

NYS Office of Addiction Services and Supports  
**OPIOID TREATMENT ANNUAL UPDATE**  
**FOR UPDATES DATED 04/01/2017 AND BEYOND**

Provider Number \_\_\_\_\_ Program Number \_\_\_\_\_ Provider Client ID \_\_\_\_\_  
Sex (at birth)  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 SSN \_\_\_\_\_ Last Name First 2 Letters \_\_\_\_\_  
(Birth Name)  
Date Update Due \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Update Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRS-61 - Identifying Information (ID)**

ID Consent Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ID Consent Revoke Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Revoke Date not required)  
Last Name \_\_\_\_\_ Last Name \_\_\_\_\_  
(Birth Name) (Current Name)  
First Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Medicaid Client ID \_\_\_\_\_

Zip Code of Residence \_\_\_\_\_ County of Residence \_\_\_\_\_

**Type of Residence**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Private Residence         | <input type="checkbox"/> Residential Services for SUD/<br>Congregate   | <input type="checkbox"/> MH/DD Community Residence  |
| <input type="checkbox"/> Homeless, Shelter         | <input type="checkbox"/> Residential Services for SUD/Scatter-<br>Site | <input type="checkbox"/> Other Group Residential Setting<br>Institution, other (jail, hospital) |
| <input type="checkbox"/> Homeless, No Shelter      |  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Single Resident Occupancy |  |   |

**Living Arrangements**

- Living Alone  Living w/ Non-Related Persons  Living with Spouse/Relatives

**Highest Grade Completed**

- |                                       |                               |  |   |
|---------------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> No education | <input type="checkbox"/> 6th  | <input type="checkbox"/> 11th                              | <input type="checkbox"/> Some College-No degree |
| <input type="checkbox"/> 1st          | <input type="checkbox"/> 7th  | <input type="checkbox"/> High School Diploma               | <input type="checkbox"/> Associates Degree      |
| <input type="checkbox"/> 2nd          | <input type="checkbox"/> 8th  | <input type="checkbox"/> General Equivalency Diploma (GED) | <input type="checkbox"/> Bachelors Degree       |
| <input type="checkbox"/> 3rd          | <input type="checkbox"/> 9th  | <input type="checkbox"/> Vocational Cert w/o Diploma/GED   | <input type="checkbox"/> Graduate Degree        |
| <input type="checkbox"/> 4th          | <input type="checkbox"/> 10th | <input type="checkbox"/> Vocational Cert w/Diploma/GED     |   |
| <input type="checkbox"/> 5th          |                               |  |   |

Does client have an Individual Education Plan (IEP)?  Yes  No  Unknown

**Employment**

**Employment Status**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk  | <input type="checkbox"/> Unemployed, Not Looking for Work | <input type="checkbox"/> Not in Labor Force, Other   |
| <input type="checkbox"/> Employed Part Time-<35 hrs/wk  | <input type="checkbox"/> Not in Labor Force, Child Care   | <input type="checkbox"/> Social Services Work Exp Prog.                                    |
| <input type="checkbox"/> Employed in Sheltered Workshop | <input type="checkbox"/> Not in Labor Force, Disabled     | <input type="checkbox"/> Social Services Determined,<br>Not Employed/Able to Work          |
| <input type="checkbox"/> Unemployed, In Treatment       | <input type="checkbox"/> Not in Labor Force, In Training  | <input type="checkbox"/> Social Services Determined, Unable to<br>Work, Mandated Treatment |
| <input type="checkbox"/> Unemployed, Looking for Work   | <input type="checkbox"/> Not in Labor Force, Retired      |  |
|   | <input type="checkbox"/> Not in Labor Force, Student      |  |

Length of Employment at Update

Days Employed at Update:  0-30 Days  31-60 Days  61-90 Days  91-120 Days  121+ Days

**Primary Payment Source**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Medicaid Pending               | <input type="checkbox"/> Private Insurance – Fee for Service |
| <input type="checkbox"/> Self-Pay              | <input type="checkbox"/> Medicare                       | <input type="checkbox"/> Private Insurance – Managed Care    |
| <input type="checkbox"/> Medicaid              | <input type="checkbox"/> DSS Congregate Care            | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Department of Veterans Affairs |  |

**Criminal Justice Information**

**Current Criminal Justice Status (check all that apply)**

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> None      | <input type="checkbox"/> Work Release     | <input type="checkbox"/> Charges Pending                  |
| <input type="checkbox"/> Probation | <input type="checkbox"/> In Prison/Jail   | <input type="checkbox"/> Any Treatment or Specialty Court |
| <input type="checkbox"/> Parole    | <input type="checkbox"/> In OCFS Facility | <input type="checkbox"/> Other                            |

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**Arrests/Incarceration**

Is client in treatment as a result of an alternative to incarceration?  Yes  No

Number of Arrests in Prior 30 Days \_\_\_\_\_

Number of Arrests in Prior 6 Months \_\_\_\_\_

Number of Days Incarcerated in Prior 6 Months \_\_\_\_\_

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**Current Opiate Addiction Medicine**

- Methadone
- Buprenorphine
- None

Daily Dose: \_\_\_\_\_

**Current Pick-Up Schedule**

- |  |   |
|--|---|
| <input type="checkbox"/> Daily           | <input type="checkbox"/> 2 days per week      |
| <input type="checkbox"/> 6 days per week | <input type="checkbox"/> Once per week        |
| <input type="checkbox"/> 5 days per week | <input type="checkbox"/> Once every two weeks |
| <input type="checkbox"/> 4 days per week | <input type="checkbox"/> Once a Month         |
| <input type="checkbox"/> 3 days per week | <input type="checkbox"/> None                 |

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**Addiction Medications Used during 12 Month Review Period**

**CHECK ALL THAT APPLY.** Select "NONE" if no addiction medication was used.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Methadone             | <input type="checkbox"/> Nicotine Gum                          | <input type="checkbox"/> Clonidine (Catapres)                 |
| <input type="checkbox"/> Buprenorphine         | <input type="checkbox"/> Nicotine Patch                        | <input type="checkbox"/> Baclofen (Kemstro, Lioresal, Liofen) |
| <input type="checkbox"/> Zyban/Wellbutrin      | <input type="checkbox"/> Chantix                               | <input type="checkbox"/> Gabapentin (Neurontin)               |
| <input type="checkbox"/> Naltrexone (Revia)    | <input type="checkbox"/> Campral                               | <input type="checkbox"/> Other Addiction Medications          |
| <input type="checkbox"/> Naltrexone (Vivitrol) | <input type="checkbox"/> Naloxone (Narcan, Naloxone, Narcanti) | <input type="checkbox"/> None                                 |
| <input type="checkbox"/> Antabuse              | <input type="checkbox"/> Vaccines (NicVAX)                     |   |
| <input type="checkbox"/> Nicotine Lozenges     |  |   |

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**Physical Health-Related Conditions**

- |  |  |  |
|--|--|--|
| Asthma   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Unknown   |
| Treated for Asthma during this review period       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Hypertension                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Unknown   |
| Treated for Hypertension during this review period | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Diabetes   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Unknown   |
| Treated for Diabetes during this review period     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| HIV Status   | <input type="checkbox"/> Known to be Positive            | <input type="checkbox"/> Known to be Negative <input type="checkbox"/> Unknown |
| Tested for HIV during this review period           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Unknown   |
| Hepatitis B Status                                 | <input type="checkbox"/> Known to be Positive            | <input type="checkbox"/> Known to be Negative <input type="checkbox"/> Unknown |
| Tested for Hepatitis B during this review period   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Unknown   |
| Hepatitis C Status                                 | <input type="checkbox"/> Known to be Positive            | <input type="checkbox"/> Known to be Negative <input type="checkbox"/> Unknown |
| Tested for Hepatitis C during this review period   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Unknown   |
| Result of TB Test                                  | <input type="checkbox"/> Known to be Positive            | <input type="checkbox"/> Known to be Negative <input type="checkbox"/> Unknown |
| Treated for Latent TB during this review period    | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

