

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

A discharge must be entered for each client leaving treatment from this program who was either admitted or transferred to this PRU using a Client Admission Report (PAS-44) or Client Transfer Report (PAS-47).

PROVIDER IDENTIFICATION NUMBER

Enter the five digit Provider number assigned by OASAS that identifies the treatment service provider.

PROGRAM NUMBER

Enter the five digit number assigned by OASAS which identifies the PRU (Program Reporting Unit) to which the client was admitted or transferred and is now being discharged from. This must be the PRU number of the treatment unit in which the client is currently active on the OASAS Client Data System (CDS). If a client was originally admitted to another PRU and then transferred to the discharging PRU, be sure that the client is active in the CDS for the discharging PRU number.

PROVIDER CLIENT ID NUMBER

Enter the identical client identification number that was reported at the time of admission or transfer. If the client identification number has changed between admission and discharge, instruct data input staff to make the change in the online system.

DATE LAST TREATED

Enter two digits each to identify the month and day and four-digit year that the client **last had face-to-face treatment contact** with program staff in this PRU. (e.g., March 8, 2004 would be 03/08/2004).

For inpatient/residential programs, the client should be discharged after three (3) days of no contact, **retroactive to the date of last face-to-face treatment contact**, unless special arrangements have been made between the client and program staff (e.g., hospitalization, detox).

For methadone treatment programs, a client should be discharged retroactive to the date of last medication **or the date last treated, whichever is later**.

For ambulatory programs, a client normally should be discharged **retroactive to the date of last face-to-face treatment contact** if there is no face-to-face contact within thirty (30) days, unless prior special arrangements have been made between the client and program staff (e.g., hospitalization, detox).

EDUCATION AT DISCHARGE

Indicate the client's highest grade completed at discharge (this must be the same or greater than the grade entered at admission). If the grade entered at admission was incorrect, instruct data input staff to make the change in the online system.

No Education

01 to Grade 11 – Indicate grade completed

High School Diploma

General Equivalency Diploma (GED)

Vocational Certificate w/o Diploma/GED

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

Some College - No Degree

Associates Degree

Bachelors Degree

Graduate Degree

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

EMPLOYMENT STATUS

Indicate the client's current employment status or the status that will immediately follow discharge. If a client may be counted in more than one category, please choose the category that most accurately reflects the client's 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 should be indicated as "Employed Part-Time." Active military personnel should be indicated as "Employed Full-Time." "Unemployed Looking for Work" should only be used if client has actively sought employment within the last 30 days. If the client is leaving your program and has a specified date to start a job, he/she should be reported as "Employed."

Employed Full-Time – 35+ Hrs per Week

Employed Part-Time – <35 Hrs per Week

Employed in Sheltered Workshop

Unemployed, In Treatment

Unemployed, Looking for Work

Unemployed, Not Looking for Work

Not Employed/Able To Work The client is seeking or is on Public Assistance and 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 of discharge.

Not in Labor Force – Child Care issues

Not in Labor Force – Disabled The client has been assessed and identified 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 – Inmate

Not in Labor Force – Other

Not in Labor Force – Retired

Not in Labor Force – Student

Not in Labor Force – In Training

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 client 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.

TYPE OF RESIDENCE

Indicate the type of residence the client is currently in or will be going to after discharge from this PRU.

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 includes a person or family who is 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

Chem. Dep. (CD) Community Residence (halfway houses)

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

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

LIVING ARRANGEMENTS

Indicate the client's living arrangements after discharge.

- Living Alone**
- Living with Spouse/Relative**
- Living with Non-related person**

PRIMARY PAYMENT SOURCE

Indicate the primary source of payment for the client's treatment in this PRU.

Funding received from OASAS or other sources and not attributable to a specific client should not be included as a primary payment source. The primary payment source reflects payments from the client or other sources based upon the client'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 client 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 client being discharged. Congregate Care here is defined as inclusive of SSI, Safety Net and TANF.*

CHAMPUS/CHAMPVA

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 client or from others on behalf of client. *NOTE: This is not to be used when programs receive net deficit funding from OASAS, but have in those instances no other payment source specifically related to the client.*)

MENTAL HEALTH RELATED CONDITIONS

Answer "Yes" or "No" whether **there is a co-existing psychiatric disorder**.

HISTORY OF MENTAL HEALTH TREATMENT

Indicate **Yes** or **No** to each of the following:

Ever Treated for Mental Illness Involves the planned intervention designed to relieve the distress and/or disability associated with mental illness.

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

Ever Hospitalized for Mental Illness Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness. **If “Yes,” “Ever Treated for Mental Illness” must be “Yes.”**

Ever Hospitalized 30 or More Days for Mental Illness Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness for 30 or more consecutive days. **If “Yes” is indicated, previous two items must be “Yes.”**

(For Outpatient Programs Only – Excluding Methadone Maintenance Programs)

TOTAL TREATMENT VISITS

Enter the total number of treatment visits reported since admission during which treatment services were provided (For clients transferred in, treatment visits must include those in the program from which the client was transferred).

This entry must be equivalent to or less than the number of days on which the client received a treatment service, but for clients that stay in treatment for more than seven days, the number of Treatment Visits cannot be greater than 75% of the total days in treatment. Programs can only report one treatment visit per client per day.

Treatment services are defined as medical services and counseling (individual/group/family) designed to help a client recognize and address/modify his/her substance abuse behavior, and to address medical, psychological and other problems causing or associated with the client’s behavior. A Treatment Visit may be counted when one or more treatment services are provided to a client by program staff and are documented in the client’s case folder.

COUNSELING SESSIONS

Enter the total number of **Individual Counseling Sessions, Group Counseling Sessions** and **Family Counseling Sessions** that this client attended while in treatment in this PRU.

INDIVIDUAL COUNSELING SESSIONS

1. **Must be delivered by a counselor with a primary counseling caseload** to a client (primary or significant other) on his/her caseload or on another primary counselor’s caseload in their absence.
2. Must be 30 minutes or more in duration.
3. Must be provided on or after the client’s admission date and prior to or on the client’s discharge date.
4. Counselor may report more than one session per day per individual client.
5. Is usually scheduled but may be extemporaneous.
6. May include psychotherapy, and post-admission evaluation.
7. May not include pre-admission assessment sessions.

GROUP COUNSELING SESSIONS

1. **Must be delivered by a counselor with a primary counseling caseload** of primary or significant other clients.
2. Must be 30 minutes or more in duration.
3. Includes general group counseling, specialty group counseling, *family group counseling, and informational/educational sessions with 15 or fewer patients that include 30 minutes or more of discussion.
4. Is almost always scheduled.
5. Counselors may report more than one group session per day.

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

6. Includes family counseling sessions when two or more of the participants are active clients.

FAMILY COUNSELING SESSIONS *

1. **Must be delivered by any direct care staff** to a patient (primary or significant other).
2. Must be 30 minutes or more in duration.
3. Must be provided on or after the patient's admission date and prior to or on the patient's discharge date.
4. Direct care staff may report more than one session per day per family/couple.
5. Is usually scheduled but may be extemporaneous.
6. May include couples counseling and *family counseling.
7. May not include pre-admission assessment sessions.

* *With or without presence of primary client.*

Recent History: Six Months Prior to Discharge

Please provide information based on the client's experience **during the Current Treatment Episode in this PRU**. **If the current treatment episode was longer than six months**, provide information based on the client's experience during the six-month period prior to discharge. If the current treatment episode was less than six months, count the client's experience only while in this PRU for this episode. *Example: If the client was in treatment for two months, provide information based on that period only. If the client was in treatment for two years, provide information based on the past six months.*

NUMBER OF ARRESTS

An arrest should be counted if the client was legally processed and detained while in treatment.

NUMBER OF DAYS INCARCERATED

Enter the number of whole or partial days that the client was remanded to jail or prison **while in treatment**. This number cannot exceed the number of days the client was in treatment in this PRU.

NUMBER OF DAYS HOSPITALIZED

Enter the number of whole days that the client spent in a hospital for medical or psychiatric conditions during the last six months.

NUMBER OF DAYS IN INPATIENT DETOX

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

NUMBER OF EMERGENCY ROOM EPISODES FOR WHICH THE CLIENT RECEIVED TREATMENT

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

NUMBER OF ARRESTS IN THE PRIOR 30 DAYS

Enter the number of times the client was arrested during the prior 30 days. An arrest should be counted if the client was legally processed and detained. If the client has been in your program for less than 30 days, enter the number of arrests during his/her time in the program.

STATUS OF ALCOHOL AND OTHER DRUG USE AT DISCHARGE

Status of Program Substance Reported at Admission

Substance: The primary, secondary and tertiary substances reported at admission will be pre-filled by the system.

Frequency of Use at Discharge: Enter the frequency of use in the past 30 days. If the client has been in your program for less than 30 days, enter the frequency of use during his/her time in the

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

program.

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

STATUS OF DIFFERENT PROBLEM SUBSTANCES USED BY THE CLIENT BUT NOT REPORTED AT ADMISSION (IF ANY)

Substance: Up to three substances may be identified. The order should be determined by clinical judgment, history and frequency of use, client's perception, medical issues and problem areas of client functioning. These may be substances beyond the three used/reported at admission and/or substances that the client began to use after admission. If no such substances were identified, please check "None."

Route of Administration: For each substance identified, enter the usual route of administration.

Frequency of Use: For each substance identified, enter the frequency of use during the past 30 days. If the client has been in treatment less than 30 days and has not used any substances, select "No use in last 30 days."

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

DISCHARGE INFORMATION

Discharge status, disposition and referral disposition include old categories formerly under "discharge reason" as well as new categories. Indicate items from each of the three categories for the client's discharge from this PRU.

DISCHARGE STATUS (For valid combinations, refer to chart of discharge cross-edits posted on the home page and mailed to all providers.)

Completed Treatment: All treatment goals met – The client has completed the planned course of treatment appropriate for this PRU and has accomplished the goals and objectives which were identified in the comprehensive treatment/service plan. The client is discharged as outlined in the approved treatment plan.

Completed Treatment: Half or more treatment goals met – The client has completed the planned course of treatment appropriate for this PRU and has accomplished the major goals and objectives identified in the comprehensive treatment/service plan, including the AOD and employment goals (education goal for adolescents). This is essentially a client who needs to work on relatively minor treatment goals in the next level of care or with another type of service provider (e.g., mental health).

Treatment Not Completed: Maximum Benefit/Clinical Discharge – Use when the client has been in treatment for at least as long as the typical client treatment cycle and has not made any significant progress for some time. Continued treatment in the program is not likely to produce additional clinical gains. This status must be reflected in client progress notes.

Treatment Not Completed: Some goals met – The client has not completed the course of treatment appropriate for this PRU and/or has not met one or more major goals.

Treatment Not Completed: No goals met (Self-explanatory)

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

DISCHARGE DISPOSITION

Additional treatment at this level of care no longer necessary
Further treatment at this level unlikely to yield added clinical gains
Left against clinical advice: Formal Referral Made/Offered

Left against clinical advice: Lost to contact (no referral possible) – Client has not returned to the program, has not responded to phone calls or written correspondence, and has not been formally referred to another program.

Left against clinical advice: Termination of third party funds – Use when a client chooses to leave treatment after his/her third party payor discontinues payment for treatment.

Left due to non-compliance with program rules – Use when client is discharged due to disruptive conduct and/or failure to comply with reasonably applied written behavioral standards of the facility (e.g., loitering and diversion).

Left due to regulatory requirements – Used by certain Crisis Programs when required to discharge clients after 14 days.

Client arrested/incarcerated

Client could no longer participate for medical/psych reasons

Client death

Client relocated (i.e., residence or employment)

REFERRAL DISPOSITION

No referral made

Client not in need of additional services

Referred back to CD* program

Referred to other CD* program

Referred to Mental Health Program

Referred to non-CD* or non-MH treatment

Referred to Gambling Program

Refused referral

**CD = chemical dependence*

CURRENTLY ATTENDING 12-STEP AND OTHER SELF-HELP GROUP MEETINGS (LAST 30 DAYS)

Select **Yes** or **No** to indicate whether the client has attended self-help group meetings during the last 30 days.

REFERRAL CATEGORY

Referrals are defined as formal arrangements (verbal agreement or written contact) between treatment programs/service agencies to provide continuous treatment or services to the client after leaving this PRU. This does not apply to the referral categories for Self-Help Groups or Other/None.

Indicate the category which identifies the type of referral made for the client at the time of discharge.

Chemical Dependency Programs

CD Methadone Program

CD Outpatient Services

CD Outpatient Rehabilitation Services

CD Outpatient Non-Medically Supervised

CD Outpatient Chemical Dependency for Youth

CD Residential Methadone Program

CD Inpatient Rehabilitation

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

CD OASAS Addiction Treatment Center
CD Intensive Residential
CD Community Residential
CD Supportive Living
CD Medically Managed Detoxification
CD Residential Chemical Dependency for Youth
CD Medically Supervised Withdrawal Outpatient
CD Medically Supervised Withdrawal Inpatient/Residential
CD Medically Monitored Withdrawal

Health Institutions

Hospital
Hospital (Long Term)/ Nursing Home
Nursing Home, Long Term Care
Group Home, Foster Care

Mental Health Programs

Mental Health Community Residence
Mental Health Inpatient
Mental Health Outpatient
Mental Retardation/Developmental Disabilities

Self-Help

AA, NA, Women for Sobriety, SOS, etc.
Al-Anon, Alateen, Nar-Anon, etc.

Other Referral
No Referral Made
Refused Referral

EVALUATION OF CLIENT'S GOAL ACHIEVEMENT

Because treatment programs serve clients with diverse needs, not all goal areas listed are applicable for each client. The ratings assigned to the Client's Goal Achievement as well as Discharge Status must be supported by information documented in the client's case record.

Goals should be based on objectives that the client is expected to achieve **while in this program**.

If a goal does not apply to the client, indicate "Not Applicable."

Base the rating of goal achievement on (1) counselor observation, and/or (2) client reports, and/or (3) case records. If a client is lost to contact, the rating should be based on the client's last face-to-face contact with program staff or other reliable information

The ratings for goal achievement recognize that clients may achieve part of a particular goal and that a client's level of goal achievement may vary according to particular goals. Indicate the level of achievement for each goal.

If a goal is identified as other than "Not Applicable," the goal must appear in the client's treatment plan.

For each area in which one or more goals or objectives were set for the client at any time during the course of treatment in this program, make a judgment regarding whether the goals and objectives in each particular area were:

Achieved – All goals were fully met.

Partially Achieved – Some goals were fully met; or all were partially met; or some were fully

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

met and others partially met.

Not Achieved – None of the goals were fully or even partially met.

Not Applicable – No treatment goals or objectives were set in this area.

DRUG USE

This item refers to the goal(s) in the client's treatment plan concerning the client's use/abuse of drugs. In most cases, the goal should be abstinence.

ALCOHOL USE

This item refers to the goal(s) in the client's treatment plan concerning the client's use/abuse of alcohol. In most cases, the goal should be abstinence.

SOCIAL FUNCTIONING

This item refers to the goal(s) in the client's treatment plan for social functioning.

Examples: This could include goals for living arrangements, friendships, and quality of interpersonal relationships outside of the family.

VOCATIONAL/EDUCATION

The following categories may be considered when evaluating a client's vocational/education+ goal(s):

Attained Employment

Increased Salary (Compared to previous earnings if already employed)

Education Milestones Achieved (High School Diploma, GED, College Credits)

Increased Educational Achievement (Based on Pre and Post Testing)

Skills Acquisition (formalized training)

Current Enrollment in School/College/Skills Training

FAMILY SITUATION

This item refers to the goal(s) in the client's treatment plan for marital relationships and relationships with significant others, children and other family members.

EMOTIONAL FUNCTIONING

This item refers to the goal(s) in the client's treatment plan for emotional functioning.

Examples: Managing anxiety and/or stress, improving self-esteem.

MEDICAL CONDITIONS

This item refers to the goal(s) in the client's treatment plan for the resolution of medical conditions or the client's engagement in on-going medical care. In order to report achieved, the client's medical conditions must be resolved or the client must be engaged in on-going medical care.

ADDICTION MEDICATIONS USED DURING TREATMENT

Indicate which addiction medications were used (check all that apply) during treatment in this PRU whether or not the medication was prescribed by PRU staff.

Methadone

Buprenorphine

Zyban/Wellbutrin

Naltrexone/Revia

Antabuse

Nicotine Patch

Nicotine Gum

Nicotine Lozenges

Campral

Other Addiction Medications

NYS Office of Alcoholism and Substance Abuse Services
CLIENT DISCHARGE REPORT INSTRUCTIONS
FOR DISCHARGES DATED 1/1/2007 AND BEYOND

None

ORIENTATION TO CHANGE – For use only by Residential Rehabilitation for Youth Programs

Indicate the stage that best reflects the client's stage of change at the time of discharge:

Ambivalent

The client does not verbalize responsibility for any problems or harm he/she has caused to self, others or property that resulted from his/her substance use or related behavior.

Change Oriented

The client actively verbalizes one or more problems or harmful consequences to self, others or property that result from his/her substance use or related behavior. He/she has verbalized no plan, nor taken any action, to address these.

Planning Change

The client has formulated and verbalizes at least one of his/her strategies to reduce or discontinue alcohol/drug use, resolve related issues, or support a drug/alcohol free lifestyle. The client is presently taking no observable action to carry out these strategies.

Active Early Recovery

In accordance with his/her own planned strategies, the client is engaged in *one or more observable action steps* designed to reduce or discontinue alcohol/drug abuse, resolve related issues, or support a drug/alcohol free lifestyle. Thus far, *no more than one* action step has resulted in *at least partial* measurable goal achievement.

Ongoing Recovery and Relapse Prevention

In accordance with his/her own planned strategies, the client is engaged in *two or more observable action steps* designed to discontinue alcohol/drug abuse, resolve related issues, or support a drug/alcohol free lifestyle. Thus far, *at least two* action steps have resulted in *at least partial* measurable goal achievement.

For Provider Use (Optional) Box

Some providers may elect to keep OASAS admission and/or discharge reports signed by the clinician in the patient's file. This box may be used for that purpose and is not required by OASAS.