

METHADONE CLIENT ANNUAL STATUS REPORT FORM INSTRUCTIONS (PAS-26N)
FOR UPDATES DATED 4/1/2009 AND BEYOND

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

SEX

Enter **Male or Female**. If the client is transsexual, use the gender that best reflects the manner in which the client is being treated by the program.

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 **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. Please be sure that the numbers are entered in the correct order. These numbers are critical to OASAS' ability to track clients as they move through the treatment system.

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 client's county of residence. If the client is homeless and does not live in a shelter, 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 |
| 72 Pennsylvania | PA |
| 73 Massachusetts | MA |
| 74 Vermont | VT |
| 80 Other | OTHER |
| 90 Canada | CANADA |

TYPE OF RESIDENCE

Enter the category that best describes the client's type of residence at the time of update.

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).

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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

CD Supportive Living

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

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 at the time of the update. If the patient is in a special education class, select the grade that most accurately reflects the patient's level of performance.

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." "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. **A patient working off-the-books is not considered employed.***

Employed Full-Time (35 + Hrs per Week)

Employed Part-Time (<35 Hrs per Week)

Employed in Sheltered Workshop

Unemployed, In Treatment The reason that the client is unemployed is that **immediately prior** to this admission, the client was in an inpatient or residential treatment program.

Unemployed, Looking for Work

Unemployed, Not Looking for Work Programs may use this code for clients who are working off-the-books.

Not in Labor Force-Child Care

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Not in Labor Force–Disabled For public assistance purposes, the client has been assessed as disabled and is not required to work.

Not in Labor Force–In Training

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

Not in Labor Force–Retired

Not in Labor Force–Student Only use if the client is not working part-time or full-time.

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.

Social Services Determined, 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.

Social Services Determined, 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.

LENGTH OF EMPLOYMENT AT UPDATE

Select the category that best represents the number of consecutive days that the client has been employed at his or her current job on his/her anniversary date.

0-30 Days

31-60 Days

61-90 Days

91-120 Days

121+ Days

PRIMARY PAYMENT SOURCE

Indicate the primary source of payment for the client's treatment in this PRU at the time of his/her anniversary date.

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, Residential Rehabilitation Services for Youth 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 Inpatient Rehab, Medically Supervised Ambulatory, Residential Rehabilitation Services for Youth and Methadone Programs only. 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.

Medicaid Pending Inpatient Rehab, Medically Supervised Ambulatory, Residential Rehabilitation Services for Youth and Methadone Programs Only. To be reported when the program and/or the client has applied for Medicaid, and is anticipating that the application will be successful, but the client/program has not yet been notified that the application has been approved at the time that the client is being discharged from treatment.

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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, and the client has no payment source.)*

CRIMINAL JUSTICE INFORMATION

CURRENT CRIMINAL JUSTICE STATUS

Please use the code that most closely reflects the patient's current criminal justice status.

None

Probation The client is under the supervision of any Department of Probation.

Parole The client is under the supervision of the New York State Division of Parole.

Work Release The client is currently in the custody of the New York State Department of Correctional Services or a local jail and is participating in a work release program.

In Prison/Jail The client is currently in the custody the New York State Department of Correctional Services or a local jail (and **is not** participating in a work release program).

In OCFS Facility The client is currently in the custody of the New York State Office of Children and Family Services.

Charges Pending The client has criminal charges pending, but has been released into the community awaiting disposition.

Any Treatment or Specialty Court The client is participating in Drug Court or other Specialty Court programs.

Other

IS THIS ADMISSION THE RESULT OF AN ALTERNATIVE TO INCARCERATION?

Indicate whether the client's admission is the result of his/her participation in one of the various alternatives to incarceration programs.

NO. OF ARRESTS IN PRIOR 30 DAYS

Enter the number of arrests in the 30 days prior to the patient's anniversary date. An arrest should be counted if the client was legally processed and detained.

NO. OF ARRESTS IN PRIOR 6 MONTHS

Enter the number of arrests in the 6 months prior to the patient's anniversary date. An arrest should be counted if the client was legally processed and detained. Any arrest that the client had in the last 30 days will also be counted here since the last 30 days is part of the last 6 months.

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NO. OF DAYS INCARCERATED IN PRIOR 6 MONTHS

Enter the number of whole or partial days that the client was remanded (incarcerated) to jail or prison in the 6 months prior to his/her anniversary date.

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 – 10th 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.

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

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SUBSTANCE(S) USED IN THE LAST 6 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 OR OTHER OPIATES BUT EXCLUDING PROGRAM-PRESCRIBED MEDICATIONS).

None	OxyContin	GHB	Other-Hallucinogen
Alcohol	Other Opiate/Synthetic	Khat	Ephedrine
Cocaine	Alprazolam (Xanax)	Other-Tranquilizer	Inhalent
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

For those substances listed as being used by the patient during the last 6 months, indicate the patient's 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
- Daily

FOR THE 6-MONTH PERIOD PRIOR TO THE PATIENT'S ANNIVERSARY DATE

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 6 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 6 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 6 months.

IF HOSPITALIZED, SPECIFY REASON

If the patient was not hospitalized during the prior 6 months prior to his/her anniversary date, 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.

TOBACCO

HAS THE CLIENT EVER USED TOBACCO (NICOTINE)?

Indicate whether the client has ever smoked or chewed tobacco in his/her life time.

Enter Yes or No

NYS Office of Alcoholism and Substance Abuse Services
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AGE OF FIRST USE

Enter the age at which the client reports first using tobacco.

FREQUENCY OF USE (LAST 30 DAYS)

Enter the frequency of the client's use of tobacco during the last 30 days.

No use in last 30 days

1-3 times in past month

1-2 times per week

3-6 times per week

Daily

DATE LAST USED: MONTH, YEAR

Enter the date (month and year) that the client last used a tobacco product.

PRIMARY ROUTE OF ADMINISTRATION

Indicate whether the client usually smokes or chews tobacco. If the client reports using both routes equally, select "Smoking."

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.