CalOMS Profile Form Instructions

REQUIRED FORM:

The Profile form is a required document in the client's file.

WHEN:

This form will be created **IF** the client profile does not already exist in SanWITS. A thorough search is required. An existing profile should be reviewed and updated if needed for each new episode.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

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

NOTE:

To effectively manage client information, each client should have only one profile. To reduce the number of duplicate client records, SanWITS does not allow a social security number to be used more than once or a participant ID to be used for more than one client. The State Client ID aka Unique Client number aka participant ID is based on the first and last initial of the birth name, the middle initial (the system will enter a zero if there is no middle name), a code for gender (1-male and 2-female) as well as the date of birth (DOB). Carefully search for a client before adding them to the database. Check your SanWITS User's Manual for different search criteria.

Fields in the client profile are linked to other areas in SanWITS. The Admission, Annual Update and Discharge record will not be uploaded to the state if the Profile form is not completed in SanWITS.

Payor Group Enrollment is part of the profile. This section is required only for Drug Medi-Cal (DMC) billing.

Collateral Contacts are part of the Profile but are not required unless your program requires this information. Because various contacts can be entered, Collateral Contacts has its own form S109B.

County of San Diego
Behavioral Health Services

LIVE WELL
SAN DIEGO

CalOMS Profile

Provider Id: _____
Client Name: _____
Client #: _____
Data Entry Date: _____
Data Entry Int: _____
CalOMS Serial #:W_____

CLIENT PROFILE (*REQUIRED)

*Current First Name	State Client ID aka Unique Client Number (Auto-populates after data is saved)	State Client No (Auto-populates after data is saved)
Middle Name	Provider Client ID (Internal Client # if applicable)	

*Current Last Name	*SSN	99900-Declined to State 99902-Not applicable (if client does not have a SSN)	99904-Unable to answer (only if client is in detox or developmentally disabled)
*Birth First Name	*Driver's License # (State ID# is acceptable)	99900-Declined to State 99902-Not applicable (if client does not have a DL/ ID) 99904-Unable to answer (only if client is in detox or developmentally disabled	*Driver's License State

*Birth Last Name	Medicaid #
*Mother's First Name	Date of Death (Client)

*Gender 1-Male 2-Female 99903-Other	*Place of Birth	* State

*DOB	*Consent on File for Future Contact ☐ YES ☐ NO
No Readmit Until	Has Paper File (Always select YES) ☐ YES

ALTERNATE NAMES (*REQUIRED)

Last Name	First Name	Middle Name	Client Alias Type
Last Name	First Name	Middle Name	Client Alias Type
Last Name	First Name	Middle Name	Client Alias Type

ADDITIONAL INFORMATION (*REQUIRED)

*Ethnicity (Select One)	1-Not Hispanic 2-Mexican/Mexican American 3-Cuban	4-Puerto Rican 5-Other Hispanic/Latino
*Primary Race/Ethnicity (Select One)	☐ White ☐ Black/African American ☐ Mexican/Latino/Hispanic	☐ Asian/Pacific Islander ☐ Native American ☐ Other

*Required Field

Provider Id: _____
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CalOMS Profile

ADDITIONAL INFORMATION	(*REQUIRED)

*Races (Select at least one; not to exceed 5)

01-White	07-Chinese	13-Laotian
02-Black/African American	08-Filipino	14-Samoan
03-American Indian	09-Guamanian	15-Vietnamese
04-Alaskan Native	10-Hawaiian	16-Other Asian
05-Asian Indian	11-Japanese	17-Other Race
06-Cambodian	12-Korean	18-Mixed Race

*Disabilities (Select All That Apply)

1-None	5-Mobility	99900-Declined to State
2-Visual	6-Mental	99904-Unable to Answer
3-Hearing	7-Developmentally Disabled	(only if client is in detox)
4-Speech	8-Other Disability (Not AOD)	

General Client Comments

Sexual Orientation (Select One)

☐ Bisexual	☐ Intersex	☐ Transgender
☐ Gay Male	☐ Lesbian	☐ Other
☐ Heterosexual	☐ Questioning	☐ Decline to State

Religious Preference (Select One)

☐ Agnostic	☐ Evangelical Covenant	☐ Mitraism	☐ Scientology
☐ Babi & Baha'I Faith	☐ Fourth Way	☐ Native American	☐ Shamanism
☐ Baptist	☐ Free Daism	☐ Nazarene	☐ Shiite (Islam)
☐ Bon	☐ Friends	☐ New Age	☐ Shinto
☐ Brethren	☐ Full Gospel	☐ Non-Roman Catholic	☐ Sikism
☐ Buddism	☐ Gnosis	☐ None	☐ Spiritualism
☐ Cao Dai	☐ Hinduism	☐ Occult	☐ Sunni (Islam)
☐ Celticism	☐ Humanism	☐ Orthodox	☐ Taoism
☐ Christian (non-Catholic, non-specific)	☐ Independent	☐ Other	☐ Theravada
☐ Christian Scientist	☐ Islam	☐ Paganism	☐ Unitarian Universalist
☐ Church of Christ	☐ Jainism	☐ Pentecostal	☐ Unitarian Universalism
☐ Church of God	☐ Jehovah's Witness	☐ Presbyterian	☐ United Church of Christ
☐ Confucianism	☐ Judaism	☐ Process, The	☐ Universal Life Church
☐ Congregational	☐ Latter Day Saints	☐ Protestant	☐ Vajrayana (Tibetan)
☐ Cyberculture Religion	☐ Lutheran	☐ Protestant,No Denomination	☐ Veda
☐ Disciples of Christ	☐ Mahayana	☐ Reformed	☐ Voodoo
☐ Divination	☐ Meditation	☐ Reformed/ Presbyterian	☐ Wicca
☐ Eastern Orthodox	☐ Messianic Judaism	☐ Roman Catholic Church	☐ Yaohushua
☐ Episcopalian	☐ Methodist	☐ Salvation Army	☐ Zoroastrianism
		☐ Satanism	

*Preferred Language (Select One)

☐ American Sign Language	☐ Hebrew	☐ Other Non-English Language
☐ Amharic	☐ Hindi	☐ Polish
☐ Arabic	☐ Hmong	☐ Portuguese
☐ Armenian	☐ Hungarian	☐ Puyallup
☐ Braille	☐ Ilocano	☐ Romanian
☐ Cambodian	☐ Indian (General)	☐ Russian
☐ Cantonese	☐ Italian	☐ Salish
☐ Chinese	☐ Japanese	☐ Samoan
☐ Czech	☐ Korean	☐ Spanish
☐ Dutch	☐ Lakota Sioux	☐ Tagalog
☐ English	☐ Laotian	☐ Thai
☐ Fang Yan	☐ Large Print English	☐ Tigrigna
☐ Farsi	☐ Malay	☐ Turkish
☐ Finnish	☐ Mandarin	☐ Ukranian
☐ French	☐ Marathi	☐ Unknown Language
☐ German	☐ Mien	☐ Vietnamese
☐ Greek	☐ Norwegian	☐ Yakama
☐ Gujarati		

*Required Field

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LIVE WELL
SAN DIEGO

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CalOMS Profile

ADDITIONAL INFORMATION (*REQUIRED)

Interpreter Needed

☐ YES ☐ NO

*Are you a veteran?	1-Yes 0-No	99900-Client declined to state 99904-Client unable to answer (Only if client is in detox or developmentally disabled)

CONTACT INFO (*REQUIRED)

Home Phone #	**Preferred Method of Contact**	☐ Phone ☐ Email ☐ Letter

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Address Type (Select One)	1-Client Billing 2-Client Home 3-Client Mailing	4-Client Previous 5-Client Unknown 6-Client Work	**Confidential** ☐ YES ☐ NO

Address Line 1

Address Line 2

County

City	**State**	**Zip**

PAYOR GROUP ENROLLMENT - for BILLING ONLY (*REQUIRED)

*Payor-Type ☐ Medicaid ☐ Self-pay	☐ Group Insurance ☐ Medicare ☐ Other	*Plan-Group ☐ ODS DMC – Non-Peri-Medi-Cal-Non-Perinatal ☐ ODS DMC – Peri-Medi-Cal-Perinatal	☐ County Billable-County Billable ☐ County Billable-Out of County ☐ Other Health Coverage (OHC) - General

Payor Priority Order ☐ 1 ☐ 2	**Policy#**

*Required Field

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CalOMS Profile

PAYOR GROUP ENROLLMENT - for BILLING ONLY		(*REQUIRED)
*Coverage Start (mm /dd /yyyyy)	End (mm / dd / yyyyy)	Payment Scale

*Aid Code (DMC Required)	*Relationship to Subscriber/Responsible Party	
	☐ Self ☐ Spouse ☐ Life Partner ☐ Child	☐ Cadaver Donor ☐ Employee ☐ Organ Donor ☐ Other Relationship ☐ Unknown

Subscriber / Responsible Party Info (Auto-populates when Subscriber/Responsible Party is "Self")

*First Name	Middle	*Last Name
*Birthdate	*Gender	*Subscriber#

*Address 1

Address 2

*City	*State	*Zip

*Required Field

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COLLATERAL CONTACTS – IF APPLICABLE	(*Required)

*First Name	***Last Name**

*Relation

☐ Attorney	☐ Father	☐ Other Relatives	☐ Social Worker(s)
☐ Attorney (Child's)	☐ Guardian	☐ Parole	☐ Son(s)
☐ Brother(s)	☐ Judge	☐ Pharmacy	☐ Sponsor
☐ Community Service	☐ Law Enforcement	☐ Physician	☐ Spouse
☐ Court	☐ Mother	☐ Probation	☐ Treatment Case Manager
☐ Daughter(s)	☐ Office of Children's Services	☐ Regional Case Manager	☐ Unrelated
	☐ Other	☐ Sister(s)	

Custodian	**Gender**	**Date of Birth** (mm / dd / yyyy)	**SSN** (9 digits)
☐ Yes ☐ No	☐ 1-Male ☐ 2-Female ☐ 99903-Other		

Home Phone	**Work Phone**	**Mobile**	**Fax**	**Other**

Legal Guardian	**Active Date**	**Inactive Date**

Address 1

Address 2

City	**State**	**Zip**

Email

*Can Contact	**Consent on File**
☐ Yes ☐ No	☐ Yes ☐ No

Notes

*Required Field

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