

OMA 3M Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Application Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
1A	No	No	Yes	Yes	Yes	Yes	Add 3M	Baseline	3M	FK_BaselineID	int	4	
2A	No	No	Yes	Yes	Yes	Yes	Add 3M	Episode ID	3M	fk_ClinicalEpisodesID	uniqueidentifier	16	
5A	No	No	Yes	Yes	Yes	Yes	Add 3M	Assessment Completed By	3M	AI_Assessment_Comp_By	nvarchar	50	Moved from Admin Info
6A	No	Yes	Yes	Yes	Yes	Yes	Add 3M	Assessment Date	3M	AI_Assessment_Date	datetime	8	Moved from Admin Info
	Yes	No	Yes	Yes	Yes	Yes	Admin-Info	Assessment Completed By:	3M_AdminInfo	AI_Assessment_Comp_By	nvarchar	50	Moved to Add 3M, but was added back to Admin Info.
	Yes	Yes	Yes	Yes	Yes	Yes	Admin-Info	Assessment Date	3M_AdminInfo	AI_Assessment_Date	datetime	8	Moved to Add 3M, but was added back to Admin Info.
1B	No	Yes	Yes	Yes	No	No	Financial	Indicate all the sources of financial support used to meet the needs of the client. (select all that apply) Caregiver Wages (CURRENT) [Yes/No]	3_3M_Financial	3_3M_Current_Caregivers_Wages	nvarchar	10	
2B	No	No	Yes	Yes	No	No	Financial	Monthly Average Amount	3_3M_Financial	3_3M_Caregivers_Wages_Amount	money	8	
3B	No	Yes	Yes	Yes	Yes	Yes	Financial	Client's Wages (CURRENT) [Yes/No]	3_3M_Financial	3_3M_Current_Client_Wages	nvarchar	10	
4B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_Client_Amount	money	8	
5B	No	Yes	Yes	Yes	Yes	Yes	Financial	Client's Spouse / Significant Other's Wages (CURRENT) [Yes/No]	3_3M_Financial	3_3M_Current_Spouse_Wages	nvarchar	10	
6B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_Spouse_Wages_Amount	money	8	
7B	No	Yes	Yes	Yes	Yes	Yes	Financial	Savings (CURRENT) [Yes/No]	3_3M_Financial	3_3M_Current_Savings	nvarchar	10	
8B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_Savings_Amount	money	8	
9B	No	Yes	Yes	Yes	Yes	Yes	Financial	Other Family Member / Friend (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_Family_Support	nvarchar	10	
10B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_Family_Support_Amount	money	8	
11B	No	Yes	Yes	Yes	Yes	Yes	Financial	Retirement / Social Security Income (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_Retirement	nvarchar	10	
12B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_Retirement_Amount	money	8	
13B	No	Yes	Yes	Yes	Yes	Yes	Financial	Veteran's Assistance (VA) Benefits (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_VA_Benefits	nvarchar	10	
14B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_VA_Benefits_Amount	money	8	
15B	No	Yes	Yes	Yes	Yes	Yes	Financial	Loan / Credit (CURRENT) [Yes/No]	3_3M_Financial	3_3M_Current_Loan	nvarchar	10	
16B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_Loan_Amount	money	8	
17B	No	Yes	Yes	Yes	Yes	Yes	Financial	Housing Subsidy (CURRENT) [Yes/No]	3_3M_Financial	3_3M_Current_Housing	nvarchar	10	
18B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_Housing_Amount	money	8	
19B	No	Yes	Yes	Yes	Yes	Yes	Financial	General Relief (GR) / General Assistance (GA) (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_GR_GA	nvarchar	10	
20B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_GR_GA_Amount	money	8	
21B	No	Yes	Yes	Yes	Yes	Yes	Financial	Food Stamps (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_Food_Stamps	nvarchar	10	
22B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_Food_Stamps_Amount	money	8	
23B	No	Yes	Yes	Yes	Yes	Yes	Financial	Temporary Assistance for Needy Families (TANF) / CalWORKs (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_TANF	nvarchar	10	
24B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_TANF_Amount	money	8	
25B	No	Yes	Yes	Yes	Yes	Yes	Financial	Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_SSI_SSP	nvarchar	10	

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26B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_SSI_SSP_Amount	money	8	
27B	No	Yes	Yes	Yes	Yes	Yes	Financial	Social Security Disability Insurance (SSDI) (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_SSDI	nvarchar	10	
28B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_SSDI_Amount	money	8	
29B	No	Yes	Yes	Yes	Yes	Yes	Financial	State Disability Insurance (SDI) (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_SDI	nvarchar	10	
30B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_SDI_Amount	money	8	
31B	No	Yes	Yes	Yes	Yes	Yes	Financial	American Indian Tribal Benefits (e.g. per capita, revenue sharing, trust disbursements) (CURRENT) [Yes/No]	3_3M_Financial	3_3M_Current_AITB	nvarchar	10	
32B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_AITB_Amount	money	8	
33B	No	No	Yes	Yes	Yes	Yes	Financial	Unemployment (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_Unemployment	nvarchar	10	
34B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	t	money	8	
35B	No	Yes	Yes	Yes	Yes	Yes	Financial	Child Support (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_Child_Support	nvarchar	10	
36B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_Child_Support_Amount	money	8	
37B	No	Yes	Yes	Yes	Yes	Yes	Financial	Other (CURRENT) [Yes/No]	3_3M_Financial	3_3M_IS_Other	nvarchar	10	
38B	No	No	Yes	Yes	Yes	Yes	Financial	Monthly Average Amount	3_3M_Financial	3_3M_IS_Other_Amount	money	8	
39B	No	Yes	Yes	Yes	Yes	Yes	Financial	No Financial Support	3_3M_Financial	3_3M_No_Fin_Support	nvarchar	10	
1C	No	Yes	Yes	Yes	No	No	DA/V/EL	Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)? [Yes/No]	4_3M_DAVEL	4_3M_Special_Education	nvarchar	10	
	Yes	No	Yes	Yes	No	No	DA/V/EL	Date of Change:	4_3M_DAVEL	4_3M_SE_Date_Change	datetime	8	
3C	No	Yes	Yes	Yes	No	No	DA/V/EL	Is the client CURRENTLY receiving special education due to another reason? [Yes/No]	4_3M_DAVEL	4_3M_Another_Reason	nvarchar	10	
4C	No	No	No	Yes	No	No	DA/V/EL	Is the client required by law to attend school? [Yes/No]	4_3M_DAVEL	4_3M_Req_Attend_School	varchar	10	
5C	No	No	Yes	Yes	No	No	DA/V/EL	Does the client have a CURRENT Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)? [Yes/No]	4_3M_DAVEL	4_3M_IEP_IFSP	varchar	10	
6C	No	No	Yes	Yes	No	No	DA/V/EL	Does the client CURRENTLY receive Regional Center Services? [Yes/No]	4_3M_DAVEL	4_3M_Regional_Center	varchar	10	
7C	No	Yes	Yes	Yes	No	No	DA/V/EL	Estimate the client's attendance level (excluding scheduled breaks and excused absences) CURRENTLY: [Dropdown List]	4_3M_DAVEL	4_3M_Curr_Attendance	int	4	Correct Field Name
8C	No	No	Yes	Yes	No	No	DA/V/EL	If the change reflects a DECREASE in attendance select the reasons why: (select all that apply) Physical Health Reasons [Yes/No]	4_3M_DAVEL	4_3M_PH_Reasons	nvarchar	10	Correct Table
9C	No	No	Yes	Yes	No	No	DA/V/EL	Personal / Family Reasons [Yes/No]	4_3M_DAVEL	4_3M_PF_Reasons	nvarchar	10	Correct Table
10C	No	No	Yes	Yes	No	No	DA/V/EL	Mental Health Reasons [Yes/No]	4_3M_DAVEL	4_3M_MH_Reasons	nvarchar	10	Correct Table
11C	No	No	Yes	Yes	No	No	DA/V/EL	Juvenile Justice Reasons [Yes/No]	4_3M_DAVEL	4_3M_JJ_Reasons	nvarchar	10	Correct Table
12C	No	No	Yes	Yes	No	No	DA/V/EL	Substance Abuse Reasons [Yes/No]	4_3M_DAVEL	4_3M_SA_Reasons	nvarchar	10	Correct Table
13C	No	No	Yes	Yes	No	No	DA/V/EL	Truant [Yes/No]	4_3M_DAVEL	4_3M_Truant	nvarchar	10	Correct Table

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14C	No	No	Yes	Yes	No	No	DA/V/EL	Is the DECREASE due to a change in educational plan requirements? [Yes/No]	4_3M_DAVEL	4_3M_Decrease_Due	nvarchar	10	Correct Table
15C	No	No	Yes	Yes	No	No	DA/V/EL	Other Reason? [Yes/No]	4_3M_DAVEL	4_3M_Other_Reason	nvarchar	10	Correct Table
16C	No	No	Yes	Yes	No	No	DA/V/EL	Specify:	4_3M_DAVEL	4_3M_Other_Reason_Specified	nvarchar	50	Correct Table
17C	No	No	Yes	Yes	No	No	DA/V/EL	On an average, how many HOURS PER DAY did the client attend classes?	4_3M_DAVEL	4_3M_Hours_Day_Class	int	4	Added
	Yes	No	Yes	Yes	No	No	DA/V/EL	Date of Change:	4_3M_DAVEL	4_3M_HDC_Date_Change	datetime	8	Added
18C	No	No	Yes	Yes	No	No	DA/V/EL	On an average, how many HOURS PER WEEK, did the client participate in extra-curricular activities (e.g., sports, music, etc.)?	4_3M_DAVEL	4_3M_Hours_Week_Extra	int	4	Added
	Yes	No	Yes	Yes	No	No	DA/V/EL	Date of Change:	4_3M_DAVEL	4_3M_HWE_Date_Change	datetime	8	Added
19C	No	Yes	Yes	Yes	No	No	DA/V/EL	CURRENTLY, his/her grades are: [Dropdown List]	4_3M_DAVEL	4_3M_GradesID	int	4	
20C	No	No	No	No	No	Yes	DA/V/EL	ADL: Bathing - either sponge bath, tub bath, or shower: [Dropdown List]	4_3M_DAVEL	4_3M_BathingID	int	4	
21C	No	No	No	No	No	Yes	DA/V/EL	ADL: Dressing - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn): [Dropdown List]	4_3M_DAVEL	4_3M_DressingID	int	4	
22C	No	No	No	No	No	Yes	DA/V/EL	ADL: Toileting: [Dropdown List]	4_3M_DAVEL	4_3M_ToiletingID	int	4	
23C	No	No	No	No	No	Yes	DA/V/EL	ADL: Transfer: [Dropdown List]	4_3M_DAVEL	4_3M_TransferID	int	4	
24C	No	No	No	No	No	Yes	DA/V/EL	ADL: Continence: [Dropdown List]	4_3M_DAVEL	4_3M_ContinenceID	int	4	
25C	No	No	No	No	No	Yes	DA/V/EL	ADL: Feeding: [Dropdown List]	4_3M_DAVEL	4_3M_FeedingID	int	4	
26C	No	No	No	No	No	Yes	DA/V/EL	ADL: Walking: [Dropdown List]	4_3M_DAVEL	4_3M_WalkingID	int	4	
27C	No	No	No	No	No	Yes	DA/V/EL	ADL: House - Confinement: [Dropdown List]	4_3M_DAVEL	4_3M_HouseConfiID	int	4	
28C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client use the telephone? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Telephone	int	4	
29C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client get to places out of walking distance? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Walking	int	4	
30C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client go shopping for groceries? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Shopping	int	4	
32C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client prepare his/her own meals? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Prepare	int	4	
33C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client do his/her own housework [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Housework	int	4	

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24C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client do his/her own handyman work? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Handyman	int	4	
35C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client do his/her own laundry? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Laundry	int	4	
36C	No	No	No	No	No	Yes	DA/V/EL	IADL: If the client takes medication (or if the client had to take medication) could he/she take his/her own? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Medication	int	4	
37C	No	No	No	No	No	Yes	DA/V/EL	IADL: Can the client manage his/her own money? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Manage	int	4	
1D	No	No	Yes	Yes	Yes	Yes	Physical Health	Client states that he/she is in good physical health? [Yes/No]	5_3M_Physical_Health	5_3M_Good_Cond	nvarchar	10	Correct Table
2D	No	No	Yes	Yes	Yes	Yes	Physical Health	Client has access to needed medical services? [Yes/No]	5_3M_Physical_Health	5_3M_Meds_Svs	nvarchar	10	Correct Table
3D	No	No	Yes	Yes	Yes	Yes	Physical Health	Client receives needed medical services? [Yes/No]	5_3M_Physical_Health	5_3M_Rec_Meds_Svs	nvarchar	10	Correct Table
4D	No	Yes	Yes	Yes	Yes	Yes	Physical Health	Client has a primary care physician? [Yes/No]	5_3M_Physical_Health	5_3M_Prim_Care	nvarchar	10	Correct Table
5D	No	No	Yes	Yes	Yes	Yes	Physical Health	Client uses a primary care physician? [Yes/No]	5_3M_Physical_Health	5_3M_Prim_Phy	nvarchar	10	Correct Table
6D	No	No	Yes	Yes	Yes	Yes	Physical Health	Client has access to needed dental services? [Yes/No]	5_3M_Physical_Health	5_3M_Dental_Svs	nvarchar	10	Correct Table
7D	No	No	Yes	Yes	Yes	Yes	Physical Health	Client receives needed dental services? [Yes/No]	5_3M_Physical_Health	5_3M_Rec_Dental_Svs	nvarchar	10	Correct Table
8D	No	No	Yes	Yes	No	Yes	Physical Health	Client demonstrates signs of regressive behavior (bed wetting, soiling)? [Yes/No]	5_3M_Physical_Health	5_3M_Reg_Behavior	nvarchar	10	Correct Table
9D	No	No	Yes	Yes	No	Yes	Physical Health	Client demonstrates self-injurious behavior? [Yes/No]	5_3M_Physical_Health	5_3M_Self_Inj	nvarchar	10	Correct Table
10D	No	No	Yes	Yes	No	Yes	Physical Health	Client has violent encounters? [Yes/No]	5_3M_Physical_Health	5_3M_Violet_Enc	nvarchar	10	Correct Table
11D	No	No	No	No	No	Yes	Physical Health	Client has a caretaker relationship? [Yes/No]	5_3M_Physical_Health	5_3M_Caretaker_Rel	nvarchar	10	
12D	No	No	No	No	No	Yes	Physical Health	Is the caretaker a paid In-Home Worker? [Yes/No]	5_3M_Physical_Health	5_3M_Paid_in_Home	nvarchar	10	
13D	No	No	No	No	No	Yes	Physical Health	Is the caretaker a paid Supported Transitional Worker? [Yes/No]	5_3M_Physical_Health	5_3M_Supported	nvarchar	10	
14D	No	No	No	No	No	Yes	Physical Health	Is the caretaker a significant other? [Yes/No]	5_3M_Physical_Health	5_3M_Sign_Other	nvarchar	10	
15D	No	No	No	No	No	Yes	Physical Health	Is the caretaker a family member? [Yes/No]	5_3M_Physical_Health	5_3M_Family	nvarchar	10	

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16D	No	No	Yes	Yes	Yes	Yes	Physical Health	Is the client obese (based on BMI)?	5_3M_Physical_Health	5_3M_Obese	nvarchar	10	Correct Table
17D	No	No	Yes	Yes	Yes	Yes	Physical Health	Has the client EVER been told by a physician that he/she has diabetes? [Yes/No]	5_3M_Physical_Health	5_3M_Diabetes	nvarchar	10	Correct Table
18D	No	No	Yes	Yes	No	No	Physical Health	Is the client pregnant? [Yes/No]	5_3M_Physical_Health	5_3M_Client_Pregnant	varchar	10	Correct Table
19D	No	No	Yes	Yes	No	No	Physical Health	Is the client receiving prenatal care? [Yes/No]	5_3M_Physical_Health	5_3M_Rec_Prenatal_Care	varchar	10	Correct Table
20D	No	No	No	No	No	Yes	Physical Health	Based on the Mini Mental Status Exam (MMSE), the client presented with symptoms of cognitive impairment? [yes/no]	5_3M_Physical_Health	5_3M_MMSE_Symptoms	nvarchar	10	
21D	No	No	No	No	No	Yes	Physical Health	If yes, what level: [Dropdown List]	5_3M_Physical_Health	5_3M_MMSE_LevelID	int	4	
22D	No	No	No	No	No	Yes	Physical Health	Based on the Confusion Assessment Method (CAM), the client presented with symptoms of delirium?	5_3M_Physical_Health	5_3M_CAM_Symptoms	nvarchar	10	
23D	No	No	No	No	No	Yes	Physical Health	If yes, identify the most appropriate:	5_3M_Physical_Health	5_3M_CAM_LevelID	int	4	
24D	No	No	No	No	No	Yes	Physical Health	Based on the Geriatric Depression Scale (GDS), the client presented with depressive symptoms?	5_3M_Physical_Health	5_3M_GDS	nvarchar	10	
25D	No	No	Yes	Yes	Yes	Yes	Physical Health	Did the client receive physical health services from a DHS clinic or hospital? [Yes/No]	5_3M_Physical_Health	5_3M_DHS_Svs	nvarchar	10	Correct Table
26D	No	No	Yes	Yes	Yes	Yes	Physical Health	Does the client have a chronic physical health care problem or problems that require periodic medical services? [Yes/No]	5_3M_Physical_Health	5_3M_Chron_Health	nvarchar	10	Correct Table
1E	No	No	Yes	Yes	Yes	Yes	Legal	Client uses substances? [Yes/No]	7_3M_Legal	7_3M_Uses_Subs	nvarchar	10	
2E	No	No	Yes	Yes	Yes	Yes	Legal	Client abuses substances? [Yes/No]	7_3M_Legal	7_3M_Subs_Abuse_Prob	nvarchar	10	
3E	No	Yes	Yes	Yes	Yes	Yes	Legal	In the opinion of the Partnership Service Coordinator, does the client CURRENTLY have an active co-occurring mental illness and substance use problem? [Yes/No]	7_3M_Legal	7_3M_Client_Subs_Use	nvarchar	10	
	Yes	Yes	Yes	Yes	Yes	Yes	Legal	Is this an active problem? [Yes/No]	7_3M_Legal	7_3M_Client_Active_Prob	nvarchar	10	
4E	No	Yes	Yes	Yes	Yes	Yes	Legal	Is the client CURRENTLY receiving substance abuse services? [Yes/No]	7_3M_Legal	7_3M_Client_Subs_Current	nvarchar	10	
5E	No	Yes	Yes	Yes	Yes	Yes	Legal	Placed on W & I Code 300 Status: (Dependent of the court)	7_3M_Legal	7_3M_Num_300	int	4	
6E	No	Yes	Yes	Yes	Yes	Yes	Legal	Placed in Foster Care:	7_3M_Legal	7_3M_Num_FosterCare	int	4	

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7E	No	Yes	Yes	Yes	Yes	Yes	Legal	Legally Reunified with the client:	7_3M_Legal	7_3M_Num_Reunified	int	4	
8E	No	Yes	Yes	Yes	Yes	Yes	Legal	Adopted Out:	7_3M_Legal	7_3M_Num_Adopted	int	4	
9E	No	No	Yes	Yes	Yes	Yes	Legal	Living with the client:	7_3M_Legal	7_3M_Num_Child_Client	int	4	Correct Field Name