

SanWITS Contact Form Instructions

REQUIRED FORM:

The Contact Form is a required document in the client's file and is needed before an intake can be created.

WHEN:

This form will be created after the Profile. A contact should be created each time a client contacts the facility until an appointment is made. There must be a Contact to be able to create an intake.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

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

NOTE:

You might have several Contacts before you create an Intake. The Intake must be linked to the last Contact created.

IMPORTANT: The [Complete Review](#) link converts the screen into "read only". Therefore, the Contact screen should be reviewed for accuracy and "Complete Review" action should be done at the time the client is present for intake.

Some of the fields in the Contact are tied to other parts of the system. Pay special attention to the "Source of Referral" question. If the Source of referral code values 7, 10 or 12 is entered, then the Criminal Justice Status question in the admission record cannot equal 1 "No Criminal Justice Involvement". If Source of Referral contains 7, 10, or 12 and Criminal Justice Status contains 1, an error will occur and the record will be rejected.

If Source of Referral code is value 8 (AB109 clients) then the Criminal Justice Status must be a value 4, or an error will occur and the record will be rejected.



CalOMS Contact Screen

CONTACT PROFILE		*REQUIRED														
*Initial Contact Date (Must be original date client made contact)	Status (Auto-populates when saved)															
*Initial Contact Time	Created Date (Auto-populates when saved)															
Facility (auto-populated)	*Contact Method <input type="checkbox"/> Electronic <input type="checkbox"/> Phone <input type="checkbox"/> Walk-In															
*Contact Reason <input type="checkbox"/> Routine Service <input type="checkbox"/> Urgent <input type="checkbox"/> Information <input type="checkbox"/> Other	*Source of Referral (Selection populates to the Intake screen and is read only; Important to review for accuracy before completing the review)															
* If Other, Specify	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> 1-Individual, including self-referral</td> <td style="width: 50%; border: none;"><input type="checkbox"/> 8-Post-release Community Supervision (AB 109)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 2-Alcohol/Drug Abuse program</td> <td style="border: none;"><input type="checkbox"/> 9-DUI/DWI</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 3-Other Health Care Provider</td> <td style="border: none;"><input type="checkbox"/> 10-Adult Felon Drug Court</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 4-School/Educational</td> <td style="border: none;"><input type="checkbox"/> 11-Dependency Drug Court</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 5-Employer/EAP</td> <td style="border: none;"><input type="checkbox"/> 12-Court/Criminal Justice Referral</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 6-12 Step Mutual Aid</td> <td style="border: none;"><input type="checkbox"/> 13-Other Community Referral</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 7-Probation or Parole</td> <td style="border: none;"><input type="checkbox"/> 14-Child Protective Services</td> </tr> </table>		<input type="checkbox"/> 1-Individual, including self-referral	<input type="checkbox"/> 8-Post-release Community Supervision (AB 109)	<input type="checkbox"/> 2-Alcohol/Drug Abuse program	<input type="checkbox"/> 9-DUI/DWI	<input type="checkbox"/> 3-Other Health Care Provider	<input type="checkbox"/> 10-Adult Felon Drug Court	<input type="checkbox"/> 4-School/Educational	<input type="checkbox"/> 11-Dependency Drug Court	<input type="checkbox"/> 5-Employer/EAP	<input type="checkbox"/> 12-Court/Criminal Justice Referral	<input type="checkbox"/> 6-12 Step Mutual Aid	<input type="checkbox"/> 13-Other Community Referral	<input type="checkbox"/> 7-Probation or Parole	<input type="checkbox"/> 14-Child Protective Services
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*Treatment Requested <input type="checkbox"/> Opioid Treatment Provider <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential <input type="checkbox"/> Withdrawal Management (WM)	Requestor Name															
	Requestor Phone #															
*Call Taker (Auto-populates based on staff login; can be changed to reflect actual staff name)	*ER Dept Referred <input type="checkbox"/> Yes <input type="checkbox"/> No															
Location <input type="checkbox"/> By Appointment <input type="checkbox"/> Community Service Patrol <input type="checkbox"/> Drop-in / Office <input type="checkbox"/> Emergency Outreach intervention	<input type="checkbox"/> Hospital/On-call intervention <input type="checkbox"/> Phone <input type="checkbox"/> In home <input type="checkbox"/> In community <input type="checkbox"/> Other	Appointments														
		*1st Available Intake/Screening Appt *Appt Time														
		*2nd Available Intake/Screening Appt *Appt Time														
		*3rd Available Intake/Screening Appt *Appt Time														
*Contact Made By <input type="checkbox"/> Self <input type="checkbox"/> Family Member <input type="checkbox"/> Justice System <input type="checkbox"/> Other SUD Provider	<input type="checkbox"/> Primary Health Care Provider <input type="checkbox"/> MH Provider <input type="checkbox"/> Managed Care Plan (MCP) <input type="checkbox"/> Other	1st Accepted Intake/Screening Appt (required when Disposition = "made an appointment") *Appt Time														
LMHA	Presenting Needs															
*Benefit Type <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal/Medicare <input type="checkbox"/> No Insurance	<input type="checkbox"/> Other/Private Insurance <input type="checkbox"/> Tricare <input type="checkbox"/> Veterans Admin <input type="checkbox"/> Unknown (Use if no appointment is made)															



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

CalOMS Contact Screen

<p>*Disposition</p> <ul style="list-style-type: none"><input type="checkbox"/> Made an appointment<input type="checkbox"/> No appointment made<input type="checkbox"/> Declined appointment<input type="checkbox"/> Ref out to another Level of Care	<ul style="list-style-type: none"><input type="checkbox"/> Ref out for non-SUD services<input type="checkbox"/> Ref to Private Insurance Carrier<input type="checkbox"/> Ref to Managed Care Plan (MCP)<input type="checkbox"/> Ref to Specialty Mental Health Services	<p>Unsigned Notes</p>
<p>Review Completed (Auto-populates when saved)</p>		<p>Signed Notes</p>