

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

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,
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
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 _____

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 |

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, Narcani) | <input type="checkbox"/> None |
| <input type="checkbox"/> Antabuse | <input type="checkbox"/> Vaccines (NicVAX) | |
| <input type="checkbox"/> Nicotine Lozenges | | |

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 | |

