved service authorization number, date range, program (RU) and account (dept. ID). Provider to review accuracy of service authorization prior to entering services. Any errors in displayed information MUST be reported to SU Administration for correction.
- **View Diagnosis:** *'Diagnosis Missing'* in red will display, when applicable. When a diagnosis has been entered/filed the latest submitted date will be displayed. Access to view entered diagnosis detail and ability to "Add Diagnosis".
- **Cal-OMS Admission:** *'Cal-OMS Admission Missing'* in red will display, when applicable. When the CalOMS Admission has been submitted the date of entry will display. Access to view summary of entered CalOMS admission data and ability to "Add Cal-OMS Admission".
- **Cal-OMS Annual Update:** *'Cal-OMS Update None'* in red will display, when applicable. When the CalOMS Annual Update has been submitted the date of entry will display. Access to view summary of entered CalOMS Annual Update data and ability to 'Add Cal-OMS Annual Update'
- **Cal-OMS Discharges:** Access to select one of the three available types of CalOMS Discharges, described below.
  - *Cal-OMS Standard Discharge*
  - *Cal-OMS Youth/Detox Discharge*
  - *Cal-OMS Administrative Discharge*

[View Auths](#)

[View Diagnosis](#)

**Diagnosis Missing**

[Cal-OMS Admission](#)

**Cal-OMS Admission Missing**

[Cal-OMS Annual Update](#)

**Cal-OMS Update None**

[Cal-OMS Discharge](#)



## View Auths (Service Authorization)

All Auths for the individual consumer will be displayed in order of most current authorization. End User can access each service authorization’s detailed information by selecting the blue “Auth Number”.

[Caseload](#) >> [TESTDATA,TEST \(950645162\)](#) >> [All Auths](#)

Auth Number	Auth Start Date	Auth End	Program	Account Number
<a href="#">274964</a>	07/01/2015	06/30/2016	MFI SU RES TEST PROGRAM	4100514765-55600-530280 RES

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Open auth to review for appropriate date range, provider program (RU) and service code(s)/unit(s) authorized. This page will also display the remaining units per service code, based on previously entered/billed units.

[Caseload](#) >> [TESTDATA,TEST \(950645162\)](#) >> [All Auths](#) >> [274964](#)

<b>Auth #:</b> 274964	<b>Auth Status:</b> Approved	<b>Funding Source:</b> Substance Use(2)	
<b>Begin Date:</b> 07/01/2015	<b>End Date:</b> 06/30/2016	<b>Provider Program:</b> SU RES TEST PROGRAM	
<b>Code Authorized(1):</b> SA421	<b>Units Authroized(1):</b> 3	<b>Estimated Liability Code(1):</b> 0	<b>Remaining Units(1):</b> 3
<b>Code Authorized(2):</b> SA440	<b>Units Authroized(2):</b> 32	<b>Estimated Liability Code(2):</b> 0	<b>Remaining Units(2):</b> 32
<b>Code Authorized(3):</b> SA442	<b>Units Authroized(3):</b> 3	<b>Estimated Liability Code(3):</b> 0	<b>Remaining Units(3):</b> 3
<b>Code Authorized(4):</b> SA443	<b>Units Authroized(4):</b> 5	<b>Estimated Liability Code(4):</b> 0	<b>Remaining Units(4):</b> 5
<b>Code Authorized(5):</b> SA444	<b>Units Authroized(5):</b> 1	<b>Estimated Liability Code(5):</b> 0	<b>Remaining Units(5):</b> 1
<b>Code Authorized(6):</b> SA450	<b>Units Authroized(6):</b> 8	<b>Estimated Liability Code(6):</b> 0	<b>Remaining Units(6):</b> 8

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## View Diagnosis

Page will display the diagnosis entered for each episode and sorted by most recent at top. End User will have access to “Add Diagnosis”. If an error is found after the diagnosis form has been submitted, Provider is to notify SU Administration of the error so that the incorrect information can be voided. Provider will ‘add’ a new diagnosis to replace the incorrect/voided diagnosis. The End User is to follow the SU Diagnosis workflow and utilize the SU Diagnosis Reference Guide (see Section 5).

[Caseload](#) >> [TESTDATA,TEST \(950645162\)](#) >> [All Diagnosis](#)

<a href="#">Add Diagnosis</a>	Date of Diagnosis	Type of Diagnosis	Diagnosing Clinician	Primary Diagnosis
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Once you have selected to ‘add’ a form entry the client toolbar will display at the top of each form page.

Avatar 2016

Home Test T Preferences Lock Sign Out Switch Help

**LIVE IMAGE** TESTDATA,TEST (950645162) Ep: 25 : ZZTEST MFI SU CONTRAC... Location: 13289 Evans LN, San Jacinto, CA Allergies (7)

F, 29, 01/05/1987 Problem P: - Attn. Pract.: No Entry

Ht: 5' 6", Wt: 156 lbs, BMI: 25.2 DX P: Adm. Pract.: TESTSU,TESTSU

Follow the Substance Use diagnosis entry process, described below.

## Diagnosis

- Type Of Diagnosis:** SU requires that the **'Admission'** radio button be selected in order to capture all services as of intake/admission date.
- Date Of Diagnosis:** Date will default the admission date of the episode when the **"Type Of Diagnosis"** is **'Admission'**. **DO NOT** change this date.
- Time Of Diagnosis:** Enter time as **HH:MM** space then **AM** or **PM** or end user has option to select the **'current'** command button to display current time of entry.
- New Row:** (Command Button) Select to add a row to the **"Diagnoses"** multiple iteration table. This step **MUST** be completed in order to enter/record a diagnosis for consumer.
- Diagnosis Search:** Utilize the **SU Diagnosis Reference Guide** (image shown below – see Section 5) to search for valid **SU billable diagnoses**. Example for #5: Search criteria shown below.

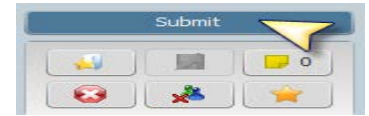
**SU Diagnosis Reference Guide**

Searchable "SU" Name Value	ICD-9 (old value)	ICD-10 (new value)	DSM-IV Code Value	DSM-IV	DSM-V	SNOMED	Comments
Alcohol abuse	303.00	F10.10	303.00	Alcohol abuse	Alcohol use disorder, mild	13187005	
Alcohol dependence	303.90	F10.20	303.90	Alcohol dependence	Unspecified alcohol-related disorder	44590025	
Chronic abuse	305.50	F11.10	305.50	Chronic abuse	Chronic use disorder, mild	5503001	
Opioid dependence	304.00	F13.20	304.00	Opioid dependence	Unspecified opioid-related disorder	75544000	
Amphetamine abuse	305.70	F15.10	305.70	Amphetamine abuse	Amphetamine-type substance use disorder, mild	84738004	
Amphetamine dependence	304.40	F15.20	304.40	Amphetamine dependence	Amphetamine-type substance use disorder, moderate	21847008	
Methamphetamine abuse	305.50	F15.10	305.50	Methamphetamine abuse	Unspecified amphetamine-related disorder	64831005	NOTE: WEP-03 to show in WEP

- Diagnosing Practitioner:** This is a free look up field and is required in order to file the diagnosis. Enter a diagnosis practitioner by typing last name, first name or the practitioner number assigned by the County. Highlight result and press Enter or double-click to file selection.

**\*Default:** **"Status"** will default to **'Active'** **DO NOT** change

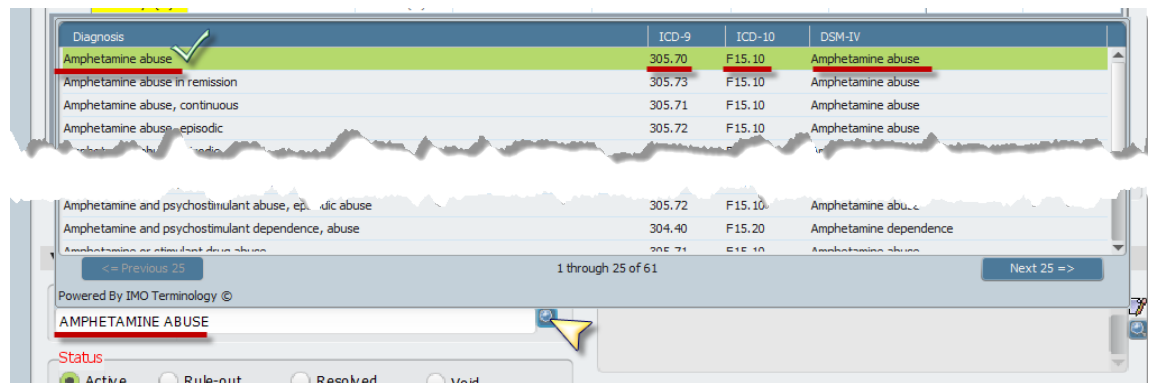
- \*Default: “Ranking” will default to ‘Primary’ **DO NOT** change
- \*Default: “Bill Order” will default to ‘1’ **DO NOT** change
- \*Default: “Code Crossmapping” will default with the crossmapping between ICD-9 to ICD-10 and DSM-IV to DSM-V as well as includes SNOMED code. This information **MUST** match the SU Diagnosis Reference Guide. If the information does not match, ensure that the “diagnosis search” field has the appropriate value.



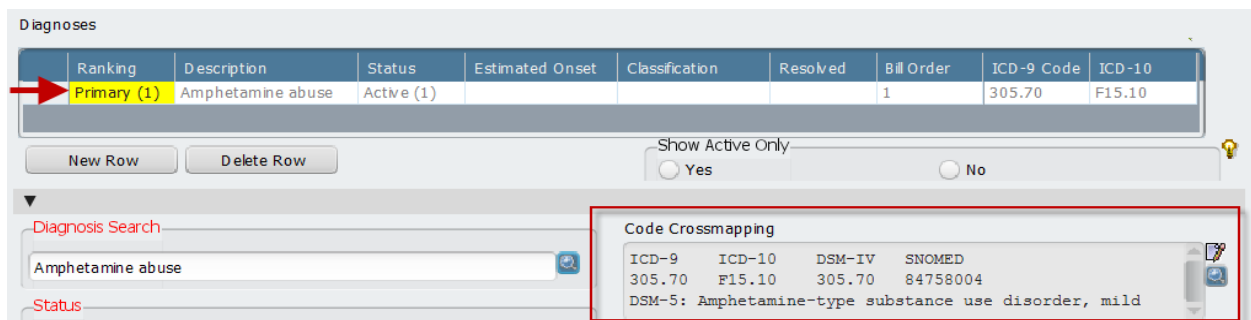
When entry is complete and accurate, select the “Submit” command button.

### Example for #5 Above

End User has entered the name value as stated on the SU Diagnosis Reference Guide and selected the *process search (magnifier) command button*. System will display all associated diagnosis for that value entry. This example returned 61 options. If end user uses the full name value from the reference guide, the most appropriate value will display at the top of the list. Review the row to ensure that the diagnosis, ICD-9, ICD-10 and DSM-IV matches to the reference guide. To confirm and record entry, highlight the row press Enter or double-click. The selection will be filed in the “Diagnoses” multiple iteration table.



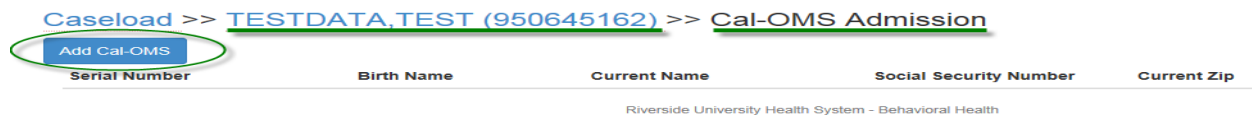
Selection filed as shown below and the “Code Crossmapping” data is populated.



## CalOMS Admission

Summary page will display the CalOMS Admission record submitted for each episode for the consumer, and sorted with the most recent at top. End User will have access to “Add Cal-OMS”. If any edits are required, Provider is to notify SU Administration of the values to be edited for resubmission. Provider will enter values for all required CalOMS Admission data fields.

The End User is to follow the SU CalOMS training materials and CalOMS Data Collection Guide/DCG (found in ELMR Facts page). The DCG can also be accessed from [www.dhcs.ca.gov](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf) via the following link: [http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS\\_Tx\\_Data\\_Collection\\_Guide\\_JAN%202014.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf)



Counties are required to collect CalOMS Tx data and submit this information electronically to DHCS. Data must be collected on all service recipients, by all providers that receive funding from DHCS, regardless of the source of funds used for the service recipient. For a standard admission, all questions must be asked each participant and answered in ELMR even if the answer is ‘none’. Blank fields, incomplete entries, and invalid entries will result in rejection of the admission record.

### Client Identification and Demographics

1. **Record to be Submitted: SKIP – Do not change the prepopulated selection.**
  - a. *Admission* \*Default
  - b. *Admission Update* – \*Default When the admission to be edited has been submitted to the State the system will default to ‘Admission Update’.
  - c. *Admission Delete* – Contact SU Administration if you require the CalOMS Admission to be deleted.
  - d. *None* – **SKIP**

2. **Birth First Name:** (*Free Text – No Special Characters*) Defaults to current name – change if Birth Name is different.
3. **Birth Last Name:** (*Free Text – No Special Characters*) Defaults to current name – change if Birth Name is different.
4. **Current First Name:** (*Free Text – No Special Characters*) Defaults to name submitted at pre-admission form or Medi-Cal Card name.
5. **Current Last Name:** (*Free Text – No Special Characters*) Defaults to name submitted at pre-admission form or Medi-Cal Card name.
6. **Social Security Number:** (*Free Text – 9-digit number including dashes, 99900, 99902 or 99904\**)
7. **Zip Code at Current Residence:** (*Free Text – 5-digit zip code, 00000, XXXXX or ZZZZZ\**) This field is linked to the “Current Living Arrangements” question.
8. **Place of Birth – County:** (*Dropdown List – California Counties or Other (born outside of CA)*) If the consumer cannot remember or does not know, enter the county code of the county in which the individual is currently living. This field is linked to the “Place of Birth – State” question.
9. **Place of Birth – State:** (*Dropdown List – US States or Other (born outside of U.S.)*) If the consumer cannot remember or does not know, enter the state in which the individual is currently living. This field is linked to the “Place of Birth – County” question.
10. **Driver’s License/State ID Card Number:** (*Free Text – alpha-numeric up to 13 characters, 99900, 99902 or 99904\**) Enter numbers as displayed on card or enter ‘99902’. This field is linked to the “Driver’s License/State ID Card State” question.
11. **Driver’s License/State ID Card State:** (*Dropdown List – US State, Client Declined to State, None or Not Applicable, or Client Unable to Answer\**) Enter State where card issued, if no card number provided select one of the alternate values. This field is linked to the “Driver’s License/State ID Card Number” question.
12. **Mother’s First Name:** (*Free Text – 20 characters*) If unknown enter ‘MOTHER’
13. **Race 1 – 5:** (*Radio Button – 18 values*) At least one race must be selected and up to 5.

The screenshot displays the 'CalOMS Admission' form interface. On the left is a navigation menu with categories like 'Client Identification and Demographics', 'Transaction Data', 'Admission Data', 'Alcohol And Drug Use', 'Employment Data', 'Criminal Justice Data', 'Medical/Physical Health Data', 'Mental Illness', and 'Family/Social Data'. The main form area contains several sections:

- Race 3:** Radio buttons for Hawaiian, Samoan, Mixed Race, American Indian, Chinese, Japanese, Vietnamese, Alaskan Native, Filipino, Korean, Other Asian, White, Asian Indian, Guamanian, Laotian, Other Race, Black/African, and Cambodian.
- Race 4:** Identical radio button options as Race 3.
- Race 5:** Identical radio button options as Race 3.
- 14 - Ethnicity:** Radio buttons for Not Hispanic, Mexican/Mexican American, Cuban, Puerto Rican, and Other Hispanic/Latino.
- 15 - Veteran:** Radio buttons for No, Yes, Client declined to state, and Client unable to answer.
- 16 - Consent:** Radio buttons for No and Yes.
- 17 - Disability:** Checkboxes for None, Visual, Hearing, Speech, Mobility, Mental, Developmentally Disabled, Other, Client declined to state, and Client unable to answer.

14. **Ethnicity:** (Radio Button – 5 Values) Select One.
15. **Veteran:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Cannot be Yes if under age 17.
16. **Consent:** (Radio Button – Yes or No) Since post discharge follow-up has been postponed, counties can default this field to 'no'.
17. **Disability:** (Multiple Selection – 7 Values, Other, Client Declined to State or Client Unable to Answer\*) Select as many that apply. This field is linked to allowing the use of 99904\* alternate value throughout the form.

18. **DO NOT CHANGE FORM SERIAL NUMBER:** System generated (Form Serial Number and Flag for Cal-OMS Submission) – **SKIP**
19. **Flag for Resubmission:** System generated - **SKIP**

### Transaction Data

1. **Admission Transaction Type:** (Radio Button – 2 Values) Select One.
  - a. **Initial Admission:** An initial admission is used to report the beginning of an individual's treatment episode. A treatment episode is a continuous period of planned treatment with no unplanned breaks in service exceeding 30 days.
  - b. **Transfer or change in service:** This is used for reporting when an individual has already been admitted to another program or service modality and is transferring to a different program or modality (including those occurring within the same provider). Used when there has been less than 30 days since last Substance Use Treatment Episode.

### Admission Data



1. **Source of Referral:** (Radio Button – 14 values) Select ‘Post-release Community Supervision (AB109)’ for all AB109 consumers, regardless of any other source of referral. When this value is selected “**Criminal Justice Status**” will default to the appropriate AB109 status. This field is linked to the “Criminal Justice Status” question.
2. **Days Waited to Enter Treatment:** (Free Text – A number from 0 to 999, 99901 or 99904\*) Pertains to days waited due to unavailability of slots in a particular program or modality.
3. **Number of Prior Episodes:** (Free Text – A number from 0 to 99, 99900, 99901 or 99904\*)
4. **CalWORKs Recipient:** (Radio Button – Yes, No or Not sure/Don’t Know) This field is linked to the “Substance Abuse Treatment Under CalWORKs” question.
5. **Substance Abuse Treatment Under CalWORKs:** (Radio Button – Yes, No or Not sure/Don’t Know) If “**CalWORKs Recipient**” is ‘No’, then the value here MUST be ‘No’. This field is linked to the “CalWORKs Recipient” question.
6. **County Paying for Services:** (Dropdown List – CA Counties or ‘None or Not Applicable’) Agencies located outside of Riverside County select ‘Riverside’ – all others select ‘None or Not Applicable’
7. **Special Services Contract ID:** (Free Text – four-digit number or 99902) Agencies located outside of Riverside County enter 4-digit code (number is issued by DHCS ranging from 0000-9999) – all others enter ‘99902’

## Alcohol and Drug Use

The screenshot displays the 'Alcohol And Drug Use' section of the CalOMS Admission form. The form is divided into several numbered fields:

- 1 Primary Drug (Code):** A dropdown menu.
- 2 Primary Drug Name:** A text input field.
- 3 Primary Drug Frequency:** A text input field.
- 4 Primary Drug Route of Administration:** Radio buttons for Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, and Other.
- 5 Primary Drug Age of First Use:** A text input field.
- 6 Secondary Drug (Code):** A dropdown menu.
- 7 Secondary Drug Name:** A text input field.
- 8 Secondary Drug Frequency:** A text input field.
- 9 Secondary Drug Route of Administration:** Radio buttons for Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, and Other.
- 10 Secondary Drug Age of First Use:** A text input field.
- 11 Alcohol Frequency:** A text input field.
- 12 Needle Use:** A text input field.
- 13 Needle Use in the Last 12 Months:** Radio buttons for No, Yes, and Client unable to answer.

A sidebar on the left contains a navigation menu with categories such as Client Identification and Demographics, Transaction Data, Admission Data, Alcohol And Drug Use (highlighted), Employment Data, Criminal Justice Data, Medical/Physical Health, Mental Illness, and Family/Social Data. A 'Submit' button is located at the bottom of the sidebar.

1. **Primary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) The substance that has been determined to cause the greatest dysfunction to the consumer. Cannot be None. This field is linked to #2, #3, #4 and #5 below. Drug of choice should also correspond with diagnosis.
2. **Primary Drug (Other):** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Primary Drug (Code)” selected. Otherwise, skip.
3. **Primary Drug Frequency:** (Free Text – A number 0 to 30) Number of days used in last 30 days.
4. **Primary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Primary Drug (Code)” selections will default the route. Answer when applicable.

5. **Primary Drug Age of First Use:** (Free Text – An age 5 to 105 or 99904\*) Linked to DOB.
6. **Secondary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) Can be None. This field is linked to #7, #8, #9 and #10.
7. **Secondary Drug Name:** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Secondary Drug (Code)” selected. Otherwise, skip.
8. **Secondary Drug Frequency:** (Free Text – A number 0 to 30) Number of days used in last 30 days.
9. **Secondary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Secondary Drug (Code)” selections will default the route. Answer when applicable.
10. **Secondary Drug Age of First Use:** (Free Text – An age 5 to 105 or 99904\*) Linked to DOB.
11. **Alcohol Frequency:** (Free Text – A number 0 to 30 or 99902) Defaults to ‘99902’ if either “Primary Drug (Code)” or “Secondary Drug (Code)” is ‘Alcohol’. This field is linked to the “Primary and Secondary Drug (Code)” questions. Example shown below.
12. **Needle Use:** (Free Text – A number 0 to 30, 99900 or 99904\*) How often the consumer used needles to inject drugs in the past 30 days.
13. **Needle Use in the Last 12 Months:** (Radio Button – Yes, No or Client Unable to Answer\*) Will default to ‘Yes’ if “drug route of administration” is ‘Injection’ and “Frequency” is greater than ‘zero’. This field is linked to #3, #4, #8 and #9 above.

### Example for #11 Above:

When Alcohol is selected as Primary or Secondary, Alcohol Frequency will default to 99902 and will not allow end user to change value.



When Alcohol is not selected as Primary or Secondary, Alcohol Frequency is active for end user entry.



### Employment Data

1. **Enrolled in School:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One
2. **Highest School Grade Completed:** (Dropdown List – A number from 0 to 30, Client Declined to State or Client Unable to Answer\*) Values in order by first digit.
3. **Employment Status:** (Radio Button – 5 Values) Select One
4. **Enrolled in Job Training:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One
5. **Work Past 30 Days:** (Free Text – A number from 0 to 30, 99900 or 99904\*) Paid days worked.



## Criminal Justice Data

1. **Criminal Justice Status:** (Radio Button – 7 Values or 99904\*) If “Source of Referral” value ‘Post-release Community Supervision (AB109)’ is selected, then this field will default to ‘Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction’ and will not allow end user to change value. This field is linked to “Source of Referral” question.
2. **CDCR Number:** (Free Text – Alpha-Numeric, 99900, 99901, 99902 or 99904\*) Cannot be blank if client is an adult. This field is linked to the “Criminal Justice Status” question.
3. **Number of Arrests Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
4. **Number of Jail Days Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
5. **Number of Prison Days Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
6. **Parolee Services Network (PSN):** (Radio Button – Yes, No or Client Unable to Answer\*) PSN is no longer active – Select ‘No’.
7. **FOTP Parolee:** (Radio Button – Yes, No or Client Unable to Answer\*) Must be a FOTP Program.
8. **FOTP Priority Status:** (Radio Button – 3 Values, ‘None or Not Applicable’ or Client Unable to Answer\*) This field is linked to the “FOTP Parolee” question.

## Medical / Physical Health Data

1. **Medi-Cal Beneficiary:** (Radio Button – Yes, No or Client Unable to Answer\*) Select One
2. **Emergency Room Last 30 Days:** (Free Text – A number from 0 to 99 or 99904\*) This field is linked to the “Medical Problems Last 30 Days” question.
3. **Hospital Overnight Stay Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*) This field is linked to the “Medical Problems Last 30 Days” question.
4. **Medical Problems Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*) This field is linked to the “Emergency Room Last 30 Days” and “Hospital Overnight Stay Last 30 Days” questions. Must match or exceed the previous 2 questions (#2 or #3 Above) – Example: error message shown below.
5. **Pregnant At Admission:** (Radio Button – Yes, No or Not Sure/Don’t Know) Defaults to ‘No’ for male consumers.
6. **Medication Prescribed As Part of Treatment:** (Radio Button – 4 Values, None or Other) NTP Providers select ‘Methadone’ – all others select ‘None’. Example: error message shown below.
7. **Communicable Diseases – Tuberculosis:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One
8. **Communicable Diseases – Hepatitis C:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One
9. **Communicable Diseases – Sexually Transmitted Diseases:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One
10. **HIV Tested:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One
11. **HIV Test Results:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) This field is linked to “HIV Tested” question.

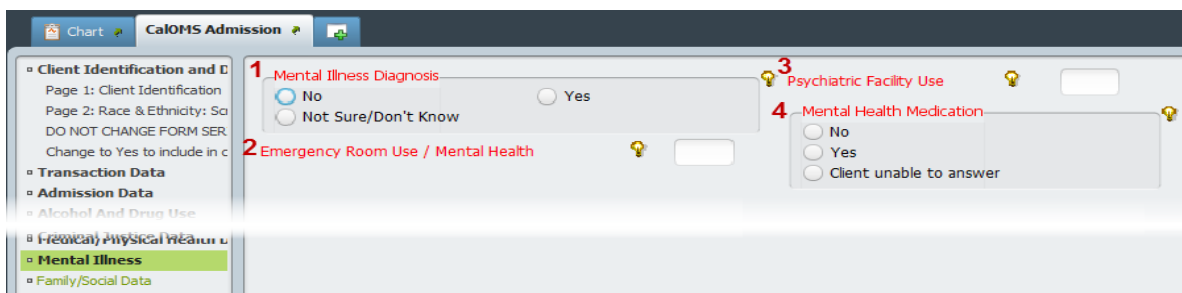
**Example for #4 Above:**



**Example for #6 Above:**



*Mental Illness*

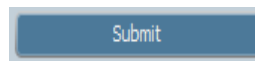


1. **Mental Illness Diagnosis:** (Radio Button – Yes, No or Not Sure/Don’t Know) Select One
2. **Emergency Room Use / Mental Health:** (Free Text – A number from 0 to 99 or 99904\*)
3. **Psychiatric Facility Use:** (Free Text – A number from 0 to 30 or 99904\*)
4. **Mental Health Medication:** (Radio Button – Yes, No or Client Unable to Answer\*) Prescribed Medication

## Family / Social Data

1. **Social Support:** (Free Text – A number from 0 to 30) Ex: 12-step meetings; Other self help meetings; Religious/Faith recovery or self-help meetings; Meetings of organizations other than those listed above; Interactions with family members and/or friend support of recovery.
2. **Current Living Arrangements:** (Radio Button – 3 Values) Homeless – consumers with no permanent residence. Dependent Living – Consumers living in a supervised setting or children (under age 18) living parent/family member/guardian. Independent Living – Individuals who contribute to their living arrangements. This field is linked to “Zip Code at Current Residence” question.
3. **Living with Someone:** (Free Text – A number from 0 to 30, 99900 or 99904\*) Someone who uses alcohol or other drugs.
4. **Family Conflict Last 30 Days:** (Free Text – A number from 0 to 30, 99900 or 99904\*)
5. **Number of Children Age 17 or Younger:** (Free Text – A number from 0 to 30 or 99904\*) Whether they live with the consumer or not. This field is linked with #6, #7 and #8 below and will default them to ‘zero’ if this field has a value of ‘0’.
6. **Number of Children Age 5 or Younger:** (Free Text – A number from 0 to 30 or 99904\*) Of those 17 or younger, how many are 5 or younger. This field is linked to “Number of Children Age 17 or Younger” question.
7. **Number of Children Living with Someone Else:** (Free Text – A number from 0 to 30 or 99904\*) Due to a child protection court order. This field is linked to “Number of Children Age 17 or Younger” question.
8. **Number of Children Living with Someone Else and Parental Rights Terminated:** (Free Text – A number from 0 to 30 or 99904\*) Of those living with someone else, how many have the parental rights been terminated. This field is linked to “Number of Children Age 17 or Younger” and “Number of Children Living with Someone Else” question.

**Submit CalOMS Admission when all fields have been completed.**



Once the CalOMS Admission form has been successfully submitted the consumer chart view home page will display the recorded CalOMS Admission date of submission.

Cal-OMS Admission

Cal-OMS Admission Last Updated On 2016-06-04

The CalOMS Admission page will display the recorded information as shown in the example below.

Serial Number	Birth Name	Current Name	Social Security Number	Current Zip
A0438192	TESTDATA, TEST	TESTDATA, TEST	111-22-3333	92583

Riverside University Health System - Behavioral Health

Selecting the blue “Serial Number” will display the detailed data for that CalOMS Admission. Select each section header to display the recorded data.

Caseload >> TESTDATA,TEST (950645162) >> Cal-OMS Admission >> A0438192

[Edit Cal-OMS](#)

Client Identification and Demographic

Transaction Data

Admission Transaction Type: Initial Admission

Admission Data

Source of Referral: Post-release      Days Waited to Enter Treatment: 0      Number of Prior Episodes: 0      CalWORKs Recipient: No  
 Community Supervision (AB 109)

Substance Abuse Treatment Under CalWORKs: No      County Paying For Services: None or Not Applicable      Special Services Contract ID: 99902

Alcohol And Drug Use

Employment Data

Criminal Justice Data

## CalOMS Annual Update

When a consumer has reached their 10<sup>th</sup> month of treatment and is expected to remain in treatment for 12 months or more, a CalOMS Annual Update is required for each year the consumer remains in treatment. Annual Update can be created up to 60 days prior to the admission anniversary date.

Caseload >> TESTDATA,TEST (950645162) >> Cal-OMS Annual Update

[Add Cal-OMS Annual Update](#)

Annual Update Date	Current Name	Social Security Number	Current Zip
Riverside University Health System - Behavioral Health			

If the consumer’s episode has not yet had the Cal-OMS Admission filed or is not yet due for an annual update the end user will receive a ‘Form Load Error’ message.



**Annual update date** is the date on which the consumer was interviewed to collect the annual update data.

## CalOMS Annual Update

Chart | CalOMS Annual Update

- CalOMS Annual Update
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Submit

1 Record to be Submitted  
 Annual Update  
 Re-Admission of Annual Update  
 Decision of Annual Update  
 None

2 Annual Update Date  
 T Y

3 Current First Name

4 Current Last Name

5 SSN

6 Consent  
 No  Yes

7 Disability  
 None  
 Visual  
 Hearing  
 Speech  
 Mobility  
 Mental  
 Developmentally Disabled  
 Other  
 Client declined to state  
 Client unable to answer

8 Zip Code At Current Residence

9 Annual Update Number

10 Flag for Resubmission  
 Yes  No

1. **Record to be Submitted: SKIP – Do not change the prepopulated selection.**
  - a. *Annual Update* \*Default
  - b. *Resubmission of Annual Update* – \*Default When the annual update to be edited has been submitted to the State the system will default to ‘Resubmission of Annual Update’.
  - c. *Deletion of Annual Update* – Contact SU Admission if you require the CalOMS Annual Update to be deleted.
  - d. *None* - **SKIP**
2. **Annual Update Date:** (Free Text – Date format MM/DD/YYYY)
3. **Current First Name:** (Free Text – No Special Characters) Pulls from admission.
4. **Current Last Name:** (Free Text – No Special Characters) Pulls from admission.
5. **SSN:** (Free Text – 9-digit number including dashes, 99900, 99902 or 99904\*) Pulls from admission.
6. **Consent:** (Radio Button – Yes or No) Since post discharge follow-up has been postponed, counties can default this field to ‘no’.
7. **Disability:** (Multiple Selection – 7 Values, Other, Client Declined to State or Client Unable to Answer\*) Select as many that apply. This field is linked to allowing the use of 99904\* alternate value throughout the form.
8. **Zip Code at Current Residence:** (Free Text – 5-digit zip code, 00000, XXXXX or ZZZZZ\*) Pulls from admission. Change if needed. This field is linked to the “Current Living Arrangements” question.
9. **Annual Update Number:** System generated based on “Record to be Submitted”. - **SKIP**
10. **Flag for Resubmission:** System generated - **SKIP**

### Alcohol and Drug Use Data

1. **Primary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) MUST match the “Primary Drug (Code)” reported at admission. This field is linked to #2, #3 and #4 below.
2. **Primary Drug (Other):** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Primary Drug (Code)” selected. Otherwise, skip.
3. **Primary Drug Frequency:** (Free Text – A number 0 to 30) Number of days used in last 30 days.
4. **Primary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Primary Drug (Code)” selections will default the route. Answer when applicable.

5. **Secondary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) MUST match the “Secondary Drug (Code)” reported at admission. This field is linked to #6, #7 and #8.
6. **Secondary Drug Name:** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Secondary Drug (Code)” selected. Otherwise, skip.
7. **Secondary Drug Frequency:** (Free Text – A Number 0 to 30) Number of days used in last 30 days.
8. **Secondary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Secondary Drug (Code)” selections will default the route. Answer when applicable.
9. **Alcohol Frequency:** (Free Text – A number 0 to 30, or 99902) Defaults to ‘99902’ if either “Primary Drug (Code)” or “Secondary Drug (Code)” is ‘Alcohol’. This field is linked to the “Primary and Secondary Drug (Code)” questions.
10. **Needle Use:** (Free Text – A number 0 to 30, 99900 or 99904\*) How often the consumer used needles to inject drugs in past 30 days.

### Employment Data

1. **Employment Status:** (Radio Button – 5 Values) Select One
2. **Work Past 30 Days:** (Free Text – A number from 0 to 30, 99900 or 99904\*) Paid days worked.
3. **Enrolled in School:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*)
4. **Enrolled in Job Training:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One.
5. **Highest School Grade Completed:** (Dropdown List – A number from 0 to 30, Client Declined to State or Client Unable to Answer\*) Values pulls over from admission – review and change if consumer gives a different answer.

### Criminal Justice Data

1. **Number of Arrests Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
2. **Number of Jail Days Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
3. **Number of Prison Days Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)



## Medical /Physical Health Data

1. **Emergency Room Last 30 Days:** (Free Text – A number from 0 to 99 or 99904\*) This field is linked to the “Medical Problems Last 30 Days” question.
2. **Hospital Overnight Stay Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*) This field is linked to the “Medical Problems Last 30 Days” question.
3. **Medical Problems Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*) This field is linked to the “Emergency Room Last 30 Days” and “Hospital Overnight Stay Last 30 Days” questions. Must match or exceed the previous 2 questions (#1 or #2 Above) – (See page 18 ‘Example for #4 Above’).
4. **Pregnant At Any Time During Treatment:** (Radio Button – Yes, No or Not Sure/Don’t Know) Defaults to ‘No’ for male consumers.
5. **HIV Tested:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*)
6. **HIV Test Results:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) This field is linked to the “HIV Tested” question.

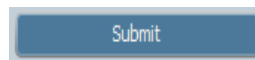
## Mental Illness

1. **Mental Illness Diagnosis:** (Radio Button – Yes, No or Not Sure/Don’t Know)
2. **Emergency Room Use / Mental Health:** (Free Text – A number from 0 to 99 or 99904\*)
3. **Psychiatric Facility Use:** (Free Text – A number from 0 to 30 or 99904\*)
4. **Mental Health Medication:** (Radio Button – Yes, No or Client Unable to Answer\*) Prescribed Medication

## Family / Social Data

1. **Social Support:** (Free Text – A number from 0 to 30) Ex: 12-step meetings; Other self help meetings; Religious/Faith recovery or self-help meetings; Meetings of organizations other than those listed above; Interactions with family members and/or friend support of recovery.
2. **Current Living Arrangements:** (Radio Button – 3 Values) Homeless – consumers with no permanent residence. Dependent Living – Consumers living in a supervised setting or children (under age 18) living parent/family member/guardian. Independent Living – Individuals who contribute to their living arrangements. This field is linked to “Zip Code at Current Residence” question.
3. **Living with Someone:** (Free Text – A number from 0 to 30, 99900 or 99904\*) Someone who uses alcohol or other drugs.
4. **Family Conflict Last 30 Days:** (Free Text – A number from 0 to 30, 99900 or 99904\*)
5. **Number of Children Age 17 or Younger:** (Free Text – A number from 0 to 30 or 99904\*) Whether they live with the consumer or not. This field is linked to #6, #7 and #8 below and will default them to ‘zero’ if this field has a value of ‘0’.
6. **Number of Children Age 5 or Younger:** (Free Text – A number from 0 to 30 or 99904\*) Of those 17 or younger, how many are 5 or younger. This field is linked to “Number of Children Age 17 or Younger” question.
7. **Number of Children Living with Someone Else:** (Free Text – A number from 0 to 30 or 99904\*) Due to a child protection court order. This field is linked to “Number of Children Age 17 or Younger” question.
8. **Number of Children Living with Someone Else and Parental Rights Terminated:** (Free Text – A number from 0 to 30 or 99904\*) Of those living with someone else, how many have the parental rights been terminated. This field is linked to “Number of Children Age 17 or Younger” and “Number of Children Living with Someone Else” question.

Submit CalOMS Annual Update when all fields have been completed.



Once the CalOMS Annual Update has been successfully submitted the consumer chart view home page will display the recorded CalOMS Annual Update date of submission.

Cal-OMS Annual Update

Cal-OMS Update Last Updated On 2016-06-04

The CalOMS Annual Update page will display the recorded information as shown in the example below.

Caseload >> TESTDATA,TEST (950645162) >> Cal-OMS Annual Update

Annual Update Date	Current Name	Social Security Number	Current Zip
06/03/2016	TESTDATA, TEST	111-22-3333	92583

Riverside University Health System - Behavioral Health



Selecting the blue “Annual Update Date” will display the detailed data for that CalOMS Annual Update. Select each section header to display the recorded data.

Caseload >> TESTDATA,TEST (950645162) >> Cal-OMS Annual Update >> 06/03/2016

[Edit Cal-OMS Annual Update](#)

### Cal-OMS Annual Update

Annual Update Date: Annual Update Date: 06/03/2016 Flag for Resubmission: No Entry

Current First Name: TEST Current Last Name: TESTDATA SSN: 111-22-3333 Zip Code At Current Residence: 92583

Consent: Yes Disability: &None&

### Alcohol And Drug Use

Primary Drug(Code): Other Opiates and Synthetics Primary Drug Frequency: 0 Primary Drug Route of Administration: Oral  
NORCO

Secondary Drug(Code): Alcohol Secondary Drug Frequency: 10 Secondary Drug Route of Administration: Oral

Alcohol Frequency: 99902 Needle Use: 0

### Employment Data

### Criminal Justice Data

## CalOMS Discharge

Date of discharge is the **date of the last face-to-face** contact the provider had with the consumer. (ADP Bulletin 11-10 Issued 08-16-11 (see Section 5) are procedures for collection of discharge data. Bulletin provides protocols for reporting standard and administrative discharges.) (ADP Bulletin 10-08 Issued 06-29-10 (see Section 5) provides criteria for using CalOMS Tx completion discharge statuses.) Review the two charts in Section 5 (Determining CalOMS Discharge Codes. Non-Detox Programs & Determining CalOMS Discharge Codes. Detox Program) to determine the correct discharge status and type.

Caseload >> TESTDATA,TEST (950645162) >> Cal-OMS Discharge

[Add Cal-OMS Standard Discharge](#) [Add Cal-OMS Youth/Detox Discharge](#) [Add Cal-OMS Administrative Discharge](#)

Form Discharge Status Current Name Social Security Number Current Zip

Riverside University Health System - Behavioral Health

The CalOMS Discharge page will display the recorded information as shown in the example below.

Caseload >> TESTDATA,TEST (950645162) >> Cal-OMS Discharge

Form	Discharge Status	Current Name	Social Security Number	Current Zip
Cal-OMS Administrative Discharge	Incarceration	TESTDATA, TEST		92583

Riverside University Health System - Behavioral Health

Selecting the blue “Form” name will display the detailed data for the type of discharge form submitted. Select each section header to display the recorded data.

Caseload >> TESTDATA,TEST (950645162) >> Cal-OMS Discharge >> Cal-OMS Administrative Discharge

[Edit Cal-OMS Administrative Discharge](#)

Discharge Status: Incarceration Flag for Resubmission: No Entry

Current First Name: TEST Current Last Name: TESTDATA Zip Code At Current Residence: 92583 Pregnant At Any Time During Treatment: No

Primary Drug(Code): Other Opiates and Synthetics Primary Drug Frequency: Primary Drug Route of Administration:  
Norco

Riverside University Health System - Behavioral Health

Discharge information must be collected for all service recipients regardless of the discharge status. There are several types of discharges to report in CalOMS Tx.

The following protocols clarify business rules for discharging clients from treatment in CalOMS Tx (DCG):

1. A CalOMS Tx discharge record must be submitted for every client for whom a CalOMS Tx admission record has been submitted.
2. SU treatment providers must schedule and conduct a discharge interview with every client. A discharge interview is either in person (face-to-face) or via telephone. This interview includes, but is not limited to, asking each of the required CalOMS Tx standard discharge questions and documenting the responses. This date may be scheduled for some time prior to or on the client's planned last date of service, but may not be more than two weeks prior to the client's planned date of last service. – Reminder to use the last face-to-face as the date for the system/episode discharge date.
3. Providers should make every effort to ensure the discharge interview is a face-to-face interview. However, some clients may be unable to appear for the scheduled discharge interview, despite having made satisfactory progress in treatment. In these situations, providers are strongly encouraged to contact the client by phone to collect the CalOMS Tx standard discharge data.
4. Administrative discharges should only be reported in the event the client cannot be located, either in person or by telephone, to answer the CalOMS Tx questions. Such attempts to contact a client for a CalOMS Tx discharge interview must be documented in the client's file. Providers should never guess or complete responses on behalf of an absent client for the required CalOMS Tx discharge questions.
5. Detoxification does not constitute complete treatment. A successful detoxification service is measured in part by the engagement of the client in further treatment (e.g. residential or outpatient services). Providers are expected to make every effort to refer and connect clients to another level of treatment once they have completed detoxification. For clients who have gone through detoxification, as planned by the provider, and who are being referred for additional treatment services, providers must use discharge code 3 – Left Before Completion with Satisfactory Progress – Referred. Neither discharge code 1 nor discharge code 2 can be used for detoxification discharges.

## CalOMS Standard Discharge

The screenshot shows the 'CalOMS Standard Discharge' form. It includes a sidebar with categories like 'Alcohol and Drug Use D...', 'Employment Data', 'Criminal Justice Data', 'Medical/Physical Health...', 'Mental Illness', and 'Family/Social Data'. The main form has several sections with numbered annotations:

- 1**: Record to be Submitted. The 'Discharge' radio button is selected. A red circle with a slash is over the 'Discharge' option.
- 2**: Discharge Status. Radio buttons for 'Completed treatment/recovery plan, Goals/Referred', 'Completed treatment/recovery plan, Goals/Not Referred', 'Left before completion w/ Satisfactory Progress/Standard', and 'Left before completion w/ Unsatisfactory Progress/Standard'.
- 3**: Consent. Radio buttons for 'No' and 'Yes'.
- 4**: Disability. A list of checkboxes: None, Visual, Hearing, Speech, Mobility, Mental, Developmentally Disabled, Other, Client declined to state, Client unable to answer.
- 5**: Current First Name. Text input field with 'TEST'.
- 6**: Current Last Name. Text input field with 'TESTDATA'.
- 7**: SSN. Text input field.
- 8**: Zip Code At Current Residence. Text input field with '92583'.
- 9**: Change to Yes to include in compile for submission to State. Radio buttons for 'Yes' and 'No'. A red 'X' is over the 'Yes' option.

1. **Record to be Submitted: SKIP – Do not change the prepopulated selection.**
  - a. *Discharge \*Default*
  - b. *Discharge Update* – \*Default When the discharge to be edited has been submitted to the State the system will default to ‘Discharge Update’.
  - c. *Discharge Delete* – Contact SU Administration if you require the CalOMS Discharge to be deleted.
2. **Discharge Status:** (*Radio Button – 4 Values*) Only the standard discharge reason will display. (*Review the DCG and Bulletins*)
  - a. *Completed Treatment/Recovery Plan Goals – Referred:* (Status 1) Cannot be used for Detox discharge (see #5 above).
  - b. *Completed Treatment/Recovery Plan Goals – Not Referred:* (Status 2) Cannot be used for Detox discharge (see #5 above).
  - c. *Left Before Completion with Satisfactory Progress – Referred:* (Status 3)
  - d. *Left Before Completion with Unsatisfactory Progress – Referred:* (Status 5)
3. **Consent:** (*Radio Button – 5 Values*) Since post discharge follow-up has been postponed, counties can default this field to ‘no’.
4. **Disability:** (*Multiple Selection – 7 Values, Other, Client Declined to State or Client Unable to Answer\**) Select as many that apply. This field is linked to allowing the use of 99904\* alternate valued throughout the form.
5. **Current First Name:** (*Free Text – No Special Characters*) Pulls from admission.
6. **Current Last Name:** (*Free Text – No Special Characters*) Pulls from admission.
7. **SSN:** (*Free Text – 9-digit number including dashes, 99900, 99902 or 99904\**) Pulls from admission.
8. **Zip Code at Current Residence:** (*Free Text – 5-digit zip code, 00000, XXXXX or ZZZZZ\**) Pulls from admission. Change if needed. This field is linked to the “Current Living Arrangements” question.
9. **Flag for Resubmission:** System generated - **SKIP**

### Alcohol and Drug Use Data

The screenshot displays the 'CalOMS Standard Discharge' form. On the left, a sidebar menu lists various data categories, with 'Alcohol and Drug Use D...' highlighted. The main form area contains the following fields:

- 1 Primary Drug (Code):** A dropdown menu.
- 2 Primary Drug (Other):** A text input field.
- 3 Primary Drug Frequency:** A text input field.
- 4 Primary Drug Route of Administration:** Radio buttons for Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, and Other.
- 5 Secondary Drug (Code):** A dropdown menu.
- 6 Secondary Drug (Other):** A text input field.
- 7 Secondary Drug Frequency:** A text input field.
- 8 Secondary Drug Route of Administration:** Radio buttons for Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, and Other.
- 9 Alcohol Frequency:** A text input field.
- 10 Needle Use:** A text input field.

1. **Primary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) MUST match the “Primary Drug (Code)” reported at admission. This field is linked to #2, #3 and #4 below.
2. **Primary Drug (Other):** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Primary Drug (Code)” selected. Otherwise, skip.
3. **Primary Drug Frequency:** (Free Text – A number 0 to 30) Number of days used in last 30 days.
4. **Primary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Primary Drug (Code)” selections will default the route. Answer when applicable.
5. **Secondary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) MUST match the “Secondary Drug (Code)” reported at admission. This field is linked to #6, #7 and #8.
6. **Secondary Drug Name:** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Secondary Drug (Code)” selected. Otherwise, skip.
7. **Secondary Drug Frequency:** (Free Text – A Number 0 to 30) Number of days used in last 30 days.
8. **Secondary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Secondary Drug (Code)” selections will default the route. Answer when applicable.
9. **Alcohol Frequency:** (Free Text – A number 0 to 30, or 99902) Defaults to ‘99902’ if either “Primary Drug (Code)” or “Secondary Drug (Code)” is ‘Alcohol’. This field is linked to the “Primary and Secondary Drug (Code)” questions.
10. **Needle Use:** (Free Text – A number 0 to 30, 99900 or 99904\*) How often the consumer used needles to inject drugs in past 30 days.

### Employment Data

The screenshot shows the 'CalOMS Standard Discharge' form. On the left is a sidebar with a tree view containing: CalOMS Standard Disch..., Alcohol and Drug Use D..., **Employment Data** (highlighted), Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. Below the sidebar is a 'Submit' button. The main form area contains five numbered fields:

- 1 Employment Status:** Radio buttons for: Employed Full Time (35 hrs or more), Employed Part Time (less than 35 hrs), Unemployed Looking For Work, Unemployed - (Not seeking), and Not in the labor force (Not seeking).
- 2 Work Past 30 Days:** A text input field.
- 3 Enrolled in School:** Radio buttons for: No, Yes, Client declined to state, and Client unable to answer.
- 4 Enrolled in Job Training:** Radio buttons for: No, Yes, Client declined to state, and Client unable to answer.
- 5 Highest School Grade Completed:** A dropdown menu currently showing '12 Years'.

1. **Employment Status:** (Radio Button – 5 Values) Select One
2. **Work Past 30 Days:** (Free Text – A number from 0 to 30, 99900 or 99904\*) Paid days worked.
3. **Enrolled in School:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*)
4. **Enrolled in Job Training:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) Select One.
5. **Highest School Grade Completed:** (Dropdown List – A number from 0 to 30, Client Declined to State or Client Unable to Answer\*) Values pulls over from admission – review and change if consumer gives a different answer.

## Criminal Justice Data

The screenshot shows the 'Criminal Justice Data' section of the CalOMS Standard Discharge form. It includes three numbered fields:

- 1** Number of Arrests Last 30 Days: A text input field.
- 2** Number of Jail Days Last 30 Days: A text input field.
- 3** Number of Prison Days Last 30 Days: A text input field.

- 1. Number of Arrests Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
- 2. Number of Jail Days Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
- 3. Number of Prison Days Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)

## Medical / Physical Health Data

The screenshot shows the 'Medical/Physical Health...' section of the CalOMS Standard Discharge form. It includes six numbered fields:

- 1** Emergency Room Last 30 Days: A text input field.
- 2** Hospital Overnight Stay Last 30 Days: A text input field.
- 3** Medical Problems Last 30 Days: A text input field.
- 4** Pregnant At Any Time During Treatment: Radio buttons for No, Not Sure/Don't Know, and Yes.
- 5** HIV Tested: Radio buttons for No, Yes, Client declined to state, and Client unable to answer.
- 6** HIV Test Results: Radio buttons for No, Yes, Client declined to state, and Client unable to answer.

- 1. Emergency Room Last 30 Days:** (Free Text – A number from 0 to 99 or 99904\*) This field is linked to the “Medical Problems Last 30 Days” question.
- 2. Hospital Overnight Stay Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*) This field is linked to the “Medical Problems Last 30 Days” question.
- 3. Medical Problems Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*) This field is linked to the “Emergency Room Last 30 Days” and “Hospital Overnight Stay Last 30 Days” questions. Must match or exceed the previous 2 questions (#1 or #2 Above) – (See page 18 ‘Example for #4 Above’).
- 4. Pregnant At Any Time During Treatment:** (Radio Button – Yes, No or Not Sure/Don’t Know) Defaults to ‘No’ for male consumers.
- 5. HIV Tested:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*)
- 6. HIV Test Results:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*) This field is linked to the “HIV Tested” question.

## Mental Illness

The screenshot shows the 'Mental Illness' section of the CalOMS Standard Discharge form. It includes four numbered fields:

- 1** Mental Illness Diagnosis: Radio buttons for No, Not Sure/Don't Know, and Yes.
- 2** Emergency Room Use / Mental Health: A text input field.
- 3** Psychiatric Facility Use: A text input field.
- 4** Mental Health Medication: Radio buttons for No, Yes, and Client unable to answer.

1. **Mental Illness Diagnosis:** (Radio Button – Yes, No or Not Sure/Don't Know)
2. **Emergency Room Use / Mental Health:** (Free Text – A number from 0 to 99 or 99904\*)
3. **Psychiatric Facility Use:** (Free Text – A number from 0 to 30 or 99904\*)
4. **Mental Health Medication:** (Radio Button – Yes, No or Client Unable to Answer\*) Prescribed Medication

### Family / Social Data

The screenshot shows the 'Family/Social Data' section of the CalOMS Standard Discharge form. It contains the following fields:

- 1. Social Support
- 2. Current Living Arrangements (Radio Button – 3 Values): Homeless, Dependent Living, Independent Living
- 3. Living With Someone
- 4. Family Conflict Last 30 Days
- 5. Number of Children
- 6. Number of Children Aged 5 Years Or Younger
- 7. Number of Children Living With Someone Else
- 8. Number of Children Living With Someone Else and Parental Rights Terminated

1. **Social Support:** (Free Text – A number from 0 to 30) Ex: 12-step meetings; Other self help meetings; Religious/Faith recovery or self-help meetings; Meetings of organizations other than those listed above; Interactions with family members and/or friend support of recovery.
2. **Current Living Arrangements:** (Radio Button – 3 Values) Homeless – consumers with no permanent residence. Dependent Living – Consumers living in a supervised setting or children (under age 18) living parent/family member/guardian. Independent Living – Individuals who contribute to their living arrangements. This field is linked to “Zip Code at Current Residence” question.
3. **Living with Someone:** (Free Text – A number from 0 to 30, 99900 or 99904\*) Someone who uses alcohol or other drugs.
4. **Family Conflict Last 30 Days:** (Free Text – A number from 0 to 30, 99900 or 99904\*)
5. **Number of Children Age 17 or Younger:** (Free Text – A number from 0 to 30 or 99904\*) Whether they live with the consumer or not. This field is linked to #6, #7 and #8 below and will default them to ‘zero’ if this field has a value of ‘0’.
6. **Number of Children Age 5 or Younger:** (Free Text – A number from 0 to 30 or 99904\*) Of those 17 or younger, how many are 5 or younger. This field is linked to “Number of Children Age 17 or Younger” question.
7. **Number of Children Living with Someone Else:** (Free Text – A number from 0 to 30 or 99904\*) Due to a child protection court order. This field is linked to “Number of Children Age 17 or Younger” question.
8. **Number of Children Living with Someone Else and Parental Rights Terminated:** (Free Text – A number from 0 to 30 or 99904\*) Of those living with someone else, how many have the parental rights been terminated. This field is linked to “Number of Children Age 17 or Younger” and “Number of Children Living with Someone Else” question.

Submit CalOMS Standard Discharge when all fields have been completed.

Submit



## CalOMS Youth/Detox Discharge

The screenshot shows the 'CalOMS Youth/Detox Discharge' form. A red circle with a diagonal slash is placed over the 'Discharge' radio button, indicating it should not be changed. The form contains the following fields and callouts:

- 1**: Record to be Submitted (Radio Buttons: Discharge, Discharge Update, Discharge Delete, None)
- 2**: Discharge Status (Dropdown: Completed treatment/recovery plan, Goals/Referred)
- 3**: Consent (Radio Buttons: No, Yes)
- 4**: Disability (Multiple Selection: None, Visual, Hearing, Speech, Mobility, Mental, Developmentally Disabled, Other, Client declined to state, Client unable to answer)
- 5**: Current First Name (Text Field: TEST)
- 6**: Current Last Name (Text Field: TESTDATA)
- 7**: Primary Drug (Code) (Dropdown: Alcohol)
- 8**: Primary Drug (Other) (Text Field)
- 9**: Primary Drug Frequency (Text Field: 0)
- 10**: Primary Drug Route of Administration (Radio Buttons: Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other)
- 11**: Secondary Drug (Code) (Dropdown: Marijuana/Hashish)
- 12**: Secondary Drug (Other) (Text Field)
- 13**: Secondary Drug Frequency (Text Field: 0)
- 14**: Secondary Drug Route of Administration (Radio Buttons: Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other)

1. **Record to be Submitted: SKIP – Do not change the prepopulated selection.**
  - a. *Discharge \*Default*
  - b. *Discharge Update* – \*Default When the discharge to be edited has been submitted to the State the system will default to ‘Discharge Update’.
  - c. *Discharge Delete* – Contact SU Administration if you require the CalOMS Discharge to be deleted.
  - d. *None - SKIP*
2. **Discharge Status: (Radio Button – 4 Values) Only the standard discharge reason will display. (Review the DCG and Bulletins)**
  - a. *Completed Treatment/Recovery Plan Goals – Referred: (Status 1) Cannot be used for Detox discharge (see #5 above).*
  - b. *Completed Treatment/Recovery Plan Goals – Not Referred: (Status 2) Cannot be used for Detox discharge (see #5 above).*
  - c. *Left Before Completion with Satisfactory Progress – Referred: (Status 3)*
  - d. *Left Before Completion with Unsatisfactory Progress – Referred: (Status 5)*
3. **Consent: (Radio Button – 5 Values) Since post discharge follow-up has been postponed, counties can default this field to ‘no’.**
4. **Disability: (Multiple Selection – 7 Values, Other, Client Declined to State or Client Unable to Answer\*) Select as many that apply. This field is linked to allowing the use of 99904\* alternate valued throughout the form.**
5. **Current First Name: (Free Text – No Special Characters) Pulls from admission.**
6. **Current Last Name: (Free Text – No Special Characters) Pulls from admission.**

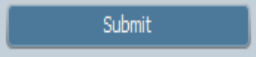
7. **Primary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) MUST match the “Primary Drug (Code)” reported at admission. This field is linked to #2, #3 and #4 below.
8. **Primary Drug (Other):** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Primary Drug (Code)” selected. Otherwise, skip.
9. **Primary Drug Frequency:** (Free Text – A number 0 to 30) Number of days used in last 30 days.
10. **Primary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Primary Drug (Code)” selections will default the route. Answer when applicable.
11. **Secondary Drug (Code):** (Dropdown List – 20 Values, None or Other (Specify)) MUST match the “Secondary Drug (Code)” reported at admission. This field is linked to #6, #7 and #8.
12. **Secondary Drug (Other):** (Free Text – Up to 50 Characters) Field will open if a name is required, based on “Secondary Drug (Code)” selected. Otherwise, skip.
13. **Secondary Drug Frequency:** (Free Text – A Number 0 to 30) Number of days used in last 30 days.
14. **Secondary Drug Route of Administration:** (Radio Button – 4 Values, ‘None or Not Applicable’ or Other) Some “Secondary Drug (Code)” selections will default the route. Answer when applicable.

1. **Alcohol Frequency:** (Free Text – A number 0 to 30, or 99902) Defaults to ‘99902’ if either “Primary Drug (Code)” or “Secondary Drug (Code)” is ‘Alcohol’. This field is linked to the “Primary and Secondary Drug (Code)” questions.
2. **Pregnant At Any Time During Treatment:** (Radio Button – Yes, No or Not Sure/Don’t Know) Defaults to ‘No’ for male consumers.
3. **Employment Status:** (Radio Button – 5 Values) Select One
4. **Enrolled in School:** (Radio Button – Yes, No, Client Declined to State or Client Unable to Answer\*)
5. **Number of Arrests Last 30 Days:** (Free Text – A number from 0 to 30 or 99904\*)
6. **Mental Illness:** (Radio Button – Yes, No or Not Sure/Don’t Know)
7. **Social Support:** (Free Text – A number from 0 to 30) Ex: 12-step meetings; Other self help meetings; Religious/Faith recovery or self-help meetings; Meetings of organizations other than those listed above; Interactions with family members and/or friend support of recovery.



8. **Current Living Arrangements:** (*Radio Button – 3 Values*) Homeless – consumers with no permanent residence. Dependent Living – Consumers living in a supervised setting or children (under age 18) living parent/family member/guardian. Independent Living – Individuals who contribute to their living arrangements. This field is linked to “Zip Code at Current Residence” question.
9. **Zip Code at Current Residence:** (*Free Text – 5-digit zip code, 00000, XXXXX or ZZZZZ\**) Pulls from admission. Change if needed. This field is linked to the “Current Living Arrangements” question.
10. **Flag for Resubmission:** System generated - **SKIP**

Submit CalOMS Youth/Detox Standard Discharge when all fields have been completed.



### CalOMS Administrative Discharge

1. **Record to be Submitted:** **SKIP** – Do not change the prepopulated selection.
  - a. *Discharge \*Default*
  - b. *Discharge Update* – \*Default When the discharge to be edited has been submitted to the State the system will default to ‘Discharge Update’.
  - c. *Discharge Delete* – Contact SU Administration if you require the CalOMS Discharge to be deleted.
  - d. None - **SKIP**
2. **Discharge Status:** Only the administrative discharge reason will display. (Review the DCG and Bulletins)
  - a. *Left Before Completion with Satisfactory Progress – Not Referred:* (Status 4)
  - b. *Left Before Completion with Unsatisfactory Progress – Not Referred:* (Status 6)
  - c. *Death:* (Status 7)
  - d. *Incarceration:* (Status 8)

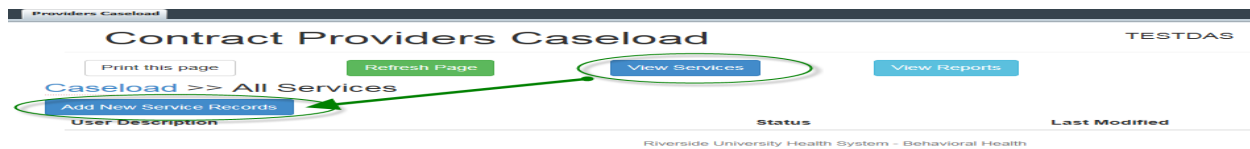
3. **Disability:** *(Multiple Selection – 7 Values, Other, Client Declined to State or Client Unable to Answer\*)* Select as many that apply. This field is linked to allowing the use of 99904\* alternate valued throughout the form.
4. **Current First Name:** *(Free Text – No Special Characters)* Pulls from admission.
5. **Current Last Name:** *(Free Text – No Special Characters)* Pulls from admission.
6. **Primary Drug (Code):** *(Dropdown List – 20 Values, None or Other (Specify))* **MUST** match the “Primary Drug (Code)” reported at admission. This field is linked to #2, #3 and #4 below.
7. **Primary Drug (Other):** *(Free Text – Up to 50 Characters)* Field will open if a name is required, based on “Primary Drug (Code)” selected. Otherwise, skip.
8. **Pregnant At Any Time During Treatment:** *(Radio Button – Yes, No or Not Sure/Don’t Know)*  
Defaults to ‘No’ for male consumers.
9. **Flag for Resubmission:** *System generated* - **SKIP**
10. **Zip Code at Current Residence:** *(Free Text – 5-digit zip code, 00000, XXXXX or ZZZZZ\*)* Pulls from admission. Change if needed. This field is linked to the “Current Living Arrangements” question.

Submit CalOMS Youth/Detox Standard Discharge when all fields have been completed.

Submit

## Section Three: Billing / Services

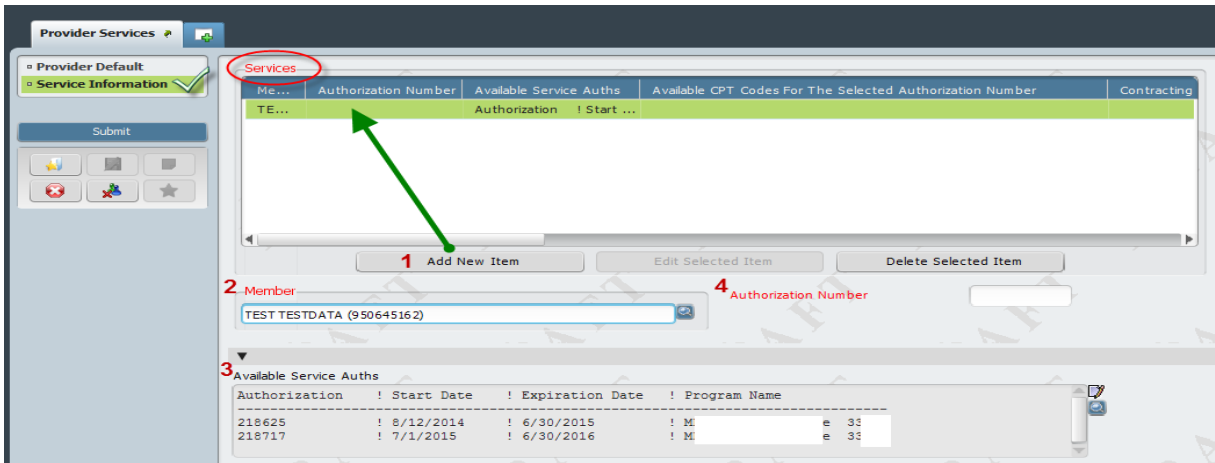
From the Home Page select “View Services” command button, the service pre-display page will open. Either access a “User Description” in ‘draft’ “Status” to continue adding services to an existing file/form or select “Add New Service Records” to create a new file/form.



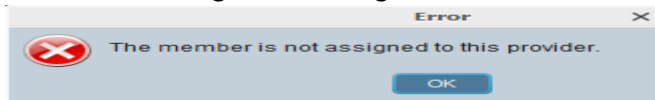
### Provider Services

1. **User:** (Process Search) System generated – based on username logged in.
2. **Status of Services:** (Radio Button) Assign status for each file being worked. *Provider can submit services as often as needed, but must invoice only once a month for all services entered from last invoice date to current invoice date.*
  - a. **Draft:** Provider to use ‘draft’ status when the file/form is a work in progress and the date range of services entered has yet to be review and finalized for submission.
  - b. **Final:** Provider to use ‘final’ status when the file/form has been reviewed and can now be submitted to the County for review/action.
    - i. Provider can submit multiple files in final status and compile all final files in to one monthly invoice. (Reports are available to assist and later discussed in Section 4)
3. **Users Description:** (Free Text) Provider to name each service file to distinguish between the billing entries previously submitted vs. current data entry.
  - a. **Naming Format:** **SU** MONTH YEAR **FILE #** (Ex: SU April 2016 File 1, SU APRIL 2016 FILE 2)

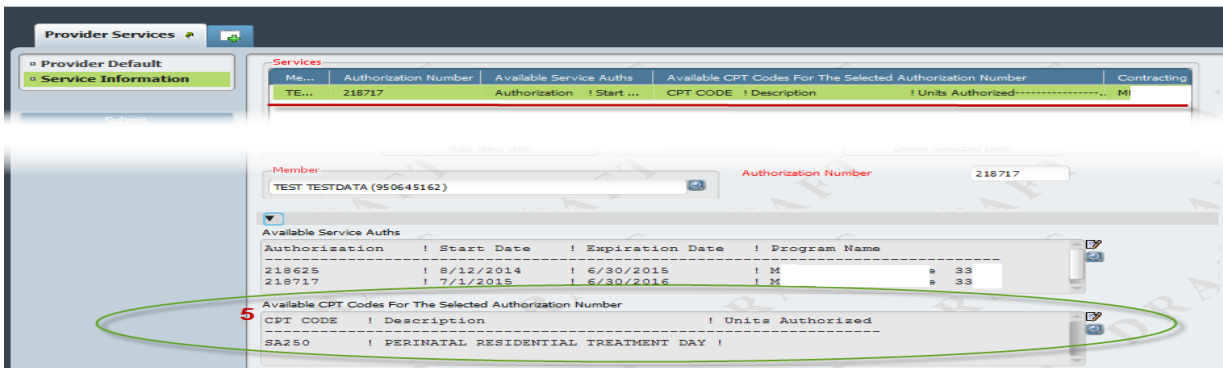
Choose “Service Information” section on the left if the form does not move to the next section.



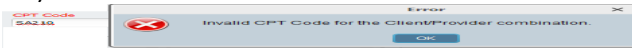
1. **Add New Item:** (*Command Button*) In order to record an entry end user MUST first select to add a row. Once the row has been added the required fields will open for entry.
2. **Member:** (*Process Search*) Enter consumer PatID as assigned by the County or Last Name, First Name as registered. SU Administration will send each Provider an email with the PatID and Service Authorization number assigned to each episode/admission approved request.
  - a. If you receive the following error message contact SU Administration for correction.



3. **Available Service Auths:** *Default – System generated.* Once the member is selected all applicable service authorizations for the provider logged in will display. Review that the appropriate program is assigned.
  - a. Any errors contact SU Administration for correction.
4. **Authorization Number:** (*Free Text*) Enter the numeric service authorization number that applies from the “Available Service Auths”.



5. **Available Service Auths:** *Default – System generated.* Once the service authorization is entered the service detail information assigned to that service authorization will display. Review that the appropriate service codes are assigned. (*Remaining units are displayed in the View Auths Home Page – see Section 2, Page9*)
  - a. Any errors contact SU Administration for correction.

1. **Contracting Provider Program:** *Default – System generated.* - **SKIP** (Populates program based on service authorization number selected/entered).
2. **CPT Code:** (*Free Text*) Enter any service code to bill as displayed in “Available CPT Code For the Selected Authorization Number”. (Ex: SA250)
  - a. System will warn of invalid entry:
 
3. **Number in Group:** (*Free Text – Numeric*) Field will open for entry based on a group type service code entered.
4. **Single or Date Range:** (*Radio Button*)
  - a. ‘Single Date’ only requires entry in “Date of Service”
  - b. ‘Date Range’ requires both “Date of Service” and “End Date”. Date range is used for consecutive dates without a break/gap in service and that the service code, units, duration, location and performing provide are the same for each date within the date range.
5. **Date of Service:** (*Free Text – Date Format*)
6. **End Date:** (*Free Text – Date Format*)
7. **Service Units:** (*Free Text*) Enter number of units per service date/service code and/or duration. The unit amount populates the “Total Charges” based on unit/code rates. (If entering date range multiply the number of units by the service dates in range – Ex: 9 days = 9 units)

- a. **Review Schedule I.**
  - i. Most services are a one-to-one. Unit is considered a contact.
  - ii. Some Providers enter units based on duration/time. (Ex: 10 minutes = 1 unit)
8. **Duration:** (*Free Text - Numeric*) Enter duration for service(s) entered in minutes. (Ex: 24 Hours = 1440 minutes)
9. **Total Charges:** *Default – System generated.* - **SKIP**
10. **Private Pay:** (*Free Text*) Enter dollar amount, if none enter ‘0.00’

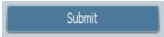
11. **Expected Disbursement Amount:** *Default – System generated.* - **SKIP**
12. **Available Locations:** *Default – System generated.* – **SKIP** (This field will assist in selecting the appropriate value in “Location”)
13. **Location:** (*Dropdown List*) Currently SU requires that ‘Office’ be used for all entries.
14. **Performing Provider:** (*Process Search*) Available staff list found in “Available Performing Provider” view. Search using the Provider ID or Provider Name as shown – Select.



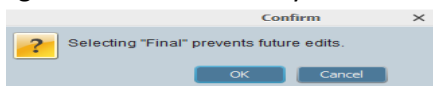
15. **Available Performing Provider:** *Default – System generated.* – **SKIP** (List of Staff assigned to Provider logged in )

Repeat 1 – 15 for each entry. One created file (**Provider Services Form**) can obtain multiple consumers and dates.

Confirm “Status of Service” is still in ‘Draft’ prior to submitting if the file is still work in progress.



Only change to ‘Final’ when ready to submit services to County for review/action. *Warning message will display.*



**ACCESSUNG A FILE IN DRAFT STATUS TO EDIT EXISTING SERVICES, ENTER ADDITIONAL SERVICES OR REVIEW FOR FINALIZATION.**

## Invoice Submission

Enter services during the billing month, up till the 5<sup>th</sup> calendar day of the following month. After all submitted services have been verified, print and create the following:

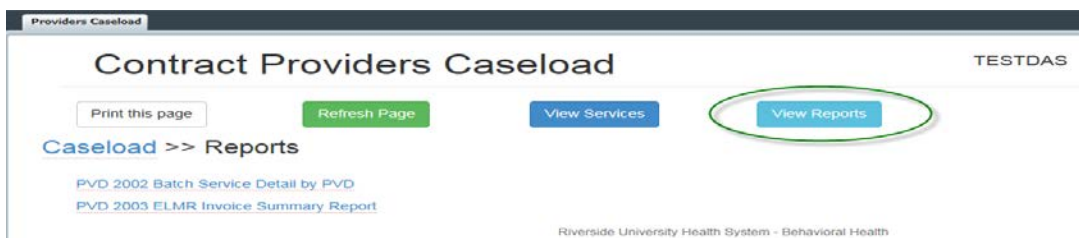
- PVD 2003 ELMR Invoice Summary Report (see Section 4)
- Manual Invoice on agency letterhead – Use the information provided on the PVD 2003.
- Provider Integrity Form (PIF) – Substitute the Bill Enumerator with the Batch #(s).

All three (3) documents should be sent via:

- Email (preferred) to [ELMR\\_PIF@rcmhd.org](mailto:ELMR_PIF@rcmhd.org)
- Fax to 951-358-6868
- Mail to: Riverside University Health System – Behavioral Health  
 Invoice Processing Unit  
 P.O. Box 7549  
 Riverside, CA 92513-7549

## Section Four: Reports

From the home page select the “View Reports” command button to open the reports page. Two reports have been assigned to assist in reconciling submitted services by date range.



- PVD 2002 Batch Services Detail by PVD: This report lists all Open and Closed services within the specified time frame.
  - Run this report monthly (by submission date range) to review all service detail submitted to county for review/action and assist in completing the monthly invoice and Provider Integrity Form (PIF).
  - Running this report for the entire fiscal year will allow you to easily reconcile services, which will assist during the year-end cost report settlement.
- PVD 2003 ELMR Invoice Summary Report: This report summarizes services billed at Contract Number and Department ID level within the specified time frame.
  - This report will be **required** as backup to the manual invoice submission, and **MUST** match the totals of the Provider’s invoice. (*Run monthly utilizing the same date range as the PVD2002*).

### PVD 2002

1. **Select Provider:** (*Process Search*) Default – System generated. – **SKIP** (*if requiring entry use provider id or name to search*)

2. **Start Data Entry Date:** (Free Text – Date Format)

- a. **MONTHLY:** Use the first date that data for the current invoice month was submitted (Ex: using file naming format of SU April 2016 File 1 – find the ‘final’ ‘status’ submit date for the first file, this would be the ‘Start Data Entry Date’ for the current month report pull).
- b. **YEARLY:** Use the July File 1 (First File) submitted date.

3. **End Data Entry Date:** (Free Text – Date Format)

- a. **MONTHLY:** Use the last date that data for the current invoice month was submitted (Ex: using file naming format of SU April 2016 File 4 – find the ‘final’ ‘status’ submit date for the last file, this would be the ‘End Data Entry Date’ for the current month report pull).
- b. **YEARLY:** Use the June File 4 (Last File) submitted date.

PVD 2002 Sample

PVD 2002 Batch Service Detail by Provider v1.rpt

1 / 2 75%

MR #	Auth #	Claim Rcvd	EOB#	EOB Date	DOS	CPT Code	Perf Provider	Status	Reason	Duration	Units	Approved Units	Billed	Fee	Exp Disb
SA															
827	245	1/4/2016	11	1/14/2016	12/29/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
950	247	1/4/2016	11	1/14/2016	12/29/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/29/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/29/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
950	247	1/4/2016	11	1/14/2016	12/28/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	253	1/4/2016	11	1/14/2016	12/28/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/28/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/28/2015	SA421	SIM	A		60	1	1	66.93	66.93	66.93
827	245	1/4/2016	11	1/14/2016	12/22/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
950	247	1/4/2016	11	1/14/2016	12/22/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	250	1/4/2016	11	1/14/2016	12/22/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/22/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	253	1/4/2016	11	1/14/2016	12/22/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/22/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	253	1/4/2016	11	1/14/2016	12/22/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	250	1/4/2016	11	1/14/2016	12/21/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/21/2015	SA421	SIM	A		60	1	1	66.93	66.93	66.93
970	253	1/4/2016	11	1/14/2016	12/21/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	254	1/4/2016	11	1/14/2016	12/21/2015	SA421	SIM	A		60	1	1	66.93	66.93	66.93
970	254	1/4/2016	11	1/14/2016	12/16/2015	SA421	SIM	A		60	1	1	66.93	66.93	66.93
827	245	1/4/2016	11	1/14/2016	12/15/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
950	247	1/4/2016	11	1/14/2016	12/15/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
827	245	1/4/2016	11	1/14/2016	12/14/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
950	247	1/4/2016	11	1/14/2016	12/14/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14
970	250	1/4/2016	11	1/14/2016	12/14/2015	SA440	REE	A		90	1	1	27.14	27.14	27.14

PVD 2002 Batch Service Detail by Provider v1.rpt

2 / 2 75%

MR #	Auth #	Claim Rcvd	EOB#	EOB Date	DOS	CPT Code	Perf Provider	Status	Reason	Duration	Units	Approved Units	Billed	Fee	Exp Disb
970	25	1/4/2016	11	1/14/2016	12/14/2015	SA442	SII	A		60	1	1	66.93	66.93	66.93
970	25	1/4/2016	11	1/14/2016	12/14/2015	SA440	RE	A		90	1	1	27.14	27.14	27.14
970	25	1/4/2016	11	1/14/2016	12/9/2015	SA421	SII	A		60	1	1	66.93	66.93	66.93
827	24	1/4/2016	11	1/14/2016	12/8/2015	SA440	RE	A		90	1	1	27.14	27.14	27.14
950	24	1/4/2016	11	1/14/2016	12/8/2015	SA440	RE	A		90	1	1	27.14	27.14	27.14
950	23	1/4/2016	11	1/14/2016	12/7/2015	SA440	RE	A		90	1	1	27.14	27.14	27.14
950	24	1/4/2016	11	1/14/2016	12/7/2015	SA440	RE	A		90	1	1	27.14	27.14	27.14
970	25	1/4/2016	11	1/14/2016	12/3/2015	SA421	SII	A		60	1	1	66.93	66.93	66.93
													1,119.87	1,119.87	1,119.87
													1,119.87	1,119.87	1,119.87
													1,119.87	1,119.87	1,119.87



## PVD 2003

1. **Select Provider:** (Process Search) Default – System generated. – **SKIP** (if requiring entry use provider id or name to search)
2. **Start Claim Received Date:** (Free Text – Date Format)
  - a. **MONTHLY:** Use the first date that data for the current invoice month was submitted (Ex: using file naming format of SU April 2016 File 1 – find the ‘final’ ‘status’ submit date for the first file, this would be the ‘Start Data Entry Date’ for the current month report pull).
  - b. **YEARLY:** Use the July File 1 (First File) submitted date.
3. **End Claim Received Date:** (Free Text – Date Format)
  - a. **MONTHLY:** Use the last date that data for the current invoice month was submitted (Ex: using file naming format of SU April 2016 File 4 – find the ‘final’ ‘status’ submit date for the last file, this would be the ‘End Data Entry Date’ for the current month report pull).
  - b. **YEARLY:** Use the June File 4 (Last File) submitted date.

## PVD 2003 Sample

PVD 2003 ELMR Invoice Summary Report.rpt

Preview

Riverside University Health System - Behavioral Health

**PVD 2003 ELMR Invoice Summary Report**

Provider Name/ID: ~~XXXXXXXXXX~~ SA (400)

Service Date Range: 12/3/2015 THRU 12/29/2015

BATCHID: 8209

Vendor Code:

Claim Received Date:

---

**TOTAL BY Accounting String**

RU #	Accounting String	Procedure/ CPT Code	Duration	Units	Rate	Total
4100514000-55600-530280-DAS						
337304						
337304	00514000-55600-530280-DA	SA421	360	6	\$ 66.93	\$ 401.58
337304	00514000-55600-530280-DA	SA440	2,160	24	\$ 27.14	\$ 651.36
337304	00514000-55600-530280-DA	SA442	60	1	\$ 66.93	\$ 66.93
Total of RU # 337304			2,580	31		\$ 1,119.87
Total for 4100514000-55600-530280-DAS			2,580	31		\$ 1,119.87

---

**TOTAL BY Contract #**

RU #	Contract Number	Procedure/ CPT Code	Duration	Units	Rate	Total
MHARC-50200-006/16						
337304						
337304	MHARC-50200-006/16	SA421	360	6	\$ 66.93	\$ 401.58
337304	MHARC-50200-006/16	SA440	2,160	24	\$ 27.14	\$ 651.36
337304	MHARC-50200-006/16	SA442	60	1	\$ 66.93	\$ 66.93
Total of RU # 337304			2,580	31		\$ 1,119.87
Total of Contract # MHARC-50200-006/16			2,580	31		\$ 1,119.87
Grand Total For All Contracts			2,580	31		\$ 1,119.87

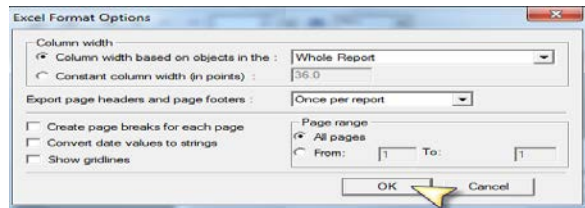
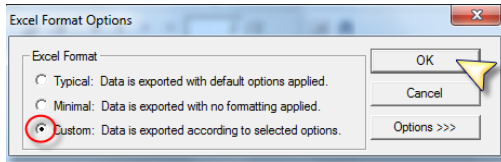
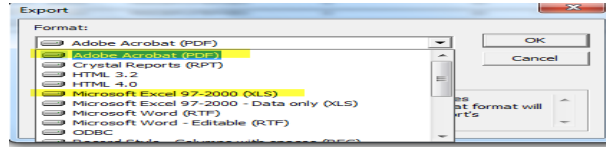
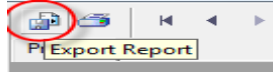
Ran On 5/31/2016 at 11:57:21 AM  
Page 1 of 1

Report Ran For:  
Provider ID: ~~XXXX~~  
Claim Received Date: 1/1/2016 thru 1/31/2016

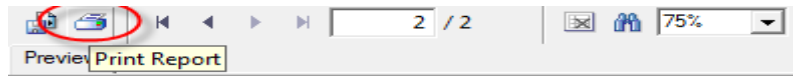
## Report Retrieval

The Report Toolbar allows the end user to:

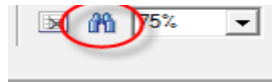
- Export the report



- Print the Report



- Find data within the pages of the report



## Section Five

### Support

#### For ELMR System Questions:

- Phone: 951-955-7360
- Email: [ELMRSupport@rcmhd.org](mailto:ELMRSupport@rcmhd.org)

#### For Invoice Submission Inquiries:

- [ELMR\\_PIF@rcmhd.org](mailto:ELMR_PIF@rcmhd.org)

### Documents

- ELMR System Requirements User Guide
- SU Diagnosis Reference Guide
- ADP Bulletin 11-10: Procedures for Collection of Discharge Data for the California Outcome Measurement System – Treatment (CalOMS-Tx)
- Bulletin 10-08: Criteria for Discharging Treatment Clients using the CalOMS-Tx Completion Discharge Statuses
- Determining CalOMS Discharge Codes: Detox Programs
- Determining CalOMS Discharge Codes: Non-Detox Programs

# **ELMR System Requirements**

**June  
2016**

You must be on a Windows Operating System.

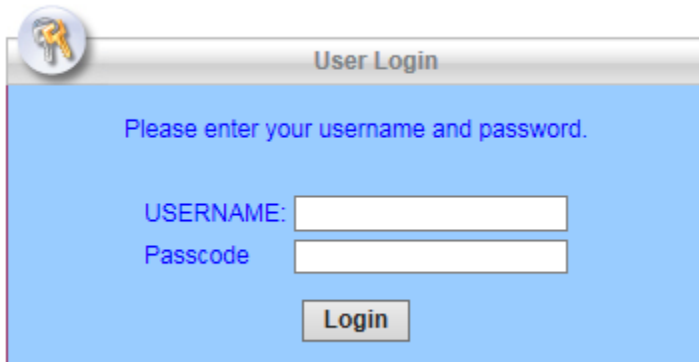
**\*\* (Mac Users call ELMR Support for additional information) \*\***

## VPN ACCOUNT ACCESS

Once a VPN Account is created, a User Name and Password will be provided.

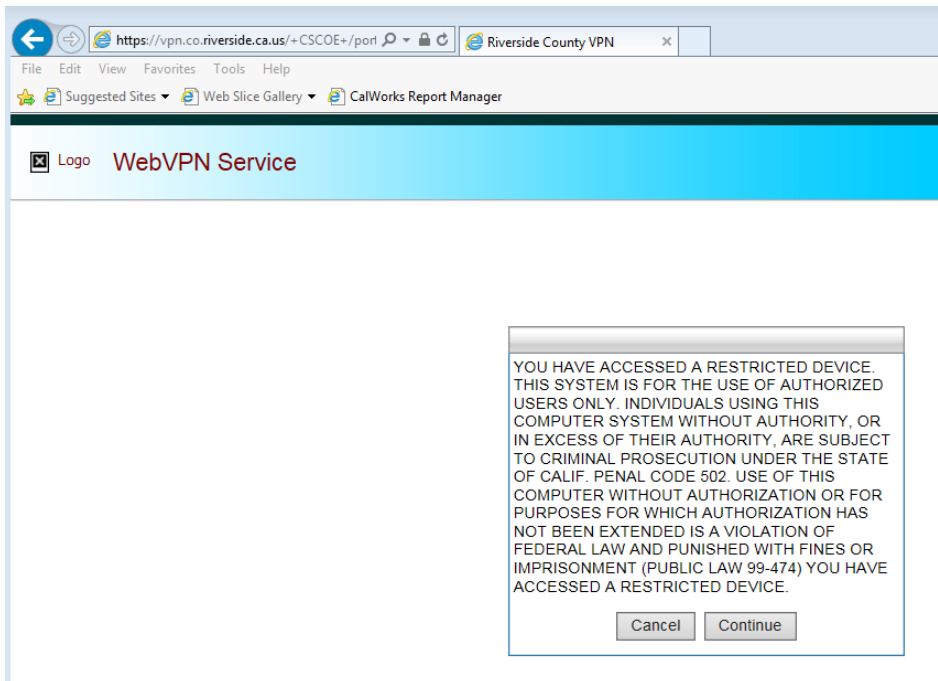
To access the virtual private network (VPN), from the Internet Explorer browser

- ▶ Go to the web address <https://vpn.co.riverside.ca.us/+CSCOE+/logon.html#form> title text
- ▶ Enter your VPN User Name and Password

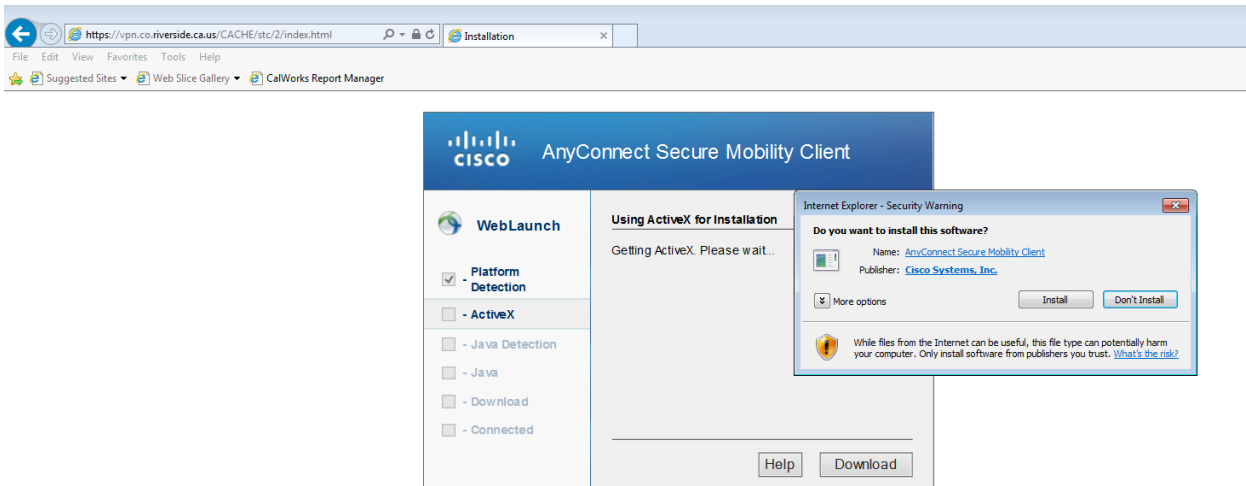


A dialog box titled "User Login" with a key icon in the top-left corner. The background is light blue. The text "Please enter your username and password." is centered. Below this, there are two input fields: "USERNAME:" followed by a white text box, and "Passcode" followed by a white text box. At the bottom center is a "Login" button.

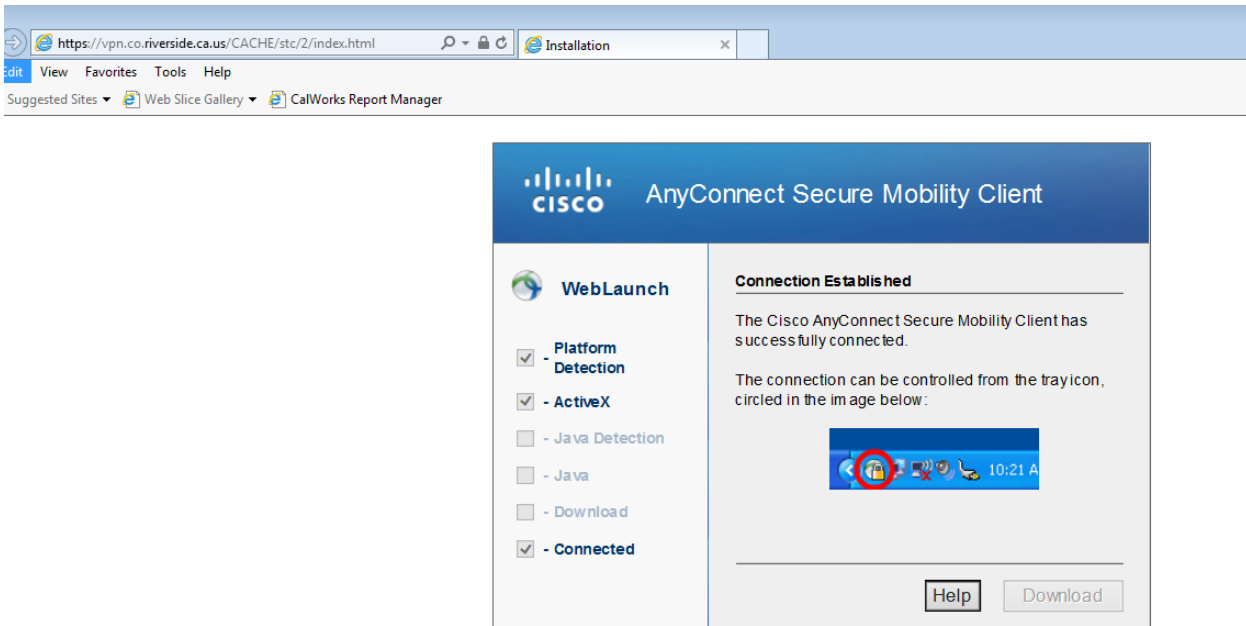
- ▶ Read User Disclosure and select **Continue**



## ► Select install



## ► Once the install is completed you will be connected to VPN



## PROVIDER FAQ'S PAGE

From the Provider FAQ'S site you will have links to **ELMR LIVE**, **ELMR Report Distribution**, **FAQ's page**, and **Java Link**.

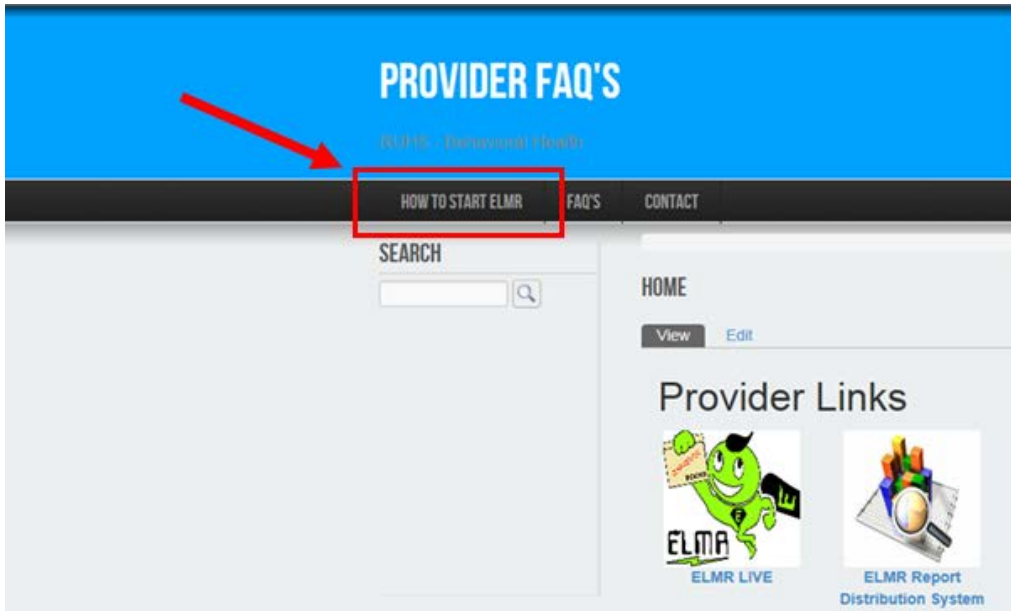
► Open Internet Explorer browser  (*Note: ELMR can only be used with the Internet Explorer browser*).

► Enter this URL: <http://dylan.rcmh.local/provider/>

**NOTE:** Java must be installed on computer first before ELMR LIVE can be accessed.

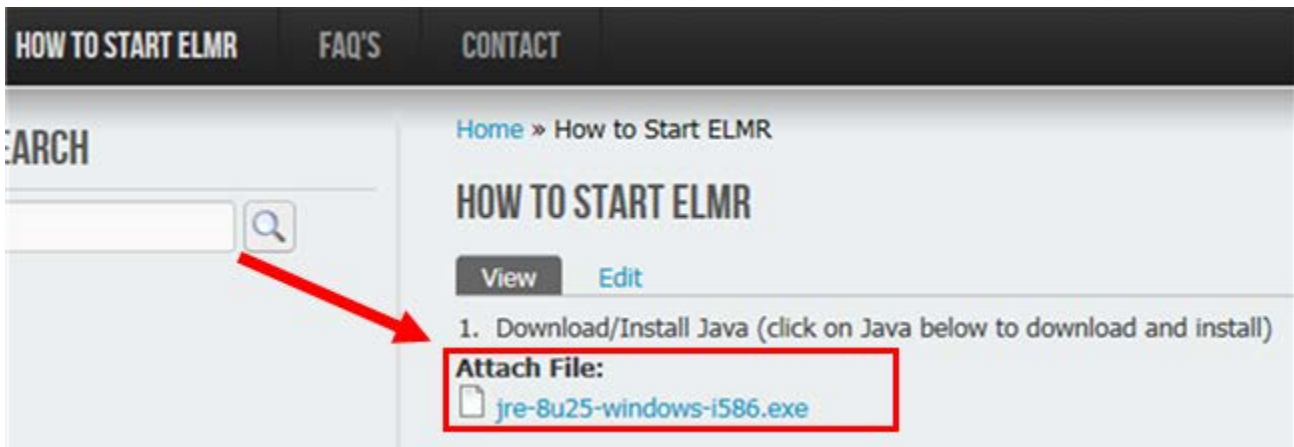
## DOWNLOAD JAVA

- ▶ Select [How to Start ELMR](#) to access the page where the Java installation file is located.



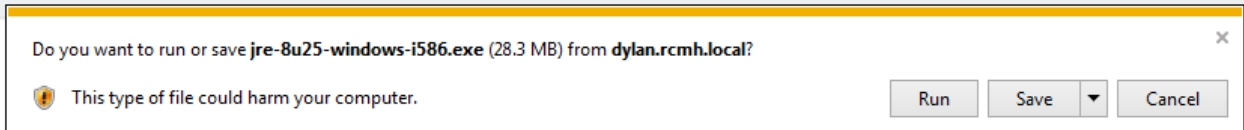
**Note:** If a newer version of Java is already installed on your machine, please review the FAQ page to make sure your version will work with ELMR.

- ▶ Select the [jre-8u25-windows-i586.exe](#) link to download Java

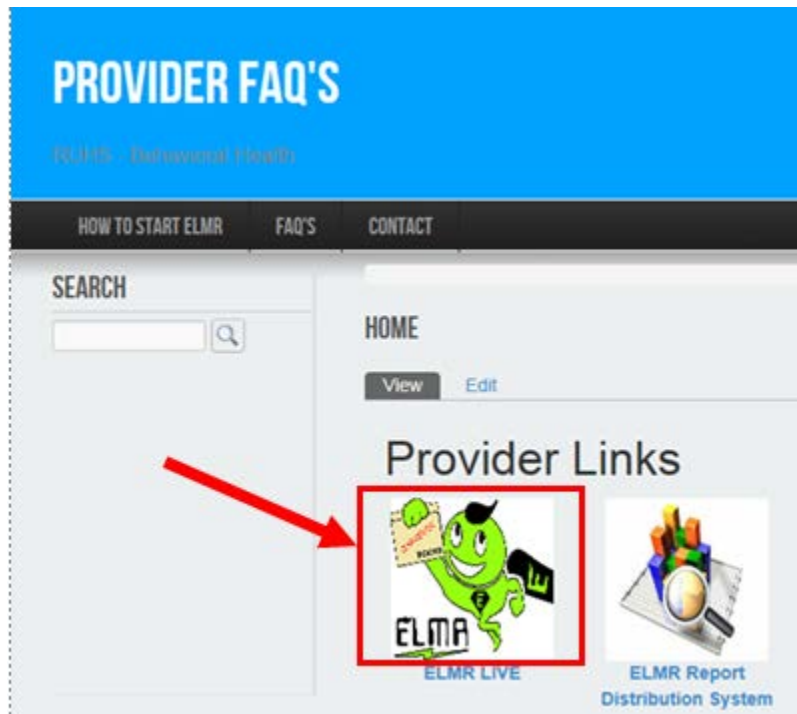




► Select Run



- Once Java is installed, you can proceed with accessing ELMR from the link illustrated below:



This concludes instructions on System Requirements.

Please refer to **Provider Billing** User Guide.

## How Can I Get Help

1. Review Training Materials
2. Visit the intranet site for the latest news/tips and FAQ:  
<http://dylan.rcmh.local/provider/faq-page>
3. Contact your Admission Support Staff
4. Call the Help Desk: 951.955.7360
6. Email Help Desk: [ELMRsupport@rcmhd.org](mailto:ELMRsupport@rcmhd.org)

## SU Diagnosis Reference Guide

Searchable "SU" Name Value	ICD-9 (old value)	ICD-10 (new value)	DSM-IV Code Value	DSM-IV	DSM-V	SNOMED	Comments
Alcohol abuse	305.00	F10.10	305.00	Alcohol abuse	Alcohol use disorder, mild	15167005	
Alcohol dependence	303.90	F10.20	303.90	Alcohol dependence	Unspecified alcohol-related disorder	66590003	
Opioid abuse	305.50	F11.10	305.50	Opioid abuse	Opioid use disorder, mild	5602001	
Opioid dependence	304.00	F11.20	304.00	Opioid dependence	Unspecified opioid-related disorder	75544000	
Cannabis abuse	305.20	F12.10	305.20	Cannabis abuse	Cannabis use disorder, mild	37344009	
Cannabis dependence	304.30	F12.20	304.30	Cannabis dependence	Unspecified cannabis-related disorder	85005007	
Sedative, hypnotic or anxiolytic abuse	305.40	F13.10	305.40	Sedative, hypnotic or anxiolytic abuse	Sedative, hypnotic, or anxiolytic use disorder, mild	64386003	
Sedative, hypnotic or anxiolytic dependence	304.10	F13.20	304.10	Sedative, hypnotic or anxiolytic dependence	<b>BLANK</b>	427327003	
Cocaine abuse	305.60	F14.10	305.60	Cocaine abuse	Cocaine use disorder, mild	78267003	
Cocaine dependence	304.20	F14.20	304.20	Cocaine dependence	<b>BLANK</b>	31956009	
Amphetamine abuse	305.70	F15.10	305.70	Amphetamine abuse	Amphetamine-type substance use disorder, mild	84758004	
Amphetamine dependence	304.40	F15.20	304.40	Amphetamine dependence	Amphetamine-type substance use disorder, severe	21647008	
Hallucinogen abuse	305.30	F16.10	305.30	Hallucinogen abuse	Unspecified hallucinogen-related disorder	74851005	NOTE: ICD-10 is shared with 305.90 Phencyclidine abuse
Hallucinogen dependence	304.50	F16.20	304.50	Hallucinogen dependence	Unspecified hallucinogen-related disorder	38247002	NOTE: ICD-10 is shared with 304.60 Phencyclidine dependence
Phencyclidine abuse	305.90	F16.10	305.30	Phencyclidine abuse	Phencyclidine use disorder, mild	7071007	NOTE: ICD-10 is shared with 305.30 Hallucinogen abuse
Inhalant abuse		F18.10	305.90B	Inhalant abuse	Unspecified inhalant-related disorder	70340006	
Other or unknown substance abuse		F19.10	305.90C	Other or unknown substance abuse	Other (or unknown) substance use disorder, mild	66214007	
Phencyclidine dependence	304.60	F16.20	304.60	Phencyclidine dependence	Phencyclidine use disorder, severe	58727001	NOTE: ICD-10 is shared with 304.50 Hallucinogen dependence
Inhalant dependence		F18.20		Inhalant dependence	Unspecified inhalant-related disorder	5002000	
Other or unknown substance dependence	304.90	F19.20	304.90	Other or unknown substance dependence	Unspecified other (or unknown) substance-related disorder	2403008	
Pathological gambling	312.31	F63.0	312.31	Pathological gambling	Gambling disorder	18085000	CANNOT USE IN AXIS-I AXIS-II (ONLY)
Nicotine dependence	305.1	F17.200	305.1	Nicotine dependence	Unspecified tobacco-related disorder	56294008	CANNOT USE IN AXIS-I AXIS-II (ONLY)
Polysubstance dependence	304.80	F19.20	N/A	Polysubstance dependence	BLANK	51339003	NO LONGER A VALID OPTION

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
 SACRAMENTO, CA 95811-4037  
 TDD (916) 445-1942  
 (916) 445-7456



## ADP BULLETIN

Criteria for Discharging Treatment Clients using the CalOMS-Tx Completion Discharge Statuses		Issue Date: June 29, 2010 Expiration Date: NA	Issue No.  10 - 08
Deputy Director Approval  <i>Millicent Gomes</i> <i>Deputy Director</i> <i>Office of Criminal Justice Collaboration</i>	Function: [X] Information Management [ ] Quality Assurance [X] Service Delivery [ ] Fiscal [ ] Administration [ ]	Supersedes Bulletin/ADP Letter No. 10-04. This Bulletin clarifies several points made in the original.	

PURPOSE

This bulletin provides *minimum* criteria for conducting a “treatment completion” discharge in the California Outcomes Measurement System – Treatment (CalOMS-Tx). Assessment of any given client could reveal additional issues (criminal justice, risk behaviors such as needle use, health problems, or mental health issues) that must be addressed, in addition to these minimum completion criteria prior to treatment discharge. Therefore, providers are expected to include other important measures relevant to client functioning in determining treatment completion.

The completion criteria in this bulletin were developed by the Data/Outcomes Committee, which consists of representatives of the County Alcohol and Drug Program Administrators Association of California (CADPAAC), the University of California, Los Angeles’ Integrated Substance Abuse Program (UCLA ISAP), and the Department of Alcohol and Drug Programs (ADP).

Treatment Completion Definition

For the purpose of consistent data reporting of treatment completion, each client must meet the minimum criteria identified in this bulletin: reduced drug use or abstinence; social support participation; and has achieved a length of stay sufficient for the client to have obtained the maximum possible benefit from participation in the treatment program. In general, a client has successfully completed treatment when these three criteria are met.

DISCUSSION

This bulletin expands on Bulletin 08-08, *Guidelines to Clarify Procedures for Collection of Admission and Discharge Data for the California Outcomes Measurement*



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<http://www.flexyourpower.ca.gov>

*System – Treatment (CalOMS-Tx)* by defining criteria for using the “Completed Treatment” CalOMS-Tx discharge codes under each of the following circumstances:

- a. Completion of a single treatment service set where the client will be transferred to another level of treatment;
- b. Completion of a single treatment service set where the client will not be transferred to another level of treatment; and
- c. Completion of the last service of a treatment episode consisting of multiple planned treatment service sets where the client will not be transferred to another level of treatment due to completion of treatment goals.

#### Minimum Standards for Treatment Completion

The two “completed treatment” discharge status codes in CalOMS-Tx are:

- ✓ Code 1. Completed Treatment/Recovery Plan Goals – Referred
- ✓ Code 2. Completed Treatment/Recovery Plan Goals – Not Referred

The “completed treatment” discharge codes should only be used for discharging clients from the following types of services:

1. regular or intensive outpatient;
2. short-term residential;
3. long-term residential; and
4. narcotic replacement therapy(NRT)/outpatient methadone maintenance (OMM).

Detoxification does not constitute complete treatment. A successful detoxification service is measured in part by the engagement of the client in further treatment (e.g. residential or outpatient services). Providers are expected to make every effort to refer and connect clients to another level of treatment once they have completed detoxification. For clients who have gone through detoxification, as planned by the provider, and who are being referred for additional treatment services, providers must use discharge code 3 – Left Before Completion with Satisfactory Progress – Referred. Neither discharge code 1 nor discharge code 2 can be used for detoxification discharges.

#### **Criteria for Using Discharge Code 1 – Applicable to “a” on Page 2**

Discharge code 1 (complete and referred) should only be used for intensive outpatient, short-term residential, long-term residential, and NRT/OMM; code 1 should not be used for regular outpatient because regular outpatient is a less intense treatment that should occur as the client’s final treatment service.

The criteria below apply to treatment completions where the client is being referred/transferred for further treatment:

1. The client reduced the number of days s/he used their primary drug from admission to discharge.
2. The client increased the number of days s/he participated in social support activities from admission to discharge.
3. The client has remained in the treatment level until s/he achieved the maximum possible benefit from that level; i.e. client is no longer benefiting from the current treatment level and will step up to a more intense level or step down to a less intense treatment level.

### **Criteria for using Discharge Code 2 – Applicable to “b” and “c” on Page 2**

Discharge code 2 applies to these circumstances:

- The client’s treatment plan only included one service type and the client has met the criteria for discharge code 2; or
- The client’s treatment plan included multiple service sets, s/he is completing his/her last planned treatment service, and has met the criteria for discharge code 2.

The criteria for discharge code 2 are defined below:

1. The client has not used her/his primary drug, secondary drug, and alcohol (abstinence) in the 30 days prior to the discharge interview.
2. The client has increased the number of days s/he participated in social support activities from admission to discharge. This criterion may not always apply to discharges from NRT/OMM since such services span many years and clients may report a higher number of social support days at admission than discharge.
3. The client has remained in treatment until s/he achieved the maximum possible benefit from treatment; i.e. client is no longer in need of treatment. Research indicates that clients who remain in outpatient programs for an average of 90 days are more likely to have positive outcomes at discharge and maintain recovery. However, this does not apply to all treatment service types and some clients may realize their treatment plan goals in less than 90 days while others may require longer treatment stays.

If a regular outpatient client does not meet the minimum criteria identified for discharge code 2 then s/he should either: A) remain in the program until the completion criteria are met, or B) be referred and transferred (under a “left before completion” code) to a more intensive level of treatment such as intensive outpatient or residential.

If the criteria identified for discharge code 1 or 2 have not been met, then the discharge cannot be reported under these completion discharge codes in CalOMS-Tx. Rather, such discharges would be “left before completion” discharge codes. Refer to ADP Bulletin number 08-08 and select from discharge codes 3 to 8, whichever best reflects the circumstances under which the client was discharged from the treatment service set.

***Note for clarification regarding specific funding:***

A CalOMS-Tx discharge should not be reported if the funding used to provide treatment is changing and the client is continuing in the treatment service/level of care in which s/he has been enrolled. All clients should be discharged according to either the completion criteria identified in this bulletin or according to the discharge protocols provided in ADP Bulletin 08-08, whichever reflects the circumstances under which the client is being discharged.

**Key Terms**

A number of terms relevant to the criteria discussed in this bulletin are defined below.

Abstinence

Client ceases to use alcohol or other drugs completely. Abstinence is determined using the *primary drug frequency of use*, *secondary drug frequency of use*, and *alcohol use frequency* CalOMS-Tx data elements. Abstinence is achieved when the client reports zero (0) when asked the questions that correspond to each of these three data elements (refer to the CalOMS-Tx Data Collection Guide for question wording) during their discharge interview.

*Abstinence and clients admitted to treatment from a controlled environment:*

Clients who enter treatment from jail, prison, or some other controlled environment may report zero (0) when asked how many days they used (primary drug, secondary drug, and/or alcohol) in the thirty days preceding admission. Ask the client what his/her frequency of use was during the 30 days prior to admission; do not ask the client for frequency of use prior to entering a controlled environment. All CalOMS-Tx outcome questions must collect information about the 30 days immediately preceding the CalOMS-Tx interview. A client who reports zero (0) use days at admission meets the abstinence criteria for discharge if s/he reports zero (0) use days at the time of their discharge interview.

Reduced Alcohol and Other Drug (AOD) Use

Reduced AOD use is when the client has reduced the frequency of their primary drug use, but is not abstinent. Reduced use is to be determined using the *primary drug*

*frequency of use* CalOMS-Tx data element. A client has reduced use of their primary drug when the number of days they reported using their primary drug at admission to treatment is greater than the number of days they report using their primary drug at the time of their discharge interview.

*Reduced Use or Abstinence and Clients who Have Prescriptions:*

The criterion to either reduce AOD use or abstain from AOD use should be applied to substances the client is abusing or is addicted to. Each client's primary and secondary drug (if applicable) reported to CalOMS-Tx should be substances the client reports his/her use of as problematic. If a client is prescribed medication and is using his/her medication appropriately, then the medication should not be reported as the primary or secondary drug problem and should not be considered when determining if the client has reduced use of their primary and secondary drugs. If the client is abusing his/her prescription medication, then the prescription should be reported as the client's primary or secondary drug.

Social Support Participation

Participation in social support recovery activities means participating on one or more days in a given 30 day period in one of the following activities: twelve-step meetings, religious/faith-based recovery or self-help meetings, other self-help meetings, and/or interactions with family members or friends supportive of recovery. A client has increased participation in social support when the number of days they report participating in social support activities at admission is lower than the number of days they report participating in social support activities at the time of their discharge interview.

However, some clients enter treatment reporting a high number of days of social support participation at admission and maintain the same number of days in social support participation at discharge; other times clients report fewer days of social support at discharge. Therefore, the client has met the social support participation criterion if s/he had four or more days (weekly participation) of social support participation in the thirty days prior to their discharge.

Treatment Plan

Treatment providers are expected to develop a treatment plan based on an assessment of client needs during the treatment admission process. Every client should have a treatment plan based on his/her needs as identified from an assessment. The client should remain in treatment until s/he has achieved the maximum possible benefit from treatment; i.e. client is no longer in need of intensive treatment. The treatment plan may or may not include moving the client through various types and/or levels of treatment services. The treatment plan should include specific goals (e.g. detoxification, admission to outpatient treatment, group counseling once per week, and abstinent n days at discharge) that are necessary for the client to complete the intensive treatment



phase and move to a lower level of treatment or into recovery.

### Treatment Service Set

A treatment service set is an admission to and discharge from one of the seven CalOMS-Tx service types (e.g. outpatient). A treatment service set is a component of a treatment episode.

### Treatment Episode

As defined in the *CalOMS-Tx Data Collection Guide* and ADP Bulletin 08-08, a treatment episode is a planned series of treatment service sets occurring consecutively (no more than 30 days between service sets), e.g., admission to and discharge from detoxification, followed by admission to and discharge from outpatient services. However, a treatment episode may also be a single treatment service set, e.g., admission to and discharge from outpatient treatment with no further AOD treatment services planned for the client.

### REFERENCES

1. ADP Bulletin 08-08: *Guidelines to Clarify Procedures for Collection of Admission and Discharge Data for the California Outcomes Measurement System – Treatment (CalOMS-Tx)*
2. CalOMS-Tx Data Collection Guide
3. CalOMS-Tx Web-Based Training <http://www.adp.ca.gov/Data/wbt.shtml>
4. CalOMS-Tx Data Compliance Standards
5. Treatment Improvement Protocol 45: Detoxification & Substance Abuse Treatment

### QUESTIONS/MAINTENANCE

For further information related to CalOMS-Tx data collection refer to the CalOMS-Tx website through ADP's website:

1. Navigate to ADP's website: <http://www.adp.ca.gov>;
2. Click the green tab labeled "Data Systems" toward the top of ADP's homepage;
3. Click the "CalOMS Treatment" link, just below "Active Data Systems".

You may also contact ADP's CalOMS-Tx Help Desk by phone (toll free) at 1-877-517-3329 or at (916) 327-3010, or by e-mail at [CalOMShelp@adp.ca.gov](mailto:CalOMShelp@adp.ca.gov)

EXHIBITS

Exhibit A: [Example Scenarios for Application of CalOMS-Tx Completed Treatment Discharge Codes](#)

Exhibit B: [Frequently Asked Questions](#)

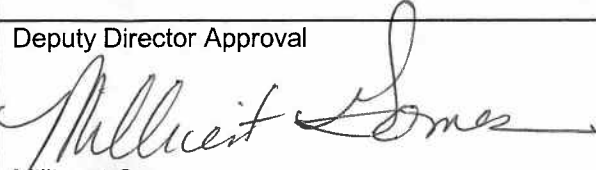
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**ADP BULLETIN**

Title  Procedures for Collection of Discharge Data for the California Outcome Measurement System – Treatment (CalOMS-Tx)		Issue Date: August 16, 2011	Issue No.  11 - 10
Deputy Director Approval   Millicent Gomes Deputy Director Office of Criminal Justice Collaboration		Function: <input checked="" type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input type="checkbox"/> Fiscal <input type="checkbox"/> Administration <input type="checkbox"/>	Supersedes Bulletin/ADP Letter No.  ADP Bulletin 08-08 Effective September 1, 2011

**PURPOSE**

This bulletin supersedes, and clarifies parts of, the Department of Alcohol and Drug programs (ADP) Bulletin 08-08 with the goal of collecting more accurate and complete discharge data. This bulletin provides CalOMS-Tx protocols for reporting both standard and administrative discharges from alcohol and other drug (AOD) treatment services to ADP. Specifically, this bulletin serves to simplify discharge Status Codes 3 through 6 for Discharge Status Data Element (DIS-2) found in Section 3.5.2 of the CalOMS Data Dictionary. (See Table 1)

**DISCUSSION**

The protocols in this bulletin were developed by a collaborative workgroup named the Data Outcomes Committee that consists of several county administrators representing the County Alcohol and Drug Program Administrators Association of California (CADPAAC), representatives of the University of California, Los Angeles' Integrated Substance Abuse Program (UCLA ISAP), and ADP staff.

Every treatment provider who receives funding for AOD treatment from ADP and every licensed narcotic treatment provider is required to collect CalOMS Tx data from every client served. Treatment providers must collect CalOMS-Tx data as follows:

- When a client is admitted to treatment (within seven days of their first service),
- On the one-year anniversary date of their admission (for clients in the same treatment service for one year or more), and
- When the client is discharged from the treatment service in which they have been participating.



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## **Protocols for Discharging Clients**

The following protocols clarify business rules for discharging clients from treatment in CalOMS-Tx.

1. A CalOMS-Tx discharge record must be submitted for every client for whom a CalOMS-Tx admission record has been submitted.
2. AOD treatment providers must attempt to schedule and conduct a discharge interview with every client. A discharge interview may be either in person (face-to-face) or via telephone. This interview includes, but is not limited to, asking each of the required CalOMS Tx standard discharge questions. Treatment providers are advised to include in each client's treatment plan a date to conduct a discharge interview. This date may be scheduled for some time prior to or on the client's planned last date of services, but may not be more than two weeks prior to the client's planned date of last service.
3. Providers should make every effort to ensure the discharge interview is a face-to-face interview. However, some clients may be unable to appear for the scheduled discharge interview. In these situations, providers are strongly encouraged to attempt to contact the client by phone to collect the CalOMS Tx standard discharge data.
4. Administrative discharges should only be reported in the event the client cannot be located, either in person or by telephone, to answer the CalOMS-Tx questions. Such attempts to contact a client for a CalOMS Tx discharge interview must be documented in the client's file. Providers should never guess or complete responses on behalf of an absent client for the required CalOMS-Tx discharge questions.
5. For all discharges marked "Death" (Status Code 7) or "Incarceration" (Status Code 8), report only the minimum discharge information.

## **Standard Discharge**

Standard discharge requires a full set of questions be collected. A standard discharge must be reported when the client is interviewed by telephone or in person:

For standard discharges, providers are required to complete a full CalOMS Tx discharge record by interviewing the client and asking all of the required CalOMS Tx discharge questions as listed in Section 8.4.1 of the CalOMS-Tx Data Collection Guide. The date for a standard discharge is the date on which the client completes the CalOMS Tx discharge interview or the date of last treatment service, whichever is later.

## **Administrative Discharge**

Administrative discharge requires a minimum set of questions be collected. An administrative discharge is reported when the client has stopped appearing for treatment services without leave from or notification to the AOD treatment program and the client cannot be located to be discharged and complete the CalOMS-Tx discharge interview. This circumstance should never occur for

discharges marked “completed treatment goals” (Completed Treatment, Referred and Completed Treatment, Not Referred).

For all administrative discharges the provider is required to complete the Administrative Discharge questions as listed in Section 8.5.3 of the CalOMS-Tx Data Collection Guide.

### Simplification of Status Codes

In order to simplify the process and increase the accuracy of discharge data, ADP is removing any reference to client *referral* from the description of discharge Status Codes 3 through 6.

Status Codes 3 through 6 are used when the patient does *not complete treatment*.

- Treatment Status Codes 3 or 5 are to be used for a standard discharge where the provider is able to do an interview with the patient.
- Treatment Status Codes 4 or 6 are to be used only for administrative discharges when a patient interview is not possible.

Below is a list of the discharge Status Codes along with the new, simplified description for Status Codes 3 through 6. The descriptions for Status Codes 1, 2, 7 and 8 have not changed.

**Table 1**

Status Code	Previous Description	New Description
1	Completed Treatment / Recovery Plan Goals/ Referred/Standard (all questions)	Completed Treatment / Recovery Plan Goals/ <b>Referred/Standard</b> (all questions)
2	Completed Treatment / Recovery Plan Goals/ Not Referred/Standard (all questions)	Completed Treatment / Recovery Plan Goals/ <b>Not Referred/Standard</b> (all questions)
3	Left Before Completion with Satisfactory Progress/Referred/Standard (all questions)	Left Before Completion with Satisfactory Progress/ <b>Standard</b> (all questions)
4	Left Before Completion with Satisfactory Progress/ Not Referred/Administrative (minimum questions)	Left Before Completion with Satisfactory Progress / <b>Administrative</b> (minimum questions)
5	Left Before Completion with Unsatisfactory Progress/Referred/Standard (all questions)	Left Before Completion with Unsatisfactory Progress / <b>Standard</b> (all questions)
6	Left Before Completion with Unsatisfactory Progress/Not Referred/Administrative (minimum questions)	Left Before Completion with Unsatisfactory Progress/ <b>Administrative</b> (minimum questions)
7	Death/Administrative (minimum questions)	No change to description.
8	Incarceration/Administrative (minimum questions)	No change to description.



## CONCLUSION

The discharge data are used to measure treatment outcomes for reporting purposes at the county, state, and federal levels. In addition, it is critical that counties and treatment providers collect accurate and complete client outcome data at discharge to continually improve the quality of services.

## REFERENCES

CalOMS-Tx Data Collection Guide  
CalOMS-Tx Data Compliance Standards

Refer to the *CalOMS Treatment Data Collection Guide* for detailed descriptions of data collection requirements. The *CalOMS Treatment Data Collection Guide* is on the ADP web site:  
[http://www.adp.ca.gov/CalOMS/pdf/CalOMS\\_Data\\_Collection\\_Guide.pdf](http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf).

## QUESTIONS/MAINTENANCE

Counties are encouraged to conduct provider trainings on how to implement discharge codes properly and on discharge interviewing methods, e.g., strategies to successfully complete the exit interview. UCLA's Addiction Technology Transfer Center (ATTC) can be utilized by counties as a resource to train providers on discharge interview protocols. In addition, a variety of CalOMS-Tx training materials are available on-line via the ADP web site.

For further information related to CalOMS-Tx data collection refer to the CalOMS web site through the ADP web site:

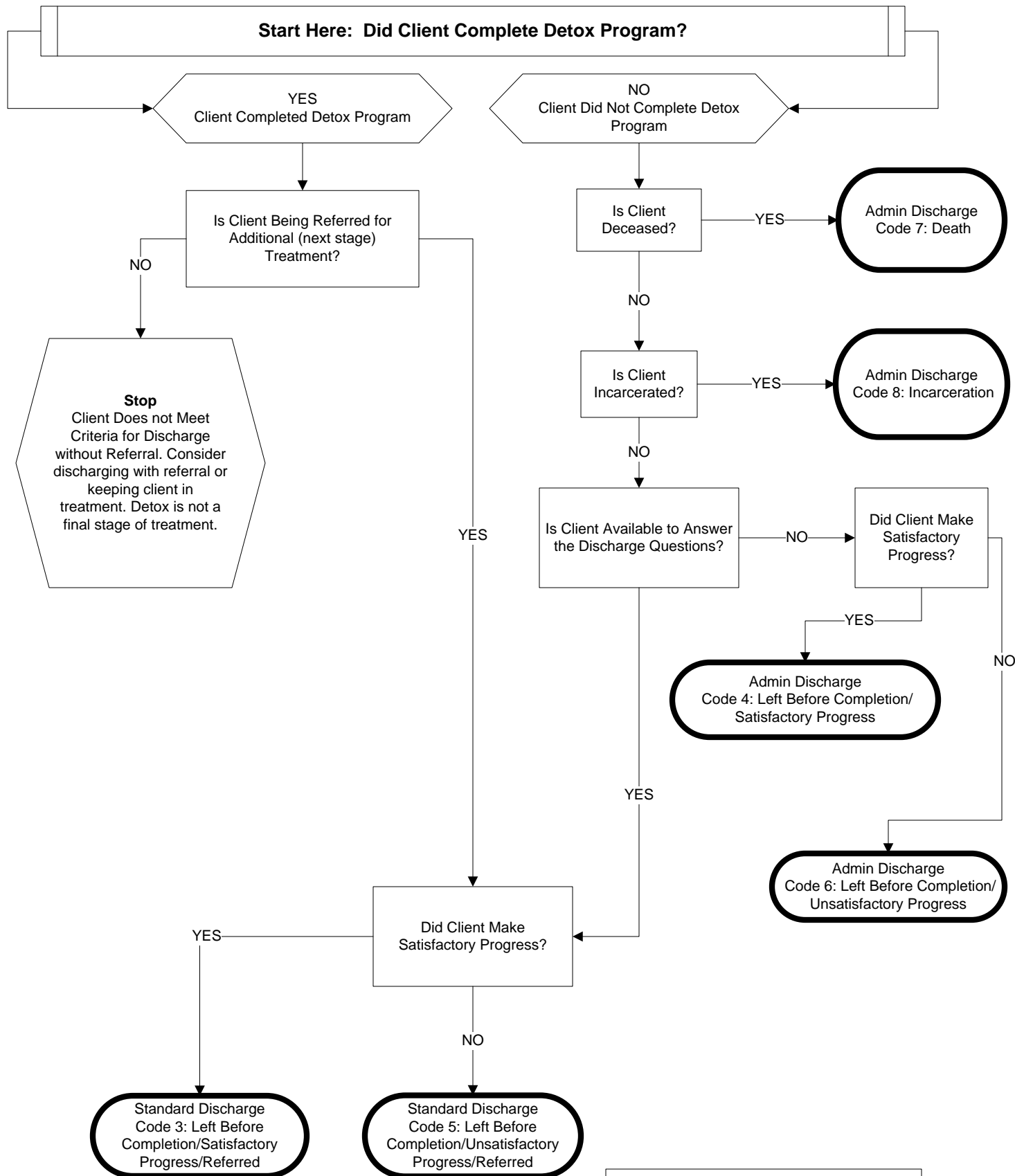
1. Navigate to ADP's web site: <http://www.adp.ca.gov>.
2. Click the green tab labeled "Data Systems" toward the top of ADP's homepage.
3. Click the "CalOMS Treatment" link, just below "Active Data Systems".

You may also contact the ADP CalOMS Tx Help Desk by phone (toll free):  
1-877-517-3329, or at (916) 327-3010, or by e-mail at [CalOMShelp@adp.ca.gov](mailto:CalOMShelp@adp.ca.gov).

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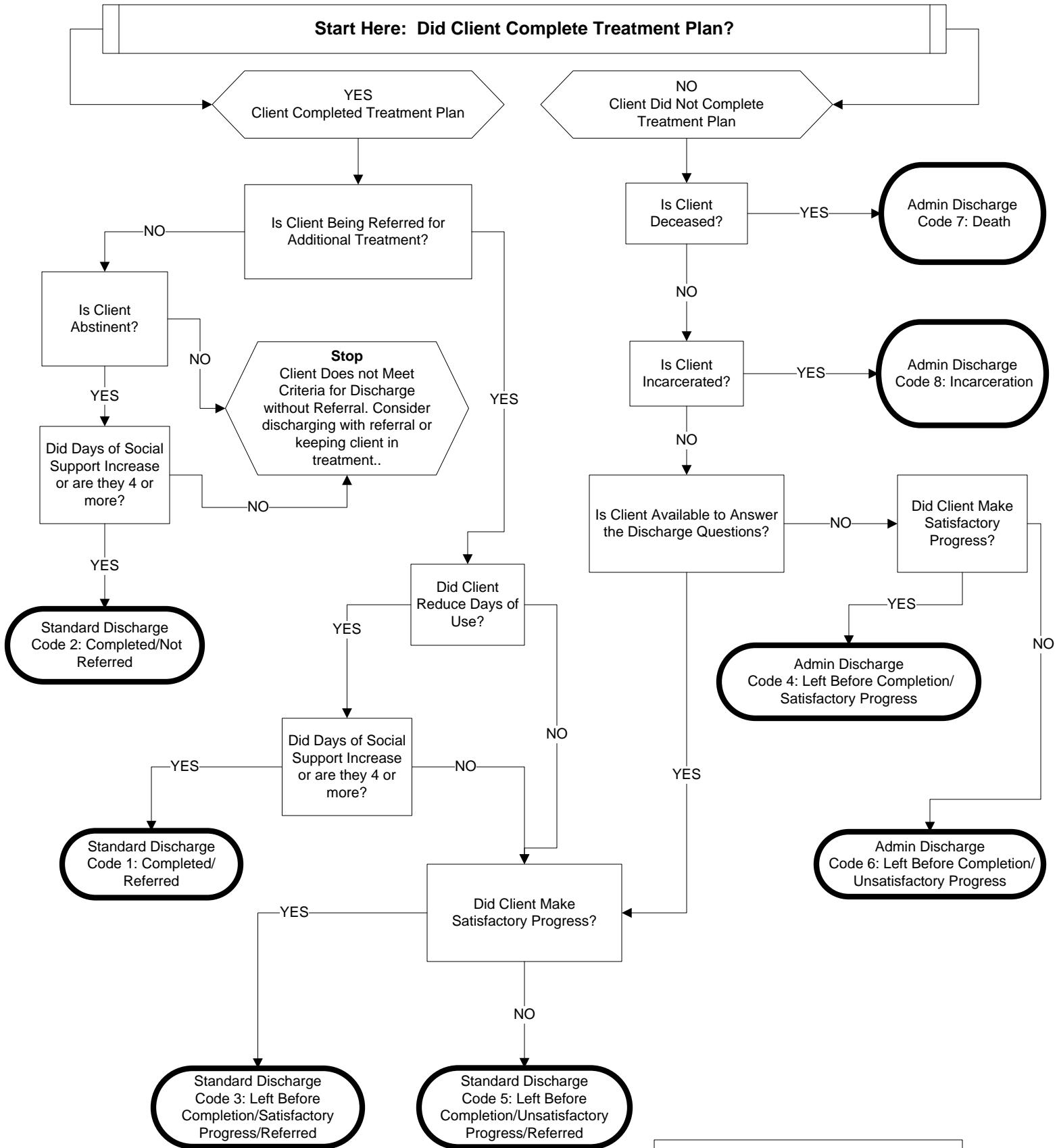
# Determining CalOMS Discharge Codes: Detox Programs



- General Rules**
- Date of Discharge MUST BE Date of LAST FACE to FACE Service
  - Do Not Use Discharge Code 1 or 2 for Detox Clients
  - Refer Clients for Further Treatment Whenever Appropriate as Detox does not constitute treatment completion.



# Determining CalOMS Discharge Codes: Non-Detox Programs



## General Rules

- Date of Discharge MUST BE Date of LAST FACE to FACE Service
- Do Not Use Discharge Code 1 for Regular Outpatient Clients
- Refer Clients for Further Treatment Whenever Appropriate