

CLIENT CRISIS ADMISSION/DISCHARGE REPORTING FORM INSTRUCTIONS (PAS-46N)

**These instructions are for the purpose of completing the PAS-46 reporting form.
They do not supersede or replace existing regulations.*

The Client Admission/Discharge Reporting Form and related instructions apply only to clients admitted to and discharged from Medically Managed Detox (816.6), Medically Supervised Withdrawal Inpatient/Residential (816.7), Medically Supervised Withdrawal Outpatient (816.7), and Medically Monitored Withdrawal (816.8). All other treatment categories must report client admissions and discharges using the Client Admission Reporting Form (PAS-44N) and the Client Discharge Reporting (PAS-45N) Form. This form is only submitted for processing after the client has been discharged.

CLIENT ID INFORMATION

PROVIDER 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 that identifies the Program Reporting Unit (PRU) in which the client is receiving treatment.

CLIENT ID NUMBER

The client identification number may contain a maximum of 10 alpha-numeric characters. The number may be entered using any of the available 10 spaces.

The client identification number is assigned by the provider to insure that each client entering the program has an unduplicated client identifier. The client number assigned at the time of first admission must be used for every subsequent treatment episode and should never be reassigned to another client. Do not use the client's social security number as the client ID number.

SPECIAL PROJECT

This item should be left blank unless a code has been issued for a special project and approved by OASAS.

SEX

Enter **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 SOCIAL SECURITY NUMBER

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

FIRST TWO LETTERS OF LAST NAME AT BIRTH

Enter the first two letters of the client's last/birth name (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., maiden name).

ADMISSION DATE

The Admission Date is the date that treatment services are first provided to the client for this treatment episode. **For purposes of reporting, a client may not be admitted more than once in a calendar day.**

ADMISSION DATA

RACE

Based on staff observation and/or client self-identification, indicate the appropriate race. If the client is racially mixed, indicate the race with which he/she identifies.

Alaska Native (Aleut, Eskimo, Indian)

A person having origins in any of the native people of Alaska.

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American Indian (Other than Alaska Native)

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

Other

A category for use when the client is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

HISPANIC ORIGIN

Indicate the most appropriate origin.

Cuban

A person of Cuban origin, regardless of race.

Mexican

A person of Mexican origin, regardless of race.

Puerto Rican

A person of Puerto Rican origin, regardless of race.

Other Hispanic

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

Hispanic, Not Specified

A person of Hispanic origin, but specific origin is not known or not specified.

Not of Hispanic Origin

A person whose origin is not Hispanic and is not included in the five categories above.

VETERAN STATUS

Indicate **Yes** or **No**.

Any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard or Merchant Marines and were never activated. For purposes of reporting, "veteran" does not in any way reflect the type of military discharge received.

ZIP CODE OF RESIDENCE

Enter the five-digit zip code for the client's county residence. If the client is homeless and does not live in a shelter, or if the client resides in the treatment program, use the program's zip code. If the client 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.

70 Connecticut CT
71 New Jersey NJ

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- 72 Pennsylvania PA**
- 73 Massachusetts MA**
- 74 Vermont VT**
- 80 Other OTHER**
- 90 Canada CANADA**

TYPE OF RESIDENCE

Indicate the category that best describes the client’s type of residence at the time of admission. Ambulatory programs should indicate the client’s type of residence at the time of admission. Inpatient and residential programs should indicate the client’s type of residence immediately prior to entering the OASAS certified treatment system.

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 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.

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 than above (e.g., jail, hospital)

Other

PRINCIPAL REFERRAL SOURCE

Indicate which agency, individual, or legal entity referred the client. If the client may be included under more than one, choose the category that represents the agency, individual or legal situation most responsible for the client seeking treatment in this program.

Self-Referral

Family, Friends, Other Individuals

AA/NA and Other Self-Help

Chemical Dependence Treatment

CD Medically Managed Detoxification

CD Medically Supervised Withdrawal Inpatient/Residential

CD Medically Supervised Withdrawal Outpatient

CD Medically Monitored Withdrawal

CD Inpatient Rehabilitation

CD Intensive Residential

CD Residential Chemical Dependency for Youth

CD Outpatient Chemical Dependency for Youth

CD Community Residence

CD Outpatient Clinic

CD Outpatient Rehab Program

CD Methadone Treatment

CD Non-Medically Supervised CD Outpatient

Prevention/Intervention Services

Community Education and Intervention

Youth Education and Intervention (non SAP)

Student Assistance Program (SAP)/School-Based

Hospital and Health Care Intervention Services

Employee Assistance Program

Other Prevention/Intervention Program

Criminal Justice Services

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Drinking Driver Referral A direct referral from the Department of Motor Vehicles’ Drinking Driver Program (DDP), or a self referral resulting from a specific Driving While Intoxicated (DWI), or Driving While Ability Impaired (DWAI) law enforcement incident (*which could involve alcohol and/or drugs*). *All DWI/DWAI referrals belong in this category regardless of related criminal justice status.*

Police A direct referral from a municipal, town, county or state police agency, including the sheriff’s department. However, this does not include referrals from jails, which are normally operated by a sheriff, which should be reported using “City/County Jail.” In all cases this will be before, or in lieu of, adjudication.)

Family Court/Probation Family Court has jurisdiction over all juvenile cases (under the age of 16), except for JOs (juvenile offenders). It also has jurisdiction over neglect and some domestic violence cases. Referrals may come from Probation or as a condition from the court.

Other Court/Probation This would include town, city, criminal, supreme and county courts. *It does not include referrals from a drug court or drug treatment court.* Referrals, in this category, will come directly from the court in lieu of sentencing to a jail or prison. This category also includes all referrals from the County Probation Department that are court-ordered as a condition of probation or directly from Probation for probationers where the determination is treatment.

Alternatives to Incarceration Other than drug court, a placement from an alternative to incarceration program operating in the court system, such as the New York City-based Drug Treatment Alternative to Prison (DTAP) program or Treatment Alternative to Street Crime (TASC) or Road to Recovery. *This does not include DWI or DWAI cases which should be reported in “Drinking Driver-Referral.”*

City/County Jail This would include referrals for detainees and sentenced offenders that are referred by local jail personnel (including personnel working in the jail for other agencies) for treatment provided in the community or jail itself. This does not include the NYS Department of Correctional Services (DOCS).

NYS Department of Correctional Services This category is for use only for those offenders that are under the jurisdiction of the State prison system (DOCS), either within the prison or who are receiving treatment off-site, as part of a work release program. *It does not include offenders who are under the jurisdiction of the Division of Parole, such as the Willard Drug Treatment Campus, which should be reported as “NYS Division of Parole.”*

NYS Division of Parole

Drug Courts Drug courts are special court programs within the county, city or town court system. The drug court’s responsibility is to handle cases involving drug using offenders through supervision and a treatment program. All referrals coming from the drug court, *even if under the jurisdiction of the County Probation Department*, should be put in this category.

Office of Children and Family Services (OCFS) (A direct referral of a youth from an OCFS facility)

Health Care Services

Developmental Disabilities Program

Mental Health Provider

Managed Care Provider

Health Care Provider

AIDS Related Services

Employer/Educational/Special Services

Employer/Union (Non-EAP)

School (Other than Prevention Program)

Special Services (Homeless/Shelters)

Social Services

Local Social Services – Child Protective Services/CWA

Local Social Services – Income Maintenance

Local Social Services Treatment Mandate/Public Assistance The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual’s alcohol/substance abuse precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Public Assistance.

Local Social Services Treatment Mandate/Medicaid Only

Other Social Services Provider

Other

HIGHEST GRADE COMPLETED

Indicate the client’s highest grade **completed at the time of admission.**

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No Education

01 to Grade 11– Indicate grade completed.

High School Diploma

General Equivalency Diploma

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 client’s employment status at time of admission. If a client 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 Immediately prior to this admission, the client was in a long-term residential treatment program.

Unemployed, Looking for Work

Unemployed, Not Looking for Work

Not Employed/Able to Work The client 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 admission.

Not in Labor Force–Child Care

Not in Labor Force–Disabled For public assistance purposes, the client has been assessed as disabled and is not required to work pending the results of an application for SSI benefits.

Not in Labor Force–In Training

Not in Labor Force–Inmate Can be used when client is in a prison-based program or if client is entering a community-based program soon after leaving jail or prison.

Not in Labor Force–Retired

Not in Labor Force–Student

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 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.

PRIMARY SOURCE OF INCOME AT ADMISSION

Indicate the category which corresponds to the primary or major source of income for the client, either currently or in the 30 day period prior to admission. If the client’s Employment Status is “Not in Labor Force,” the primary source of income cannot be “Wages/Salary.”

None

Wages/Salary This category should be used only if it relates to the client’s wages/salary. Wages/Salary of the client’s spouse/family should be indicated by Family and/or Spouse Contribution.

Alimony/Child Support

Department of Veterans Affairs

Family and/or Spouse Contribution

SSI/SSDI or SSA

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Safety Net Assistance

Temporary Assistance For Needy Families TANF provides cash assistance to eligible needy families that include a minor child living with a parent (including families where both parents are in the household), or a caretaker relative.

Other

CRIMINAL JUSTICE INFORMATION

Please use the code that most closely reflects the client’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
- 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 client 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

PROBLEM SUBSTANCES

At least one, and up to three substances may be identified (primary, secondary, and tertiary). The order should be determined by clinical judgment, history and frequency of use, client’s perception, medical issues and problem areas of client functioning with the substance primarily responsible for the client’s admission listed first.

TYPE

None (Only Significant Others and children admitted to a Women’s and Children’s program may report none for a primary substance at admission.)

Alcohol

Cocaine

Crack (Crack is the street name for a more purified form of cocaine that is smoked.)

Marijuana/Hashish (This includes THC and any other cannabis sativa preparations.)

Heroin

Buprenorphine

Non-Rx Methadone (Methadone obtained and used without a legal prescription.)

OxyContin

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Other Opiate/Synthetic (This includes Codeine, Dilaudid, Morphine, Demerol, Opium, and any other drug with morphine-like effects.)

Alprazolam (Xanax)

Barbiturate (This includes Phenobarbital, Seconal, Nembutal, etc.)

Benzodiazepine (This includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Prazepam, Triazolam, Clonazepam, Klonopin, and Halazepam.)

Catapres (Clonidine)

Other Sedative/Hypnotic (This includes Methaqualone, Chloral Hydrate, Placidyl, Doriden, etc.)

Elavil

GHB

Khat

Other Tranquilizer

Methamphetamine (e.g., Ice)

Other Amphetamine (This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.)

Other Stimulant

PCP (Phencyclidine)

Ecstasy

Other Hallucinogen (This includes LSD, DMT, STP, Mescaline, Psilocybin, Peyote, etc.)

Ephedrine

Inhalant (This includes Ether, Glue, Chloroform, Nitrous Oxide, Gasoline, Paint Thinner, etc.)

Ketamine

ROHYPNOL

Viagra

Over-the-Counter (This includes Aspirin, Cough Syrup, Sominex, and any other legally obtained, non-prescription medicine.)

Other

ROUTE OF ADMINISTRATION

Enter the usual route of administration for each substance reported.

Inhalation

Injection

Oral

Smoking

Other

FREQUENCY OF USE

Indicate the frequency of use during the past month for each substance reported.

No use in last 30 days

1-3 times in past month

1-2 times per week

3-6 times per week

Daily

AGE OF FIRST USE

Enter the age at which each problem substance was first used (use two digits for ages 00-99). For drugs other than alcohol, enter the age of first use. For alcohol, enter the age of first intoxication. If unknown, please estimate the probable age of first use. **Do not enter 99.**

DISCHARGE DATA

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).

PRIMARY PAYMENT SOURCE

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

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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.*

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 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.*)

DISCHARGE AND REFERRAL CATEGORIES

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

DISCHARGE STATUS

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)

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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 payer 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 that are 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)

Program closed

REFERRAL DISPOSITION

No referral made

No additional services needed

Referred back to CD* program

Referred to other CD* program

Referred to Mental Health Program

Referred to other non-CD* treatment

Referred to Gambling Program

Refused referral

**CD = chemical dependence*

CURRENTLY ATTENDING 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 Medically Supv. Outpatient Services

CD Outpatient Rehabilitation Services

CD Outpatient Non-Medically Supervised

CD Outpatient Chemical Dependency for Youth

CD Residential Methadone Program

CD Inpatient Rehabilitation

CD OASAS Addiction Treatment Center

CD Intensive Residential

CD Community Residential

CD Supportive Living

CD Medically Managed Detoxification

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- CD Residential Chemical Dependency for Youth**
- CD Medically Supervised Withdrawal Inpatient/Residential**
- CD Medically Supervised Withdrawal Outpatient**
- 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**

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. If none were used, leave blank.

- Methadone**
- Buprenorphine**
- Zyban/Wellbutrin**
- Naltrexone/Revia**
- Antabuse**
- Nicotine Patch**
- Nicotine Gum**
- Nicotine Lozenges**
- Campral**
- Other Medications**

MEDICAID CLAIM DATA MATS CONSENT (TRS-2.3)

Indicate whether the patient has signed the OASAS MATS Consent Form by selecting the appropriate response from the “Consent Granted” list and entering the “Effective Date” that consent was granted or refused. The “Effective Date” cannot be more than two weeks prior to the date of admission. A copy of the signed consent form should be placed in the patient’s folder.

Subsequent to the initial granting or refusal of consent, the patient may reverse his/her decision (even after discharge). If this occurs, the program must edit the MATS consent item on the most recent online admission record by indicating the new choice and entering the “Effective Date” of the patient’s change in consent status. A note should be placed in the patient’s clinical record indicating that the change was made.

If the patient refuses to sign the consent form or the program is unable to get the patient to sign the form, the program should select “No” from the “Consent Granted” response list. Programs should make every effort possible to get the patient to grant consent by signing the form.

Upon signing the consent form, consent is granted for a period of five years. If a patient grants consent but specifies that he/she is granting consent for a period of less than five years, the program must modify the “Expiration Date” field to reflect the desired expiration date.

For Provider Use (Optional) Box
Some providers may elect to keep OASAS admission and/or discharge reports signed by the clinician

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in the patient's file. This box may be used for that purpose and is not required by OASAS.