

**NYS Office of Alcoholism and Substance Abuse Services  
METHADONE CLIENT UPDATE FORM INSTRUCTIONS (PAS-26N)**

*These instructions are for the purpose of completing the PAS-26 form only.  
They do not supersede or replace existing regulations.*

**SEX**

Indicate **Male** or **Female**

**BIRTH DATE**

Enter two digits each for the month and day and a four-digit year of birth (e.g., March 8, 1948 would be 03/08/1948).

**LAST FOUR DIGITS OF THE SOCIAL SECURITY NUMBER**

Enter the last four digits of the **patient's** Social Security Number (SSN), as assigned by the Social Security Administration. In the event that the patient does not have a SSN, enter 0000. If another person is providing insurance coverage, be sure to use the patient's SSN, not the SSN of the insured.

**FIRST TWO LETTERS OF THE LAST NAME AT BIRTH**

Enter the first two letters of the patient's last/**birth name** (Smith = SM, O'Brien = OB). For patients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

**DATE UPDATE DUE**

The anniversary of the patient's admission date is pre-filled by the computer system and cannot be changed. However, you may want to fill in this field so that the data entry person can prioritize the order of updates. **If more than one Methadone Client Update Report is overdue for this patient (i.e., there is at least one Report more than a year overdue), the most overdue Report(s), must be entered first.**

**DATE ANNUAL STATUS COMPLETED**

Enter the date you are completing the PAS-26N.

**ZIP CODE OF RESIDENCE**

Enter the five-digit zip code for the patient's county of residence. If the patient is homeless and does not live in a shelter, or if the patient resides in the treatment program, use the program's zip code. If the patient is homeless and lives in a shelter, use the shelter's zip code. **For Canada, use 88888.**

**COUNTY OF RESIDENCE**

From the drop down list, click on the NY county code or the values for any of the listed border states. If the zip code for Canada was entered (88888), click on "**90 Canada.**" If the client's zip code is outside of these geographic areas, the user should click on "**80 Other**" from the drop down list.

<b>70 Connecticut</b>	<b>CT</b>
<b>71 New Jersey</b>	<b>NJ</b>
<b>72 Pennsylvania</b>	<b>PA</b>
<b>73 Massachusetts</b>	<b>MA</b>
<b>74 Vermont</b>	<b>VT</b>
<b>80 Other</b>	<b>OTHER</b>
<b>90 Canada</b>	<b>CANADA</b>

**TYPE OF RESIDENCE**

Indicate the category that best describes the patient's type of residence at his/her anniversary date.

**Private Residence**

**Homeless: shelter** Includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and is residing in some type of temporary accommodation; i.e., hotel, shelter, residential program for the victims of domestic violence.

**Homeless: no shelter, or circulates among acquaintances** Includes a person or family who is

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undomiciled, has no fixed address, lacks a regular night time residence, and circulates among acquaintances or is residing in a place not designed or originally used as a regular sleeping accommodation for human beings.

**Single Resident Occupancy** Hotel, rooming house, adult home, or residence for adults

**(Chemical Dependence) CD Community Residence**

**MH/MRDD Community Residence**

**Other Group Residential setting** Other Group Residential may include group homes, supervised apartments, college housing or military barracks.

**Institution, Other** (e.g., jail, hospital)

**Other**

**LIVING ARRANGEMENTS**

Indicate the patient's living arrangements at his/her anniversary date.

**Living Alone**

**Living with Non-related persons**

**Living with Spouse/Relatives**

**HIGHEST GRADE COMPLETED**

Indicate the patient's highest grade completed.

**No Education**

**01 to Grade 11-** Indicate grade completed

**High School Diploma**

**General Equivalency Diploma (GED)**

**Vocational Certificate w/o Diploma/GED** (A Vocational Certificate is any certificate received as a result of vocational training or special skill trade.)

**Vocational Certificate w/Diploma/GED**

**Some College - No Degree**

**Associates Degree**

**Bachelors Degree**

**Graduate Degree**

**EMPLOYMENT STATUS**

Indicate the patient's employment status at his/her anniversary date. If a patient may be counted in more than one category, please choose the status which most appropriately indicates their status. *For example: if an individual is employed part-time and is also a student or a homemaker or a retired person, he/she is part of the labor force and the status should be "Employed Part-Time." "For active military personnel status should be "Employed Full-Time." "Unemployed Looking for Work" should only be used if client has actively sought employment within the last 30 days.*

**Employed Full-Time (35 + Hrs per Week)**

**Employed Part-Time (<35 Hrs per Week)**

**Employed in Sheltered Workshop**

**Unemployed, In Treatment** *To be used only by residential treatment programs.*

**Unemployed, Looking for Work**

**Unemployed, Not Looking for Work**

**Not Employed/Able to Work** The patient has been assessed by treatment program staff or an OASAS credentialed individual acting on behalf of a local Social Services District as able to engage in work, but is not employed at the time the update is completed.

**Not in Labor Force-Child Care**

**Not in Labor Force-Disabled** The patient has been assessed as disabled and is not required to work pending the results of an application for SSI benefits for public assistance purposes.

**Not in Labor Force-In Training**

**Not in Labor Force-Retired**

**Not in Labor Force-Student**

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**Not in Labor Force–Other**

**Social Services Work Experience Program (WEP)** A specific set of work/work related tasks to which a public assistance recipient is assigned for a specific number of hours per week by a local social services district as a condition for receipt of a public assistance grant and/or related benefit.

**Unable to Work, Mandated Treatment** The patient has been assessed by an OASAS credentialed individual acting on behalf of a local Social Services District as unable to work and is in treatment as a condition for receiving public assistance.

**PRIMARY PAYMENT SOURCE**

Indicate the **current** primary source of payment for the patient’s treatment in this PRU.

Funding received from OASAS or other sources and not attributable to a specific patient should not be included as a primary payment source. The primary payment source reflects payments from the patient or other sources based upon the patient’s qualifications for assistance.

**None** To be used only if there is no direct public (i.e., Medicaid, Medicare), private (i.e., health insurance) or patient payment; (i.e., self-pay).

**Self Pay**

**Medicaid** [Inpatient Rehab / Medically Supervised Ambulatory and Methadone Programs Only] *Note: To be used when a provider receives a Medicaid payment in response to a claim submitted by the provider to the NYS Medicaid payment contractor.*

**Medicaid Managed Care** To be reported when a managed care organization (MCO) has authorized reimbursement or has reimbursed the provider for a service rendered to a Medicaid recipient. An MCO is defined as any group operating or implementing health care through managed care concepts of service including authorization, utilization review and/or a fixed network of providers.

**Medicare**

**DSS Congregate Care** (Residential Only) – *NOTE: To be used **only** by non-Medicaid eligible residential programs, including intensive residential, community residences and supportive living programs, that received congregate care payments for the patient being discharged. Congregate Care here is defined as inclusive of SSI, Safety Net and TANF.*

**CHAMPUS/CHAMPVA (Department of Veterans Affairs)**

**Private Insurance – Fee for Service** To be reported when a provider receives payment for an individual that is insured by a company that is not an MCO as defined above. These payments are health insurance benefits provided through entities such as an employer, union, or a commercial or nonprofit insurer such as Metropolitan, Aetna, Blue Cross or Blue Shield respectively. Private insurance benefits may be provided as an individual plan or a group plan.

**Private Insurance – Managed Care** To be reported when a provider has been authorized or receives payment for an individual insured by a MCO. Payment under the Family Health Plus or the Child Health Plus programs is included under this category. This code should not be used for MCO services provided to a Medicaid recipient.

**Other** To be used only for other types of payment received directly from the patient or from others on behalf of patient. *NOTE: This is not to be used when programs receive net deficit funding from OASAS, but have no other payment source specifically related to the patient.*

**CURRENT CRIMINAL JUSTICE STATUS**

Please use the code that most closely reflects the patient’s criminal justice status at the time of admission. Note that both “Pre-Court Sentence” and “Probation” have separate codes for alternative to incarceration and non-alternative to incarceration situations.

**None**

**Pre-Court Sentence (non-Alternative to Incarceration)**

In jail awaiting sentence

DMV Drinking Driver Program

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Other similar categories excluding Probation

**Pre-Court Sentence (Alternative to Incarceration)**

Conditional release (e.g., DTAP)

Federal pre-trial

Road to Recovery (non-Parole)

**Probation (non-Alternative to Incarceration)**

Supervised by Probation

PINS

**Probation (Alternative to Incarceration)**

Supervised by Probation

**Other Alternative to Incarceration**

Drug Court, Family Drug Treatment Court or other drug court where the patient sent to treatment without a pre-court sentence of probation supervision

Road to Recovery (Parole)

Federal Parole

Extended Willard

**Correctional-Based Setting**

Municipal/county jail (court sentenced only)

DOCS Correctional Facility

OFCS institutional facility

Federal correctional facility

**Post-Correctional Supervision**

DOCS community-based supervision (e.g., work release)

Mandated OCFS aftercare supervision

Parole mandated

**NUMBER OF ARRESTS**

Enter the number of times that the patient has been arrested during the six months prior to his/her anniversary date. *Note: An arrest should be counted if the client was legally processed and detained.*

**NUMBER OF DAYS THE PATIENT HAS BEEN INCARCERATED**

Enter the number of whole or partial days that the patient was remanded to jail or prison during the six months prior to his/her anniversary date.

**SUBSTANCE(S) USED IN THE LAST SIX MONTHS LISTED BY SERIOUSNESS OF ABUSE**

From the following list, indicate up to three substances and list by seriousness of abuse. The order should be determined by the number of positive urine screens, clinical judgment and frequency of use, patient's perception, medical issues, and problem areas of patient functioning with the substance.

*DO NOT LIST A DRUG UNLESS THE PATIENT HAS USED THAT DRUG DURING THE LAST SIX MONTHS (INCLUDING HEROIN).*

None	OxyContin	GHB	Other Hallucinogen
Alcohol	Other Opiate/Synthetic	Khat	Ephedrine
Cocaine	Alprazolam (Xanax)	Other Tranquilizer	Inhalant
Crack	Barbiturate	Methamphetamine	Ketamine
Marijuana/Hashish	Benzodiazepine (Klonopin)	Other Amphetamine	ROHYPNOL
Heroin	Catapres (Clonidine)	Other Stimulant	Viagra
Buprenorphine	Other Sedative/Hypnotic	PCP	Over-the-Counter
Non-Rx Methadone	Elavil	Ecstasy	Other

**Frequency of Use in the Last 30 Days**

No use in last 30 days

1-3 times in the last 30 days

1-2 times per week

3-6 times per week

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Daily

**NUMBER OF DAYS THE PATIENT WAS IN DRUG AND/OR ALCOHOL INPATIENT DETOX**

Enter the number of days the patient spent in inpatient detoxification during the last six months.

**NUMBER OF EMERGENCY ROOM EPISODES FOR WHICH THE PATIENT RECEIVED TREATMENT**

Enter the number of separate incidences in which the patient used emergency room services during the last six months.

**NUMBER OF DAYS THE PATIENT WAS HOSPITALIZED FOR NON-DETOX SERVICES**

Enter the number of days that the patient spent in a hospital for other than detoxification services during the last six months.

**IF HOSPITALIZED, SPECIFY REASON**

If the patient was not hospitalized during the prior six months, indicate "Not Applicable." If the number of days the patient was hospitalized for non-detox services is greater than zero, the type of hospitalization must be indicated. Do not indicate a type of hospitalization if the patient was hospitalized only for drug and/or alcohol inpatient detox or had only emergency room visits.

**CURRENT OPIATE ADDICTION MEDICINE**

Indicate the opiate addiction medication currently being administered to the patient (**Methadone or Buprenorphine**).

Use **None** only if the patient has been tapered off his/her addiction medication, there is no medication currently being administered to the patient, and he/she remains active on census.

**DAILY DOSE**

Enter the daily dose of the addiction medication being administered to the patient as of his/her anniversary date. Enter "0" if the patient has been tapered off his/her addiction medication, there is no medication currently being administered to the patient, and he/she remains active on census.

**CURRENT PICK-UP SCHEDULE**

Indicate the category that best represents the current medication pick-up schedule for the patient. If it has recently changed, choose the code that reflects the pick-up schedule the patient had on his/her anniversary date.

**Daily**

**6 days per week**

**5 days per week**

**4 days per week**

**3 days per week**

**2 days per week**

**Once per week**

**Once every two weeks**

**Once per month**

**None** (Use **None** only if the patient has been tapered off his/her addiction medication, there is no medication currently being administered to the patient, and he/she remains active on census.)

**CURRENT DSM-IV OR ICD-10 DIAGNOSIS – AXIS 1**

The Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) is the American Psychiatric Association's official manual of mental disorders. It contains relevant diagnostic information and a glossary of descriptions of the diagnostic categories. Each diagnostic category is assigned a five digit code designation. The International Classification of Diseases and Related Health Problems – 10<sup>th</sup> Revision (ICD-10) provides codes for medication induced disorders. Each diagnostic category is assigned a code of up to five letters and numbers. Include all substance-related diagnoses (including opiate dependence) and diagnosed psychiatric conditions. Each diagnosis should be listed in the order of most to least important based on clinical judgment and current treatment priorities.

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**CURRENT HEALTH STATUS**

Indicate **“Yes” or “No”** for each of the following. If the patient is displaying symptoms consistent with someone having the health problem, **and** the clinician conducting the Methadone Client Update is aware that the patient has this diagnosis, then “Yes” should be indicated. If the patient is not symptomatic, or the clinician is unsure or unaware of a diagnosis, then “No” should be indicated.

**Tuberculosis Symptomatic**  
**Hepatitis B Symptomatic**  
**Hepatitis C Symptomatic**  
**AIDS Symptomatic**