Cal-OMS Discharge (Avatar)

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

Menu Path

Avatar PM > Client Management > Client Information > Outside Provider Cal-OMS Discharge or you can enter "Cal-OMS Discharge" under Search Forms

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Details

- The Cal-OMS Discharge form is used to discharge clients from a Cal-OMS program for the purposes of reporting data to DHCS.
- Any fields in **Red** are required fields.
- If an admission already exists the system will pre-populate data entered into the discharge

Steps

> Open the Cal-OMS Discharge form.

Provider	HHSA In-Custody SUD Services 🛛 🔫	Date Of Birth	_	
Program	HHSA In-Custody SUD Services 🔫	Admission Data		
Cal-OMS Type of Service	Nonresidential / Outpatient Tre 🔻			
Provider's Participant ID		Date Of Discharge		
Submission Type O Deletion O New	O Resubmission			
Select Serial Number				
Form Serial Number				
Current First Name				
Current Last Name				
Sex Female Male	Transgender (F to M) Transgender (M to F)			
Social Security Number				

- 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.
- 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.

Solution to the 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 **Date Of Discharge** field, enter the discharge date.

-Discharge Status	Place of Birth - County		
O Completed treatment/recovery plan. Goals/Referred	Alameda 🗸 🗸		
O Completed treatment/recovery plan, Goals/Not Referred	Place of Birth - State		
O Left before completion w/ Satisfactory Progress/Standard	California	▼	
O Left before completion w/ Satisfactory Progress/Administrative	Driver's License State		
Left before completion w/ Unsatisfactory Progress/Standard	Alabama		
Left before completion w/ Unsatisfactory Progress/Administrative	Mother's First Name	majorie	
Death			
Birth First Name test			
Birth Last Name			
test			
Zip Code At Current Residence 95835			

15. In the **Discharge Status** field, select the client's discharge status.

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" 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.
- 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.
- 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.

-Disability	Consent		
Vone	🖲 No	🔵 Yes	
Visual			
Hearing			
Speech			
Mobility			
Mental			
Developmentally Disabled			
Other			
Client declined to state			
Client unable to answer			

- 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.

 Employment Data Criminal Justice Data Medical/Physical Health Mental Illness Family/Social Data 	
Primary Drug (Code)	Secondary Drug Name
Alcohol	
Primary Drug Name Primary Drug Frequency Primary Drug Route of Administration Oral Smoking Inhalation Injection (IV or intramuscular)	Secondary Drug Frequency 2 Secondary Drug Route of Administration Oral Smoking Inhalation Injection (IV or intramuscular) None or Not Applicable Other
O None or Not Applicable	Alcohol Frequency 99902
Socondany Drug (Codo)	Neeule Ose

- 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.

 Cal-OMS Discharge Alcohol and Drug Use D Employment Data Criminal Justice Data Medical/Physical Health Mental Illness Family/Social Data 	
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 15	Enrolled in School Yes No Yes Client declined to state Client unable to answer Enrolled in Job Training Yes 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.



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 Dat	ta in the left hand corner
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	• Cal-OMS Discharge • Alcohol and Drug Use D			
	Employment Data			
	Criminal Justice Data			
	Medical/Physical Health			
	• Mental Illness			
	Family/Social Data			
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	Emergency Room Last 30 Days	Þ	HIV Tested	Vec
	Hospital Overnight Last 30 Days	2	Client declined to state	Client unable to answer
	Medical Problems Last 30 Days	2	HIV Test Results	
	-Pregnant At Any Time During Trea	atment	No) Yes
	No	Yes	Client declined to state	Client unable to answer
	O Not Sure/Don't Know		1	

- 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

 Cal-OMS Discharge Alcohol and Drug Use D Employment Data Criminal Justice Data Medical/Physical Health Mental Illness Family/Social Data 			
Mental Illness No Ye Not Sure/Don't Know	5	Psychiatric Facility Use -Mental Health Medication	
Emergency Room Use / Mental Health		Client unable to answer	U res

- 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

	 Cal-OMS Discharge Alcohol and Drug Use D Employment Data Criminal Justice Data Medical/Physical Health Mental Illness Family/Social Data 			
2				
5	Social Support		Number of Children	
	Current Living Arrangements Homeless Independent Living	O Dependent Living	Number Of Children Aged 5 Years Or Younger Number of Children Living with Someone Else	
L F	iving with Someone Family Conflict Last 30 Days		Number of Children Living with Someone Else and Parental Rights Terminated	

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

- 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**.