NYS Office of Alcoholism and Substance Abuse Services
ELEMENT TRANSITION REPORT INSTRUCTIONS (PAS-125N)
FOR ELEMENT TRANSITIONS DATED 4/1/2017 AND BEYOND

These instructions are for the purpose of completing the PAS-125N form only.
They do not supersede or replace existing regulations.

FOR USE BY PART 820 RESIDENTIAL PROGRAMS ONLY

**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) the client is being admitted to.

**CLIENT ID INFORMATION**

**PROVIDER CLIENT ID**
Enter the identical client identification number that was reported at the time of admission or transfer. If the client identification number has changed since admission, instruct data input staff to make the change online using Client Management.

**SEX (at birth)**
Enter gender, Male or Female, as documented on birth certificate. If client is transsexual, use the 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. 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 LAST NAME AT BIRTH**
Enter the first two letters of the client’s last/at birth name (Smith = SM, O’Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

**READ ONLY ITEMS**
The following items will display as read-only. If any data item is incorrect, changes must be made online using Client Management.

From Element of Care
From Reintegration Setting
TRANSACTION INFORMATION

TRANSACTION DATE
The transaction date is the date the client will transition from one element and/or reintegration setting to another element and/or reintegration setting within the Part 820 Residential Program Reporting Unit. Enter two digits for the month, two digits for the day, and four digits for the year.

TO ELEMENT OF CARE
Select the element of care the client is being transitioned to.
Stabilization – Provides a safe environment in which a client may stabilize mild to moderate withdrawal symptoms, severe cravings, psychiatric and medical symptoms. Stabilization requires the supervision of a physician and clinical monitoring.
Rehabilitation – Provides a structured environment for clients whose potential for independent living is seriously limited due to significant functional impairment. These clients require a course of rehabilitative services in a structured environment with staffing to provide monitoring, support, and case management.
Reintegration – Provides a community living experience in either congregate or scatter-site settings with limited supervision. Clients appropriate for these services are transitioning to long term recovery from substance use disorder and independent living in the community.

If Stabilization or Rehabilitation is chosen, then Reintegration Setting will not be used. If Reintegration is chosen, then make a Reintegration Setting selection.

TO REINTEGRATION SETTING
If element of care selected is Reintegration, then enter one of the following reintegration settings.
Congregate – Provides a community living experience with onsite staff available seven days a week, twenty-four hours per day.
Scatter-Site – Housing is provided at various locations wherein staff provide case management and supervision through in-house weekly visits.

LOCADTR INFORMATION
Both Assessment ID and Created Date are optional items and can be entered at the program’s discretion.

ASSESSMENT ID
The Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) 3.0 Assessment ID will be generated at the administration of LOCADTR 3.0 to substantiate the clinical rationale for transition. The most recent Assessment ID should be documented. It can be found on the Assessment Dashboard page of LOCADTR 3.0 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 he or she will have to download the CSV file to get the Assessment ID number. The use of LOCADTR 3.0 Protocol has been mandated for all OASAS certified substance abuse 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 LOCADTR 3.0 can be found here- [http://www.oasas.ny.gov/treatment/health/locadtr/index.cfm](http://www.oasas.ny.gov/treatment/health/locadtr/index.cfm)

**CREATED DATE**

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