

SMARTCARE CALOMS ANNUAL UPDATE			
Client ID		Admission Date (mm / dd / yyyy)	
CALOMS INFORMATION			
FSN #		Transaction Type Annual Update Discharge—Standard Discharge—Administrative Discharge—Detox	
Annual Update Date (mm / dd / yyyy)		Annual Update #	
Gender Male Female Other		Client DOB	
Client's Current First Name		Client's Current Last Name	
SSN 99900-Declined to State 99902-Not applicable (if client does not have a SSN) 99904-Unable to answer		Current Zip Code (5-digit zip XXXXX or 00000-Homeless)	
Birth First Name		Birth Last Name	
State of Birth if Within US (use other if born outside US)		County of Birth State if Within US (use other if outside of CA)	
Driver's License State		Driver's License or State ID# (13-digit ID) 99900 99902 99904	
Mother's First Name or Individual Considered to be Mother			
Disabilities (select all that apply)		None Visual Hearing Speech	Mobility Mental Developmentally Disabled Other Disability (Not SUD) Client declined to state Client unable to answer
Consent on File for Future Contact Yes No			

Alternative Values can be used where allowable, and it is not possible to obtain the answers.

99900 – Client Declined to State

99901 – Unknown or Not Sure/Don't Know

99902 – Not Applicable

99903 – Other

99904 – Client Unable to Answer (can only be used if client is in detox or developmental disability)

Please refer to DHCS CalOMS Treatment Data Collection Guide which can be found on the Optum website.

SUD, MEDICAL & MENTAL HEALTH		
ALCOHOL & DRUG USE INFORMATION		
Primary Drug Information		
Drug or Alcohol Type None (Will be rejected) Heroin Alcohol Barbiturates Other Sedatives or Hypnotics Methamphetamine	Other Amphetamines Other Stimulants Cocaine / Crack Marijuana / Hashish PCP Other Hallucinogens Tranquilizers (e.g. Benzodiazepine) Other Tranquilizers	Non-Prescription Methadone Oxycodone / OxyContin Other Opiates or Synthetics Inhalants Over the Counter Ecstasy Other Club Drugs 99903-Other (specify)
Number of Days Used in Past 30 Days (0-30) 99902-None/not applicable Not Applicable	Route of Administration Oral Smoking Inhalation	Injection (IV or intramuscular) 99902-None or not applicable 99903-Other
Secondary Drug Information		
Drug Type None (Will be rejected) Heroin Alcohol Barbiturates Other Sedatives or Hypnotics Methamphetamine	Other Amphetamines Other Stimulants Cocaine / Crack Marijuana / Hashish PCP Other Hallucinogens Tranquilizers (e.g. Benzodiazepine) Other Tranquilizers	Non-Prescription Methadone Oxycodone / OxyContin Other Opiates or Synthetics Inhalants Over the Counter Ecstasy Other Club Drugs 99903-Other (specify)
#of Days Used in Past 30 Days (0-30) 99902-None or Not Applicable	Usual Route of Administration Oral Smoking Inhalation	Injection (IV or intramuscular) 99902-None or not applicable 99903-Other
Additional Drug Information		
# of Days Alcohol Used in Past 30 (0-30) 99902	Used Needles to Inject Drugs in Past 30 Yes No 99904	
EMPLOYMENT INFORMATION		
Employment Status Employed Full Time (35 hours or more) Part time (less than 35 hours) Unemployed looking for work Unemployed not in the labor force (not seeking) Not in the labor force (not seeking)	# of Paid Workdays in Past 30 (0 and 30) 99900-Denied to state 99904-Unable to answer	
Currently Enrolled in School Yes No 99900 - Client declined to state 99904 - Client unable to answer		
Currently Enrolled in Job Training Yes No 99900 - Client declined to state 99904 - Client unable to answer		

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LEGAL / CRIMINAL JUSTICE INFORMATION		
# of Arrests in Last 30 Days (0-30)	# of Jail Days in Last 30 (0-30)	
# of Prison Days in Last 30 (0-30)		
MEDICAL / PHYSICAL HEALTH INFORMATION		
HIV/AIDS Tested? Yes No 99900 Client declined to state 99904 Client unable to answer	HIV/AIDS Test Results Received? Yes No 99900 Client declined to state 99904 Client unable to answer	Pregnant at Anytime During Tx? Yes No 99901 Not Sure/Don't Know
# of Times Emergency Room in Past 30 (0-30)	# of Hospital Overnights in Past 30 Days (0-30)	# of Days Medical Problems in Past 30 (0-30)
MENTAL HEALTH INFORMATION		
Mental Illness Diagnosed? Yes No 99901-Not Sure / Don't Know	Mental Health Medication in Past 30 Days Yes No 99904 Client unable to answer	
# of Times Outpatient Emergency MH Services in Past 30 Days (0-30)	# of Days Stayed for More than 24 Hr in Hospital/Psychiatric for MH in Past 30 (0-30)	
FAMILY / SOCIAL INFORMATION		
Current Living Arrangements Homeless Dependent Living Independent Living	# of Days Lived with Someone Who Uses Alcohol or drugs in Past 30 (0-30)	
# of Days Serious Family Conflict in Past 30 (0-30)	# of Children Age 17 or Less (Birth or adopted), whether they live with client or not (0-30)	
# of Children Age 5 or Younger (0-30) 99904 Client unable to answer	# of Children age 17 or Under are Living w/Someone Else because Child Protection Order (0 and 30) 99904 Client unable to answer	
# of Children Living w/Someone Else for whom Parental Rights have been Terminated (0 and 30) 99904 Client unable to answer	# of Days Social Support in Past 30 (12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, interactions with family member and /or friend support of recovery) (0-30) 99904 Client unable to answer	
Staff Printed Name		
Staff Signature	Signature Date	

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