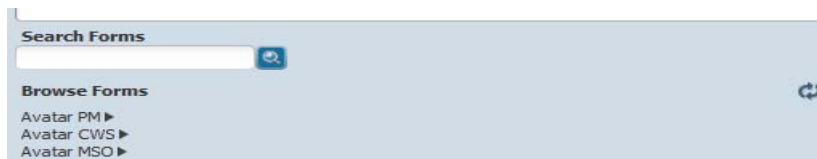


## *Cal-OMS Annual Update (Avatar)*

The purpose of this desk reference is to provide guidance in how to complete an annual update when a client has been in treatment for over 12 months.

### Menu Path

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





### Details

- The Cal-OMS Annual Update form is used to update Cal-OMS program for the purposes of reporting data to DHCS.
- Any fields in **Red** are required fields.
- An annual update must be at least ten months later than the Cal-OMS Outside Provider **Admission Date**.

## Steps

- Open the Cal-OMS Annual Update 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, this number must be entered exactly.
5. In the **Submission Type** field:
  - Select **Deletion** if the Cal-OMS is to be deleted.
  - Select **New** if this is a new submission.
  - Select **Resubmission** if editing a previous admission.
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 **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.
  12. In the **Date Of Birth** field, enter the client's date of birth.
  13. In the **Admission Date** field, enter date of admission.
  14. In the **Annual Update Date** field, enter the date of the Cal-OMS annual update.
  15. In the **Annual Update Number** field, enter the annual update number.
  16. 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.
  17. 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.
  18. In the **ZIP Code At Current Residence** field, enter the client's ZIP code.
    - Enter "00000" if the client is homeless.
    - Enter "XXXXX" if the client declines to state their ZIP code.
    - Enter "ZZZZZ" if the client is unable to answer.

19. In the **Place of Birth - County** field, select the county from the list. Choose **Other** if the client was born outside California.

The screenshot shows a web form with the following fields and options:

- Place of Birth - State:** A dropdown menu.
- Driver's License State:** A dropdown menu.
- Driver's License Number:** A text input field.
- Mother's First Name:** A text input field.
- Disability:** A group of checkboxes including: None, Speech, Developmentally Disabled, Client unable to answer, Visual, Mobility, Other, Hearing, Mental, and Client declined to state.
- Consent:** Radio buttons for No and Yes.

At the bottom of the form, there is a status bar with the text "AVCALPMTST (LIVE)" and a timestamp "05/30/2018 02:03:37 PM".

20. In the **Place of Birth - State** field, select the client's place of birth.

21. In the **Driver's License Number** field, enter the client's driver's license.

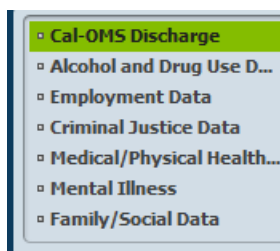
- Enter "99900" to indicate that the client declines to state their driver's license number.
- Enter "99902" to indicate that the client has no or no applicable driver's license number.
- Enter "99904" to indicate that the client is unable to answer.

22. In the **Mother's First Name** field, enter the client's mother's first name.

23. In the **Disability** field, select the client disability.

24. In the **Consent** field, select **Yes** if the client has given consent to be contacted in the future.

25. Select **Alcohol and Drug Use** in the left hand corner.



26. 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.

27. In the **Primary Drug Frequency** field, enter the drug use frequency.

28. In the **Primary Drug Route of Administration** field, select the client’s primary drug route.

29. In the **Secondary Drug (Code)** field, select the client’s secondary drug of use.

- Selecting **None** enters "99902" in the **Secondary Drug Frequency**, and **Alcohol Frequency** fields.
- If **Other (Specify)** is selected, enter the name of the client’s secondary drug in the **Secondary Drug Name** field.

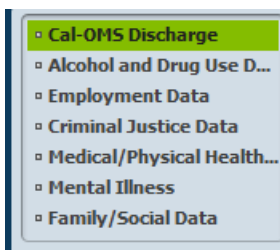
30. In the **Secondary Drug Frequency** field, enter the drug use frequency.

31. In the **Secondary Drug Route of Administration** field, select the client’s secondary drug route.

32. 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.

33. In the **Needle Use** field, enter the frequency of the IV use.

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



**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)

**Work Past 30 Days**

**Enrolled in School**

- No  Yes
- Client declined to state  Client unable to answer

**Enrolled in Job Training**

- No  Yes
- Client declined to state  Client unable to answer

35. In the **Employment Status** field, select the client’s employment status.
36. In the **Work Past 30 Days** field, enter the number of work days the client has had in the past 30 days
37. In the **Enrolled in School** field, select the client's school status.
38. In the **Enrolled in Job Training** field, select the client's job training status.

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

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

**Number of Arrests Last 30 Days**  **Number of Prison Days Last 30 Days**

**Number of Jail Days Last 30 Days**

40. In the '**Number of**' fields, enter the number of times the client has been involved with the specified activity in the last 30 days.

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

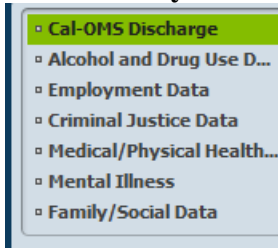
- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

42. In the **Last 30 Days** fields, enter the number of times the client has been involved with the activity in the last 30 days.
43. In the **Pregnant At Any Time During Treatment** field, select appropriate client response.
44. In the **HIV Tested** fields, select the client's HIV testing status and results.

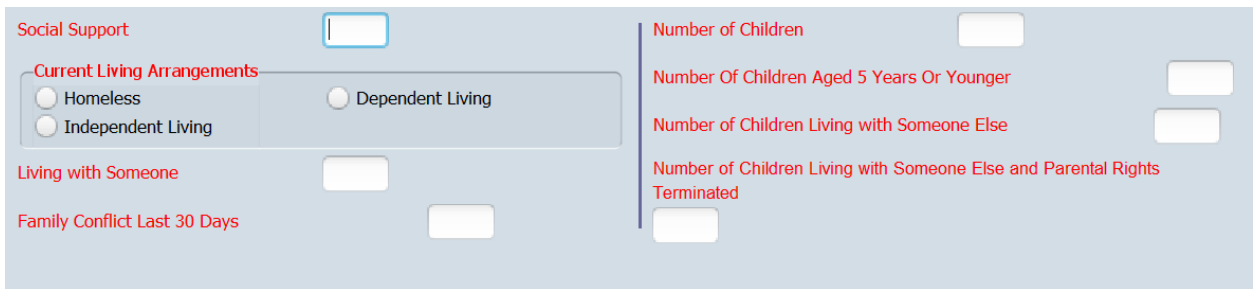
45. Select **Mental Illness Data** in the left hand corner

46. In the **Mental Illness** field, select **Yes** if the client has mental illness.
47. In the **Emergency Room Use / Mental Health** field, enter the number of emergency room visits the client has made for mental health issues.
48. 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.
49. In the **Mental Health Medication** field, indicate the client's mental health prescription medication use in the last 30 days

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



A vertical navigation menu with a light blue background. The top item, 'Cal-OMS Discharge', is highlighted in green. Below it are several items with a small square icon to the left: 'Alcohol and Drug Use D...', 'Employment Data', 'Criminal Justice Data', 'Medical/Physical Health...', 'Mental Illness', and 'Family/Social Data'.



A data entry form with a light blue background. It contains several fields and radio buttons. On the left, there is a 'Social Support' field with a text input box. Below it is a 'Current Living Arrangements' section with three radio buttons: 'Homeless', 'Independent Living', and 'Dependent Living'. Further down are 'Living with Someone' and 'Family Conflict Last 30 Days' fields, each with a text input box. On the right side, there are four fields for children: 'Number of Children', 'Number Of Children Aged 5 Years Or Younger', 'Number of Children Living with Someone Else', and 'Number of Children Living with Someone Else and Parental Rights Terminated', each with a text input box.

51. In the **Social Support** field, enter the number of days in the last 30 days the client has participated in social support recovery activities.
52. In the **Current Living Arrangements** field, select the client's current living arrangement.
53. 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.
54. 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.
55. In the **Number of Children** fields, enter the number of children associated with the client.
56. When finished, click **Submit**.