

# CalOMS Annual Update Form Instructions

## **REQUIRED FORM:**

The Annual Update form is a required document in the client file if the client remains in treatment for 11 months continuously in one provider and one service modality with no break in services exceeding 30 days.

## **WHEN:**

The Annual Update can be created as early as 60 days before the individual's admission date anniversary and completed in SanWITS **no later** than the 11 month admission date anniversary.

## **COMPLETED BY:**

Authorized agency representative

## **REQUIRED ELEMENTS:**

- For instructions on each specific field, refer to CalOMS Data Collection Guide/CalOMS Treatment Data Dictionary.

## **NOTE:**

Annual updates are required for each year thereafter that the client is in the same program and modality continuously.

Annual Updates are to be completed for Active clients only. Do not open a discharged client in order to do an Annual Update as the record will be rejected.



## CalOMS Annual Update

Provider Id: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Client #: \_\_\_\_\_  
Data Entry Date: \_\_\_\_\_  
Data Entry Int: \_\_\_\_\_  
CalOMS Serial #: \_\_\_\_\_

<b>CALOMS ANNUAL UPDATE/FOLLOW-UP PROFILE</b>				<b>(*REQUIRED)</b>
*CalOMS Annual Update Date (mm / dd / yyyy)				
CalOMS Annual Update # (Auto-populates)				
<b>ALCOHOL &amp; DRUG USE AT ANNUAL UPDATE</b>				<b>(*REQUIRED)</b>
<b>Primary Drug</b>				
<b>*Drug Type</b>	0-None (Will be rejected) 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy 20-Other Club Drugs+ 99903-Other (specify)+	
<b>Drug Name</b> (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamine 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g.Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin		
*Number of Days Used in Past 30		Must select # between 0 and 30 99902-None or not applicable		
*Route of Administration		<div style="display: flex; justify-content: space-between;"> <div>1-Oral 2-Smoking</div> <div>3-Inhalation 4-Injection (IV or intramuscular)</div> <div>99902-None or not applicable (Will be rejected) 99903-Other</div> </div>		
<b>Secondary Drug</b>				
*Drug Type	0-None 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy 20-Other Club Drugs+ 99903-Other (specify)+	
*Drug Name (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin		
*Number of Days Used in Past 30		Must select # between 0 and 30 99902-N/A or None		
*Route of Administration		<div style="display: flex; justify-content: space-between;"> <div>1-Oral 2-Smoking</div> <div>3-Inhalation 4-Injection (IV / intramuscular)</div> <div>99902-None or not applicable 99903-Other</div> </div>		
*Number of Days Alcohol Used in Past 30		Auto-populates if 1 <sup>st</sup> or 2 <sup>nd</sup> drug is alcohol Must select # between 0 and 30		
*Number of Days IV Used in Past 30		Must select # between 0 and 30 99900-Declined to state 99904-Unable to answer (only if client is in detox or developmentally disabled)		
<b>*Used Needles in Past 12 Months</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client unable to answer/99904 (only if client is in detox or developmentally disabled)				



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FAMILY/SOCIAL AT ANNUAL UPDATE (*REQUIRED)		
<b>*Number of Days Social Support in Past 30</b> Must select # between 0 and 30	<b>*Number of Children Under 18</b> Must select # between 0 and 30	
<b>*Current Living Arrangements</b> 1-Homeless/In Shelter 1-Homeless/Living w Other(s) 1-Homeless/Out of Shelter 2-Dependent Living 3-Independent Living	<b>*Number of Children Age 5 or Less</b> Must select # between 0 and 30	
<b>*Number of Days Living w/User of Alcohol or Drugs in Past 30</b> Must select # between 0 and 30	<b>*Number of Children Living w/Someone Else Because of a Child Protection Order</b> Must select # between 0 and 30	
<b>*Number of Days Family Conflict in Past 30</b> Must select # between 0 and 30	<b>*Number of Children Living w/Someone Else for whom Parental Rights have been Terminated</b> Must select # between 0 and 30	
<b>*Current Zip Code</b> 00000-Homeless		
EMPLOYMENT AT ANNUAL UPDATE (*REQUIRED)		
<b>*Employment Status</b> 1-Employed Full Time (35 hours or more) 2-Part time (less than 35 hours)	3-Unemployed looking for work 4-Unemployed not in the labor force (not seeking)	5-Not in the labor force (not seeking)
<b>*Number of Paid Work Days in Past 30</b> Must select # between 0 and 30		
<b>*Enrolled in School</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state <input type="checkbox"/> Client unable to answer (only if client is in detox or developmentally disabled)		
<b>*Enrolled in Job Training</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state <input type="checkbox"/> Client unable to answer (only if client is in detox or developmentally disabled)		
<b>*Graduated from High School</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state <input type="checkbox"/> Client unable to answer (only if client is in detox or developmentally disabled)		



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<b>Highest School Grade Completed</b>	06-6 <sup>th</sup> Grade 07-7 <sup>th</sup> Grade 08-8 <sup>th</sup> Grade 09-9 <sup>th</sup> Grade 10-10 <sup>th</sup> Grade 11-11 <sup>th</sup> Grade 12-12 <sup>th</sup> Grade/GED	13-13 14-14 15-15 16-16 17-17 18-18 19-19	20-20 21-21 22-22 23-23 24-24 25-25 26-26	27-27 28-28 29-29 30-30 99900-Client declined to state 99904-Client unable to answer (only if client is in detox or developmentally disabled)
<b>LEGAL/CRIMINAL JUSTICE AT ANNUAL UPDATE (*REQUIRED)</b>				
<b>*Number of Arrests in Last 30 Days</b>		Must select # between 0 and 30		
<b>*Number of Jail Days in Last 30</b>		Must select # between 0 and 30		
<b>*Number of Prison Days in Last 30</b>		Must select # between 0 and 30		
<b>*Number of Arrests in Last 6 Months</b>		Must select # between 0 and 30		
<b>Criminal Justice Status</b>	1-No criminal justice involvement 2-Under parole supervision from CDC 3-On parole from any other jurisdiction 4-Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction 5-Admitted under other diversion from any court under CA Penal Code Section 1000 6-Incarcerated 7-Awaiting trial, charges or sentencing 99904-Client unable to answer			
<b>MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE (*REQUIRED)</b>				
<b>*Number of Times Emergency Room in Past 30</b>		Must select # between 0 and 99		
<b>*Number of Hospital Overnights in Past 30 Days</b>		Must select # between 0 and 30		
<b>*Number of Days Medical Problems in Past 30</b>		Must select # between 0 and 30		
<b>*HIV Tested</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state <input type="checkbox"/> Client unable to answer				
<b>*HIV Test Results Received</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state <input type="checkbox"/> Client unable to answer				
<b>*Pregnant at Any Time During Tx</b>				
1-YES   0-NO   99901-Not Sure/Don't Know				



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MENTAL HEALTH AT ANNUAL UPDATE		(*REQUIRED)
<b>*Mental Illness Diagnosed</b>		
1-YES      0-NO      99901-Not Sure/Don't Know		
<b>*Number of Times Outpatient Emergency MH Services in Past 30 Days</b>	Must select # between 0 and 99	
<b>*Number of 24hr Psychiatric Facility Stays in Past 30 Days</b>	Must select # between 0 and 30	
<b>*Mental Health Medication in Past 30 Days</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client unable to answer/99904		