

OASAS Client Data System

Batch Transaction File Specification

Effective from 1/1/2007

(Modified on 09/20/2007)

Data from the following reporting forms may be submitted to OASAS using CDS Batch Process:

Form	Transaction Type	Record Type Code	Record Length
PAS 44	Client Admission	1	147
PAS 47	Client Transfer	2	49
PAS 45	Client Discharge	3	168
PAS 46	Crisis Episode - Client Admission/Discharge	4	173
PAS 51	Waiting List Placement	5	45
PAS 51	Waiting List Removal	6	35
PAS 61	Client Assessment	7	124

IMPORTANT NOTES:

- Only transactions with dates on or after 1/1/2007 should use this format. Do not submit transactions prior to 1/1/2007 in the same file with transactions on or after 1/1/2007.
- A transaction file is composed of one or more transaction records. When a transaction file has more than one record; every record but the last record should have one and only one record delimiter at the end. The last record should not have any record delimiters. A record delimiter may be a carriage return (ASCII code 13), a line feed (ASCII code 10) or a carriage return along with a line feed.
- Each record must contain the record type field to specify the transaction type and must be of length as specified above.
- Field Data Types
 - NUMBER: A whole number
 - CHAR: A fixed width character string
 - VARCHAR: A variable length character string
 - DATE: A date in MMDDYYYY format
 - LIST: A list of whole numbers separated by commas
- Each position in each field must be filled. Where the field is optional and no data is provided, fill the positions with spaces (ASCII code 32).
- When the data is shorter than the field width, the data should be padded with trailing spaces for VARCHAR or LIST fields and padded with leading spaces for NUMBER fields to make their length equal to the field length.
- Each record must contain a 5-digit provider number in the last 5 positions of the record.
- The frequency with which you submit batch files is determined by your provider. OASAS recommends that you transmit files daily to more easily identify and correct errors, speed up the time it takes to process a file and to keep your provider data in the OASAS Client Data System most current. If not daily, submissions can be done at any frequency; e.g. every other day, weekly, bi-weekly, etc. However, at a minimum, a submission needs to be made monthly if any activity occurred during the month.

Transaction files should contain 500 or less records for optimal processing time. Please keep this in mind when determining the frequency of your submissions.

PAS-44 CLIENT ADMISSION (Record Type 1)

- This form is only used for Chemical Dependence Treatment Programs.
- The primary purpose of this form is to collect information on a client's admission into treatment.
- Clients may be active in more than one program within a provider only when dual enrollment between programs is allowed.

Record Layout

Field Name	Position	Length	Data Type	Required
RECORD_TYPE_CODE	1 - 1	1	NUMBER	Y
PROGRAM_NO	2 - 6	5	NUMBER	Y
PROVIDER_CLIENT_ID	7 - 16	10	VARCHAR	Y
SPECIAL_PROJECT_CODE	17 - 19	3	NUMBER	N
SEX	20 - 20	1	NUMBER	Y
BIRTH_DATE	21 - 28	8	DATE	Y
LAST_4_SSN	29 - 32	4	CHAR	Y
LAST_NAME_2_CHAR	33 - 34	2	CHAR	Y
ADMISSION_DATE	35 - 42	8	DATE	Y
NUMBER_OF_ASSESSMENT_VISITS	43 - 43	1	NUMBER	Y
SIGNIFICANT_OTHER	44 - 44	1	NUMBER	Y
RACE_CODE	45 - 45	1	NUMBER	Y
HISPANIC_ORIGIN_CODE	46 - 46	1	NUMBER	Y
PRIMARY_LANGUAGE_CODE	47 - 48	2	NUMBER	Y
VETERAN	49 - 49	1	NUMBER	Y
ZIPCODE_OF_RESIDENCE	50 - 54	5	CHAR	Y
COUNTY_OF_RESIDENCE_CODE	55 - 56	2	NUMBER	Y
TYPE_OF_RESIDENCE_CODE	57 - 58	2	NUMBER	Y
LIVING_ARRANGEMENTS_CODE	59 - 59	1	NUMBER	Y
PRINCIPAL_REFERRAL_SOURCE_CODE	60 - 61	2	NUMBER	Y
EDUCATION_CODE	62 - 63	2	NUMBER	Y
EMPLOYMENT_CODE	64 - 65	2	NUMBER	Y
PRIMARY_SOURCE_OF_INCOME_CODE	66 - 67	2	NUMBER	Y
MARITAL_STATUS_CODE	68 - 68	1	NUMBER	Y
COA_COSA_CODE	69 - 69	1	NUMBER	Y
CHILDREN	70 - 70	1	NUMBER	Y
CHILDREN_LIVING_WITH_CLIENT	71 - 71	1	NUMBER	Y
CHILDREN_LIVING_IN_FOSTER_CARE	72 - 72	1	NUMBER	Y
CASE_WITH_CHILD_PROTECTIVE_SERVICES	73 - 73	1	NUMBER	Y
CRIMINAL_JUSTICE_CODE	74 - 75	2	NUMBER	Y
NUMBER_OF_ARRESTS_30DAYS	76 - 77	2	NUMBER	Y
NUMBER_OF_ARRESTS_6MONTH	78 - 80	3	NUMBER	Y
NUMBER_OF_DAYS_INCARCERATED_6MONTH	81 - 83	3	NUMBER	Y
PRIMARY_SUBSTANCE_CODE	84 - 85	2	NUMBER	Y
PRIMARY_ROUTE_CODE	86 - 86	1	NUMBER	N
PRIMARY_FREQUENCY_CODE	87 - 87	1	NUMBER	N
PRIMARY_AGE_OF_FIRST_USE	88 - 89	2	NUMBER	N
SECONDARY_SUBSTANCE_CODE	90 - 91	2	NUMBER	Y

SECONDARY_ROUTE_CODE	92 - 92	1	NUMBER	N
SECONDARY_FREQUENCY_CODE	93 - 93	1	NUMBER	N
SECONDARY_AGE_OF_FIRST_USE	94 - 95	2	NUMBER	N
TERTIARY_SUBSTANCE_CODE	96 - 97	2	NUMBER	Y
TERTIARY_ROUTE_CODE	98 - 98	1	NUMBER	N
TERTIARY_FREQUENCY_CODE	99 - 99	1	NUMBER	N
TERTIARY_AGE_OF_FIRST_USE	100 - 101	2	NUMBER	N
SMOKED_TOBACCO_LAST_WEEK	102 - 102	1	NUMBER	Y
SMOKELESS_TOBACCO_LAST_WEEK	103 - 103	1	NUMBER	Y
PRIOR_TREATMENT_EPISODES	104 - 104	1	NUMBER	Y
PREGNANT	105 - 105	1	NUMBER	Y
SPEECH_IMPAIRMENT	106 - 106	1	NUMBER	Y
HEARING_IMPAIRMENT	107 - 107	1	NUMBER	Y
SIGHT_IMPAIRMENT	108 - 108	1	NUMBER	Y
MOBILITY_IMPAIRMENT	109 - 109	1	NUMBER	Y
OTHER_PHYSICAL_PROBLEM	110 - 110	1	NUMBER	Y
MENTAL_RETARDATION	111 - 111	1	NUMBER	Y
COEXISTING_PSYCHIATRIC_DISORDER	112 - 112	1	NUMBER	Y
TREATED_FOR_MENTAL_ILLNESS	113 - 113	1	NUMBER	Y
HOSPITALIZED_FOR_MENTAL_ILLNESS	114 - 114	1	NUMBER	Y
HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS	115 - 115	1	NUMBER	Y
NUMBER_OF_DAYS_IN_DETOX_6MONTH	116 - 118	3	NUMBER	Y
NUMBER_OF_ER_EPISODES_6MONTH	119 - 120	2	NUMBER	Y
NUMBER_OF_DAYS_HOSPITALIZED_6MONTH	121 - 123	3	NUMBER	Y
REASON_FOR_HOSPITALIZATION_CODE	124 - 124	1	NUMBER	N
ORIENTATION_TO_CHANGE_CODE	125 - 125	1	NUMBER	N
MATS_CONSENT_GRANTED	126 - 126	1	NUMBER	Y
MATS_CONSENT_EFFECTIVE_DATE	127 - 134	8	DATE	N
MATS_CONSENT_EXPIRATION_DATE	135 - 142	8	DATE	N
PROVIDER_NO	143 - 147	5	NUMBER	Y

Validation Rules

[RECORD_TYPE_CODE]

- [RECORD_TYPE_CODE] must be 1 for a client admission record.

[PROGRAM_NO]

- The program must be an open treatment program within the provider.

[PROVIDER_CLIENT_ID]

- [PROVIDER_CLIENT_ID] cannot begin with spaces or zeros. A client must have one and only one [PROVIDER_CLIENT_ID] within a program, and one [PROVIDER_CLIENT_ID] cannot be assigned to multiple clients.

[SPECIAL_PROJECT_CODE]

- [SPECIAL_PROJECT_CODE] is the numeric code assigned to a special project.
- [SPECIAL_PROJECT_CODE] is optional except where directions have been given by OASAS.

- 1 Target Cities Client
- 2 Target Cities Control Client
- 3 Criminal Justice Project
- 4 HEART Project - Homeless

- 5 Waiting List Grant
- 6 In Home Intensive Treatment
- 7 DTAP
- 8 Women and Children
- 10 Treatment Outcome Study
- 11 Willard Treatment Project
- 13 Bridge Back Foundation Rehab
- 15 Workfare
- 16 Pius XII School Gateway Ctr
- 17 Nassau County Home Relief
- 21 Crim Just Resid Pgm Expansion
- 24 Syracuse Treatment Court
- 25 Federal Probation
- 26 Fed Bureau of Prisons (BOP)
- 27 High Impact Incar Prog (HIIP)
- 28 Alter to Incarceration (AIP)
- 29 TANF Case Management
- 30 Managed Addict Treat (MATS)
- 31 Medicaid Pending at Admission
- 32 Nassau Co. Significant Other
- 33 NYC Crisis Service Pilot
- 34 NYC Probation Project
- 40 ErieCo Motivation Interview 1
- 41 ErieCo Motivation Interview 2
- 42 ErieCo Motivation Interview 3
- 43 ErieCo Motivation Interview 4
- 44 ErieCo Motivation Interview 5
- 45 ErieCo Motivation Interview 6
- 46 ErieCo Motivation Interview 7
- 47 ErieCo Motivation Interview 8
- 48 ErieCo Motivation Interview 9
- 49 ErieCo Motivation Interview 10
- 50 ErieCo Motivation Interview 11
- 51 ErieCo Motivation Interview 12
- 52 ErieCo Motivation Interview 13
- 53 ErieCo Motivation Interview 14
- 54 ErieCo Motivation Interview 15
- 55 ErieCo Motivation Interview 16
- 56 ErieCo Motivation Interview 17
- 57 ErieCo Motivation Interview 18
- 58 ErieCo Motivation Interview 19
- 59 ErieCo Motivation Interview 20
- 60 ErieCo Motivation Interview 21
- 61 ErieCo Motivation Interview 22
- 62 ErieCo Motivation Interview 23
- 63 ErieCo Motivation Interview 24
- 64 ErieCo Motivation Interview 25
- 65 ErieCo Motivation Interview 26
- 66 ErieCo Motivation Interview 27
- 67 ErieCo Motivation Interview 28
- 68 ErieCo Motivation Interview 29
- 69 ErieCo Motivation Interview 30
- 70 Outreach (Adolescents)
- 71 SO -- Foster Parents
- 72 Traumatic Brain Injury/ARP
- 73 Fetal Alcohol (FASD)

[SEX]

- [SEX] must be either 1 (male) or 2(female).
- If [PREGNANT] is 1 (yes), [SEX] must be 2 (female).

[BIRTH_DATE]

- [BIRTH_DATE] cannot be a future date and Client's age at admission must be less than 95.

- Age based on [BIRTH_DATE] cannot be less than age of first substance use for any transaction in the client history.
- [BIRTH_DATE] must be earlier than all transaction dates in the client history.
- Client must be less than 21 on [ADMISSION_DATE] to Residential Rehab for Youth program (service code = 65).

[LAST_4_SSN]

- [LAST_4_SSN] is the last four digits of client's social security number.
- [LAST_4_SSN] must be four numbers. No spaces, alphabetic or special characters allowed.

[LAST_NAME_2_CHAR]

- [LAST_NAME_2_CHAR] is the first two alphabetic characters of client's last name at birth in uppercase. No special characters (e.g. O'Connor => OC).

[SEX], [BIRTH_DATE], [LAST_4_SSN], and [LAST_NAME_2_CHAR]

- These four attributes form a client tracking ID. A client tracking ID must uniquely identify a client.

[ADMISSION_DATE]

- [ADMISSION_DATE] cannot be a future date, cannot be earlier than 01/01/1991, [BIRTH_DATE], or the date the program opened, and cannot be later than the date the program closed.
- If the client has any previous treatment episodes, [ADMISSION_DATE] cannot be prior to any date last treated unless dual enrollment is allowed between the programs of the overlapping episode.
- [ADMISSION_DATE] cannot be prior to the Waiting List placement date.
- If a previous episode exists and the discharge date is 05/31/2005 or earlier (V1), the prior episode's Discharge Reason cannot be 'Client Death' (11) for that provider. If a previous episode exists and the discharge date is 06/01/2005 or later (V2), the prior episode's Discharge Disposition cannot be 'Client Death' (11) for that provider.
- Client must be less than 21 on [ADMISSION_DATE] to Residential Rehab for Youth program (service code = 65).

[NUMBER_OF_ASSESSMENT_VISITS]

- [NUMBER_OF_ASSESSMENT_VISITS] refers to the number of assessment days for Inpatient & Residential programs and the number of assessment visits for outpatient programs.

Program Type	Service Type	Assessment Days / Visits
Methadone Treatment	<ul style="list-style-type: none"> • Intensive Residential • MTA-Residential 	Up to 1
Methadone Treatment	<ul style="list-style-type: none"> • Methadone KEEP • Methadone Clinic • MTA - Outpatient • MTA -Day Service • Medical Maintenance • Methadone Aftercare 	Up to 2
Chemical Dependency Youth	<ul style="list-style-type: none"> • Residential CDY (Short-Term) • Residential CDY (Long Term) 	Up to 1
Chemical Dependency Youth	<ul style="list-style-type: none"> • Outpatient Chemical Dependence Youth 	Up to 2
Outpatient Services	<ul style="list-style-type: none"> • Outpatient Clinic • Outpatient Rehabilitation • Non-Medically Supervised Chemical Dependence Outpatient • Non-Medically Supervised Chemical Dependence Day Service 	Up to 2
Inpatient Treatment Services	<ul style="list-style-type: none"> • Inpatient Rehabilitation 	Up to 1
Residential Services	<ul style="list-style-type: none"> • Community Residential • Supportive Living • Intensive Residential 	Up to 1

[SIGNIFICANT_OTHER]

- [SIGNIFICANT_OTHER] must be either 1 (for Yes) or 2 (for No).
- [SIGNIFICANT_OTHER] can be 1(Yes) for outpatient services programs (Part 822) only.
- [SIGNIFICANT_OTHER] must be 1 (Yes) when [PRIMARY_SUBSTANCE_CODE] is 0 (none).

[RACE_CODE]

- 1 Alaska Native
- 2 American Indian
- 4 Black or African American
- 5 White
- 6 Other
- 7 Hawaiian/Pacific Islander
- 8 Asian

[HISPANIC_ORIGIN_CODE]

- 1 Puerto Rican
- 2 Mexican
- 3 Cuban
- 4 Other Hispanic
- 5 Not of Hispanic Origin
- 6 Hispanic, Not Specified

[PRIMARY_LANGUAGE_CODE]

- 1 English
- 2 Spanish
- 3 French
- 4 Arabic
- 5 Greek
- 6 Portuguese
- 7 Russian
- 8 Chinese
- 9 Japanese
- 10 Hindi
- 11 Sign Language
- 12 Other

[VETERAN]

- [VETERAN] must be either 1 (for Yes) or 2 (for No).

[ZIPCODE_OF_RESIDENCE]

- [ZIPCODE_OF_RESIDENCE] must be a valid Zip Code and must be valid for the [COUNTY_OF_RESIDENCE_CODE] entered. For Canada, use 88888.

[COUNTY_OF_RESIDENCE_CODE]

- [COUNTY_OF_RESIDENCE_CODE] must be valid for the [ZIPCODE_OF_RESIDENCE] entered.
- If [ZIPCODE_OF_RESIDENCE] is 88888 (Canada), then use 90 (Canada) for [COUNTY_OF_RESIDENCE_CODE].
- If [ZIPCODE_OF_RESIDENCE] is outside of the listed geographic areas, then use 80 (Other) for [COUNTY_OF_RESIDENCE_CODE].

- 1 Albany NY
- 2 Allegany NY
- 3 Bronx NY
- 4 Broome NY
- 5 Cattaraugus NY
- 6 Cayuga NY
- 7 Chautauqua NY
- 8 Chemung NY
- 9 Chenango NY
- 10 Clinton NY

11	Columbia	NY
12	Cortland	NY
13	Delaware	NY
14	Dutchess	NY
15	Erie	NY
16	Essex	NY
17	Franklin	NY
18	Fulton	NY
19	Genesee	NY
20	Greene	NY
21	Hamilton	NY
22	Herkimer	NY
23	Jefferson	NY
24	Kings	NY
25	Lewis	NY
26	Livingston	NY
27	Madison	NY
28	Monroe	NY
29	Montgomery	NY
30	Nassau	NY
31	New York	NY
32	Niagara	NY
33	Oneida	NY
34	Onondaga	NY
35	Ontario	NY
36	Orange	NY
37	Orleans	NY
38	Oswego	NY
39	Otsego	NY
40	Putnam	NY
41	Queens	NY
42	Rensselaer	NY
43	Richmond	NY
44	Rockland	NY
45	Saint Lawrence	NY
46	Saratoga	NY
47	Schenectady	NY
48	Schoharie	NY
49	Schuyler	NY
50	Seneca	NY
51	Steuben	NY
52	Suffolk	NY
53	Sullivan	NY
54	Tioga	NY
55	Tompkins	NY
56	Ulster	NY
57	Warren	NY
58	Washington	NY
59	Wayne	NY
60	Westchester	NY
61	Wyoming	NY
62	Yates	NY
70	Connecticut	CT
71	New Jersey	NJ
72	Pennsylvania	PA
73	Massachusetts	MA
74	Vermont	VT
80	Other	OTHER
90	Canada	CANADA

[TYPE_OF_RESIDENCE_CODE]

- 1 Private Residence
- 2 Homeless, No Shelter

- 3 Homeless, Shelter
- 4 Single Resident Occupancy
- 5 CD Community Residence
- 6 MH/MRDD Community Residence
- 7 Institution, Other
- 8 Other Group Residence Setting
- 9 Other

[LIVING_ARRANGEMENTS_CODE]

- 1 Living Alone
- 2 Living with Spouse/Relatives
- 3 Living w/ Non-Related Persons

[PRINCIPAL_REFERRAL_SOURCE_CODE]

- 1 CD Medically Managed Detoxification
- 2 CD Medically Supervised Withdrawal Outpatient
- 3 CD Medically Monitored Withdrawal
- 4 CD Inpatient Rehabilitation
- 5 CD Intensive Residential
- 6 CD Residential Chemical Dependency Youth
- 7 CD Outpatient Chemical Dependency Youth
- 8 CD Community Residence
- 9 CD Outpatient Clinic
- 10 CD Outpatient Rehab Program
- 11 CD Methadone Treatment
- 12 CD Non-Medically Supervised Outpatient
- 13 Community Education and Intervention/I and R
- 14 Youth Education and Intervention (non SAP)
- 15 Student Assistance Program/School Based
- 16 Hospital and Health Care Intervention Services
- 17 Employee Assistance Program
- 18 Other Prevention/Intervention Program
- 19 Drinking Driver Referral
- 20 Police
- 21 Family Court/Probation
- 22 Other Court/Probation
- 23 Alternatives to Incarceration
- 24 City/County Jail
- 25 NYS Department of Correctional Services
- 26 NYS Division of Parole
- 27 Developmental Disabilities Program
- 28 Mental Health Provider
- 29 Managed Care Provider
- 30 Health Care Provider
- 31 Employer/Union (Non-EAP)
- 32 School (Other than Prevention Program)
- 33 Special Services (Homeless/Shelters)
- 34 Local Social Services-Child Protect Services/CWA
- 35 Local Social Services Dist - Income Maintenance
- 36 Other Social Services Provider
- 37 AIDS Related Services
- 38 Self-Referral
- 39 Family, Friends, Other Individuals
- 40 AA/NA and Other Self-Help
- 41 Local Soc Svcs Dist Treatmnt Mandate/Public Assist
- 42 Local Soc Svcs Dist Treatmnt Mandate/Medicaid Only
- 43 Drug Courts
- 44 Office of Children and Family Services
- 45 CD Med Sup Withdrawal Inpatient/Residential
- 98 Other

[EDUCATION_CODE]

- 0 No education
- 1 1st Grade Completed
- 2 2nd Grade Completed
- 3 3rd Grade Completed
- 4 4th Grade Completed
- 5 5th Grade Completed
- 6 6th Grade Completed
- 7 7th Grade Completed
- 8 8th Grade Completed
- 9 9th Grade Completed
- 10 10th Grade Completed
- 11 11th Grade Completed
- 12 High School Diploma
- 13 General Equivalency Diploma
- 14 Vocational Cert w/o Diploma/GED
- 15 Vocational Cert w/ Diploma/GED
- 16 Some College-No degree
- 17 Associates Degree
- 18 Bachelors Degree
- 19 Graduate Degree

[EMPLOYMENT_CODE]

- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] must be 1 (Employed Full Time-35+ hrs/wk), 2 (Employed Part Time-< 35 hrs/wk), 3 (Employed in Sheltered Workshop), 4(Unemployed, Looking), 5 (Unemployed, In Treatment) or 6 (Unemployed, Not Looking).
- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] cannot be 14(Social Services Work Exp Prog).
- If [EMPLOYMENT_CODE] is 9 (Not in Labor Force, Inmate), then [CRIMINAL_JUSTICE_CODE] cannot be 7 (None).

- 1 Employed Full Time-35+ hrs/wk
- 2 Employed Part Time-< 35 hrs/wk
- 3 Employed in Sheltered Workshop
- 4 Unemployed, Looking
- 5 Unemployed, In Treatment
- 6 Unemployed, Not Looking
- 7 Not in Labor Force, Student
- 8 Not in Labor Force, Retired
- 9 Not in Labor Force, Inmate
- 10 Not in Labor Force, Disabled
- 11 Not in Labor Force, Child Care
- 12 Not in Labor Force, In Training
- 13 Not in Labor Force, Other
- 14 Social Services Work Exp Prog
- 15 Not Employed/Able to Work
- 16 Unable to Work, Mandated Treat

[PRIMARY_SOURCE_OF_INCOME_CODE]

- 1 Wages/Salary
- 2 SSI/SSDI or SSA
- 3 Safety Net Assistance (SNA)
- 4 Temp Asst for Needy Fam (TANF)
- 5 Department of Veterans Affairs
- 6 Alimony/Child Support
- 7 Fam and/or Spouse Contribution
- 8 Other
- 9 None

[MARITAL_STATUS_CODE]

- 1 Never Married

- 2 Married
- 3 Living as Married
- 4 Widowed
- 5 Separated
- 6 Divorced

[COA_COSA_CODE]

- 1 No
- 2 Child of Alcoholic(s)
- 3 Child of Substance Abuser(s)
- 4 Both COA and COSA

[CHILDREN]

- [CHILDREN] must be a whole number between 0 and 9.

[CHILDREN_LIVING_WITH_CLIENT]

- [CHILDREN_LIVING_WITH_CLIENT] must be a whole number between 0 and 9.

[CHILDREN_LIVING_IN_FOSTER_CARE]

- [CHILDREN_LIVING_IN_FOSTER_CARE] must be a whole number between 0 and 9.

[CASE_WITH_CHILD_PROTECTIVE_SERVICES]

- [CASE_WITH_CHILD_PROTECTIVE_SERVICES] must be either 1 (for Yes) or 2 (for No).

[CRIMINAL_JUSTICE_CODE]

- If [EMPLOYMENT_CODE] is 9 (Not in labor force-inmate), then [CRIMINAL_JUSTICE_CODE] cannot be 7 (None).

- 7 None
- 10 Pre-Court Sentence (non-ATI)
- 11 Pre-Court Sentence (ATI)
- 12 Probation (non-ATI)
- 13 Probation (ATI)
- 14 Other Alt to Incarceration
- 15 Correctional-Based Setting
- 16 Post-Correctional Supervision

[NUMBER_OF_ARRESTS_30DAYS]

- [NUMBER_OF_ARRESTS_30DAYS] must be a whole number and cannot be greater than 30.
- If [NUMBER_OF_ARRESTS_30DAYS] is greater than 0, then [NUMBER_OF_ARRESTS_6MONTH] must be greater than 0.
- If [NUMBER_OF_ARRESTS_6MONTH] is 0, then [NUMBER_OF_ARRESTS_30DAYS] must be 0.
- The [NUMBER_OF_ARRESTS_6MONTH] cannot be less than [[NUMBER_OF_ARRESTS_30DAYS].

[NUMBER_OF_ARRESTS_6MONTH]

- [NUMBER_OF_ARRESTS_6MONTH] must be a whole number between 0 and the number of days of last 6 month.
- If [NUMBER_OF_ARRESTS_30DAYS] is greater than 0, then [NUMBER_OF_ARRESTS_6MONTH] must be greater than 0.
- If [NUMBER_OF_ARRESTS_6MONTH] is 0, then [NUMBER_OF_ARRESTS_30DAYS] must be 0.
- The [NUMBER_OF_ARRESTS_6MONTH] cannot be less than [[NUMBER_OF_ARRESTS_30DAYS].

[NUMBER_OF_DAYS_INCARCERATED_6MONTH]

- [NUMBER_OF_DAYS_INCARCERATED_6MONTH] must be a whole number between 0 and the number of days in the past six months.

[PRIMARY_SUBSTANCE_CODE]

- If the program is a Methadone program, then [PRIMARY_SUBSTANCE_CODE] must be 1 (Heroin), 2 (Non-RX Methadone), 3, (Other Opiate/Synthetic), 29 (OxyContin) or 22 (Buprenorphine).
- [PRIMARY_SUBSTANCE_CODE] can be 0 (None) for [SIGNIFICANT_OTHER] is 1 (Yes) OR the following [SPECIAL_PROJECT_CODE]: 8 (Women and Children), 9 (TFIP), 19 (Willard – No Primary Substance).
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (None), then [SIGNIFICANT_OTHER] must be 2 (No).

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_ROUTE_CODE], [PRIMARY_FREQUENCY_CODE] and [PRIMARY_AGE_OF_FIRST_USE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_ROUTE_CODE], [PRIMARY_FREQUENCY_CODE] and [PRIMARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none) then [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE] must be valid combination.
- If [PRIMARY_SUBSTANCE_CODE] is 0 (none) then [SECONDARY_SUBSTANCE_CODE] and [TERTIARY_SUBSTANCE_CODE] must be 0 (none).
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- See "Substance with Route Edits" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

- 0 None
- 1 Heroin
- 2 Non-Rx Methadone
- 3 Other Opiate/Synthetic
- 4 Alcohol
- 5 Barbiturate
- 6 Other Sedative/Hypnotic
- 7 Methamphetamine (e.g. Ice)
- 8 Other Amphetamine
- 9 Crack
- 10 Cocaine
- 11 Other Stimulant
- 12 Marijuana/Hashish
- 13 PCP
- 14 Other Hallucinogen
- 15 Benzodiazepine (Klonopin)
- 16 Other Tranquillizer
- 17 Inhalant
- 18 Over-the-Counter
- 21 Alprazolam (Xanax)
- 22 Buprenorphine
- 23 Catapres (Clonidine)
- 24 Elavil
- 25 Ephedrine
- 26 GHB
- 27 Ketamine
- 28 Khat
- 29 OxyContin
- 30 ROHYPNOL
- 31 Ecstasy
- 32 Viagra
- 98 Other

[PRIMARY_ROUTE_CODE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_ROUTE_CODE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_ROUTE_CODE] cannot be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- See "Substance with Route Edits" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

- 1 Oral
- 2 Smoking
- 3 Inhalation

- 4 Injection
- 8 Other

[PRIMARY_FREQUENCY_CODE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_FREQUENCY_CODE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_FREQUENCY_CODE] cannot be space filled.
 - 1 No use in last 30 days
 - 2 1-3 times last 30 days
 - 3 1-2 times per week
 - 4 3-6 times per week
 - 5 Daily

[PRIMARY_AGE_OF_FIRST_USE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_AGE_OF_FIRST_USE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_AGE_OF_FIRST_USE] cannot be space filled.
- [PRIMARY_AGE_OF_FIRST_USE] cannot be greater than the age at admission.

[SECONDARY_SUBSTANCE_CODE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_SUBSTANCE_CODE] must be 0 (none).
- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_ROUTE_CODE], [SECONDARY_FREQUENCY_CODE] and [SECONDARY_AGE_OF_FIRST_USE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_ROUTE_CODE], [SECONDARY_FREQUENCY_CODE] and [SECONDARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_SUBSTANCE_CODE] section for valid values.
- See "Substance with Route Edits" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[SECONDARY_ROUTE_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_ROUTE_CODE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_ROUTE_CODE] cannot be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_ROUTE_CODE] section for valid values.
- See "Substance with Route Edits" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[SECONDARY_FREQUENCY_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_FREQUENCY_CODE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_FREQUENCY_CODE] cannot be space filled.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[SECONDARY_AGE_OF_FIRST_USE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_AGE_OF_FIRST_USE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_AGE_OF_FIRST_USE] cannot be space filled.

- [SECONDARY_AGE_OF_FIRST_USE] cannot be greater than age of client at admission.

[TERTIARY_SUBSTANCE_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_SUBSTANCE_CODE] must be 0 (none) as well.
- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_ROUTE_CODE], [TERTIARY_FREQUENCY_CODE] and [TERTIARY_AGE_OF_FIRST_USE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_ROUTE_CODE], [TERTIARY_FREQUENCY_CODE] and [TERTIARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must be valid combination.
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_SUBSTANCE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[TERTIARY_ROUTE_CODE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_ROUTE_CODE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_ROUTE_CODE] cannot be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must be valid combination.
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_ROUTE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[TERTIARY_FREQUENCY_CODE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_FREQUENCY_CODE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_FREQUENCY_CODE] cannot be space filled.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[TERTIARY_AGE_OF_FIRST_USE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_AGE_OF_FIRST_USE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_AGE_OF_FIRST_USE] cannot be space filled.
- [TERTIARY_AGE_OF_FIRST_USE] cannot be greater than age of client at admission.

[SMOKED_TOBACCO_LAST_WEEK]

- [SMOKED_TOBACCO_LAST_WEEK] must be either 1 (for Yes) or 2 (for No).

[SMOKELESS_TOBACCO_LAST_WEEK]

- [SMOKELESS_TOBACCO_LAST_WEEK] must be either 1 (for Yes) or 2 (for No).

[PRIOR_TREATMENT_EPISODES]

- [PRIOR_TREATMENT_EPISODES] is the number of prior Substance/Alcohol Abuse treatment episodes and must be a whole number between 0 and 5. If the number of [PRIOR_TREATMENT_EPISODES] is greater than 5, enter 5.

[PREGNANT]

- [PREGNANT] must be either 1 (for Yes) or 2 (for No).

[SPEECH_IMPAIRMENT]

- [SPEECH_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[HEARING_IMPAIRMENT]

- [HEARING_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[SIGHT_IMPAIRMENT]

- [SIGHT_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[MOBILITY_IMPAIRMENT]

- [MOBILITY_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[OTHER_PHYSICAL_PROBLEM]

- [OTHER_PHYSICAL_PROBLEM] must be either 1 (for Yes) or 2 (for No).

[MENTAL_RETARDATION]

- [MENTAL_RETARDATION] must be either 1 (for Yes) or 2 (for No).

[COEXISTING_PSYCHIATRIC_DISORDER]

- [COEXISTING_PSYCHIATRIC_DISORDER] must be either 1 (for Yes) or 2 (for No).

[TREATED_FOR_MENTAL_ILLNESS]

- [TREATED_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [HOSPITALIZED_FOR_MENTAL_ILLNESS] is 1 (yes), then [TREATED_FOR_MENTAL_ILLNESS] must be 1 (yes).

[HOSPITALIZED_FOR_MENTAL_ILLNESS]

- [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] is 1 (yes), then [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be 1 (yes).
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric), then [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be 1 (yes).

[HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS]

- [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric) and [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is equal to or greater than 30, then [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] must be 1 (yes).

[NUMBER_OF_DAYS_IN_DETOX_6MONTH]

- [NUMBER_OF_DAYS_IN_DETOX_6MONTH] must be a whole number between 0 and the number of days in past 6 months.

[NUMBER_OF_ER_EPISODES_6MONTH]

- [NUMBER_OF_ER_EPISODES_6MONTH] must be a whole number between 0 and 99.

[NUMBER_OF_DAYS_HOSPITALIZED_6MONTH]

- [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] must be a whole number between 0 and the number of days in past 6 months.

[REASON_FOR_HOSPITALIZATION_CODE]

- If [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is greater than 0, then [REASON_FOR_HOSPITALIZATION_CODE] must be 1, 2, or 3 (Medical, Psychiatric, or Both).
- If [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is 0, then [REASON_FOR_HOSPITALIZATION_CODE] must be space filled.
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric) and [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is equal to or greater than 30, then [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] must be 1 (yes).
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric), then [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be 1 (yes).

- 1 Medical
- 2 Psychiatric
- 3 Both

[ORIENTATION_TO_CHANGE_CODE]

- [ORIENTATION_TO_CHANGE_CODE] should only be completed for a client whose age at admission is less than 21 and for Residential Rehabilitation Services for Youth Services programs.
 - 1 Ambivalent
 - 2 Change Oriented
 - 3 Planning Change
 - 4 Active Early Recovery
 - 5 Ongoing Recovery and Relapse Prevention

[MATS_CONSENT_GRANTED]

- [MATS_CONSENT_GRANTED] must be either 1 (for Yes) or 2 (for No).
- If [MATS_CONSENT_GRANTED] is 1 (Yes), then [MATS_CONSENT_EXPIRATION_DATE] must be entered and it must be after [MATS_CONSENT_EFFECTIVE_DATE].

[MATS_CONSENT_EFFECTIVE_DATE]

- If [MATS_CONSENT_GRANTED] is 1 (for Yes), then [MATS_CONSENT_EFFECTIVE_DATE] should be the date the consent is signed and it must be between two weeks before [ADMISSION_DATE] and the current date.
- If [MATS_CONSENT_GRANTED] is 2 (for No), then [MATS_CONSENT_EFFECTIVE_DATE] should be the date of refusal of consent, and must be between two weeks before [ADMISSION_DATE] and the current date.

[MATS_CONSENT_EXPIRATION_DATE]

- If [MATS_CONSENT_GRANTED] is 2 (No), then [MATS_CONSENT_EXPIRATION_DATE] must be space filled.
- If [MATS_CONSENT_GRANTED] is 1 (Yes), then [MATS_CONSENT_EXPIRATION_DATE] must be entered and it must be after [MATS_CONSENT_EFFECTIVE_DATE].
- [MATS_CONSENT_EXPIRATION_DATE] can not be more than 5 years after [MATS_CONSENT_EFFECTIVE_DATE].

[PROVIDER_NO]

- [PROVIDER_NO] is a valid OASAS provider number.

[DISCHARGE_DISPOSITION_CODE] (For previous treatment episode)

- [DISCHARGE_DISPOSITION_CODE] for the previous treatment episode cannot be 11 (Client Death).

PAS-47 CLIENT TRANSFER (Record Type 2)

- The Client Transfer Report can only be used for treatment programs and is used to indicate a client's movement from one treatment program to another.
- The Client Transfer Report will only be used to report transfers between programs that provide similar type of care with exceptions defined by OASAS. Movement between programs that provide different types of care must be reported as a discharge from one and an admission to the other. This enables the system to capture treatment outcome from the discharge report from each program type to more accurately depict client progress through their various types of treatment.
- Clients cannot be transferred from or to Medically Managed Detox (816.6), Medically Supervised Withdrawal Inpatient/Residential (816.7), Medically Supervised Withdrawal Outpatient (816.7), and Medically Monitored Withdrawal (816.8) programs which use the Client Admission/Discharge form (PAS46) to record admissions and discharges.

Record Layout

Field Name	Position	Length	Data Type	Required
RECORD_TYPE_CODE	1 - 1	1	NUMBER	Y
PROVIDER_CLIENT_ID	2 - 11	10	VARCHAR	Y
SEX	12 - 12	1	NUMBER	Y
BIRTH_DATE	13 - 20	8	DATE	Y
LAST_4_SSN	21 - 24	4	CHAR	Y
LAST_NAME_2_CHAR	25 - 26	2	CHAR	Y
TRANSFER_FROM_PROGRAM_NO	27 - 31	5	NUMBER	Y
TRANSFER_TO_PROGRAM_NO	32 - 36	5	NUMBER	Y
TRANSFER_DATE	37 - 44	8	DATE	Y
PROVIDER_NO	45 - 49	5	NUMBER	Y

Validation Rules

[RECORD_TYPE_CODE]

- [RECORD_TYPE_CODE] must be 2 for a client transfer record.

[PROVIDER_CLIENT_ID]

- [PROVIDER_CLIENT_ID] cannot begin with spaces or zeros.
- A client must have one and only one [PROVIDER_CLIENT_ID] within a program, and one [PROVIDER_CLIENT_ID] cannot be assigned to multiple clients.

[SEX]

- [SEX] must be either 1 (male) or 2 (female).
- If [PREGNANT] is 1 (yes), [SEX] must be 2 (female).

[BIRTH_DATE]

- [BIRTH_DATE] cannot be a future date and Client's age at transfer must be less than 95.
- Age based on [BIRTH_DATE] cannot be less than age of first substance use for any transaction in the client history.
- [BIRTH_DATE] must be earlier than all transaction dates in the client history.
- Client must be less than 21 on [TRANSFER_DATE] to Residential Rehab for Youth program (service code = 65).

[LAST_4_SSN]

- [LAST_4_SSN] is the last four digits of client's social security number.
- [LAST_4_SSN] must be four numbers. No spaces, alphabetic or special characters allowed.

[LAST_NAME_2_CHAR]

- [LAST_NAME_2_CHAR] is the first two alphabetic characters of client's last name at birth in uppercase. No special characters (e.g. O'Connor => OC).

[SEX], [BIRTH_DATE], [LAST_4_SSN], and [LAST_NAME_2_CHAR]

- These four attributes form a client tracking ID. A client tracking ID must uniquely identify a client.

[TRANSFER_FROM_PROGRAM_NO]

- [TRANSFER_FROM_PROGRAM_NO] must be an open treatment program within the provider.
- Client must have an open admission in [TRANSFER_FROM_PROGRAM_NO].

[TRANSFER_TO_PROGRAM_NO]

- [TRANSFER_TO_PROGRAM_NO] must be an open treatment program within the provider.
- [TRANSFER_TO_PROGRAM_NO] must differ from [TRANSFER_FROM_PROGRAM_NO].

Transfers are allowed between the following program types / services:

From	To
Methadone Treatment / Methadone KEEP	▪ Methadone Treatment / Methadone KEEP
	▪ Methadone Treatment / Outpatient Clinic
	▪ Methadone Treatment / Methadone Clinic
Methadone Treatment / Outpatient Clinic	▪ Methadone Treatment / Outpatient Clinic
	▪ Methadone Treatment / Methadone Clinic
Methadone Treatment / Other	▪ Methadone Treatment / Other
	▪ Methadone Treatment / Medical Maintenance
Methadone Treatment / Methadone Clinic	▪ Methadone Treatment / Outpatient Clinic
	▪ Methadone Treatment / Methadone Clinic
	▪ Methadone Treatment / MTA-Residential
	▪ Methadone Treatment / MTA - Outpatient
	▪ Methadone Treatment / MTA -Day Service
	▪ Methadone Treatment / Medical Maintenance
	▪ Methadone Treatment / Methadone Aftercare
Methadone Treatment / Intensive Residential	▪ Methadone Treatment / Intensive Residential
Methadone Treatment / MTA-Residential	▪ Methadone Treatment / Methadone Clinic
	▪ Methadone Treatment / MTA-Residential
	▪ Methadone Treatment / MTA - Outpatient
	▪ Methadone Treatment / MTA -Day Service
Methadone Treatment / MTA - Outpatient	▪ Methadone Treatment / Methadone Clinic
	▪ Methadone Treatment / MTA-Residential
	▪ Methadone Treatment / MTA - Outpatient
	▪ Methadone Treatment / MTA -Day Service
Methadone Treatment / MTA -Day Service	▪ Methadone Treatment / Methadone Clinic
	▪ Methadone Treatment / MTA-Residential
	▪ Methadone Treatment / MTA - Outpatient
	▪ Methadone Treatment / MTA -Day Service
Methadone Treatment / Medical Maintenance	▪ Methadone Treatment / Methadone Clinic
	▪ Methadone Treatment / Medical Maintenance
Methadone Treatment / Methadone Aftercare	▪ Methadone Treatment / Methadone Aftercare
Chemical Dependency Youth / Outpatient Clinic	▪ Chemical Dependency Youth / Outpatient Clinic
Chemical Dependency Youth / Inpatient Rehabilitation	▪ Chemical Dependency Youth / Inpatient Rehabilitation
Chemical Dependency Youth / Residential - Rehabilitation	▪ Chemical Dependency Youth / Residential - Rehabilitation

Chemical Dependency Youth / Outpat Chem Depend for Youth	▪ Chemical Dependency Youth / Outpat Chem Depend for Youth
Chemical Dependency Youth / RCDY-ST	▪ Chemical Dependency Youth / RCDY-ST
	▪ Residential Services / Residential Rehab for Youth
Chemical Dependency Youth / RCDY-LT	▪ Residential Services / Residential Rehab for Youth
Outpatient Services / Outpatient Clinic	▪ Outpatient Services / Outpatient Clinic
	▪ Outpatient Services / Outpatient Rehabilitation
Outpatient Services / Outpatient Rehabilitation	▪ Outpatient Services / Outpatient Clinic
	▪ Outpatient Services / Outpatient Rehabilitation
Outpatient Services / Outpat Chem Depend for Youth	▪ Outpatient Services / Outpat Chem Depend for Youth
Outpatient Services / Non-Med Sup Chem Depend OP	▪ Outpatient Services / Non-Med Sup Chem Depend OP
Outpatient Services / Non-Med Sup Chem Dep Day Serv	▪ Outpatient Services / Non-Med Sup Chem Dep Day Serv
Inpatient Treatment Services / Inpatient Rehabilitation	▪ Inpatient Treatment Services / Inpatient Rehabilitation
Inpatient Treatment Services / RCDY-ST	▪ Inpatient Treatment Services / RCDY-ST
Residential Services / Community Residential	▪ Residential Services / Community Residential
Residential Services / Supportive Living	▪ Residential Services / Supportive Living
Residential Services / Intensive Residential	▪ Residential Services / Intensive Residential
	▪ Residential Services / Residential Rehab for Youth
Residential Services / RCDY-LT	▪ Residential Services / RCDY-LT
Residential Services / Residential Rehab for Youth	▪ Residential Services / Intensive Residential

[TRANSFER_DATE]

- [TRANSFER_DATE] must be after client's admission date to [TRANSFER_FROM_PROGRAM_NO].
- [TRANSFER_DATE] cannot be earlier than the date the [TRANSFER_FROM_PROGRAM_NO] opened and after the date [TRANSFER_TO_PROGRAM_NO] closed.
- [TRANSFER_DATE] cannot be between the admission date and the date last treated (discharge date) of any prior treatment episodes unless dual enrollment is allowed.
- For Methadone programs, Methadone Client Annual Status Reports due prior to the [TRANSFER_DATE] must be completed.
- [TRANSFER_DATE] cannot be a future date.
- If the treatment episode already has a discharge date, the client cannot be transferred.
- If the client is transferred to an ineligible for children in residence program and active children are attached to the episode, the children must be checked out before the [TRANSFER_DATE].
- Client must be less than 21 on [TRANSFER_DATE] to Residential Rehab for Youth program (service code = 65).

[PROVIDER_NO]

- [PROVIDER_NO] is a valid OASAS provider number.

PAS-45 CLIENT DISCHARGE (Record Type 3)

- The Client Discharge Report can only be used for treatment programs and is used to report the end of treatment in a particular program.

Record Layout

Field Name	Position	Length	Data Type	Required
RECORD_TYPE_CODE	1 - 1	1	NUMBER	Y
PROGRAM_NO	2 - 6	5	NUMBER	Y
PROVIDER_CLIENT_ID	7 - 16	10	VARCHAR	Y

SEX	17 - 17	1	NUMBER	Y
BIRTH_DATE	18 - 25	8	DATE	Y
LAST_4_SSN	26 - 29	4	CHAR	Y
LAST_NAME_2_CHAR	30 - 31	2	CHAR	Y
DATE_LAST_TREATED	32 - 39	8	DATE	Y
EDUCATION_CODE	40 - 41	2	NUMBER	Y
EMPLOYMENT_CODE	42 - 43	2	NUMBER	Y
TYPE_OF_RESIDENCE_CODE	44 - 45	2	NUMBER	Y
LIVING_ARRANGEMENTS_CODE	46 - 46	1	NUMBER	Y
PRIMARY_PAYMENT_SOURCE_CODE	47 - 48	2	NUMBER	Y
COEXISTING_PSYCHIATRIC_DISORDER	49 - 49	1	NUMBER	Y
TREATED_FOR_MENTAL_ILLNESS	50 - 50	1	NUMBER	Y
HOSPITALIZED_FOR_MENTAL_ILLNESS	51 - 51	1	NUMBER	Y
HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS	52 - 52	1	NUMBER	Y
TOTAL_TREATMENT_VISITS	53 - 56	4	NUMBER	N
INDIVIDUAL_COUNSELING_SESSIONS	57 - 59	3	NUMBER	N
GROUP_COUNSELING_SESSIONS	60 - 62	3	NUMBER	N
FAMILY_COUNSELING_SESSIONS	63 - 65	3	NUMBER	N
NUMBER_OF_ARRESTS_30DAYS	66 - 67	2	NUMBER	Y
NUMBER_OF_ARRESTS_6MONTH	68 - 70	3	NUMBER	Y
NUMBER_OF_DAYS_INCARCERATED_6MONTH	71 - 73	3	NUMBER	Y
NUMBER_OF_DAYS_HOSPITALIZED_6MONTH	74 - 76	3	NUMBER	Y
NUMBER_OF_DAYS_IN_DETOX_6MONTH	77 - 79	3	NUMBER	Y
NUMBER_OF_ER_EPISODES_6MONTH	80 - 81	2	NUMBER	Y
PRIMARY_FREQUENCY_CODE	82 - 82	1	NUMBER	N
SECONDARY_FREQUENCY_CODE	83 - 83	1	NUMBER	N
TERTIARY_FREQUENCY_CODE	84 - 84	1	NUMBER	N
FIRST_OTHER_SUBSTANCE_CODE	85 - 86	2	NUMBER	N
FIRST_OTHER_ROUTE_CODE	87 - 87	1	NUMBER	N
FIRST_OTHER_FREQUENCY_CODE	88 - 88	1	NUMBER	N
SECOND_OTHER_SUBSTANCE_CODE	89 - 90	2	NUMBER	N
SECOND_OTHER_ROUTE_CODE	91 - 91	1	NUMBER	N
SECOND_OTHER_FREQUENCY_CODE	92 - 92	1	NUMBER	N
THIRD_OTHER_SUBSTANCE_CODE	93 - 94	2	NUMBER	N
THIRD_OTHER_ROUTE_CODE	95 - 95	1	NUMBER	N
THIRD_OTHER_FREQUENCY_CODE	96 - 96	1	NUMBER	N
DISCHARGE_STATUS_CODE	97 - 98	2	NUMBER	Y
DISCHARGE_DISPOSITION_CODE	99 - 100	2	NUMBER	Y
REFERRAL_DISPOSITION_CODE	101 - 102	2	NUMBER	Y
SELF_HELP_REFERRAL	103 - 103	1	NUMBER	Y
REFERRAL_CATEGORY_CODE	104 - 105	2	NUMBER	Y
STATUS_DRUG_USE	106 - 106	1	NUMBER	Y
STATUS_SOCIAL_FUNCTIONING	107 - 107	1	NUMBER	Y
STATUS_FAMILY_SITUATION	108 - 108	1	NUMBER	Y
STATUS_ALCOHOL_USE	109 - 109	1	NUMBER	Y
STATUS_VOCATIONAL_EDUCATION	110 - 110	1	NUMBER	Y
STATUS_EMOTIONAL_FUNCTIONING	111 - 111	1	NUMBER	Y
STATUS_MEDICAL	112 - 112	1	NUMBER	Y
ADDICTION_MEDICATIONS	113 - 162	50	LIST	N

ORIENTATION_TO_CHANGE	163 - 163	1	NUMBER	N
PROVIDER_NO	164 - 168	5	NUMBER	Y

Validation Rules

[RECORD_TYPE_CODE]

- [RECORD_TYPE_CODE] must be 3 for a client discharge record.

[PROGRAM_NO]

- The program must be an open treatment program with the provider.
- Client must have an open admission in the program to be discharged from.

[PROVIDER_CLIENT_ID]

- [PROVIDER_CLIENT_ID] cannot begin with spaces or zeros.
- A client must have one and only one [PROVIDER_CLIENT_ID] within a program, and one [PROVIDER_CLIENT_ID] cannot be assigned to multiple clients.

[SEX]

- [SEX] must be either 1 (male) or 2(female).

[BIRTH_DATE]

- [BIRTH_DATE] cannot be a future date.

[LAST_4_SSN]

- [LAST_4_SSN] is the last four digits of client's social security number.
- [LAST_4_SSN] must be four numbers. No spaces, alphabetic or special characters allowed.

[LAST_NAME_2_CHAR]

- First two alphabetic characters of client's last name at birth in uppercase. No special characters (e.g. O'Connor => OC).

[SEX], [BIRTH_DATE], [LAST_4_SSN], and [LAST_NAME_2_CHAR]

- These four attributes form a client tracking ID. A client tracking ID must uniquely identify a client.

[DATE_LAST_TREATED]

- [DATE_LAST_TREATED] cannot be earlier than the date of admission or date transferred into the program and cannot be a future date.
- For Methadone programs, Methadone Client Annual Status Reports due prior to the discharge date must be completed.
- If active children are attached to the episode, the children must be checked out before the [DATE_LAST_TREATED].

[EDUCATION_CODE]

- Grade at discharge must be the same or higher than the grade at admission.

- 0 No education
- 1 1st Grade Completed
- 2 2nd Grade Completed
- 3 3rd Grade Completed
- 4 4th Grade Completed
- 5 5th Grade Completed
- 6 6th Grade Completed
- 7 7th Grade Completed
- 8 8th Grade Completed
- 9 9th Grade Completed
- 10 10th Grade Completed
- 11 11th Grade Completed
- 12 High School Diploma
- 13 General Equivalency Diploma
- 14 Vocational Cert w/o Diploma/GED

- 15 Vocational Cert w/ Diploma/GED
- 16 Some College-No degree
- 17 Associates Degree
- 18 Bachelors Degree
- 19 Graduate Degree

[EMPLOYMENT_CODE]

- 1 Employed Full Time-35+ hrs/wk
- 2 Employed Part Time-< 35 hrs/wk
- 3 Employed in Sheltered Workshop
- 4 Unemployed, Looking
- 5 Unemployed, In Treatment
- 6 Unemployed, Not Looking
- 7 Not in Labor Force, Student
- 8 Not in Labor Force, Retired
- 9 Not in Labor Force, Inmate
- 10 Not in Labor Force, Disabled
- 11 Not in Labor Force, Child Care
- 12 Not in Labor Force, In Training
- 13 Not in Labor Force, Other
- 14 Social Services Work Exp Prog
- 15 Not Employed/Able to Work
- 16 Unable to Work, Mandated Treat
- 17 Unknown

[TYPE_OF_RESIDENCE_CODE]

- 1 Private Residence
- 2 Homeless, No Shelter
- 3 Homeless, Shelter
- 4 Single Resident Occupancy
- 5 CD Community Residence
- 6 MH/MRDD Community Residence
- 7 Institution, Other
- 8 Other Group Residence Setting
- 9 Other

[LIVING_ARRANGEMENTS_CODE]

- 1 Living Alone
- 2 Living with Spouse/Relatives
- 3 Living w/ Non-Related Persons

[PRIMARY_PAYMENT_SOURCE_CODE]

- If [PRIMARY_PAYMENT_SOURCE_CODE] is 12 (Congregate Care), the program must be eligible to receive congregate care.
- If [PRIMARY_PAYMENT_SOURCE_CODE] is 6, 7, or 8 (Medicaid), the program must be eligible to receive Medicaid.

- 1 Self-Pay
- 5 CHAMPUS/CHAMPVA
- 6 Medicaid
- 7 Medicaid Managed Care
- 9 Medicare
- 10 None
- 11 Other
- 12 DSS Congregate Care
- 13 Private Ins - Managed Care
- 14 Private Ins - Fee for Service

[COEXISTING_PSYCHIATRIC_DISORDER]

- [COEXISTING_PSYCHIATRIC_DISORDER] must be either 1 (for Yes) or 2 (for No).

[TREATED_FOR_MENTAL_ILLNESS]

- [TREATED_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [HOSPITALIZED_FOR_MENTAL_ILLNESS] is 1 (yes), then [TREATED_FOR_MENTAL_ILLNESS] must be 1 (yes).

[HOSPITALIZED_FOR_MENTAL_ILLNESS]

- [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] is 1 (yes), then [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be 1 (yes).

[HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS]

- [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).

[TOTAL_TREATMENT_VISITS]

- [TOTAL_TREATMENT_VISITS] is applicable to outpatient programs only (except Methadone Treatment Clinics).
- [TOTAL_TREATMENT_VISITS] must be greater than or equal to the number of days in episode divided by 30 and cannot be greater than the number of days in the episode.

[INDIVIDUAL_COUNSELING_SESSIONS]

- Only Outpatient programs are required to report [INDIVIDUAL_COUNSELING_SESSIONS] (Methadone Treatment Clinics should not report).

[GROUP_COUNSELING_SESSIONS]

- Only Outpatient programs are required to report [GROUP_COUNSELING_SESSIONS] (Methadone Treatment Clinics should not report).

[FAMILY_COUNSELING_SESSIONS]

- Only Outpatient programs are required to report [FAMILY_COUNSELING_SESSIONS]. (Methadone Treatment Clinics should not report).

[NUMBER_OF_ARRESTS_30DAYS]

- [NUMBER_OF_ARRESTS_30DAYS] must be a whole number between 0 and 30.
- If [NUMBER_OF_ARRESTS_30DAYS] greater than 0, then [NUMBER_OF_ARRESTS_6MONTH] must be greater than 0.
- If [NUMBER_OF_ARRESTS_6MONTH] is 0, then [NUMBER_OF_ARRESTS_30DAYS] must be 0.
- [NUMBER_OF_ARRESTS_6MONTH] cannot be less than [NUMBER_OF_ARRESTS_30DAYS].

[NUMBER_OF_ARRESTS_6MONTH]

- [NUMBER_OF_ARRESTS_6MONTH] must be a whole number between 0 and the number of days of last 6 month.
- If [NUMBER_OF_ARRESTS_30DAYS] greater than 0, then [NUMBER_OF_ARRESTS_6MONTH] must be greater than 0.
- If [NUMBER_OF_ARRESTS_6MONTH] is 0, then [NUMBER_OF_ARRESTS_30DAYS] must be 0.
- [NUMBER_OF_ARRESTS_6MONTH] cannot be less than [NUMBER_OF_ARRESTS_30DAYS].

[NUMBER_OF_DAYS_INCARCERATED_6MONTH]

- [NUMBER_OF_DAYS_INCARCERATED_6MONTH] must be a whole number between 0 and the number of days in the past six months.

[NUMBER_OF_DAYS_HOSPITALIZED_6MONTH]

- [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] must be a whole number between 0 and the number of days in past 6 months.

[NUMBER_OF_DAYS_IN_DETOX_6MONTH]

- [NUMBER_OF_DAYS_IN_DETOX_6MONTH] must be a whole number between 0 and the number of days in past 6 months.

[NUMBER_OF_ER_EPISODES_6MONTH]

- [NUMBER_OF_ER_EPISODES_6MONTH] must be a whole number between 0 and 99.

[PRIMARY_FREQUENCY_CODE]

- If [PRIMARY_SUBSTANCE_CODE] reported at admission is 0 (none), then [PRIMARY_FREQUENCY_CODE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] reported at admission is not 0 (none), then [PRIMARY_FREQUENCY_CODE] must be entered.
 - 1 No use in last 30 days
 - 2 1-3 times last 30 days
 - 3 1-2 times per week
 - 4 3-6 times per week
 - 5 Daily

[SECONDARY_FREQUENCY_CODE]

- If [SECONDARY_SUBSTANCE_CODE] reported at admission is 0 (none), then [SECONDARY_FREQUENCY_CODE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] reported at admission is not 0 (none), then [SECONDARY_FREQUENCY_CODE] must be entered.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[TERTIARY_FREQUENCY_CODE]

- If [TERTIARY_SUBSTANCE_CODE] reported at admission is 0 (none), then [TERTIARY_FREQUENCY_CODE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] reported at admission is not 0 (none), then [TERTIARY_FREQUENCY_CODE] must be entered.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[FIRST_OTHER_SUBSTANCE_CODE]

- [FIRST_OTHER_SUBSTANCE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE], [SECONDARY_SUBSTANCE_CODE], or [TERTIARY_SUBSTANCE_CODE] reported at admission.

- 0 None
- 1 Heroin
- 2 Non-Rx Methadone
- 3 Other Opiate/Synthetic
- 4 Alcohol
- 5 Barbiturate
- 6 Other Sedative/Hypnotic
- 7 Methamphetamine (e.g. Ice)
- 8 Other Amphetamine
- 9 Crack
- 10 Cocaine
- 11 Other Stimulant
- 12 Marijuana/Hashish
- 13 PCP
- 14 Other Hallucinogen
- 15 Benzodiazepine (Klonopin)
- 16 Other Tranquillizer
- 17 Inhalant
- 18 Over-the-Counter
- 21 Alprazolam (Xanax)
- 22 Buprenorphine
- 23 Catapres (Clonidine)
- 24 Elavil
- 25 Ephedrine
- 26 GHB
- 27 Ketamine
- 28 Khat
- 29 OxyContin
- 30 ROHYPNOL
- 31 Ecstasy
- 32 Viagra
- 98 Other

[FIRST_OTHER_ROUTE_CODE]

- If [FIRST_OTHER_SUBSTANCE_CODE] is 0 (none), then [FIRST_OTHER_ROUTE_CODE] must be space filled.
- If [FIRST_OTHER_SUBSTANCE_CODE] is not 0 (none), then [FIRST_OTHER_SUBSTANCE_CODE] and [FIRST_OTHER_ROUTE_CODE] must be valid combination.

- 1 Oral
- 2 Smoking
- 3 Inhalation
- 4 Injection
- 8 Other

[FIRST_OTHER_FREQUENCY_CODE]

- If [FIRST_OTHER_SUBSTANCE_CODE] is 0 (none), then [FIRST_OTHER_FREQUENCY_CODE] must be space filled.

- 1 No use in last 30 days
- 2 1-3 times last 30 days
- 3 1-2 times per week
- 4 3-6 times per week
- 5 Daily

[SECOND_OTHER_SUBSTANCE_CODE]

- If [FIRST_OTHER_SUBSTANCE_CODE] is 0 (none), then [SECOND_OTHER_SUBSTANCE_CODE] must be 0 (none) as well.
- If [FIRST_OTHER_SUBSTANCE_CODE] is not 0 (None), then [SECOND_OTHER_SUBSTANCE_CODE] must differ from [FIRST_OTHER_SUBSTANCE_CODE]. [SECOND_OTHER_SUBSTANCE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE], [SECONDARY_SUBSTANCE_CODE], or [TERTIARY_SUBSTANCE_CODE] reported at admission.
- Refer to [FIRST_OTHER_SUBSTANCE_CODE] section for valid values.

[SECOND_OTHER_ROUTE_CODE]

- If [SECOND_OTHER_SUBSTANCE_CODE] is 0 (none), then [SECOND_OTHER_ROUTE_CODE] must be space filled.
- If [SECOND_OTHER_SUBSTANCE_CODE] is not 0 (none), then [SECOND_OTHER_SUBSTANCE_CODE] and [SECOND_OTHER_ROUTE_CODE] must be valid combination.
- Refer to [FIRST_OTHER_ROUTE_CODE] section for valid values.

[SECOND_OTHER_FREQUENCY_CODE]

- If [SECOND_OTHER_SUBSTANCE_CODE] is 0 (none), then [SECOND_OTHER_FREQUENCY_CODE] must be space filled.
- Refer to [FIRST_OTHER_FREQUENCY_CODE] section for valid values.

[THIRD_OTHER_SUBSTANCE_CODE]

- If [SECOND_OTHER_SUBSTANCE_CODE] is 0 (none), then [THIRD_OTHER_SUBSTANCE_CODE] must be 0 (none) as well.
- If [SECOND_OTHER_SUBSTANCE_CODE] is not 0 (None), then [THIRD_OTHER_SUBSTANCE_CODE] must differ from [FIRST_OTHER_SUBSTANCE_CODE] or [SECOND_OTHER_SUBSTANCE_CODE]. [THIRD_OTHER_SUBSTANCE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE], [SECONDARY_SUBSTANCE_CODE], or [TERTIARY_SUBSTANCE_CODE] reported at admission.
- Refer to [FIRST_OTHER_SUBSTANCE_CODE] section for valid values.

[THIRD_OTHER_ROUTE_CODE]

- If [THIRD_OTHER_SUBSTANCE_CODE] is 0 (none), then [THIRD_OTHER_ROUTE_CODE] must be space filled.
- If [THIRD_OTHER_SUBSTANCE_CODE] is not 0 (none), then [THIRD_OTHER_SUBSTANCE_CODE] and [THIRD_OTHER_ROUTE_CODE] must be valid combination.
- Refer to [FIRST_OTHER_ROUTE_CODE] section for valid values.

[THIRD_OTHER_FREQUENCY_CODE]

- If [THIRD_OTHER_SUBSTANCE_CODE] is 0 (none), then [THIRD_OTHER_FREQUENCY_CODE] must be space filled.

- Refer to [FIRST_OTHER_FREQUENCY_CODE] section for valid values.

[DISCHARGE_STATUS_CODE]

- 1 Completed Treatment: All treatment goals met
- 2 Completed Treatment: Half or More Goals Met
- 3 Treat Not Complete: Max Benefit Clinical Disch
- 4 Treatment Not Complete: Some Goals Met
- 5 Treatment Not Complete: No goals met

- See “Discharge Edit Codes Tables for 1/1/2007” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page), which is made effective on or after 1/1/2007, for valid [DISCHARGE_STATUS] / [DISCHARGE_DISPOSITION] / [REFERRAL_DISPOSITION] value combinations.

[DISCHARGE_DISPOSITION_CODE]

- 1 Additional treatment at this level of care no longer necessary
- 2 Further treatment at this level unlikely to yield added clinical gains
- 3 Client relocated
- 4 Client could no longer participate for medical/psychiatric reasons
- 5 Left against clinical advice: Formal referral made/offered
- 6 Left against clinical advice: Lost contact (no referral possible)
- 7 Left against clinical advice: Termination of third party funds
- 8 Left due to regulatory requirements
- 9 Left due to non-compliance with program rules
- 10 Client arrested/incarcerated
- 11 Client death
- 12 Program closed

- See “Discharge Edit Codes Tables for 1/1/2007” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page), which is made effective on or after 1/1/2007, for valid [DISCHARGE_STATUS] / [DISCHARGE_DISPOSITION] / [REFERRAL_DISPOSITION] value combinations.

[REFERRAL_DISPOSITION_CODE]

- 1 No referral made
- 2 Client not in need of additional services
- 3 Referred back to AOD program
- 7 Referred to other than CD or MH Treatment
- 9 Refused Referral
- 10 Referred to other CD Program
- 11 Referred to Mental Health Program

- See “Discharge Edit Codes Tables for 1/1/2007” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page), which is made effective on or after 1/1/2007, for valid [DISCHARGE_STATUS] / [DISCHARGE_DISPOSITION] / [REFERRAL_DISPOSITION] value combinations.

[SELF_HELP_REFERRAL]

- [SELF_HELP_REFERRAL] must be either 1 (Yes) or 2 (No).

[REFERRAL_CATEGORY_CODE]

- 1 CD Methadone Program (Part 828)
- 2 CD Outpatient Non-Medically Supv CD (Part 821)
- 3 CD Medically Supervised Outpatient (Part 822)
- 5 CD Outpatient Rehab Services (Part 822.9)
- 6 CD Outpatient C D for Youth (Part 823)
- 10 Hospital (Long Term)/Nursing Home
- 11 CD Inpatient Rehabilitation (Part 818)
- 12 CD Medically Managed Detox (Part 816.6)
- 13 CD Medically Monitored Withdrawal (Part 816.8)
- 14 CD OASAS Addiction Treatment Center (Part 818)
- 16 CD Med Sup Withdrawal Inp/Res (Part 816.7)

- 17 CD Med Sup Withdrawal Outpatient (Pt 816.7)
- 20 CD Intensive Residential (Part 819)
- 22 CD Community Residential (Part 819)
- 23 CD Supportive Living (Part 819)
- 24 CD Residential Chem Depend for Youth (Part 820)
- 25 CD Residential Methadone Program (Part 828)
- 41 AA,NA, Women for Sobriety, SOS, etc.
- 42 Al-Anon, Alateen, Nar-Anon, etc.
- 51 Mental Health Inpatient
- 52 Mental Health Outpatient
- 53 Mental Health Community Residence
- 54 Mental Retardation/Dev Disabilities
- 61 Hospital
- 62 Nursing Home, Long Term Care
- 63 Group Home, Foster Care
- 70 Other Referral
- 71 Refused Referral
- 72 No Referral Made

[STATUS_DRUG_USE]

- See "Discharge Status/Goal Achievement Cross Edit" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid Discharge Status and Goal Status value combinations.

[STATUS_SOCIAL_FUNCTIONING]

- See "Discharge Status/Goal Achievement Cross Edit" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid Discharge Status and Goal Status value combinations.

[STATUS_FAMILY_SITUATION]

- See "Discharge Status/Goal Achievement Cross Edit" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid Discharge Status and Goal Status value combinations.

[STATUS_ALCOHOL_USE]

- See "Discharge Status/Goal Achievement Cross Edit" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid Discharge Status and Goal Status value combinations.

[STATUS_VOCATIONAL_EDUCATION]

- See "Discharge Status/Goal Achievement Cross Edit" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid Discharge Status and Goal Status value combinations.

[STATUS_EMOTIONAL_FUNCTIONING]

- See "Discharge Status/Goal Achievement Cross Edit" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid Discharge Status and Goal Status value combinations.

[STATUS_MEDICAL]

- See "Discharge Status/Goal Achievement Cross Edit" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid Discharge Status and Goal Status value combinations.

[ADDICTION_MEDICATIONS]

- Multiple [ADDICTION_MEDICATIONS] are allowed. Enter each medication code in the field separating multiple codes with a comma (,).

- 1 Methadone
- 2 Buprenorphine
- 3 Zyban/Wellbutrin
- 4 Naltrexone/Revia
- 5 Antabuse
- 6 Nicotine Patches
- 7 Nicotine Gum
- 8 Nicotine Lozenges
- 9 Other Addict Medication
- 10 Campral (acamprosate)
- 11 None

[ORIENTATION_TO_CHANGE_CODE]

- [ORIENTATION_TO_CHANGE_CODE] should only be completed for a client whose age at admission is less than 21 and for Residential Rehabilitation Services for Youth Services programs.
 - 1 Ambivalent
 - 2 Change Oriented
 - 3 Planning Change
 - 4 Active Early Recovery
 - 5 Ongoing Recovery and Relapse Prevention

[PROVIDER_NO]

- [PROVIDER_NO] is the valid OASAS provider number.

PAS-46 CRISIS EPISODE - CLIENT ADMISSION/DISCHARGE (Record Type 4)

- This form is only used for Crisis Services Programs.
- The primary purpose of this form is to collect information on a client's crisis service episode.

Record Layout

Field Name	Position	Length	Data Type	Required
RECORD_TYPE_CODE	1 - 1	1	NUMBER	Y
PROGRAM_NO	2 - 6	5	NUMBER	Y
PROVIDER_CLIENT_ID	7 - 16	10	VARCHAR	Y
SPECIAL_PROJECT_CODE	17 - 19	3	NUMBER	N
SEX	20 - 20	1	NUMBER	Y
BIRTH_DATE	21 - 28	8	DATE	Y
LAST_4_SSN	29 - 32	4	CHAR	Y
L_NAME_2_CHAR	33 - 34	2	CHAR	Y
ADMISSION_DATE	35 - 42	8	DATE	Y
RACE_CODE	43 - 43	1	NUMBER	Y
HISPANIC_ORIGIN_CODE	44 - 44	1	NUMBER	Y
VETERAN	45 - 45	1	NUMBER	Y
ZIP_CODE	46 - 50	5	CHAR	Y
COUNTY_OF_RESIDENCE_CODE	51 - 52	2	NUMBER	Y
TYPE_OF_RESIDENCE_CODE	53 - 54	2	NUMBER	Y
PRINCIPAL_REFERRAL_SOURCE_CODE	55 - 56	2	NUMBER	Y
EDUCATION_CODE	57 - 58	2	NUMBER	Y
EMPLOYMENT_CODE	59 - 60	2	NUMBER	Y
PRIMARY_SOURCE_OF_INCOME_CODE	61 - 62	2	NUMBER	Y
CRIMINAL_JUSTICE_CODE	63 - 64	2	NUMBER	Y
PRIMARY_SUBSTANCE_CODE	65 - 66	2	NUMBER	Y
PRIMARY_ROUTE_CODE	67 - 67	1	NUMBER	N
PRIMARY_FREQUENCY_CODE	68 - 68	1	NUMBER	N
PRIMARY_AGE_OF_FIRST_USE	69 - 70	2	NUMBER	N
SECONDARY_SUBSTANCE_CODE	71 - 72	2	NUMBER	Y
SECONDARY_ROUTE_CODE	73 - 73	1	NUMBER	N
SECONDARY_FREQUENCY_CODE	74 - 74	1	NUMBER	N
SECONDARY_AGE_OF_FIRST_USE	75 - 76	2	NUMBER	N
TERTIARY_SUBSTANCE_CODE	77 - 78	2	NUMBER	Y
TERTIARY_ROUTE_CODE	79 - 79	1	NUMBER	N
TERTIARY_FREQUENCY_CODE	80 - 80	1	NUMBER	N
TERTIARY_AGE_OF_FIRST_USE	81 - 82	2	NUMBER	N
DATE_LAST_TREATED	83 - 90	8	DATE	Y
PRIMARY_PAYMENT_SOURCE_CODE	91 - 92	2	NUMBER	Y
DISCHARGE_STATUS	93 - 94	2	NUMBER	Y
DISCHARGE_DISPOSITION	95 - 96	2	NUMBER	Y
REFERRAL_DISPOSITION	97 - 98	2	NUMBER	Y
SELF_HELP_REFERRAL	99 - 99	1	NUMBER	Y
REFERRAL_CATEGORY_CODE	100 - 101	2	NUMBER	Y
ADDICTION_MEDICATIONS	102 - 151	50	LIST	N
MATS_CONSENT_GRANTED	152 - 152	1	NUMBER	Y

MATS_CONSENT_EFFECTIVE_DATE	153 - 160	8	DATE	N
MATS_CONSENT_EXPIRATION_DATE	161 - 168	8	DATE	N
PROVIDER_NO	169 - 173	5	NUMBER	Y

[RECORD_TYPE_CODE]

- [RECORD_TYPE_CODE] must be 4 for a crisis episode (client admission/discharge) record.

[PROGRAM_NO]

- The program must be an open treatment program with the provider.

[PROVIDER_CLIENT_ID]

- [PROVIDER_CLIENT_ID] cannot begin with spaces or zeros.
- A client must have one and only one [PROVIDER_CLIENT_ID] within a program, and one [PROVIDER_CLIENT_ID] cannot be assigned to multiple clients.

[SPECIAL_PROJECT_CODE]

- [SPECIAL_PROJECT_CODE] is a numeric code assigned to a special project. Optional except where directions have been given by OASAS.

- 1 Target Cities Client
- 2 Target Cities Control Client
- 3 Criminal Justice Project
- 4 HEART Project - Homeless
- 5 Waiting List Grant
- 6 In Home Intensive Treatment
- 7 DTAP
- 8 Women and Children
- 10 Treatment Outcome Study
- 11 Willard Treatment Project
- 13 Bridge Back Foundation Rehab
- 15 Workfare
- 16 Pius XII School Gateway Ctr
- 17 Nassau County Home Relief
- 21 Crim Just Resid Pgm Expansion
- 24 Syracuse Treatment Court
- 25 Federal Probation
- 26 Fed Bureau of Prisons (BOP)
- 27 High Impact Incar Prog (HIIP)
- 28 Alter to Incarceration (AIP)
- 29 TANF Case Management
- 30 Managed Addict Treat (MATS)
- 31 Medicaid Pending at Admission
- 32 Nassau Co. Significant Other
- 33 NYC Crisis Service Pilot
- 34 NYC Probation Project
- 40 ErieCo Motivation Interview 1
- 41 ErieCo Motivation Interview 2
- 42 ErieCo Motivation Interview 3
- 43 ErieCo Motivation Interview 4
- 44 ErieCo Motivation Interview 5
- 45 ErieCo Motivation Interview 6
- 46 ErieCo Motivation Interview 7
- 47 ErieCo Motivation Interview 8
- 48 ErieCo Motivation Interview 9
- 49 ErieCo Motivation Interview 10
- 50 ErieCo Motivation Interview 11
- 51 ErieCo Motivation Interview 12
- 52 ErieCo Motivation Interview 13
- 53 ErieCo Motivation Interview 14
- 54 ErieCo Motivation Interview 15
- 55 ErieCo Motivation Interview 16
- 56 ErieCo Motivation Interview 17

- 57 ErieCo Motivation Interview 18
- 58 ErieCo Motivation Interview 19
- 59 ErieCo Motivation Interview 20
- 60 ErieCo Motivation Interview 21
- 61 ErieCo Motivation Interview 22
- 62 ErieCo Motivation Interview 23
- 63 ErieCo Motivation Interview 24
- 64 ErieCo Motivation Interview 25
- 65 ErieCo Motivation Interview 26
- 66 ErieCo Motivation Interview 27
- 67 ErieCo Motivation Interview 28
- 68 ErieCo Motivation Interview 29
- 69 ErieCo Motivation Interview 30
- 70 Outreach (Adolescents)
- 71 SO -- Foster Parents
- 72 Traumatic Brain Injury/ARP
- 73 Fetal Alcohol (FASD)

[SEX]

- [SEX] must be either 1 (male) or 2(female).
- If [PREGNANT] is 1 (yes), [SEX] must be 2 (female).

[BIRTH_DATE]

- [BIRTH_DATE] cannot be a future date and client's age at admission must be less than 95.
- Age based on [BIRTH_DATE] cannot be less than age of first substance use for any transaction in the client history.
- [BIRTH_DATE] must be earlier than all transaction dates in the client history.

[LAST_4_SSN]

- Last four digits of client's social security number.
- [LAST_4_SSN] must be four numbers. No spaces, alphabetic or special characters allowed.

[LAST_NAME_2_CHAR]

- First two alphabetic characters of client's last name at birth in uppercase. No special characters (e.g. O'Connor => OC).

[SEX], [BIRTH_DATE], [LAST_4_SSN], and [LAST_NAME_2_CHAR]

- These four attributes form a client tracking ID. A client tracking ID must uniquely identify a client.

[ADMISSION_DATE]

- [ADMISSION_DATE] cannot be a future date, cannot be earlier than 01/01/1995, [BIRTH_DATE], or the date the program opened, and cannot be later than the date the program closed.
- [ADMISSION_DATE] cannot be between the admission and date last treated (discharge date) of any prior crisis episodes and [ADMISSION_DATE] cannot be equal to the date last treated (discharge date) of any prior crisis episodes within same program.
- If a previous episode exists and the discharge date is 05/31/2005 or earlier (V1), the prior episode's Discharge Reason cannot be 'Client Death' (11) for that provider. If a previous episode exists and the discharge date is 06/01/2005 or later (V2), the prior episode's Discharge Disposition cannot be 'Client Death' (11) for that provider.

[RACE_CODE]

- 1 Alaska Native
- 2 American Indian
- 4 Black or African American
- 5 White
- 6 Other
- 7 Hawaiian/Pacific Islander
- 8 Asian

[HISPANIC_ORIGIN_CODE]

- 1 Puerto Rican
- 2 Mexican

- 3 Cuban
- 4 Other Hispanic
- 5 Not of Hispanic Origin
- 6 Hispanic, Not Specified

[VETERAN]

- [VETERAN] must be either 1 (for Yes) or 2 (for No).

[ZIPCODE_OF_RESIDENCE]

- [ZIPCODE_OF_RESIDENCE] must be a valid Zip Code and must be valid for the [COUNTY_OF_RESIDENCE_CODE] entered. For Canada, use 88888.

[COUNTY_OF_RESIDENCE_CODE]

- [COUNTY_OF_RESIDENCE_CODE] must be valid for the [ZIPCODE_OF_RESIDENCE] entered.
- If [ZIPCODE_OF_RESIDENCE] is 88888 (Canada), then use 90 (Canada) for [COUNTY_OF_RESIDENCE_CODE].
- If [ZIPCODE_OF_RESIDENCE] is outside of the listed geographic areas, then use 80 (Other) for [COUNTY_OF_RESIDENCE_CODE].

1	Albany	NY
2	Allegany	NY
3	Bronx	NY
4	Broome	NY
5	Cattaraugus	NY
6	Cayuga	NY
7	Chautauqua	NY
8	Chemung	NY
9	Chenango	NY
10	Clinton	NY
11	Columbia	NY
12	Cortland	NY
13	Delaware	NY
14	Dutchess	NY
15	Erie	NY
16	Essex	NY
17	Franklin	NY
18	Fulton	NY
19	Genesee	NY
20	Greene	NY
21	Hamilton	NY
22	Herkimer	NY
23	Jefferson	NY
24	Kings	NY
25	Lewis	NY
26	Livingston	NY
27	Madison	NY
28	Monroe	NY
29	Montgomery	NY
30	Nassau	NY
31	New York	NY
32	Niagara	NY
33	Oneida	NY
34	Onondaga	NY
35	Ontario	NY
36	Orange	NY
37	Orleans	NY
38	Oswego	NY
39	Otsego	NY
40	Putnam	NY
41	Queens	NY
42	Rensselaer	NY
43	Richmond	NY
44	Rockland	NY

45	Saint Lawrence	NY
46	Saratoga	NY
47	Schenectady	NY
48	Schoharie	NY
49	Schuyler	NY
50	Seneca	NY
51	Steuben	NY
52	Suffolk	NY
53	Sullivan	NY
54	Tioga	NY
55	Tompkins	NY
56	Ulster	NY
57	Warren	NY
58	Washington	NY
59	Wayne	NY
60	Westchester	NY
61	Wyoming	NY
62	Yates	NY
70	Connecticut	CT
71	New Jersey	NJ
72	Pennsylvania	PA
73	Massachusetts	MA
74	Vermont	VT
80	Other	OTHER
90	Canada	CANADA

[TYPE_OF_RESIDENCE_CODE]

- 1 Private Residence
- 2 Homeless, No Shelter
- 3 Homeless, Shelter
- 4 Single Resident Occupancy
- 5 CD Community Residence
- 6 MH/MRDD Community Residence
- 7 Institution, Other
- 8 Other Group Residence Setting
- 9 Other

[PRINCIPAL_REFERRAL_SOURCE_CODE]

- 1 CD Medically Managed Detoxification
- 2 CD Medically Supervised Withdrawal Outpatient
- 3 CD Medically Monitored Withdrawal
- 4 CD Inpatient Rehabilitation
- 5 CD Intensive Residential
- 6 CD Residential Chemical Dependency Youth
- 7 CD Outpatient Chemical Dependency Youth
- 8 CD Community Residence
- 9 CD Outpatient Clinic
- 10 CD Outpatient Rehab Program
- 11 CD Methadone Treatment
- 12 CD Non-Medically Supervised Outpatient
- 13 Community Education and Intervention/I and R
- 14 Youth Education and Intervention (non SAP)
- 15 Student Assistance Program/School Based
- 16 Hospital and Health Care Intervention Services
- 17 Employee Assistance Program
- 18 Other Prevention/Intervention Program
- 19 Drinking Driver Referral
- 20 Police
- 21 Family Court/Probation
- 22 Other Court/Probation
- 23 Alternatives to Incarceration
- 24 City/County Jail

- 25 NYS Department of Correctional Services
- 26 NYS Division of Parole
- 27 Developmental Disabilities Program
- 28 Mental Health Provider
- 29 Managed Care Provider
- 30 Health Care Provider
- 31 Employer/Union (Non-EAP)
- 32 School (Other than Prevention Program)
- 33 Special Services (Homeless/Shelters)
- 34 Local Social Services-Child Protect Services/CWA
- 35 Local Social Services Dist - Income Maintenance
- 36 Other Social Services Provider
- 37 AIDS Related Services
- 38 Self-Referral
- 39 Family, Friends, Other Individuals
- 40 AA/NA and Other Self-Help
- 41 Local Soc Svcs Dist Treatmnt Mandate/Public Assist
- 42 Local Soc Svcs Dist Treatmnt Mandate/Medicaid Only
- 43 Drug Courts
- 44 Office of Children and Family Services
- 45 CD Med Sup Withdrawal Inpatient/Residential
- 98 Other

[EDUCATION_CODE]

- 0 No education
- 1 1st Grade Completed
- 2 2nd Grade Completed
- 3 3rd Grade Completed
- 4 4th Grade Completed
- 5 5th Grade Completed
- 6 6th Grade Completed
- 7 7th Grade Completed
- 8 8th Grade Completed
- 9 9th Grade Completed
- 10 10th Grade Completed
- 11 11th Grade Completed
- 12 High School Diploma
- 13 General Equivalency Diploma
- 14 Vocational Cert w/o Diploma/GED
- 15 Vocational Cert w/ Diploma/GED
- 16 Some College-No degree
- 17 Associates Degree
- 18 Bachelors Degree
- 19 Graduate Degree

[EMPLOYMENT_CODE]

- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] must be 1 (Employed Full Time-35+ hrs/wk), 2 (Employed Part Time-< 35 hrs/wk), 3 (Employed in Sheltered Workshop), 4(Unemployed, Looking), 5 (Unemployed, In Treatment) or 6 (Unemployed, Not Looking).
- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] cannot be 14(Social Services Work Exp Prog).
- If [EMPLOYMENT_CODE] is 9 (Not in labor force-inmate), then [CRIMINAL_JUSTICE_CODE] cannot be 7 (None).

- 1 Employed Full Time-35+ hrs/wk
- 2 Employed Part Time-< 35 hrs/wk
- 3 Employed in Sheltered Workshop
- 4 Unemployed, Looking
- 5 Unemployed, In Treatment
- 6 Unemployed, Not Looking
- 7 Not in Labor Force, Student
- 8 Not in Labor Force, Retired

- 9 Not in Labor Force, Inmate
- 10 Not in Labor Force, Disabled
- 11 Not in Labor Force, Child Care
- 12 Not in Labor Force, In Training
- 13 Not in Labor Force, Other
- 14 Social Services Work Exp Prog
- 15 Not Employed/Able to Work
- 16 Unable to Work, Mandated Treat
- 17 Unknown

[PRIMARY_SOURCE_OF_INCOME_CODE]

- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] must be 1 (Employed Full Time-35+ hrs/wk), 2 (Employed Part Time-< 35 hrs/wk), 3 (Employed in Sheltered Workshop), 4 (Unemployed, Looking), 5 (Unemployed, In Treatment) or 6 (Unemployed, Not Looking).
- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] cannot be 14 (Social Services Work Exp Prog).

- 1 Wages/Salary
- 2 SSI/SSDI or SSA
- 3 Safety Net Assistance (SNA)
- 4 Temp Asst for Needy Fam (TANF)
- 5 Department of Veterans Affairs
- 6 Alimony/Child Support
- 7 Fam and/or Spouse Contribution
- 8 Other
- 9 None

[CRIMINAL_JUSTICE_CODE]

- If [EMPLOYMENT_CODE] is 9 (Not in labor force-inmate), then [CRIMINAL_JUSTICE_CODE] cannot be 7 (None).

- 7 None
- 10 Pre-Court Sentence (non-ATI)
- 11 Pre-Court Sentence (ATI)
- 12 Probation (non-ATI)
- 13 Probation (ATI)
- 14 Other Alt to Incarceration
- 15 Correctional-Based Setting
- 16 Post-Correctional Supervision

[PRIMARY_SUBSTANCE_CODE]

- [PRIMARY_SUBSTANCE_CODE] cannot be space filled.
- [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- See "Substance with Route Edits" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

- 0 None
- 1 Heroin
- 2 Non-Rx Methadone
- 3 Other Opiate/Synthetic
- 4 Alcohol
- 5 Barbiturate
- 6 Other Sedative/Hypnotic
- 7 Methamphetamine (e.g. Ice)
- 8 Other Amphetamine
- 9 Crack
- 10 Cocaine
- 11 Other Stimulant
- 12 Marijuana/Hashish

- 13 PCP
- 14 Other Hallucinogen
- 15 Benzodiazepine (Klonopin)
- 16 Other Tranquillizer
- 17 Inhalant
- 18 Over-the-Counter
- 21 Alprazolam (Xanax)
- 22 Buprenorphine
- 23 Catapres (Clonidine)
- 24 Elavil
- 25 Ephedrine
- 26 GHB
- 27 Ketamine
- 28 Khat
- 29 OxyContin
- 30 ROHYPNOL
- 31 Ecstasy
- 32 Viagra
- 98 Other

[PRIMARY_ROUTE_CODE]

- [PRIMARY_ROUTE_CODE] cannot be space filled.
- [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- See "Substance with Route Edits" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

- 1 Oral
- 2 Smoking
- 3 Inhalation
- 4 Injection
- 8 Other

[PRIMARY_FREQUENCY_CODE]

- [PRIMARY_FREQUENCY_CODE] cannot be space filled.

- 1 No use in last 30 days
- 2 1-3 times last 30 days
- 3 1-2 times per week
- 4 3-6 times per week
- 5 Daily

[PRIMARY_AGE_OF_FIRST_USE]

- [PRIMARY_AGE_OF_FIRST_USE] cannot be space filled.
- [PRIMARY_AGE_OF_FIRST_USE] cannot be greater than the age at admission.

[SECONDARY_SUBSTANCE_CODE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_SUBSTANCE_CODE] must be 0 (none).
- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_ROUTE_CODE], [SECONDARY_FREQUENCY_CODE] and [SECONDARY_AGE_OF_FIRST_USE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_ROUTE_CODE], [SECONDARY_FREQUENCY_CODE] and [SECONDARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_ROUTE_CODE] and [SECONDARY_FREQUENCY_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_SUBSTANCE_CODE] section for valid values.

- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[SECONDARY_ROUTE_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_ROUTE_CODE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_ROUTE_CODE] cannot be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_ROUTE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[SECONDARY_FREQUENCY_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_FREQUENCY_CODE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_FREQUENCY_CODE] cannot be space filled.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[SECONDARY_AGE_OF_FIRST_USE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_AGE_OF_FIRST_USE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_AGE_OF_FIRST_USE] cannot be space filled.
- [SECONDARY_AGE_OF_FIRST_USE] cannot be greater than age of client at admission.

[TERTIARY_SUBSTANCE_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_SUBSTANCE_CODE] must be 0 (none) as well.
- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_ROUTE_CODE], [TERTIARY_FREQUENCY_CODE] and [TERTIARY_AGE_OF_FIRST_USE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_ROUTE_CODE], [TERTIARY_FREQUENCY_CODE] and [TERTIARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must be valid combination.
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_SUBSTANCE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[TERTIARY_ROUTE_CODE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_ROUTE_CODE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_ROUTE_CODE] cannot be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must be valid combination.
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_ROUTE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[TERTIARY_FREQUENCY_CODE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_FREQUENCY_CODE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_FREQUENCY_CODE] cannot be space filled.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[TERTIARY_AGE_OF_FIRST_USE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_AGE_OF_FIRST_USE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_AGE_OF_FIRST_USE] cannot be space filled.
- [TERTIARY_AGE_OF_FIRST_USE] cannot be greater than age of client at admission.

[DATE_LAST_TREATED]

- [DATE_LAST_TREATED] cannot be earlier [ADMISSION_DATE].
- [DATE_LAST_TREATED] cannot be between the admission and date last treated (discharge date) of any prior crisis episodes and [DATE_LAST_TREATED] cannot be equal to the admission date of any prior crisis episodes within the same program.
- [DATE_LAST_TREATED] cannot be earlier than the date the program opened and [DATE_LAST_TREATED] cannot be after the date the program closed.
- Number of days between [ADMISSION_DATE] and [DATE_LAST_TREATED] must be less than or equal to 120 days.

[PRIMARY_PAYMENT_SOURCE_CODE]

- If [PRIMARY_PAYMENT_SOURCE_CODE] is 12 (Congregate Care), the program must be eligible to receive congregate care. Only the following program type and service combination is valid: Program type is 5 (Crisis Services) and service code is 10.
- If [PRIMARY_PAYMENT_SOURCE_CODE] is 6, 7, or 8 (Medicaid), the program must be eligible to receive Medicaid. Only the following program type and service combinations are valid: Program type is 5 (Crisis Services) and service code is 1, 2 or 3.

- 1 Self-Pay
- 5 CHAMPUS/CHAMPVA
- 6 Medicaid
- 7 Medicaid Managed Care
- 9 Medicare
- 10 None
- 11 Other
- 12 DSS Congregate Care
- 13 Private Ins - Managed Care
- 14 Private Ins - Fee for Service

[DISCHARGE_STATUS_CODE]

- 1 Completed Treatment: All treatment goals met
 - 2 Completed Treatment: Half or More Goals Met
 - 3 Treat Not Complete: Max Benefit Clinical Disch
 - 4 Treatment Not Complete: Some Goals Met
 - 5 Treatment Not Complete: No goals met
- See “Discharge Edit Codes Tables for 1/1/2007” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page), which is made effective on or after 1/1/2007, for valid [DISCHARGE_STATUS] / [DISCHARGE_DISPOSITION] / [REFERRAL_DISPOSITION] value combinations.

[DISCHARGE_DISPOSITION_CODE]

- [DISCHARGE_DISPOSITION_CODE] for the previous episode cannot be 11 (Client Death).
- 1 Additional treatment at this level of care no longer necessary
 - 2 Further treatment at this level unlikely to yield added clinical gains
 - 3 Client relocated
 - 4 Client could no longer participate for medical/psychiatric reasons
 - 5 Left against clinical advice: Formal referral made/offered
 - 6 Left against clinical advice: Lost contact (no referral possible)
 - 7 Left against clinical advice: Termination of third party funds
 - 8 Left due to regulatory requirements

- 9 Left due to non-compliance with program rules
- 10 Client arrested/incarcerated
- 11 Client death
- 12 Program closed

- See “Discharge Edit Codes Tables for 1/1/2007” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page), which is made effective on or after 1/1/2007, for valid [DISCHARGE_STATUS] / [DISCHARGE_DISPOSITION] / [REFERRAL_DISPOSITION] value combinations.

[REFERRAL_DISPOSITION_CODE]

- 1 No referral made
- 2 Client not in need of additional services
- 3 Referred back to AOD program
- 7 Referred to other than CD or MH Treatment
- 9 Refused Referral
- 10 Referred to other CD Program
- 11 Referred to Mental Health Program

- See “Discharge Edit Codes Tables for 1/1/2007” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page), which is made effective on or after 1/1/2007, for valid [DISCHARGE_STATUS] / [DISCHARGE_DISPOSITION] / [REFERRAL_DISPOSITION] value combinations.

[SELF_HELP_REFERRAL]

- [SELF_HELP_REFERRAL] must be either 1 (Yes) or 2 (No).

[REFERRAL_CATEGORY_CODE]

- 1 CD Methadone Program (Part 828)
- 2 CD Outpatient Non-Medically Supv CD (Part 821)
- 3 CD Medically Supervised Outpatient (Part 822)
- 5 CD Outpatient Rehab Services (Part 822.9)
- 6 CD Outpatient C D for Youth (Part 823)
- 10 Hospital (Long Term)/Nursing Home
- 11 CD Inpatient Rehabilitation (Part 818)
- 12 CD Medically Managed Detox (Part 816.6)
- 13 CD Medically Monitored Withdrawal (Part 816.8)
- 14 CD OASAS Addiction Treatment Center (Part 818)
- 16 CD Med Sup Withdrawal Inp/Res (Part 816.7)
- 17 CD Med Sup Withdrawal Outpatient (Pt 816.7)
- 20 CD Intensive Residential (Part 819)
- 22 CD Community Residential (Part 819)
- 23 CD Supportive Living (Part 819)
- 24 CD Residential Chem Depend for Youth (Part 820)
- 25 CD Residential Methadone Program (Part 828)
- 41 AA,NA, Women for Sobriety, SOS, etc.
- 42 Al-Anon, Alateen, Nar-Anon, etc.
- 51 Mental Health Inpatient
- 52 Mental Health Outpatient
- 53 Mental Health Community Residence
- 54 Mental Retardation/Dev Disabilities
- 61 Hospital
- 62 Nursing Home, Long Term Care
- 63 Group Home, Foster Care
- 70 Other Referral
- 71 Refused Referral
- 72 No Referral Made

[ADDICTION_MEDICATIONS]

- Multiple addiction medications are allowed. Enter each medication code in the field separating multiple codes with a comma (.).

- 1 Methadone
- 2 Buprenorphine
- 3 Zyban/Wellbutrin
- 4 Naltrexone/Revia
- 5 Antabuse
- 6 Nicotine Patches
- 7 Nicotine Gum
- 8 Nicotine Lozenges
- 9 Other Addict Medication
- 10 Campral (acamprosate)
- 11 None

[MATS_CONSENT_GRANTED]

- [MATS_CONSENT_GRANTED] must be either 1 (for Yes) or 2 (for No).
- If [MATS_CONSENT_GRANTED] is 1 (Yes), then [MATS_CONSENT_EXPIRATION_DATE] must be entered and it must be after [MATS_CONSENT_EFFECTIVE_DATE].

[MATS_CONSENT_EFFECTIVE_DATE]

- If [MATS_CONSENT_GRANTED] is 1 (for Yes), then [MATS_CONSENT_EFFECTIVE_DATE] should be the date the consent is signed and it must be between two weeks before [ADMISSION_DATE] and the current date.
- If [MATS_CONSENT_GRANTED] is 2 (for No), then [MATS_CONSENT_EFFECTIVE_DATE] should be the date of refusal of consent, and must be between two weeks before [ADMISSION_DATE] and the current date.

[MATS_CONSENT_EXPIRATION_DATE]

- If [MATS_CONSENT_GRANTED] is 2 (No), then [MATS_CONSENT_EXPIRATION_DATE] must be space filled.
- If [MATS_CONSENT_GRANTED] is 1 (Yes), then [MATS_CONSENT_EXPIRATION_DATE] must be entered and it must be after [MATS_CONSENT_EFFECTIVE_DATE].
- [MATS_CONSENT_EXPIRATION_DATE] can not be more than 5 years after [MATS_CONSENT_EFFECTIVE_DATE].

[PROVIDER_NO]

- [PROVIDER_NO] is a valid OASAS provider number.

PAS-51 WAITING LIST PLACEMENT (Record Type 5)

- This form is only used for Chemical Dependence Treatment Programs.
- The primary purpose of this form is to collect information on individuals waiting admission into treatment and those who are no longer waiting for admission.
- Waiting List Placement (record type 5) is used to add individuals to the waiting list. Waiting List Removal (record type 6) is used to remove individuals from the waiting list. An individual who is admitted to the program using the Client Admission Form (PAS 44) is automatically removed from the waiting list (based on the client tracking ID information) and no removal transaction needs to be submitted.

Field Name	Position	Length	Data Type	Required
RECORD_TYPE_CODE	1 - 1	1	NUMBER	Y
PROGRAM_NO	2 - 6	5	NUMBER	Y
SEX	7 - 7	1	NUMBER	Y
BIRTH_DATE	8 - 15	8	DATE	Y
LAST_4_SSN	16 - 19	4	CHAR	Y
LAST_NAME_2_CHAR	20 - 21	2	CHAR	Y
WAITING_LIST_PLACEMENT_DATE	22 - 29	8	DATE	Y
RECEIVING_TREATMENT	30 - 30	1	NUMBER	Y
PREGNANT	31 - 31	1	NUMBER	Y
INJECTOR	32 - 32	1	NUMBER	Y
MICA	33 - 33	1	NUMBER	Y
ZIPCODE_OF_RESIDENCE	34 - 38	5	CHAR	Y
COUNTY_OF_RESIDENCE_CODE	39 - 40	2	NUMBER	Y
PROVIDER_NO	41 - 45	5	NUMBER	Y

[RECORD_TYPE_CODE]

- [RECORD_TYPE_CODE] must be 5 for a waiting list placement record.

[PROGRAM_NO]

- The program must be an open treatment program with the provider.
- Client cannot be active in the same program.
- Client cannot be active on the waiting list for the same program.

[SEX]

- [SEX] must be either 1 (male) or 2(female).
- If [PREGNANT] is 1 (yes), [SEX] must be 2 (female).

[BIRTH_DATE]

- [BIRTH_DATE] cannot be a future date and Client's age at waiting list placement must be less than 95.
- Age based on [BIRTH_DATE] cannot be less than age of first substance use for any transaction in the client history.
- [BIRTH_DATE] must be earlier than all transaction dates in the client history.
- Client must be less than 21 on [WAITING_LIST_PLACEMENT_DATE] to Residential Rehab for Youth program (service code = 65).

[LAST_4_SSN]

- Last four digits of client's social security number.
- [LAST_4_SSN] must be four numbers. No spaces, alphabetic or special characters allowed.

[LAST_NAME_2_CHAR]

- First two alphabetic characters of client's last name at birth in uppercase. No special characters (e.g. O'Connor => OC).

[SEX], [BIRTH_DATE], [LAST_4_SSN], and [LAST_NAME_2_CHAR]

- These four attributes form a client tracking ID. A client tracking ID must uniquely identify a client.

[WAITING_LIST_PLACEMENT_DATE]

- [WAITING_LIST_PLACEMENT_DATE] cannot be prior to [BIRTH_DATE].
- [WAITING_LIST_REMOVAL_DATE] cannot be prior to the [WAITING_LIST_PLACEMENT_DATE].
- [WAITING_LIST_PLACEMENT_DATE] cannot be more than one year prior to the date transaction entered.
- [WAITING_LIST_PLACEMENT_DATE] cannot be a future date.
- [WAITING_LIST_PLACEMENT_DATE] cannot be after program's close date or before program's open date.
- Client must be less than 21 on [WAITING_LIST_PLACEMENT_DATE] to Residential Rehab for Youth program (service code = 65).

[RECEIVING_TREATMENT]

- [RECEIVING_TREATMENT] must be either 1 (Yes) or 2 (No).

[PREGNANT]

- [PREGNANT] must be either 1 (Yes) or 2 (No).

[INJECTOR]

- [INJECTOR] must be either 1 (Yes) or 2 (No).

[MICA]

- [MICA] must be either 1 (Yes) or 2 (No).

[ZIPCODE_OF_RESIDENCE]

- [ZIPCODE_OF_RESIDENCE] must be a valid Zip Code and must be valid for the [COUNTY_OF_RESIDENCE_CODE]. For Canada, use 88888.

[COUNTY_OF_RESIDENCE_CODE]

- [COUNTY_OF_RESIDENCE_CODE] must be valid for the [ZIPCODE_OF_RESIDENCE] entered.
- If [ZIPCODE_OF_RESIDENCE] is 88888 (Canada), then use 90 (Canada) for [COUNTY_OF_RESIDENCE_CODE].
- If [ZIPCODE_OF_RESIDENCE] is outside of the listed geographic areas, then use 80 (Other) for [COUNTY_OF_RESIDENCE_CODE].

1	Albany	NY
2	Allegany	NY
3	Bronx	NY
4	Broome	NY
5	Cattaraugus	NY
6	Cayuga	NY
7	Chautauqua	NY
8	Chemung	NY
9	Chenango	NY
10	Clinton	NY
11	Columbia	NY
12	Cortland	NY
13	Delaware	NY
14	Dutchess	NY
15	Erie	NY
16	Essex	NY
17	Franklin	NY
18	Fulton	NY
19	Genesee	NY
20	Greene	NY
21	Hamilton	NY
22	Herkimer	NY
23	Jefferson	NY
24	Kings	NY
25	Lewis	NY
26	Livingston	NY
27	Madison	NY
28	Monroe	NY

29	Montgomery	NY
30	Nassau	NY
31	New York	NY
32	Niagara	NY
33	Oneida	NY
34	Onondaga	NY
35	Ontario	NY
36	Orange	NY
37	Orleans	NY
38	Oswego	NY
39	Otsego	NY
40	Putnam	NY
41	Queens	NY
42	Rensselaer	NY
43	Richmond	NY
44	Rockland	NY
45	Saint Lawrence	NY
46	Saratoga	NY
47	Schenectady	NY
48	Schoharie	NY
49	Schuyler	NY
50	Seneca	NY
51	Steuben	NY
52	Suffolk	NY
53	Sullivan	NY
54	Tioga	NY
55	Tompkins	NY
56	Ulster	NY
57	Warren	NY
58	Washington	NY
59	Wayne	NY
60	Westchester	NY
61	Wyoming	NY
62	Yates	NY
70	Connecticut	CT
71	New Jersey	NJ
72	Pennsylvania	PA
73	Massachusetts	MA
74	Vermont	VT
80	Other	OTHER
90	Canada	CANADA
99	Unknown	UNKNOWN

[PROVIDER_NO]

- [PROVIDER_NO] is a valid OASAS provider number.

PAS-51 WAITING LIST REMOVAL (Record Type 6)

Field Name	Position	Length	Data Type	Required
RECORD_TYPE_CODE	1 - 1	1	NUMBER	Y
PROGRAM_NO	2 - 6	5	NUMBER	Y
SEX	7 - 7	1	NUMBER	Y
BIRTH_DATE	8 - 15	8	DATE	Y
LAST_4_SSN	16 - 19	4	CHAR	Y
L_NAME_2_CHAR	20 - 21	2	CHAR	Y
WAITING_LIST_REMOVAL_DATE	22 - 29	8	DATE	Y
REMOVAL_REASON_CODE	30 - 30	1	NUMBER	Y
PROVIDER_NO	31 - 35	5	NUMBER	Y

[RECORD_TYPE_CODE]

- [RECORD_TYPE_CODE] must be 6 for a waiting list removal record.

[PROGRAM_NO]

- The program must be an open treatment program with the provider.
- Client must be active on the Waiting List for the program.

[SEX]

- [SEX] must be either 1 (male) or 2(female).

[BIRTH_DATE]

- [BIRTH_DATE] cannot be a future date.

[LAST_4_SSN]

- [LAST_4_SSN] is the last four digits of client's social security number.
- [LAST_4_SSN] must be four numbers. No spaces, alphabetic or special characters allowed.

[LAST_NAME_2_CHAR]

- First two alphabetic characters of client's last name at birth in uppercase. No special characters (e.g. O'Connor => OC).

[SEX], [BIRTH_DATE], [LAST_4_SSN], and [LAST_NAME_2_CHAR]

- These four attributes form a client tracking ID. A client tracking ID must uniquely identify a client.

[WAITING_LIST_REMOVAL_DATE]

- [WAITING_LIST_REMOVAL_DATE] cannot be earlier than [BIRTH_DATE].
- [WAITING_LIST_REMOVAL_DATE] cannot be prior to the Date Placed on Waiting List.
- [WAITING_LIST_REMOVAL_DATE] and [REMOVAL_REASON_CODE] are dependent upon each other. One field cannot be entered without the other one.

[REMOVAL_REASON_CODE]

- [WAITING_LIST_REMOVAL_DATE] and [REMOVAL_REASON_CODE] are dependent upon each other. One field cannot be entered without the other one.
- Users cannot set [REMOVAL_REASON_CODE] to a system added reason, only system can set it.

- 1 Admitted into this program (added by system)
- 2 Admitted into another program within this provider
- 3 Admitted into another chemical dependence program
- 4 Admitted into another type of program
- 5 Refused treatment
- 6 Lost to contact
- 7 Other

[PROVIDER_NO]

- [PROVIDER_NO] is a valid OASAS provider number.

PAS-61 CLIENT ASSESSMENT (Record Type 7)

- This form is only used by: Chemical Dependence Treatment Programs.
- The primary purpose of this form is to collect information on a client's assessment that did not result in admission.

Record Layout

Field Name	Position	Length	Data Type	Required
RECORD_TYPE_CODE	1 - 1	1	NUMBER	Y
PROGRAM_NO	2 - 6	5	NUMBER	Y
PROVIDER_CLIENT_ID	7 - 16	10	VARCHAR	Y
SPECIAL_PROJECT_CODE	17 - 19	3	NUMBER	N
SEX	20 - 20	1	NUMBER	Y
BIRTH_DATE	21 - 28	8	DATE	Y
LAST_4_SSN	29 - 32	4	CHAR	Y
LAST_NAME_2_CHAR	33 - 34	2	CHAR	Y
ASSESSMENT_DATE	35 - 42	8	DATE	Y
NUMBER_OF_ASSESSMENT_VISITS	43 - 43	1	NUMBER	Y
ADMISSION_DISPOSITION	44 - 45	2	NUMBER	Y
SIGNIFICANT_OTHER	46 - 46	1	NUMBER	N
RACE_CODE	47 - 47	1	NUMBER	N
HISPANIC_ORIGIN_CODE	48 - 48	1	NUMBER	N
VETERAN	49 - 49	1	NUMBER	N
ZIPCODE_OF_RESIDENCE	50 - 54	5	CHAR	N
COUNTY_OF_RESIDENCE_CODE	55 - 56	2	NUMBER	N
TYPE_OF_RESIDENCE_CODE	57 - 58	2	NUMBER	N
LIVING_ARRANGEMENTS_CODE	59 - 59	1	NUMBER	N
PRINCIPAL_REFERRAL_SOURCE_CODE	60 - 61	2	NUMBER	N
EDUCATION_CODE	62 - 63	2	NUMBER	N
EMPLOYMENT_CODE	64 - 65	2	NUMBER	N
PRIMARY_SOURCE_OF_INCOME_CODE	66 - 67	2	NUMBER	N
MARITAL_STATUS_CODE	68 - 68	1	NUMBER	N
COA_COSA_CODE	69 - 69	1	NUMBER	N
CHILDREN	70 - 70	1	NUMBER	N
CHILDREN_LIVING_WITH_CLIENT	71 - 71	1	NUMBER	N
CHILDREN_IN_FOSTER_CARE	72 - 72	1	NUMBER	N
CASE_WITH_CHILD_PROTECTIVE_SERVICES	73 - 73	1	NUMBER	N
CRIMINAL_JUSTICE_CODE	74 - 75	2	NUMBER	N
NUMBER_OF_ARRESTS_6MONTH	76 - 78	3	NUMBER	N
NUMBER_OF_DAYS_INCARCERATED_6MONTH	79 - 81	3	NUMBER	N
PRIMARY_SUBSTANCE_CODE	82 - 83	2	NUMBER	N
PRIMARY_ROUTE_CODE	84 - 84	1	NUMBER	N
PRIMARY_FREQUENCY_CODE	85 - 85	1	NUMBER	N
PRIMARY_AGE_OF_FIRST_USE	86 - 87	2	NUMBER	N
SECONDARY_SUBSTANCE_CODE	88 - 89	2	NUMBER	N
SECONDARY_ROUTE_CODE	90 - 90	1	NUMBER	N
SECONDARY_FREQUENCY_CODE	91 - 91	1	NUMBER	N
SECONDARY_AGE_OF_FIRST_USE	92 - 93	2	NUMBER	N

TERTIARY_SUBSTANCE_CODE	94 - 95	2	NUMBER	N
TERTIARY_ROUTE_CODE	96 - 96	1	NUMBER	N
TERTIARY_FREQUENCY_CODE	97 - 97	1	NUMBER	N
TERTIARY_AGE_OF_FIRST_USE	98 - 99	2	NUMBER	N
PREGNANT	100 - 100	1	NUMBER	N
SPEECH_IMPAIRMENT	101 - 101	1	NUMBER	N
HEARING_IMPAIRMENT	102 - 102	1	NUMBER	N
SIGHT_IMPAIRMENT	103 - 103	1	NUMBER	N
MOBILITY_IMPAIRMENT	104 - 104	1	NUMBER	N
OTHER_PHYSICAL_PROBLEM	105 - 105	1	NUMBER	N
MENTAL_RETARDATION	106 - 106	1	NUMBER	N
COEXISTING_PSYCHIATRIC_DISORDER	107 - 107	1	NUMBER	N
TREATED_FOR_MENTAL_ILLNESS	108 - 108	1	NUMBER	N
HOSPITALIZED_FOR_MENTAL_ILLNESS	109 - 109	1	NUMBER	N
HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS	110 - 110	1	NUMBER	N
NUMBER_OF_DAYS_IN_DETOX_6MONTH	111 - 113	3	NUMBER	N
NUMBER_OF_ER_EPISODES_6MONTH	114 - 115	2	NUMBER	N
NUMBER_OF_DAYS_HOSPITALIZED_6MONTH	116 - 118	3	NUMBER	N
REASON_FOR_HOSPITAL_VISITS	119 - 119	1	NUMBER	N
PROVIDER_NO	120 - 124	5	NUMBER	Y

Validation Rules

[RECORD_TYPE_CODE]

- [RECORD_TYPE_CODE] must be 7 for a client assessment record.

[PROGRAM_NO]

- The program must be an open treatment program with the provider.

[PROVIDER_CLIENT_ID]

- [PROVIDER_CLIENT_ID] cannot begin with spaces or zeros.
- A client must have one and only one [PROVIDER_CLIENT_ID] within a program, and one [PROVIDER_CLIENT_ID] cannot be assigned to multiple clients.

[SPECIAL_PROJECT_CODE]

- [SPECIAL_PROJECT_CODE] is a numeric code assigned to a special project. Optional except where directions have been given by OASAS.

- 1 Target Cities Client
- 2 Target Cities Control Client
- 3 Criminal Justice Project
- 4 HEART Project - Homeless
- 5 Waiting List Grant
- 6 In Home Intensive Treatment
- 7 DTAP
- 8 Women and Children
- 10 Treatment Outcome Study
- 11 Willard Treatment Project
- 13 Bridge Back Foundation Rehab
- 15 Workfare
- 16 Pius XII School Gateway Ctr
- 17 Nassau County Home Relief
- 21 Crim Just Resid Pgm Expansion
- 24 Syracuse Treatment Court
- 25 Federal Probation
- 26 Fed Bureau of Prisons (BOP)

- 27 High Impact Incar Prog (HIIP)
- 28 Alter to Incarceration (AIP)
- 29 TANF Case Management
- 30 Managed Addict Treat (MATS)
- 31 Medicaid Pending at Admission
- 32 Nassau Co. Significant Other
- 33 NYC Crisis Service Pilot
- 34 NYC Probation Project
- 40 ErieCo Motivation Interview 1
- 41 ErieCo Motivation Interview 2
- 42 ErieCo Motivation Interview 3
- 43 ErieCo Motivation Interview 4
- 44 ErieCo Motivation Interview 5
- 45 ErieCo Motivation Interview 6
- 46 ErieCo Motivation Interview 7
- 47 ErieCo Motivation Interview 8
- 48 ErieCo Motivation Interview 9
- 49 ErieCo Motivation Interview 10
- 50 ErieCo Motivation Interview 11
- 51 ErieCo Motivation Interview 12
- 52 ErieCo Motivation Interview 13
- 53 ErieCo Motivation Interview 14
- 54 ErieCo Motivation Interview 15
- 55 ErieCo Motivation Interview 16
- 56 ErieCo Motivation Interview 17
- 57 ErieCo Motivation Interview 18
- 58 ErieCo Motivation Interview 19
- 59 ErieCo Motivation Interview 20
- 60 ErieCo Motivation Interview 21
- 61 ErieCo Motivation Interview 22
- 62 ErieCo Motivation Interview 23
- 63 ErieCo Motivation Interview 24
- 64 ErieCo Motivation Interview 25
- 65 ErieCo Motivation Interview 26
- 66 ErieCo Motivation Interview 27
- 67 ErieCo Motivation Interview 28
- 68 ErieCo Motivation Interview 29
- 69 ErieCo Motivation Interview 30
- 70 Outreach (Adolescents)
- 71 SO -- Foster Parents
- 72 Traumatic Brain Injury/ARP
- 73 Fetal Alcohol (FASD)

[SEX]

- [SEX] must be either 1 (male) or 2(female). If [PREGNANT] is 1 (yes), [SEX] must be 2 (female).

[BIRTH_DATE]

- [BIRTH_DATE] cannot be a future date and Client's age at assessment must be less than 95.
- Age based on [BIRTH_DATE] cannot be less than age of first substance use for any transaction in the client history.
- [BIRTH_DATE] must be earlier than all transaction dates in the client history.
- Client must be less than 21 on [ASSESSMENT_DATE] to Residential Rehab for Youth program (service code = 65).

[LAST_4_SSN]

- [LAST_4_SSN] is the last four digits of client's social security number.
- [LAST_4_SSN] must be four numbers. No spaces, alphabetic or special characters allowed.

[LAST_NAME_2_CHAR]

- First two alphabetic characters of client's last name at birth in uppercase. No special characters (e.g. O'Connor => OC).

[SEX], [BIRTH_DATE], [LAST_4_SSN], and [LAST_NAME_2_CHAR]

- These four attributes form a client tracking ID. A client tracking ID must uniquely identify a client.

[ASSESSMENT_DATE]

- [ASSESSMENT_DATE] cannot be a future date.
- [ASSESSMENT_DATE] cannot be earlier than the date the program opened.
- [ASSESSMENT_DATE] cannot be prior to 05/01/1995.
- [ASSESSMENT_DATE] cannot be earlier than [BIRTH_DATE].
- [ASSESSMENT_DATE] cannot be between an admission and discharge date (or current date if client is active) for any treatment episode within the same program.
- Client must be less than 21 on [ASSESSMENT_DATE] to Residential Rehab for Youth program (service code = 65).

[NUMBER_OF_ASSESSMENT_VISITS]

- [NUMBER_OF_ASSESSMENT_VISITS] refers to the number of assessment days for Inpatient & Residential programs and the number of assessment visits for outpatient programs.

Program Type	Service Type	Assessment Days / Visits
Methadone Treatment	<ul style="list-style-type: none"> • Intensive Residential • MTA-Residential 	Up to 1
Methadone Treatment	<ul style="list-style-type: none"> • Methadone KEEP • Methadone Clinic • MTA - Outpatient • MTA -Day Service • Medical Maintenance • Methadone Aftercare 	Up to 2
Chemical Dependency Youth	<ul style="list-style-type: none"> • Residential CDY (Short-Term) • Residential CDY (Long Term) 	Up to 1
Chemical Dependency Youth	<ul style="list-style-type: none"> • Outpatient Chemical Dependence Youth 	Up to 2
Outpatient Services	<ul style="list-style-type: none"> • Outpatient Clinic • Outpatient Rehabilitation • Non-Medically Supervised Chemical Dependence Outpatient • Non-Medically Supervised Chemical Dependence Day Service 	Up to 2
Inpatient Treatment Services	<ul style="list-style-type: none"> • Inpatient Rehabilitation 	Up to 1
Residential Services	<ul style="list-style-type: none"> • Community Residential • Supportive Living • Intensive Residential 	Up to 1

[ADMISSION_DISPOSITION]

- 10 Referred to another Alc/Sub Abuse Treatment Unit
- 11 Close case pending action of referring agency
- 12 No treatment necessary: referred to AA,NA,AL-ANON,etc
- 13 No treatment necessary: no Alc/Sub Abuse referral
- 14 Treatment recommendation refused
- 15 Further services refused
- 16 Lost to Contact
- 17 Other

[SIGNIFICANT_OTHER]

- [SIGNIFICANT_OTHER] must be either 1 (for Yes) or 2 (for No).
- [SIGNIFICANT_OTHER] can be 1(Yes) for outpatient services programs (Part 822) only.

- [SIGNIFICANT_OTHER] must be 1 (Yes) when [PRIMARY_SUBSTANCE_CODE] is 0 (none).

[RACE_CODE]

- 1 Alaska Native
- 2 American Indian
- 4 Black or African American
- 5 White
- 6 Other
- 7 Hawaiian/Pacific Islander
- 8 Asian

[HISPANIC_ORIGIN_CODE]

- 1 Puerto Rican
- 2 Mexican
- 3 Cuban
- 4 Other Hispanic
- 5 Not of Hispanic Origin
- 6 Hispanic, Not Specified

[VETERAN]

- [VETERAN] must be either 1 (for Yes) or 2 (for No).

[ZIPCODE_OF_RESIDENCE]

- [ZIPCODE_OF_RESIDENCE] must be a valid Zip Code and must be valid for the [COUNTY_OF_RESIDENCE_CODE]. For Canada, use 88888.

[COUNTY_OF_RESIDENCE_CODE]

- [COUNTY_OF_RESIDENCE_CODE] must be valid for the [ZIPCODE_OF_RESIDENCE] entered.
- If [ZIPCODE_OF_RESIDENCE] is 88888 (Canada), then use 90 (Canada) for [COUNTY_OF_RESIDENCE_CODE].
- If [ZIPCODE_OF_RESIDENCE] is outside of the listed geographic areas, then use 80 (Other) for [COUNTY_OF_RESIDENCE_CODE].

- 1 Albany NY
- 2 Allegany NY
- 3 Bronx NY
- 4 Broome NY
- 5 Cattaraugus NY
- 6 Cayuga NY
- 7 Chautauqua NY
- 8 Chemung NY
- 9 Chenango NY
- 10 Clinton NY
- 11 Columbia NY
- 12 Cortland NY
- 13 Delaware NY
- 14 Dutchess NY
- 15 Erie NY
- 16 Essex NY
- 17 Franklin NY
- 18 Fulton NY
- 19 Genesee NY
- 20 Greene NY
- 21 Hamilton NY
- 22 Herkimer NY
- 23 Jefferson NY
- 24 Kings NY
- 25 Lewis NY
- 26 Livingston NY
- 27 Madison NY
- 28 Monroe NY

29	Montgomery	NY
30	Nassau	NY
31	New York	NY
32	Niagara	NY
33	Oneida	NY
34	Onondaga	NY
35	Ontario	NY
36	Orange	NY
37	Orleans	NY
38	Oswego	NY
39	Otsego	NY
40	Putnam	NY
41	Queens	NY
42	Rensselaer	NY
43	Richmond	NY
44	Rockland	NY
45	Saint Lawrence	NY
46	Saratoga	NY
47	Schenectady	NY
48	Schoharie	NY
49	Schuyler	NY
50	Seneca	NY
51	Steuben	NY
52	Suffolk	NY
53	Sullivan	NY
54	Tioga	NY
55	Tompkins	NY
56	Ulster	NY
57	Warren	NY
58	Washington	NY
59	Wayne	NY
60	Westchester	NY
61	Wyoming	NY
62	Yates	NY
70	Connecticut	CT
71	New Jersey	NJ
72	Pennsylvania	PA
73	Massachusetts	MA
74	Vermont	VT
80	Other	OTHER
90	Canada	CANADA

[TYPE_OF_RESIDENCE_CODE]

- 1 Private Residence
- 2 Homeless, No Shelter
- 3 Homeless, Shelter
- 4 Single Resident Occupancy
- 5 CD Community Residence
- 6 MH/MRDD Community Residence
- 7 Institution, Other
- 8 Other Group Residence Setting
- 9 Other

[LIVING_ARRANGEMENTS_CODE]

- 1 Living Alone
- 2 Living with Spouse/Relatives
- 3 Living w/ Non-Related Persons

[PRINCIPAL_REFERRAL_SOURCE_CODE]

- 1 CD Medically Managed Detoxification
- 2 CD Medically Supervised Withdrawal Outpatient

- 3 CD Medically Monitored Withdrawal
- 4 CD Inpatient Rehabilitation
- 5 CD Intensive Residential
- 6 CD Residential Chemical Dependency Youth
- 7 CD Outpatient Chemical Dependency Youth
- 8 CD Community Residence
- 9 CD Outpatient Clinic
- 10 CD Outpatient Rehab Program
- 11 CD Methadone Treatment
- 12 CD Non-Medically Supervised Outpatient
- 13 Community Education and Intervention/I and R
- 14 Youth Education and Intervention (non SAP)
- 15 Student Assistance Program/School Based
- 16 Hospital and Health Care Intervention Services
- 17 Employee Assistance Program
- 18 Other Prevention/Intervention Program
- 19 Drinking Driver Referral
- 20 Police
- 21 Family Court/Probation
- 22 Other Court/Probation
- 23 Alternatives to Incarceration
- 24 City/County Jail
- 25 NYS Department of Correctional Services
- 26 NYS Division of Parole
- 27 Developmental Disabilities Program
- 28 Mental Health Provider
- 29 Managed Care Provider
- 30 Health Care Provider
- 31 Employer/Union (Non-EAP)
- 32 School (Other than Prevention Program)
- 33 Special Services (Homeless/Shelters)
- 34 Local Social Services-Child Protect Services/CWA
- 35 Local Social Services Dist - Income Maintenance
- 36 Other Social Services Provider
- 37 AIDS Related Services
- 38 Self-Referral
- 39 Family, Friends, Other Individuals
- 40 AA/NA and Other Self-Help
- 41 Local Soc Svcs Dist Treatmnt Mandate/Public Assist
- 42 Local Soc Svcs Dist Treatmnt Mandate/Medicaid Only
- 43 Drug Courts
- 44 Office of Children and Family Services
- 45 CD Med Sup Withdrawal Inpatient/Residential
- 98 Other

[EDUCATION_CODE]

- 0 No education
- 1 1st Grade Completed
- 2 2nd Grade Completed
- 3 3rd Grade Completed
- 4 4th Grade Completed
- 5 5th Grade Completed
- 6 6th Grade Completed
- 7 7th Grade Completed
- 8 8th Grade Completed
- 9 9th Grade Completed
- 10 10th Grade Completed
- 11 11th Grade Completed
- 12 High School Diploma
- 13 General Equivalency Diploma
- 14 Vocational Cert w/o Diploma/GED
- 15 Vocational Cert w/ Diploma/GED
- 16 Some College-No degree

- 17 Associates Degree
- 18 Bachelors Degree
- 19 Graduate Degree

[EMPLOYMENT_CODE]

- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] must be 1 (Employed Full Time-35+ hrs/wk), 2 (Employed Part Time-< 35 hrs/wk), 3 (Employed in Sheltered Workshop), 4(Unemployed, Looking), 5 (Unemployed, In Treatment) or 6 (Unemployed, Not Looking).
- If [PRIMARY_SOURCE_OF_INCOME_CODE] is 1 (wages), then the [EMPLOYMENT_CODE] cannot be 14(Social Services Work Exp Prog).

- 1 Employed Full Time-35+ hrs/wk
- 2 Employed Part Time-< 35 hrs/wk
- 3 Employed in Sheltered Workshop
- 4 Unemployed, Looking
- 5 Unemployed, In Treatment
- 6 Unemployed, Not Looking
- 7 Not in Labor Force, Student
- 8 Not in Labor Force, Retired
- 9 Not in Labor Force, Inmate
- 10 Not in Labor Force, Disabled
- 11 Not in Labor Force, Child Care
- 12 Not in Labor Force, In Training
- 13 Not in Labor Force, Other
- 14 Social Services Work Exp Prog
- 15 Not Employed/Able to Work
- 16 Unable to Work, Mandated Treat
- 17 Unknown

[PRIMARY_SOURCE_OF_INCOME_CODE]

- 1 Wages/Salary
- 2 SSI/SSDI or SSA
- 3 Safety Net Assistance (SNA)
- 4 Temp Asst for Needy Fam (TANF)
- 5 Department of Veterans Affairs
- 6 Alimony/Child Support
- 7 Fam and/or Spouse Contribution
- 8 Other
- 9 None

[MARITAL_STATUS_CODE]

- 1 Never Married
- 2 Married
- 3 Living as Married
- 4 Widowed
- 5 Separated
- 6 Divorced

[COA_COSA_CODE]

- 1 No
- 2 Child of Alcoholic(s)
- 3 Child of Substance Abuser(s)
- 4 Both COA and COSA

[CHILDREN]

- [CHILDREN] is a whole number between 0 and 9.

[CHILDREN_LIVING_WITH_CLIENT]

- [CHILDREN_LIVING_WITH_CLIENT] is a whole number between 0 and 9.

[CHILDREN_LIVING_IN_FOSTER_CARE]

- [CHILDREN_LIVING_IN_FOSTER_CARE] is a whole number between 0 and 9.

[CASE_WITH_CHILD_PROTECTIVE_SERVICES]

- [CASE_WITH_CHILD_PROTECTIVE_SERVICES] must be either 1 (for Yes) or 2 (for No).

[CRIMINAL_JUSTICE_CODE]

- If [EMPLOYMENT_CODE] is 9 (Not in labor force-inmate), then [CRIMINAL_JUSTICE_CODE] cannot be 7 (None).

- 7 None
- 10 Pre-Court Sentence (non-ATI)
- 11 Pre-Court Sentence (ATI)
- 12 Probation (non-ATI)
- 13 Probation (ATI)
- 14 Other Alt to Incarceration
- 15 Correctional-Based Setting
- 16 Post-Correctional Supervision

[NUMBER_OF_ARRESTS_6MONTH]

- [NUMBER_OF_ARRESTS_6MONTH] must be a whole number between 0 and the number of days of last 6 month.
- If [NUMBER_OF_ARRESTS_30DAYS] is greater than 0, then [NUMBER_OF_ARRESTS_6MONTH] must be greater than 0.
- If [NUMBER_OF_ARRESTS_30DAYS] is 0, then [NUMBER_OF_ARRESTS_6MONTH] must be 0.
- The [NUMBER_OF_ARRESTS_30DAYS] cannot be less than [NUMBER_OF_ARRESTS_6MONTH].

[NUMBER_OF_DAYS_INCARCERATED_6MONTH]

- [NUMBER_OF_DAYS_INCARCERATED_6MONTH] must be a whole number between 0 and the number of days in the past six months.

[PRIMARY_SUBSTANCE_CODE]

- If the program is a Methadone program, then [PRIMARY_SUBSTANCE_CODE] must be 1 (Heroin), 2 (Non-RX Methadone), 3, (Other Opiate/Synthetic), 29 (OxyContin) or 22 (Buprenorphine).
- [PRIMARY_SUBSTANCE_CODE] can be 0 (None) for [SIGNIFICANT_OTHER] is 1 (Yes) OR the following [SPECIAL_PROJECT_CODE]: 8 (Women and Children), 9 (TFIP), 19 (Willard – No Primary Substance).
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (None), then [SIGNIFICANT_OTHER] must be 2 (No).
- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_ROUTE_CODE], [PRIMARY_FREQUENCY_CODE] and [PRIMARY_AGE_OF_FIRST_USE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_ROUTE_CODE], [PRIMARY_FREQUENCY_CODE] and [PRIMARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none) then [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE] must be valid combination.
- If [PRIMARY_SUBSTANCE_CODE] is 0 (none) then [SECONDARY_SUBSTANCE_CODE] and [TERTIARY_SUBSTANCE_CODE] must be 0 (none).
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

- 0 None
- 1 Heroin
- 2 Non-Rx Methadone
- 3 Other Opiate/Synthetic
- 4 Alcohol
- 5 Barbiturate
- 6 Other Sedative/Hypnotic
- 7 Methamphetamine (e.g. Ice)
- 8 Other Amphetamine
- 9 Crack

- 10 Cocaine
- 11 Other Stimulant
- 12 Marijuana/Hashish
- 13 PCP
- 14 Other Hallucinogen
- 15 Benzodiazepine (Klonopin)
- 16 Other Tranquillizer
- 17 Inhalant
- 18 Over-the-Counter
- 21 Alprazolam (Xanax)
- 22 Buprenorphine
- 23 Catapres (Clonidine)
- 24 Elavil
- 25 Ephedrine
- 26 GHB
- 27 Ketamine
- 28 Khat
- 29 OxyContin
- 30 ROHYPNOL
- 31 Ecstasy
- 32 Viagra
- 98 Other

[PRIMARY_ROUTE_CODE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_ROUTE_CODE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_ROUTE_CODE] cannot be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

- 1 Oral
- 2 Smoking
- 3 Inhalation
- 4 Injection
- 8 Other

[PRIMARY_FREQUENCY_CODE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_FREQUENCY_CODE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_FREQUENCY_CODE] cannot be space filled.

- 1 No use in last 30 days
- 2 1-3 times last 30 days
- 3 1-2 times per week
- 4 3-6 times per week
- 5 Daily

[PRIMARY_AGE_OF_FIRST_USE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [PRIMARY_AGE_OF_FIRST_USE] must be space filled.
- If [PRIMARY_SUBSTANCE_CODE] is not 0 (none), then [PRIMARY_AGE_OF_FIRST_USE] cannot be space filled.
- [PRIMARY_AGE_OF_FIRST_USE] cannot be greater than the age at admission.

[SECONDARY_SUBSTANCE_CODE]

- If [PRIMARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_SUBSTANCE_CODE] must be 0 (none).
- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_ROUTE_CODE], [SECONDARY_FREQUENCY_CODE] and [SECONDARY_AGE_OF_FIRST_USE] must be space filled.

- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_ROUTE_CODE], [SECONDARY_FREQUENCY_CODE] and [SECONDARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_SUBSTANCE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[SECONDARY_ROUTE_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_ROUTE_CODE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_ROUTE_CODE] cannot be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must be valid combination.
- [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_ROUTE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[SECONDARY_FREQUENCY_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_FREQUENCY_CODE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_FREQUENCY_CODE] cannot be space filled.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[SECONDARY_AGE_OF_FIRST_USE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [SECONDARY_AGE_OF_FIRST_USE] must be space filled.
- If [SECONDARY_SUBSTANCE_CODE] is not 0 (none), then [SECONDARY_AGE_OF_FIRST_USE] cannot be space filled.
- [SECONDARY_AGE_OF_FIRST_USE] cannot be greater than age of client at admission.

[TERTIARY_SUBSTANCE_CODE]

- If [SECONDARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_SUBSTANCE_CODE] must be 0 (none) as well.
- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_ROUTE_CODE], [TERTIARY_FREQUENCY_CODE] and [TERTIARY_AGE_OF_FIRST_USE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_ROUTE_CODE], [TERTIARY_FREQUENCY_CODE] and [TERTIARY_AGE_OF_FIRST_USE] cannot be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must be valid combination.
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_SUBSTANCE_CODE] section for valid values.
- See “Substance with Route Edits” (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[TERTIARY_ROUTE_CODE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_ROUTE_CODE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_ROUTE_CODE] cannot be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must be valid combination.

- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [PRIMARY_SUBSTANCE_CODE] and [PRIMARY_ROUTE_CODE].
- [TERTIARY_SUBSTANCE_CODE] and [TERTIARY_ROUTE_CODE] must differ from [SECONDARY_SUBSTANCE_CODE] and [SECONDARY_ROUTE_CODE].
- Refer to [PRIMARY_ROUTE_CODE] section for valid values.
- See "Substance with Route Edits" (under CDS Documentation / Forms and Instructions tab in the OASAS Portal Home Page) for valid substance and route value combinations.

[TERTIARY_FREQUENCY_CODE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_FREQUENCY_CODE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_FREQUENCY_CODE] cannot be space filled.
- Refer to [PRIMARY_FREQUENCY_CODE] section for valid values.

[TERTIARY_AGE_OF_FIRST_USE]

- If [TERTIARY_SUBSTANCE_CODE] is 0 (none), then [TERTIARY_AGE_OF_FIRST_USE] must be space filled.
- If [TERTIARY_SUBSTANCE_CODE] is not 0 (none), then [TERTIARY_AGE_OF_FIRST_USE] cannot be space filled.
- [TERTIARY_AGE_OF_FIRST_USE] cannot be greater than age of client at admission.

[PREGNANT]

- [PREGNANT] must be either 1 (for Yes) or 2 (for No).

[SPEECH_IMPAIRMENT]

- [SPEECH_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[HEARING_IMPAIRMENT]

- [HEARING_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[SIGHT_IMPAIRMENT]

- [SIGHT_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[MOBILITY_IMPAIRMENT]

- [MOBILITY_IMPAIRMENT] must be either 1 (for Yes) or 2 (for No).

[OTHER_PHYSICAL_PROBLEM]

- [OTHER_PHYSICAL_PROBLEM] must be either 1 (for Yes) or 2 (for No).

[MENTAL_RETARDATION]

- [MENTAL_RETARDATION] must be either 1 (for Yes) or 2 (for No).

[COEXISTING_PSYCHIATRIC_DISORDER]

- [COEXISTING_PSYCHIATRIC_DISORDER] must be either 1 (for Yes) or 2 (for No).

[TREATED_FOR_MENTAL_ILLNESS]

- [TREATED_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [HOSPITALIZED_FOR_MENTAL_ILLNESS] is 1 (yes), then [TREATED_FOR_MENTAL_ILLNESS] must be 1 (yes).

[HOSPITALIZED_FOR_MENTAL_ILLNESS]

- [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] is 1 (yes), then [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be 1 (yes).
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric), then [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be 1 (yes).

[HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS]

- [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] must be either 1 (for Yes) or 2 (for No).
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric) and [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is equal to or greater than 30, then [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] must be 1 (yes).

[NUMBER_OF_DAYS_IN_DETOX_6MONTH]

- [NUMBER_OF_DAYS_IN_DETOX_6MONTH] must be a whole number between 0 and the number of days in past 6 months.

[NUMBER_OF_ER_EPISODES_6MONTH]

- [NUMBER_OF_ER_EPISODES_6MONTH] must be a whole number between 0 and 99.

[NUMBER_OF_DAYS_HOSPITALIZED_6MONTH]

- [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] must be a whole number between 0 and the number of days in past 6 months.

[REASON_FOR_HOSPITALIZATION_CODE]

- If [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is greater than 0, then [REASON_FOR_HOSPITALIZATION_CODE] must be 1, 2, or 3 (Medical, Psychiatric, or Both).
- If [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is 0, then [REASON_FOR_HOSPITALIZATION_CODE] must be space filled.
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric) and [NUMBER_OF_DAYS_HOSPITALIZED_6MONTH] is equal to or greater than 30, then [HOSPITALIZED_30+DAYS_FOR_MENTAL_ILLNESS] must be 1 (yes).
- If [REASON_FOR_HOSPITALIZATION_CODE] is 2 (Psychiatric), then [HOSPITALIZED_FOR_MENTAL_ILLNESS] must be 1 (yes).

- 1 Medical
- 2 Psychiatric
- 3 Both

[PROVIDER_NO]

- [PROVIDER_NO] is a valid OASAS provider number.