

**PROBLEM GAMBLING TREATMENT DISCHARGE REPORT INSTRUCTIONS**

*A discharge must be entered for each client leaving treatment from this program who were admitted to this PRU (program) using a Gambling Treatment Admission Report (PAS-44G).*

**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 which identifies the PRU (Program Reporting Unit) to which the client was admitted 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 Gambling Data System (GDS). 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 GDS for the discharging PRU number.

**PROVIDER CLIENT ID**

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

**SEX (at birth)**

Enter gender Male, Female, or X, as documented on birth certificate. If the client is transexual, use gender that was recorded at time of birth.

**BIRTH DATE**

Enter two digits each for the month and day and four digits for the 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.

**Last Name First 2 Letters (FIRST TWO LETTERS OF LAST NAME AT BIRTH)**

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

**ADMISSION DATE**

Enter two digits each to identify the month and day and four-digit year that the client's case was open within the program for treatment.

**LAST DATE TREATED**

Enter two digits each to identify the month and day and four-digit year that the client last received a service within the treatment program.

**LOCADTR INFORMATION**

Please note that the Consent to Release of Information Concerning Alcoholism/Drug Abuse Client LOCADTR Assessment (TRS-62) applies to LOCADTR data entry. CDS data entry is still required even if a client declines to sign the above identified form. Both **Assessment ID** and **Created Date** are optional items and can be entered at the program's discretion.

**PROBLEM GAMBLING TREATMENT DISCHARGE REPORT INSTRUCTIONS****Assessment ID**

Gambling Admission should utilize the LOCADTR for Gambling. The Gambling Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) Assessment ID will be generated at the administration of The LOCADTR for gambling to substantiate the clinical rationale for admission. The most recent Assessment ID should be documented. It can be found on the Assessment Dashboard page of The LOCADTR for Gambling and is the first column next to client name. The assessment ID will appear on the assessment table located on the LOCADTR dashboard only for the clinician who completed the assessment. If a person uses the “Other Clinicians’ option to retrieve this information, the CSV file will need to be downloaded to get the Assessment ID number. The use of The LOCADTR for Gambling has been mandated for all OASAS certified substance use disorder treatment providers to be utilized to determine the most appropriate level of care for a client and therefore it must be utilized for all admissions, transfers, transitions, and discharges. Further information on The Gambling LOCADTR can be found at <https://oasas.ny.gov/locadtr> scroll down the page to find the Gambling LOCADTR information

**Created Date**

The Created Date is the date the LOCADTR 3.0 assessment is created and supports this discharge. Enter two digits for the month, two digits for the day, and four digits for the year.

**TYPE OF RESIDENCE**

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

**Private Residence**

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

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

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

**SUD Community Residence/Part 820 Reintegration-Congregate** Reintegration in a Congregate setting provides a community living experience with onsite staff available seven days a week, twenty-four hours a day.

**MH/DD Community Residence**

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

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

**Residential Services for SUD/Scatter Site** A Community living experience where housing is provided at various locations where staff provide, at a minimum, case management and supervision through weekly in-house visits. Examples include supportive living or Part 820 residential programs with a reintegration setting of scatter-site.

**Other****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, choose the status which most appropriately indicates their employment status, except for individuals attending primary or secondary school. See examples below. A client working off-the-books or in a volunteer position is not considered employed.

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**Employed Full-Time – 35+ Hrs per Week** Use this status for active military personnel.

**Employed Part-Time – <35 Hrs per Week**

**Employed in Sheltered Workshop**

**Unemployed, In Treatment** This status should only be used if the client has actively sought employment within the last 30 days.

**Unemployed, Looking**

**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** To be used when a client is unemployed but taking part in a formal training program such as a program via ACCES-VR, Department of Labor, BOCES, etc. This includes if a client has a scheduled appointment to engage in a program at one of the above-mentioned training programs.

**Not in Labor Force – Retired**

**Not in Labor Force – Student** Use this status if the client is engaged in school, including postsecondary education or GED studies, and is not employed or if the client is employed, but engaged in primary or secondary education (K-12).

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

**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 if there is no private (i.e., health insurance) or client payment (i.e., self-pay) determined to be used at this time.

**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**

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**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.

**SSI**

**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.*)

**STATUS OF GAMBLING RELATED PROBLEMS**

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 Status of Gambling Related Problems as well as Discharge Status must be supported by information documented in the client’s case record. Goals should be based on objectives that the client is expected to achieve **while in this program**. If a goal does not apply to the client, indicate “Not Applicable.”

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

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

**If a goal is identified as other than “Not Applicable,” the goal must appear in the client’s treatment plan.**

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

**Achieved** – All objectives were fully met.

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

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

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

**GAMBLING**

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

**DRUG USE**

This item refers to the goal(s) in the client’s treatment plan concerning the client’s use/abuse of drugs.

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**ALCOHOL USE**

This item refers to the goal(s) in the client's treatment plan concerning the client's use/abuse of alcohol.

**FINANCIAL**

This item refers to the goal(s) in the client's treatment plan concerning the client's financial situation related to their gambling behaviors. In order to be achieved, the client must have successfully addressed their finances including identifying gambling debt, developing a budget, and identifying debt repayment options either in treatment or be engaged in an outside financial support service.

**LEGAL**

This item refers to the goal(s) in the client's treatment plan for the identification and resolution of the client's legal issues or the client's ongoing engagement in on-going legal support services.

**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

**MEDICAL/HEALTH**

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

**LETHALITY: SELF**

This item refers to the goal(s) in the client's treatment plan for the ongoing identification of suicide ideation, plans and attempts, including ongoing resources for support

**LETHALITY: OTHER**

This item refers to the goal(s) in the client's treatment plan for the ongoing identification of intent to harm others, including ongoing resources for support.

**MENTAL HEALTH**

This item refers to the goals in the client's treatment plan related to the assessment, evaluation and/or maintenance of the client's mental health issues.

**FAMILY**

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

**DISCHARGE STATUS & REFERRAL CATEGORY**

Indicate items from each of the three categories for the client's discharge from this PRU.

**DISCHARGE STATUS**

(For valid combinations, refer to chart of discharge cross-edits posted on the application home page.)

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**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 achieved half or more of the major goals and objectives identified in the comprehensive treatment/service plan, **including the gambling, lethality to self and others and financial goals**. 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)

**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 their third-party payor discontinues payment for treatment.

**Discharged 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).

Client

**Discharged due to non-compliance: violence**

**Discharged due to non-compliance: possession of contraband**

**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**

**Client not in need of additional services**

**Referred back to SUD program**

**Referred to other SUD program**

**Referred to Mental Health Program**

**Referred to other Gambling Program**

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**Refused referral**

\* **SUD = substance use disorder**

**Referred to self-help group**

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

**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.

Self-Help

**Problem Gambling Self Help Group Meetings**

**Substance Use Self Help Group Meetings**

Substance Use Disorder Treatment

**SUD Opioid Treatment Program**

**SUD Medically Supervised Withdrawal Inpatient/Res**

**SUD Medically Supervised Withdrawal Outpatient**

**SUD Medically Monitored Withdrawal/Part 820 Stabilization**

**SUD Inpatient Rehabilitation**

**SUD Intensive Residential/Part 820 Rehabilitation**

**Residential Rehabilitation Services for Youth (RRSY)**

**SUD Community Residence/Part 820 Reintegration-Congregate**

**SUD Residential Opioid Treatment Program**

**SUD Outpatient Rehab Services**

**SUD Medically Supervised Outpatient**

**SUD Medically Managed Detox**

**OASAS Addiction Treatment Center**

**SUD Supportive Living/Part 820 Reintegration Scatter-Site**

Recovery Support Services

**Recovery Community and Outreach Center**

**Youth Clubhouse**

**Peer Advocate**

**Open Access Center**

**Family Support Navigator**

**Regional Addiction Resource Center**

\* **SUD= substance use disorder**

**PROBLEM GAMBLING TREATMENT DISCHARGE REPORT INSTRUCTIONS**

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**

**Intellectual Disability/Developmental Disabilities**

Problem Gambling Programs

**Problem Gambling Outpatient**

**Problem Gambling Inpatient/Residential**

**Financial Counseling**

**Other Referral**

**No Referral Made**

**COUNSELING SESSIONS**

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

INDIVIDUAL COUNSELING SESSIONS includes all individual counseling sessions of at least 25 minutes duration and conducted by the **primary counselor**.

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

GROUP COUNSELING SESSIONS

1. **Must be delivered by a counselor with a primary counseling caseload** of primary or significant other clients.
2. Must be 60 minutes or more in duration.
3. Includes general group counseling, specialty group counseling, \*family group counseling, and informational/educational sessions 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.



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FAMILY/COUPLES COUNSELING SESSIONS

1. **May be delivered by any qualified direct care staff** to a client's (primary or significant other) family member or concerned other with or without the client/significant other present. If the client/significant other is not present, the session cannot also be counted as a treatment visit.
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. Only one session per day per family/couple may be recorded.
5. Is usually scheduled by may be extemporaneous.
6. May include couples counseling and family counseling.
7. May not include pre-admission assessment sessions.

**How does the client's current gambling problem compare to the level of gambling at admission?**

Indicate the status of client's gambling problem at discharge by choosing one of the following: **No Longer Gambling, Reduced, Same, Worse, Don't Know.**

**During the past 30 days, what amount of money did client spend on a typical day of gambling?**

Enter the dollar amount that the client spent on a typical day of gambling during the past 30 days.

**During the past 30 days, how much time did client spend on a typical day of gambling?** Enter

the amount of time spent gambling on a typical day in hours and minutes.

**During the past 30 days, on how many days did client gamble?**

Enter the number of days that client gambled during the past 30 days.

**MENTAL HEALTH RELATED CONDITIONS**

Indicate whether client has the following conditions:

**Intellectual Disability/Developmental Disability and Mental Health Problem**

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

**Co-existing Psychiatric Disorder**

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

**HISTORY OF MENTAL HEALTH TREATMENT**

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

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

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

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

**PROBLEM GAMBLING TREATMENT DISCHARGE REPORT INSTRUCTIONS**

**DSM V ADMINISTRATION**

Was DSM V Gambling Disorder Form that is available at ([Gambling Diagnostic Form \(ny.gov\)](#)) administered during last 90 days (Other than admission?) Indicate Yes or No

Enter the Score of Last administration (non-admission)

Enter the Date of last administration (non-admission)