

CalOMS - Provider Reporting Process:

Data Compliance

Timeliness of Data Standard: Counties and direct providers shall submit CalOMS Tx data to DHCS within 45 days after the end of the report month.

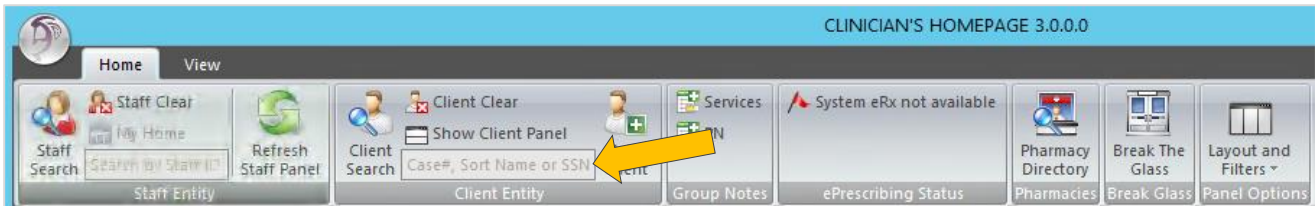
Completeness of Data Standard: Counties shall account for all one hundred percent (100%) of their county contracted treatment providers in their monthly submission(s) of CalOMS Tx data.

❖ LCBHS New Client Form

1. Fill out client demographic information section
2. Upload the completed form to secure file portal
3. LCBHS returns form with Client ID Number

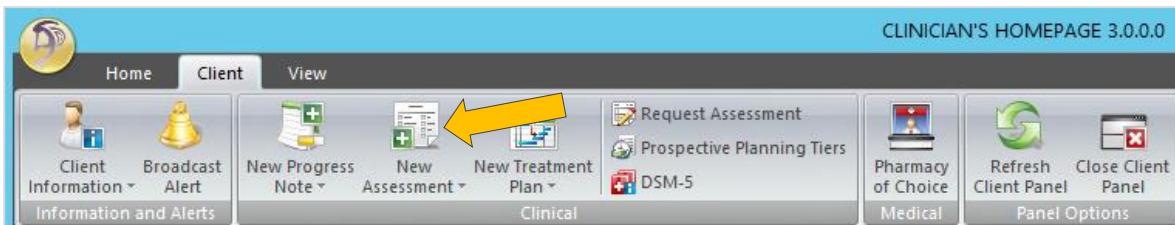
❖ Access the Client Electronic Health Record

- Login to Anasazi (LCBHS's EHR software)
- Open a client from Clinician's Homepage - Enter client number in the search box on the Home menu

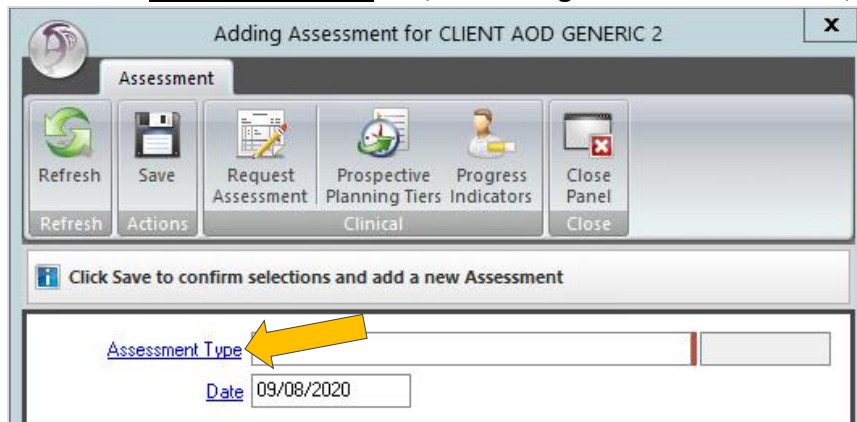


❖ Add Demographic Form

- Select New Assessment button (icon, not words) on the Client menu



- Click on Assessment Type link, on Adding Assessment window, to show dropdown list



- Select "Demographics Form" from list (double click)
- Change Date, if needed
- Select Save button (this will launch the form in new window)



CalOMS - Provider Reporting Process:

Fill out Demographic Form

- Select (or leave) "Admit" status

Admission Status Pre-registered Registered Admit

- Sign - Select "Electronic", Enter password

Signature of Staff Obtaining Information:
Name Date / / Time Electronic Hard Copy Pending N/A

- Select Final Approve button, Enter password



❖ Add CalOMS Admission Form

- Select New Assessment (follow same steps as adding the Demographics form)

Fill out CalOMS Form

- Follow all CalOMS questions guidelines (**DHCS CalOMS Tx Data Collection Guide**)
- Sign 1st or 2nd Signature line as applicable - Select "Electronic", Enter password

Signature of Staff Obtaining Information:
[Name](#) [Date](#) / / Time Electronic Hard Copy Pending N/A

Signature of Staff Entering Information (If Different from Above):
[Name](#) [Date](#) / / Time Electronic Hard Copy Pending N/A

- Enter LCBHS Analyst ID Number (451) into 3rd Signature line

Signature of Staff Services Analyst for Review and Final Approval:
[Name](#) [Date](#) / / Time Electronic Pending

- Select Save and Close button

