

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 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 in the discharging PRU.

**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). A conversation on the telephone **does not** qualify as face-to-face contact.

For inpatient/residential programs, the client should be discharged after three (3) days of no contact unless special arrangements have been made between the client and program staff with the understanding that he/she will be returning to your program (e.g., following hospitalization or detox). The actual discharge date should be **retroactive to the date of last face-to-face treatment contact**.

For opioid treatment programs, a client should be discharged retroactive to the date of last medication pick-up **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 special arrangements have been made between the client and program staff with the understanding that he/she will be returning to your program (e.g., following hospitalization or 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. If the client is in a special education class, select the grade that most accurately reflects the client'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**

**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 4/1/2009 AND BEYOND**

**EMPLOYMENT**

**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. This is an employment-related item, so the client's work status should be the primary consideration. 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." A client 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, Looking for Work**

**Unemployed, Not Looking for Work**

**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 – In Training**

**Not in Labor Force – Inmate** Can be used if the client is in a jail-based or prison-based program.

**Not in Labor Force – Other**

**Not in Labor Force – Retired**

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

**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 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.

**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 was in treatment as a condition for receiving public assistance.

**Unknown (use if client is lost to contact)**

**LENGTH OF EMPLOYMENT AT DISCHARGE**

Select the category that best represents the number of consecutive days that the client has been employed at his or her current job at the time of discharge. If you have indicated that the client is employed, but the client will not be starting employment until after the actual discharge date, select the "0-30 Days" category.

**0-30 Days**

**31-60 Days**

**61-90 Days**

**91-120 Days**

**121+ Days**

**TYPE OF RESIDENCE**

Enter the category that best describes the client's current residence (outpatient) or the residence that the client will be going to immediately after discharge from this PRU (inpatient/residential).

**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).

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**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

**CD Community Residence** (halfway houses)

**CD Supportive Living**

**MH/MRDD Community Residence Other Group Residential setting** Other Group Residential may include group homes, supervised apartments, and college housing or military barracks.

**Other Group Residential Setting**

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

**Other**

**LIVING ARRANGEMENTS**

Indicate what the client's living arrangements will be after discharge.

**Living Alone**

**Living with Spouse/Relatives**

**Living with Non-related persons**

**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, Residential Rehabilitation Services for Youth and Opioid Treatment 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 Opioid Treatment 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 Opioid Treatment 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.

**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.

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**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.)*

**MENTAL HEALTH**

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

**CO-EXISTING PSYCHIATRIC DISORDER**

Refers either to a diagnosis of mental illness which is available to the clinician at the time of discharge by mental health screen, client report, significant other report, records, or by presenting symptoms which the clinician recognizes as possibly symptomatic of mental illness. The recognition of symptoms does not constitute a diagnosis on the part of the clinician, but may indicate symptoms that need to be addressed.

**EVER TREATED FOR MENTAL ILLNESS**

Involves the planned intervention designed to relieve the distress and/or disability associated with mental illness.

**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” is indicated, then “Ever Treated for Mental Illness” must also 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, then “Ever Treated for Mental Illness” and “Ever Hospitalized for Mental Illness” must also be “Yes.”**

**GAMBLING GOAL ACHIEVEMENT**

Since treatment programs serve clients with diverse needs, not all goals are applicable for every client. The ratings assigned to Gambling Goal Achievement must be supported by information documented in the client record.

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

If a gambling goal is not appropriate for the client, check “Not Applicable.”

If the client screened positive for gambling problems at admission, you cannot select “Not Applicable” for the Gambling Goal.

Base the rating of goal achievement on (1) counselor observation and/or (2) client report and/or (3) case records. If a client is lost to contact, the rating should be based on the information possessed during the client’s last face-to-face contact with program staff or other reliable information (e.g., a few days after the client was last at the program, an article in the newspaper reports that he/she was arrested for participating in illegal gambling activities).

The ratings for Gambling Goal Achievement recognize that clients may achieve a portion of a particular goal.

**If a gambling goal is identified as anything other than “Not Applicable,” the goal must appear in the client’s comprehensive treatment plan. If a gambling goal does not appear in the client’s treatment plan, Gambling Goal Achievement must be identified as “Not Applicable.”**

**The achievement of the client’s gambling goal (if any) is not currently linked to the Discharge Status of “Completed Treatment: All treatment goals met” and “Completed Treatment: Half or more treatment goals met.” In other words, if a client does not achieve his/her gambling goal,**

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**the program can still report that the client Completed Treatment: All treatment goals met, and the gambling goal is not included when counting whether half or more of the treatment goals have been met. There is no system edit linking gambling goal achievement and Discharge Status.**

For the client's gambling goal, make a judgment regarding whether the goal of this area was met:

**Achieved** – The goal(s) was fully met.

**Partially Achieved** – Some of the objectives were fully met, others were partially met; or all were partially met.

**Not Achieved** – None of the objectives were fully or partially met.

**Not Applicable** – It was not appropriate to set a treatment goal for gambling.

**TOBACCO (NICOTINE) GOAL ACHIEVEMENT**

Since treatment programs serve clients with diverse needs, not all goals are applicable for every client. The ratings assigned to Tobacco Goal Achievement must be supported by information documented in the client record.

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

If a tobacco goal is not appropriate for the client, check "Not Applicable."

If the client was reported as using tobacco at admission, you cannot select "Not Applicable" for the Tobacco Goal.

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

The ratings for Tobacco Goal Achievement recognize that clients may achieve a portion of a particular goal.

**If a tobacco goal is identified as anything other than "Not Applicable," the goal must appear in the client's comprehensive treatment plan. If a tobacco goal does not appear in the client's treatment plan, Tobacco Goal Achievement must be identified as "Not Applicable."**

**The achievement of the client's tobacco goal (if any) is not currently linked to the Discharge Status of "Completed Treatment: All treatment goals met" and "Completed Treatment: Half or more treatment goals met." In other words, if a client does not achieve his/her tobacco goal, the program can still report that the client Completed Treatment: All treatment goals met, and the tobacco goal is not included when counting whether half or more of the treatment goals have been met. There is no system edit linking tobacco goal achievement and Discharge Status.**

For the client's tobacco goal, make a judgment regarding whether the goal of this area was met:

**Achieved** – The goal(s) was fully met.

**Partially Achieved** – Some of the objectives were fully met, others were partially met; or all were partially met.

**Not Achieved** – None of the objectives were fully or partially met.

**Not Applicable** – It was not appropriate to set a treatment goal for tobacco.

**Total Treatment Visits and Counseling Sessions are for Outpatient Programs Only – Excluding Opioid Treatment 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 occurring in the program from which the client was transferred). **Only one treatment visit can reported per client per day, regardless of**

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**the number of different treatment services provided to the client on that day.**

***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. Clients admitted into outpatient programs should not be receiving services seven days per week. If clients need such intensive services, they should be referred to a higher level of care. 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. Sessions for conducting post-admission client evaluations are also considered treatment services. 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 record.

**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. Although, staff other than primary counselors may be providing individual counseling sessions, for this measure, only include those sessions provided by the primary counselors.
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 although this would be unusual.
5. Is usually scheduled but may be provided as needed.
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. Although, staff other than primary counselors may be providing group counseling sessions, for this measure, only include those sessions provided by the primary counselors.
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 clients that include 30 minutes or more of discussion.
4. Is almost always scheduled.
5. Counselors may report more than one group session per day.
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 client (primary or significant other) and his/her family or significant other.
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. Direct care staff may report more than one session per day per family/couple.
5. Is usually scheduled but may be provided as needed.
6. May include couples counseling and \*family counseling.
7. May not include pre-admission assessment sessions.

\* *With or without presence of primary client.*

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**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 IN PRIOR 30 DAYS**

**Enter the number of arrests in the 30 days prior to discharge.** An arrest should be counted if the client was legally processed and detained while in treatment. 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.

**NUMBER OF ARRESTS IN 6 MONTHS PRIOR TO DISCHARGE**

**Enter the number of arrests in the 6 months prior to discharge.** An arrest should be counted if the client was legally processed and detained while in treatment. Any client 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. If the client has been in your program for less than 6 months, enter the number of arrests during his/her time in the program.

**NUMBER OF DAYS INCARCERATED IN 6 MONTHS PRIOR TO DISCHARGE**

**Enter the number of whole or partial days that the client was remanded to jail or prison while in treatment in the 6 months prior to discharge.** This number cannot exceed the number of days the client was in treatment in this PRU.

**NUMBER OF DAYS HOSPITALIZED IN THE 6 MONTHS PRIOR TO DISCHARGE**

Enter the number of whole days that the client spent in a hospital for medical or psychiatric conditions in the 6 months prior to discharge. If the client has been in your program for less than 6 months, enter the number of days hospitalized during his/her time in the program.

**NUMBER OF DAYS IN INPATIENT DETOX IN THE 6 MONTHS PRIOR TO DISCHARGE**

Enter the number of days that the client spent in inpatient detoxification during the 6 months prior to discharge. If the client has been in your program for less than 30 days, enter the number of days in inpatient detox during his/her time in the program.

**NUMBER OF EMERGENCY ROOM EPISODES FOR WHICH THE CLIENT RECEIVED TREATMENT IN THE 6 MONTHS PRIOR TO DISCHARGE**

Enter the number of separate incidences in which the client used emergency room services in the 6 months prior to discharge. If the client has been in your program for less than 30 days, enter the number of emergency room episodes during his/her time in the program.

**STATUS OF ALCOHOL AND OTHER DRUG USE AT DISCHARGE**

**STATUS OF SUBSTANCES REPORTED AT ADMISSION**

**SUBSTANCE**

The primary, secondary and tertiary substances reported at admission will be pre-filled by the system based on information entered on the client's admission form (PAS-44N).

**FREQUENCY OF USE AT DISCHARGE**

Enter the frequency of use in the 30 days prior to the last face-to-face contact. **If the client has been in the program for less than 30 days or normal treatment cycle is less than 30 days, enter the frequency of use during his/her time in the program.** If the client has been in treatment less than 30 days and has not used any substances, select "No use in last 30 days." If the client is lost to contact before the frequency of use in the last 30 days (prior to the last face-to-face contact) can be determined, the counselor should estimate the frequency of use based on the best information available. This is a federally mandated item, and they do not permit a choice of "Unknown."

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**No use in last 30 days (note: or while in program if less than 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 additional 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 your program for less than 30 days, enter the frequency of use during his/her time in the program.** 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**

**TOBACCO**

**FREQUENCY OF USE (LAST 30 DAYS)**

Enter the frequency of the client's use of tobacco during the last 30 days. If the client has been in treatment for less than 30 days, indicate the frequency of use since the date of admission. For opioid treatment programs, if the time since the last MCAS was less than 30 days, indicate frequency of use since that date. If the client has never used tobacco, select "No use in 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. This information is **not** required if the client has been in treatment for less than 30 days. **Do not complete this item if the client had never used tobacco at admission, began using during treatment, but had no use during the last 30 days.**

**PRIMARY ROUTE OF ADMINISTRATION**

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

**DISCHARGE INFORMATION**

The selection of Discharge Status, Discharge Disposition and Referral Disposition must be supported



NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

by information documented in the client record (e.g., progress notes and Discharge Summary).

**DISCHARGE STATUS**

**For valid combinations, refer to chart of discharge cross-edits posted on the OASASAPPS home page.**

**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. This is a planned process. A program cannot report that a client has completed treatment if the client's departure was spontaneous.

**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, with another type of service provider (e.g., mental health), or on his/her own. This is a planned process. A program cannot report that a client has completed treatment if the client's departure was spontaneous. When reporting this discharge status, alcohol and/or drug goal(s) and vocational goal must be "Achieved." If vocational goal is not applicable, report "Not Applicable" and "Not Achieved." Reporting "Not Achieved" of vocational goal in this status will produce an error message.

**Treatment Not Completed: Maximum Benefit/Clinical Discharge** – Primarily for use by ambulatory programs. 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. In most cases, the client would be referred to another chemical dependence treatment provider or another type of service provider (e.g., mental health).

**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. However, the client has demonstrated some goal achievement during his/her treatment stay.

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

**DISCHARGE DISPOSITION**

**Additional treatment at this level of care no longer necessary** – For use with Completed Treatment: All Treatment Goals Met and Completed Treatment: Half or More of Treatment Goals Met. This choice is to be used for those who have met their primary treatment goals at this level of care and are ready to move on to a less intensive level (e.g., completed intensive residential and going into ambulatory) or continuing their recovery in the community (e.g., completed outpatient clinic without another treatment referral).

**Further treatment at this level unlikely to yield added clinical gains** – This can be used with Completed Treatment: Half or More Treatment Goals Met or any other non-completing Discharge Status. For the former, it indicates that keeping a client in treatment will not necessarily lead to the client completing his/her remaining minor goals in a reasonable time period. For the non-completing Discharge Statuses, it indicates that retaining the client in treatment is not likely to result in the client making significant additional progress.

**Left against clinical advice: Formal Referral Made/Offered** – This is used where the client is leaving the program despite the judgment of clinical staff that he/she should remain in treatment. The program makes some contact with another program to arrange for the client to be assessed and/or admitted.

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**Left against clinical advice: Lost to contact (no referral possible)** – Client has not returned to the program and has not responded to phone calls or written correspondence. Since contact has not been made, Referral Disposition must be “No Referral Made.” Leaving a message for the client on a telephone answering machine or in a letter concerning a referral elsewhere is not considered a viable referral.

**Left against clinical advice: Termination of third party funds** – This is used in those circumstances where a client’s third party payor discontinues payment for treatment and the client decides to leave treatment despite the clinical staff’s judgment that he/she should remain.

**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, non-attendance, diversion).

**Left due to regulatory requirements** – For use only by Part 816 Crisis Programs when required to discharge a client after 14 days.

**Client arrested/incarcerated** – Use when the program must discharge the client as a result of him/her being arrested and/or incarcerated. However, if the client is expected to return within 30 days, the program may delay discharging the client until it is sure that the client is not returning within that time frame.

**Client could no longer participate for medical/psych reasons** – Use when the client is being discharged as a result of serious medical or psychiatric problems that preclude continued participation in your chemical dependence program. If this Discharge Disposition is used, it is expected that your program will be referring the client to another program that is better able to address the client’s medical and/or psychiatric problems.

**Client death** – Use when the client’s death occurs while he/she is still active in your program. If a program decides to discharge a client for other reasons (e.g., non-compliance with program rules, left against clinical advice) and subsequently discovers that the client has died, the program should retain the original Discharge Disposition and Discharge Status.

**Client relocated** (i.e., residence or employment) – This Discharge Disposition cannot be used with the Discharge Status of Completed Treatment: All Treatment Goals Met. If the client has completed treatment, the Discharge Disposition should be “Additional Treatment at This Level of Care No Longer Necessary.” The program cannot be informed that the client is relocating or has already relocated and then decide that he/she has completed treatment.

**Program closed** – Used in those circumstances where a program is ceasing operations and closing and must discharge its clients who have **not completed treatment**. This Discharge Disposition cannot be used in conjunction with the Discharge Statuses of Completed Treatment: All Goals Met or Completed Treatment: Half or More Goals Met as completing treatment is a planned process based on client goal achievement.

## **REFERRAL DISPOSITION**

**No referral made** – Use this when the program is either unable to or did not make a referral for the client. Simply telling a client to go to a specific program is not considered a referral. Generally, a referral cannot be made if the client is lost to contact, arrested, incarcerated or dies. In certain circumstances, if a client is completing treatment, a referral may not be necessary.

**Client not in need of additional services** – Generally, this should be used only if the client is completing ambulatory treatment.

**Referred back to CD\* program** – Generally, this is used when a client is leaving inpatient or residential treatment and is returning to a chemical dependence ambulatory program where the client is still on census and/or will be re-admitted.

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**Referred to other CD\* program** – Use this when the client is being referred to another chemical dependence program, usually, but not always, offering services at a different level of care.

**Referred to Mental Health Program**- If a client is being discharged from your program prior to completing treatment because you have determined that his/her mental health issues are primary at this time, select this referral disposition. This should also be used if at discharge, regardless of discharge status, you feel that the client should address his/her mental health problems.

**Referred to non-CD\* or non-MH treatment** – Self-explanatory

**Referred to Gambling Program** – Self-explanatory.

**Refused referral** – Use this when a referral has been discussed with the client who indicates that he/she is not interested.

\*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 at least one 12-step, self-help or mutually assistance group meeting during the last 30 days.

**REFERRAL CATEGORY**

Referrals are defined as formal arrangements (verbal agreements, discussions or written contact) between your program/service agency and another to assess the need for and/or the provision of treatment or other services to a client after he/she leaves your PRU. This does not apply to the referral categories for Self-Help Groups or Other/None.

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

Chemical Dependency (CD) Programs

**CD Program in New York State** – Excludes VA CD programs located within New York State.

**CD Program Out of State** – Excludes VA CD programs located outside of New York State.

**CD VA Program** – Includes a VA CD program regardless of its location.

**CD Private Practitioner**

Health Institutions

**Hospital** – In addition to a regular referral, use this if the client is being discharged from your program prior to completing treatment because of the need for hospitalization.

**Hospital (Long Term)/Nursing Home** - In addition to a regular referral, use this if the client is being discharged from your program prior to completing treatment because of the need for long-term hospitalization or short-term nursing care.

**Nursing Home, Long Term Care** - In addition to a regular referral, use this if the client is being discharged from your program prior to completing treatment because of the need for long-term nursing care.

**Group Home, Foster Care**

Mental Health Programs

**Mental Health Community Residence** - In addition to a regular referral, use this if the client is being discharged from your program prior to completing treatment because of the need for a Mental Health community residence.

**Mental Health Inpatient** - In addition to a regular referral, use this if the client is being discharged from your program prior to completing treatment because of the need for Mental Health inpatient treatment.

**Mental Health Outpatient** - In addition to a regular referral, use this if the client is being discharged from your program prior to completing treatment because of the need for Mental Health outpatient treatment.

**Mental Retardation/Developmental Disabilities** - In addition to a regular referral, use this if the client is being discharged from your program prior to completing treatment because of the need for admission to a program in order to address his/her developmental disability..

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**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 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. If a goal does not appear in the client's treatment plan, it must be identified as "Not Applicable."**

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 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 concerning 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

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**FAMILY SITUATION**

This item refers to the goal(s) in the client's treatment plan concerning 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 concerning 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 concerning 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.

**LEGAL SITUATION**

This item refers to the goal(s) in the client's treatment plan concerning the resolution of legal issues (e.g., divorce, bankruptcy) or the client's involvement with the criminal justice system. In order to report achieved, the client's legal issues must be resolved or the client must be successfully functioning within his/her legal parameters (e.g., probation, parole) or the client must have taken significant positive action to address any legal issues.

**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. Select "None" if no medications were used.

- Methadone**
- Buprenorphine**
- Zyban/Wellbutrin**
- Naltrexone/Revia/Vivitrol**
- Antabuse**
- Nicotine Patch**
- Nicotine Gum**
- Nicotine Lozenges**
- Campral**
- Chantix**
- Other Addiction Medications**
- None**

**DOMESTIC VIOLENCE**

Domestic violence is a pattern of coercive tactics that can include physical, psychological, sexual, economic, and emotional abuse, perpetrated by one person against an adult intimate partner, or any other significant other, with the goal of establishing and maintaining power and control. Domestic violence occurs in all kinds of intimate and/or family relations, including, but not limited to, married couples, people who are dating, couples who live together, people with children in common, same-sex partners, people who were formerly in a relationship with the person abusing them, and teen dating relationships.

Please respond **Yes, No, Don't Know, or Refused to Answer** to the following questions based on client report, case records, or other reliable sources of information. If there is no information available, to complete the item, (usually in those cases where the client was only in treatment for a short time), select **Don't Know**. If the client refused to respond to inquiries on the topic, select **Refused to Answer**.

**Client Ever A Victim of Domestic Violence?**

**Client Ever A Perpetrator of Domestic Violence?**

**ORIENTATION TO CHANGE – For use only by Residential Rehabilitation for Youth Programs or Other Program Types Participating in Special Projects With OASAS.**

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

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORT INSTRUCTIONS**  
**FOR DISCHARGES DATED 4/1/2009 AND BEYOND**

**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 client's file. This box may be used for that purpose and is not required by OASAS.***