

Cal-OMS Admission (Avatar)

The purpose of this desk reference is to provide guidance in how to open and complete a Cal-OMS admission.

Menu Path

Avatar PM > Client Management > Client Information > Outside Provider Cal-OMS Admission
or you can enter “Cal-OMS Admission” under Search Forms



Details

- The Cal-OMS Admission form is used to admit clients into a Cal-OMS program for the purposes of reporting data to DHCS.
- The Cal-OMS Admission is connected to the provider number in the back end of the system, and is specific to a location. If a location is not available for selection, please contact Yolo County QM dept. at HSA-QualityManagement@yolocounty.org.
- Any fields in **Red** are required fields.

Steps

- Open the Cal-OMS Admission form.

1. In the **Provider** field, select the Cal-OMS outside provider.
2. In the **Program** field, select the Cal-OMS program. Programs must be associated with the same **Cal-OMS Type of Service**.
3. In the **Cal-OMS Type of Service** field, select the Cal-OMS type of service associated with the program.
4. In the **Provider's Participant ID** field, enter the provider's participant ID; this ID should be the Medical Record number (MR#) held within Avatar.
 This number is used to identify the client. In order to access an outside provider Cal-OMS admission, this number must be entered exactly.
5. In the **Submission Type** field:
 - Select **Deletion** if the Cal-OMS admission is to be deleted.
 - Select **New** if this is a new admission.
 - Select **Resubmission** if editing a previous admission.
 - Select **Resubmission As New** if submitting the existing record as type 1 (New) instead of type 2 (Resubmission).
6. In the **Select Serial Number** field, select the serial number from the list. When **Deletion** or **Resubmission** is selected, this field displays serials numbers entered in a previous Cal-OMS outside provider admission. The form serial number, and the client admission date display.
 To enter a new serial number for a resubmission, select **(none of these)** and enter the new serial number in the **Form Serial Number** field.
7. In the **Form Serial Number** field, enter the form serial number, this will be unavailable if Submission Type New is selected. Form serial number format:
 - Use a total of eight characters, starting with a capital letter. Spaces are not allowed. For

example, A0001034.

- For resubmissions, the serial number selected in the **Select Serial Number** field is display-only in this field.
 - The form serial number for a Cal-OMS admission record, and the Cal-OMS discharge record must match.
8. In the **Current First Name** field, enter the client's first name if different from the birth name.
 - Enter "99904" if the client is unable to provide an answer.
 9. In the **Current Last Name** field, enter the client's last name if different from the birth name.
 - Enter "99904" if the client is unable to provide an answer.
 10. In the **Sex** field, select the client's sex.
 11. In the **Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?**, enter the appropriate client's self-identification selection.
 - Enter "Declined to State" if the client is unable to provide an answer.
 12. In the **Social Security Number** field, enter the client's social security number.
 - Enter "99900" to indicate that the client declines to state their social security number.
 - Enter "99904" to indicate that the client is unable to answer.
 13. In the **Date Of Birth** field, enter the client's date of birth.
 14. In the **Admission Date** field, enter date of admission.
 15. In the **Birth First Name** field, enter the client's first name at birth.
 - Enter "99902" if the client does not have a birth first name.
 - Enter "99904" if the client is unable to provide an answer.
 16. In the **Birth Last Name** field, enter the client's last name at birth.
 - Enter "99904" if the client is unable to provide an answer.
 17. In the **ZIP Code At Current Residence** field, enter the client's ZIP code.
 - Enter "00000" to indicate that the client is homeless.
 - Enter "XXXXX" to indicate that the client declines to state their ZIP code.
 - Enter "ZZZZZ" to indicate that the client is unable to answer.
 18. In the **Place of Birth - State** field, select the client's place of birth.
 19. In the **Place of Birth - County** field, select the county from the list. Choose **Other** if the client was born outside California.
 20. In the **Driver's License Number** field, enter the client's driver's license.

- Enter "99900" to indicate that the client declines to state their driver's license number.
- Enter "99902" to indicate that the client has no or no applicable driver's license number.
- Enter "99904" to indicate that the client is unable to answer.

The screenshot shows a form section with the following elements:

- Driver's License State:** A dropdown menu with a blue arrow pointing down.
- Mother's First Name:** A text input field.
- Race 1:** A group of radio buttons for selecting the primary race. Options include: Hawaiian, Laotian, Other Asian, White/C, Alaskan Native, Chinese, Japanese, Samoan, Other Race, Black/African-Am, Asian Indian, Filipino, Korean, Vietnamese, Mixed Race, American Indian, Cambodian, and Guamanian.
- Race 2:** A group of radio buttons for selecting the secondary race. Options include: Hawaiian, Samoan, Multi Racial, American Indian, Chinese, Japanese, Vietnamese, Alaskan Native, Filipino, Korean, Other Asian, White/C, Asian Indian, Guamanian, Laotian, Other Race, Black/African-Am, and Cambodian.

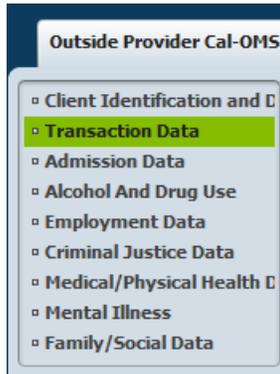
21. In the **Driver's License State** field, select client's state.
22. In the **Mother's First Name** field, enter the client's mother's first name.
23. In the **Race** subsection, designate the client's racial makeup.

The screenshot shows a form section with the following elements:

- Ethnicity:** A group of radio buttons for selecting the client's ethnicity. Options include: Not Hispanic, Mexican/Mexican American, Cuban, Puerto Rican, and Other Hispanic/Latino.
- Veteran:** A group of radio buttons for selecting the client's veteran status. Options include: No, Yes, Client declined to state, and Client unable to answer.
- Disability:** A group of checkboxes for selecting the client's disability. Options include: None, Visual, Hearing, Speech, Mobility, Mental, Developmentally Disabled, Other, Client declined to state, and Client unable to answer.
- Consent:** A group of radio buttons for selecting the client's consent status. Options include: No and Yes.

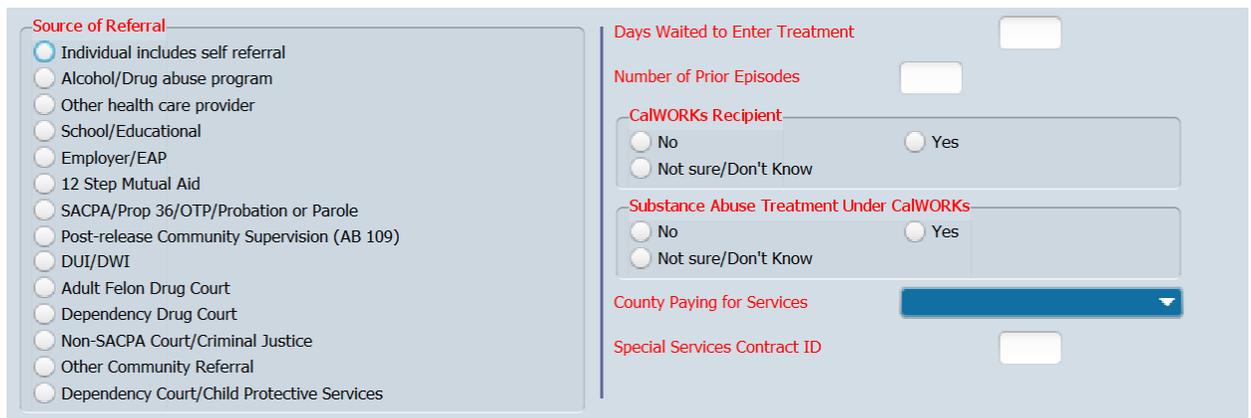
24. In the **Ethnicity** field, select the client's ethnicity.
25. In the **Veteran** field, select the client's veteran status.
26. In the **Disability** field, select the client disability.
27. In the **Consent** field, select **Yes** if the client has given consent to be contacted in the future.

28. Select **Transaction Data** in the left hand corner.

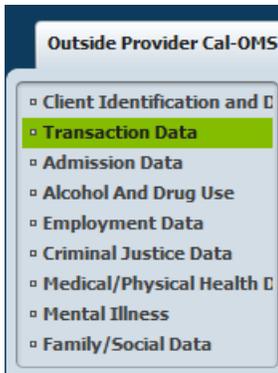


29. In the **Admission Transaction Type** field, select the type of admission.

30. Select **Admission Data** in the left hand corner.



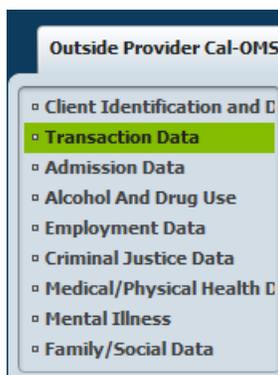
31. In the **Source of Referral** field, select the referral source.
32. In the **Days Waited to Enter Treatment** field, enter the total number of days (not including any time incarcerated), the client was on a waiting list before being admitted into a treatment program.
33. In the **Number of Prior Episodes** field, enter the total number of episodes the client has participated in treatment as a primary client, not as a codependent.
34. In the **CalWORKs Recipient** field, select **Yes** if the client is a CalWORKs recipient.
35. In the **Substance Abuse Treatment Under CalWORKs** field, select **Yes** if the client received substance abuse treatment under CalWORKs.
36. In the **Special Services Contract County Code** field, select the special services contract county.
37. In the **Special Services Contract ID** field, enter the contract ID.
38. Select **Alcohol and Drug Use** in the left hand corner.



<p>Primary Drug (Code)</p> <p><input type="text"/></p> <p>Primary Drug Name</p> <p><input type="text"/></p> <p>Primary Drug Frequency</p> <p><input type="text"/></p> <p>Primary Drug Route of Administration</p> <p> <input type="radio"/> Oral <input type="radio"/> Smoking <input type="radio"/> Inhalation <input type="radio"/> Injection (IV or intramuscular) <input type="radio"/> None or Not Applicable <input type="radio"/> Other </p> <p>Primary Drug Age of First Use</p> <p><input type="text"/></p> <p>Secondary Drug (Code)</p> <p><input type="text"/></p>	<p>Secondary Drug Name</p> <p><input type="text"/></p> <p>Secondary Drug Frequency</p> <p><input type="text"/></p> <p>Secondary Drug Route of Administration</p> <p> <input type="radio"/> Oral <input type="radio"/> Smoking <input type="radio"/> Inhalation <input type="radio"/> Injection (IV or intramuscular) <input type="radio"/> None or Not Applicable <input type="radio"/> Other </p> <p>Secondary Drug Age of First Use</p> <p><input type="text"/></p> <p>Alcohol Frequency</p> <p><input type="text"/></p> <p>Needle Use</p> <p><input type="text"/></p> <p>Needle Use in the Last 12 Months</p> <p> <input type="radio"/> No <input type="radio"/> Client unable to answer <input type="radio"/> Yes </p>
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39. In the **Primary Drug (Code)** field, select the client's primary drug of use. If **Other (Specify)** is selected, enter the name of the client's primary drug in the **Primary Drug Name** field.
40. In the **Primary Drug Frequency** field, enter the drug use frequency.
41. In the **Primary Drug Route of Administration** field, select the client's primary drug route.
42. In the **Primary Drug Age of First Use** field, enter the client's age at the time of first drug use.
43. In the **Secondary Drug (Code)** field, select the client's secondary drug of use.
 - Selecting **None** enters "99902" in the **Secondary Drug Frequency**, **Secondary Drug Age Of First Use**, and **Alcohol Frequency** fields.
 - If **Other (Specify)** is selected, enter the name of the client's secondary drug in the **Secondary Drug Name** field.
44. In the **Secondary Drug Frequency** field, enter the drug use frequency.
45. In the **Secondary Drug Route of Administration** field, select the client's secondary drug route.
46. In the **Secondary Drug Age of First Use** field, enter the client's age at the time secondary drug use began.
47. In the **Alcohol Frequency** field, enter the frequency of alcohol use in the last 30 days. This field is used when the primary and secondary drugs are not alcohol.
48. In the **Needle Use** field, enter the frequency of the IV use.
49. In the **Needle Use in the Last 12 Months** field, select **Yes** if the client has used a needle drug in the last 12 months.

50. Select **Employment Data** in the left hand corner.



Enrolled in School

No
 Yes
 Client declined to state
 Client unable to answer

Highest School Grade Completed

Employment Status

Employed Full Time (35 hrs or more)
 Employed Part Time (less than 35 hrs)
 Unemployed Looking For Work
 Unemployed - (Not seeking)
 Not in the labor force (Not seeking)

Enrolled in Job Training

No
 Yes
 Client declined to state
 Client unable to answer

Work Past 30 Days

51. In the **Enrolled in School** field, select the client's enrollment status.
52. In the **Highest School Grade Completed** field, select the client's highest school grade completed.
53. In the **Employment Status** field, select the client's employment status.
54. In the **Enrolled in Job Training** field, select the client's job training status.
55. In the **Work Past 30 Days** field, enter the number of work days the client has had in the past 30 days

56. Select **Criminal Justice Data** in the left hand corner.

Outside Provider Cal-OMS

- Client Identification and D
- **Transaction Data**
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health D
- Mental Illness
- Family/Social Data

Criminal Justice Status

No criminal justice involvement
 Under parole supervision by CDC
 On parole from any other jurisdiction
 Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction
 Admitted under diversion from any court under CA Penal Code Section 1000
 Incarcerated
 Awaiting trial, charges, or sentencing
 Client unable to answer

CDC Identification Number

Number of Arrests Last 30 Days

Number of Jail Days Last 30 Days

Number of Prison Days Last 30 Days

Parolee Services Network (PSN)

No
 Yes
 Client unable to answer

FOTP Parolee

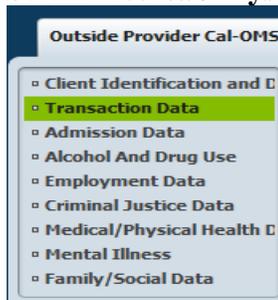
No
 Yes
 Client unable to answer

FOTP Priority Status

Completed Forever Free and released and enrolled in treatment program
 Any woman paroling from CIW
 Completed Forever Free and goes direct to FOTP facility
 None or Not Applicable
 Client unable to answer

57. In the **Criminal Justice Status** field, select the client's criminal justice status.
58. In the **CDC Identification Number** field, enter the client's California Department of Corrections (CDC) identification number. This field may be required if the client is 18 or older on the date of admission.
59. In the '**Number of**' fields, enter the number of times the client has been involved with the specified activity in the last 30 days.
60. In the **Parolee Services Network (PSN)** field, select the client's Parolee Services Network status.
61. In the **FOTP Parolee** field, select the client's Female Offender Treatment Program (FOTP) status.
62. In the **FOTP Priority Status** field, select the client's FOTP priority status.

63. Select **Medical/Physical Health Data** in the left hand corner



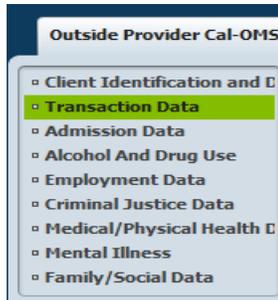
 A screenshot of a form titled "Medical/Physical Health Data". The form is divided into several sections:

- Medi-Cal Beneficiary:** Radio buttons for "No" (selected), "Yes", and "Client unable to answer".
- Emergency Room Last 30 Days:** A text input field.
- Hospital Overnight Last 30 Days:** A text input field.
- Medical Problems Last 30 Days:** A text input field.
- Pregnant At Admission:** Radio buttons for "No", "Yes", and "Not Sure/Don't Know".
- Medication Prescribed As Part of Treatment:** Radio buttons for "None", "Methadone", "LAAM", "Buprenorphine (Subutex)", "Buprenorphine (Suboxone)", and "Other".
- Communicable Diseases: Tuberculosis:** Radio buttons for "No", "Yes", "Client declined to state", and "Client unable to answer".
- Communicable Diseases: Hepatitis C:** Radio buttons for "No", "Yes", "Client declined to state", and "Client unable to answer".
- Communicable Diseases: Sexually Transmitted Diseases:** Radio buttons for "No", "Yes", "Client declined to state", and "Client unable to answer".
- HIV Tested:** Radio buttons for "No", "Yes", "Client declined to state", and "Client unable to answer".
- HIV Test Results:** Radio buttons for "No", "Yes", "Client declined to state", and "Client unable to answer".

64. In the **Medi-Cal Beneficiary** field, select whether the client is a Medi-Cal beneficiary.
65. In the **Last 30 Days** fields, enter the number of times the client has been involved with the activity in the last 30 days.

- 66. In the **Pregnant At Admission** field, select **Yes** if the client was pregnant at the time of admission.
- 67. In the **Medication Prescribed As Part of Treatment** field, select the medication prescribed for the client as part of treatment.
- 68. In the **Communicable Diseases** fields, select the client's status with the disease.
- 69. In the **HIV Tested** fields, select the client's HIV testing status and results.

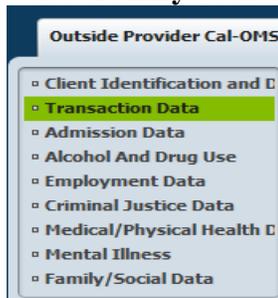
70. Select **Mental Illness Data** in the left hand corner



 A screenshot of a form section. On the left, under the heading "Mental Illness", there are three radio button options: "No" (selected), "Not Sure/Don't Know", and "Yes". Below this is a text input field labeled "Emergency Room Use / Mental Health". On the right, under the heading "Psychiatric Facility Use", there is a text input field. Below that, under the heading "Mental Health Medication", there are three radio button options: "No", "Client unable to answer", and "Yes".

- 71. In the **Mental Illness** field, select **Yes** if the client has mental illness.
- 72. In the **Emergency Room Use / Mental Health** field, enter the number of emergency room visits the client has made for mental health issues.
- 73. In the **Psychiatric Facility Use** field, enter the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility.
- 74. In the **Mental Health Medication** field, indicate the client's mental health prescription medication use in the last 30 days

75. Select **Family/Social Data** in the left hand corner



Social Support	<input type="text"/>	Number of Children	<input type="text"/>
Current Living Arrangements <input type="radio"/> Homeless <input type="radio"/> Independent Living <input type="radio"/> Dependent Living		Number Of Children Aged 5 Years Or Younger	<input type="text"/>
Living with Someone	<input type="text"/>	Number of Children Living with Someone Else	<input type="text"/>
Family Conflict Last 30 Days	<input type="text"/>	Number of Children Living with Someone Else and Parental Rights Terminated	<input type="text"/>

76. In the **Social Support** field, enter the number of days in the last 30 days the client has participated in social support recovery activities.
77. In the **Current Living Arrangements** field, select the client's current living arrangement.
78. In the **Living with Someone** field, enter the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs.
79. In the **Family Conflict Last 30 Days** field, enter the number of days in the last 30 days the client had serious conflicts with their family.
80. In the **Number of Children** fields, enter the number of children associated with the client.
81. When finished, click **Submit**.