

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

*These instructions are for the purpose of completing the PAS-45N form only.  
They do not supersede or replace existing regulations.*

*A discharge must be entered for each client leaving treatment from this program who was either admitted or transferred to this program using a Client Admission Report (PAS-44) or Client Transfer Report (PAS-47).*

**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 program to which the client was admitted or transferred and is now being discharged from. This must be the program 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 program and then transferred to the discharging program, be sure that the client is active in the CDS in the discharging program.

**CLIENT ID INFORMATION**

**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 between admission and discharge, instruct data input staff to make the change online using Client Management.

**SEX (at birth)**

Enter gender, Male, Female, or X, as documented on birth certificate. If the client is transgender, gender non-conforming or non-binary, 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, 1998 would be 03/08/1998).

**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 an 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 name at **birth** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

*The above items will prefill when entering data into the Client Data System. If any of the above items need to be changed or updated, this must be done through Client Management.*

**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 or telehealth (as defined by OASAS regulations) treatment contact** with program staff in this program. A conversation on the telephone **does not** qualify as face-to-face or telehealth contact.

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

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 they will be returning to your program (e.g., following hospitalization or detox).

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 other Part 822 Outpatient programs, a client normally should be discharged **retroactive to the date of last face-to-face or telehealth treatment contact** if there is no face-to-face or telehealth contact within sixty (60) days, unless special arrangements have been made between the client and program staff with the understanding that they will be returning to your program (e.g., following hospitalization or detox).

For all the above, the actual discharge date should be **retroactive to the date of last face-to-face or telehealth treatment contact**.

### **PART 820 PROGRAM ELEMENT INFORMATION**

Days per element of care and/or setting will automatically be displayed. No data needs to be entered for these items. Calculations are based on data submitted at time of admission and transitions/transfers as applicable. If totals appear incorrect, please review the transaction history for this client in Client Management.

**The elements of a Part 820 residential services include the following:**

**Stabilization**

**Rehabilitation**

**Reintegration**

**The settings for the Reintegration element of a Part 820 residential service include the following:**

**Congregate**

**Scatter-Site**

### **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 discharge. 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, they 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 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 LOCADTR 3.0 can be found here- [LOCADTR 3.0](#).

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**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.

**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, update the admission transaction with the correct information prior to entering this discharge transaction. 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**

**Associate Degree**

**Bachelor's Degree**

**Graduate Degree**

**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, 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.**

**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, Looking for Work** This status should only be used if the client has *actively* sought employment within the last 30 days.

**Unemployed, Not Looking for Work** Programs may use this status for clients who are working off-the-books or in a volunteer position.

**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 – Inmate** Can be used if the client is in a jail-based or prison-based program.

**Not in Labor Force – Retired**

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**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 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 their 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 program (inpatient/residential).

**Private Residence**

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

**Homeless/Unstably Housed, No Shelter** Includes a person or family who is undomiciled, has no fixed address, lacks a regular nighttime 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

**Residential Services for SUD\*/Congregate** A community living experience in one location with onsite staff available seven days a week, twenty-four hours a day, such as a community residence or Part 820 residential program.

**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.

**MH/DD Community Residence** Mental Health/Developmental Disabilities Community Residence.

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

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

**County Operated or Other Local Jail**

**DOCCS Operated Prison**

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

**Other**

\*SUD=Substance Use Disorder

**LIVING ARRANGEMENTS**

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

**Living Alone**

**Living with Non-Related Persons**

**Living with Spouse/Relatives**

**PRIMARY PAYMENT SOURCE**

Indicate the primary source of payment for the client's treatment in this program.

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, Part 822 Outpatient Services, Residential Rehabilitation Services for Youth, Opioid Treatment Programs, Medically Managed Detoxification, Medically Supervised Withdrawal Inpatient/Outpatient, and Residential Part 820 services. *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, Part 822 Outpatient Services, Residential Rehabilitation Services for Youth, Opioid Treatment Programs, Medically Managed Detoxification, Medically Supervised Withdrawal Inpatient/Outpatient, and Residential Part 820 services. 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 healthcare through managed care concepts of service including authorization, utilization review and/or a fixed network of providers. Payment under the Child Health Plus programs is included under this category.

**Medicaid Pending** Inpatient Rehab, Part 822 Outpatient Services, Residential Rehabilitation Services for Youth, Opioid Treatment Programs, Medically Managed Detoxification, Medically Supervised Withdrawal Inpatient/Outpatient, and Residential Part 820. 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) – To be used by non-Medicaid eligible residential programs, such as 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. DSS Congregate Care can also be selected as Primary Payment Source for clients being discharged from any Part 820 residential treatment program, regardless of element of care and/or the billing of Medicaid

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

Managed Care for treatment services if the treatment program determines that DSS Congregate Care was the primary payment source for the client's treatment.

**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 an MCO. This code should not be used for MCO services provided to a Medicaid recipient.

**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. Programs receiving Net Deficit funding from OASAS are prohibited from denying admission to someone based on ability to pay and those clients who are unable to pay should be documented in **None**.*

**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 client identified needs and clinically appropriate objectives that that are achievable **while in this program.**

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

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

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 treatment 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 they were 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 be document in the client’s treatment/recovery plan. If a gambling goal is not documented in the client’s treatment/recovery 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 their gambling goal, 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.

**Partial Achievement** – 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.

**NICOTINE GOAL ACHIEVEMENT**

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

Goals established should be based on client identified needs and clinically appropriate objectives that are achievable **while in this program.**

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

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 treatment contact with program staff or other reliable information.

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

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**If a nicotine goal is identified as anything other than “Not Applicable,” the goal must be documented in the client’s treatment/recovery plan. If a nicotine goal is not documented in the client’s treatment/recovery plan, Nicotine Goal Achievement must be identified as “Not Applicable.”**

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

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

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

**Partial Achievement** – 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 nicotine.

**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 be reported per client per day, regardless of the number of different treatment services provided to the client on that day.**

Treatment services are defined as post admission clinical and medical services provided in support of the individual’s indicated goals of treatment. Treatment services may include but are not limited to Medication Management, Counseling, Peer Advocate, and Physical Health Services. A Treatment Visit may be counted when one or more treatment services are provided to a client by program staff on a specified day 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 program.

**INDIVIDUAL COUNSELING SESSIONS**

1. Must be 25 minutes or more in duration.
2. Must be provided on or after the client’s admission date and prior to or on the client’s discharge date.
3. Counselor may report more than one session per day per individual client although this would be unusual.
4. Is usually scheduled but may be provided as needed.
5. May include psychotherapy, and post-admission evaluation.
6. Does not include pre-admission assessment sessions.



NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**GROUP COUNSELING SESSIONS**

1. Must be 60 minutes or more in duration.
2. Includes general group counseling, specialty group counseling, \*family group counseling.
3. Is almost always scheduled.
4. May report more than one group session per day.

**FAMILY COUNSELING SESSIONS \***

1. **Must be delivered by any direct care staff** to a client (primary or significant other) and their 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. Does not include pre-admission assessment sessions.

\* With or without presence of primary client.

**Recent History: Six Months Prior to Discharge**

Please provide information based on the client's experience **during the Current Treatment Episode in this program. 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 program 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 CRIMINAL ARRESTS IN PRIOR 30 DAYS**

**Enter the number of criminal 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 their time in the program.

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

**Enter the number of criminal 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 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 their 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 program.

**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 their time in the program.

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**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 6 months, enter the number of days in inpatient detox during their 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 6 months, enter the number of emergency room episodes during their 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 treatment 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 their 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 treatment 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."

**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."

**None**

**Alcohol**

**Cocaine**

**Crack** This is the street name for a more purified form of cocaine that is smoked.

**Marijuana/Hashish** This includes THC and any other cannabis sativa preparations.

**Synthetic Cannabinoids** (e.g., K2/Spice)

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**Heroin**

**Buprenorphine**

**Non-Rx Methadone** Methadone obtained and used without a legal prescription.

**OxyContin**

**Other Opiate/Synthetic** This includes Codeine, Dilaudid, Morphine, Demerol, Opium, and any other drug with morphine-like effects.

**Alprazolam (Xanax)**

**Barbiturate** This includes Phenobarbital, Seconal, Nembutal, etc.

**Benzodiazepine** This includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Oxazepam, Prazepam, Triazolam, Clonazepam, Klonopin, and Halazepam.

**Catapres** Clonidine

**Other Sedative/Hypnotic** This includes Methaqualone, Chloral Hydrate, Placidyl, Doriden, etc.

**Elavil**

**GHB**

**Khat**

**Other Tranquilizer**

**Methamphetamine** (e.g., Ice)

**Other Amphetamine** This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.

**Synthetic Stimulant** (e.g. Bath Salts)

**Other Stimulant**

**PCP** (Phencyclidine)

**Ecstasy**

**Other Hallucinogen** This includes LSD, DMT, STP, Mescaline, Psilocybin, Peyote, etc.

**Ephedrine**

**Inhalant** This includes Ether, Glue, Chloroform, Nitrous Oxide, Gasoline, Paint Thinner, etc.

**Ketamine**

**Rohypnol**

**Over-the-Counter** This includes Aspirin, Cough Syrup, Sominex, and any other legally obtained non-prescription medicine.

**Other**

**ROUTE OF ADMINISTRATION**

For each substance identified, enter the usual route of administration.

**Inhalation**

**Injection**

**Oral**

**Smoking**

**Vaping**

**Other**

**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 their 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**

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**1-2 times per week**  
**3-6 times per week**  
**Daily**

**NICOTINE**

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

Enter the frequency of the client's use of nicotine 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 Opioid Treatment Annual Update is less than 30 days, indicate frequency of use since that date. If the client has never used nicotine, 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**

**DATE LAST USED: MONTH, YEAR**

Enter the date (month and year) that the client last used a nicotine 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 nicotine at admission, began using during treatment, but had no use during the last 30 days or if the client ceased using nicotine prior to admission.**

**PRIMARY ROUTE OF ADMINISTRATION**

Indicate whether the client usually smokes or chews tobacco or vapes nicotine. If the client reports using multiple routes equally, select *Smoking* if the client reports smoking as one of the routes. If smoking is not one of the identified routes, select *Vaping*.

*If the client reports using a nicotine-free e-cigarette or other nicotine-free vaping device, do not report vaping in this section.*

**PHYSICAL HEALTH-RELATED CONDITIONS**

**Asthma**

Select **Yes** if the client reports diagnosis of Asthma.  
Select **No** if the client denies diagnosis of Asthma.  
Selection **Unknown** if client is unsure.

**Treated for Asthma during This Review Period**

Select **Yes** if the client is known to have been treated for Asthma during this review period. It is not necessary for treatment to have taken place at the program site. Treatment may have taken place at a healthcare/primary care provider, public health clinic, etc.  
Select **No** if the client has denied being treated for Asthma during this review period.

**Hypertension**

Select **Yes** if the client reports diagnosis of Hypertension.  
Select **No** if the client denies diagnosis of Hypertension.  
Selection **Unknown** if client is unsure.

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**Treated for Hypertension during This Review Period**

Select **Yes** if the client is known to have been treated for Hypertension during this review period. It is not necessary for treatment to have taken place at the program site. Treatment may have taken place at a healthcare/primary care provider, public health clinic, etc.

Select **No** if the client has denied being treated for Hypertension during this review period.

**Diabetes**

Select **Yes** if the client reports diagnosis of Diabetes.

Select **No** if the client denies diagnosis of Diabetes.

Selection **Unknown** if client is unsure.

**Treated for Diabetes during This Review Period**

Select **Yes** if the client is known to have been treated for Diabetes during this review period. It is not necessary for treatment to have taken place at the program site. Treatment may have taken place at a healthcare/primary care provider, public health clinic, etc.

Select **No** if the client has denied being treated for Diabetes during this review period.

**HIV Status**

Select **Known to be Positive** if the client has self-reported a positive status or your program has received records indicating a positive status.

Select **Known to be Negative** if the client has self-reported a negative status or your program has received records indicating a negative status.

Select **Unknown** if the client has NOT authorized consent to release this information by initialing the "HIV-AIDS Related" section of the *Authorization for Release of Behavioral Health Information TRS-61* or if the client has not reported an HIV status and HIV status has not been indicated in history/client record. Also, if prior to the time of discharge, the client has revoked consent to release "HIV-AIDS Related" information, select **Unknown**. If the client has revoked consent, it is not necessary to edit the admission record to **Unknown**.

**Tested for HIV during This Treatment Period**

Select **Yes** if the client is known to have participated in testing for HIV during this treatment episode. It is not necessary for testing to have taken place at the treatment site. Testing may have taken place at healthcare/primary care provider, public health clinic, etc.

Select **No** if the client has denied any participation in testing for HIV during this treatment episode.

Select **Unknown** if the client has neither affirmed nor denied participation in testing for HIV during this treatment episode.

**Hepatitis B Status**

Select **Known to be Positive** if the client has self-reported a positive status or your program has received records indicating a positive status.

Select **Known to be Negative** if the client has self-reported a negative status or your program has received records indicating a negative status.

Select **Unknown** if the client has not reported a status and status has not been indicated in history.

**Tested for Hepatitis B during This Treatment Period**

Select **Yes** if the client is known to have participated in testing for Hepatitis B during this treatment episode. It is not necessary for testing to have taken place at the treatment site. Testing may have taken place at healthcare/primary care provider, public health clinic, etc.

Select **No** if the client has denied any participation in testing for Hepatitis B during this

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

treatment episode.

Select **Unknown** if the client has neither affirmed nor denied participation in testing for Hepatitis B during this treatment episode.

**Hepatitis C Status**

Select **Known to be Positive** if the client has self-reported a positive status or your program has received records indicating a positive status.

Select **Known to be Negative** if the client has self-reported a negative status or your program has received records indicating a negative status.

Select **Unknown** if the client has not reported a status and status has not been indicated in history.

**Tested for Hepatitis C during This Treatment Period**

Select **Yes** if the client is known to have participated in testing for Hepatitis C during this treatment episode. It is not necessary for testing to have taken place at the treatment site. Testing may have taken place at healthcare/primary care provider, public health clinic, etc.

Select **No** if the client has denied any participation in testing for Hepatitis C during this treatment episode.

Select **Unknown** if the client has neither affirmed nor denied participation in testing for Hepatitis C during this treatment episode.

**Result of TB (Tuberculosis) Test**

Select **Known to be Positive** if the client has self-reported a positive status or your program has received records indicating a positive status.

Select **Known to be Negative** if the client has self-reported a negative status or your program has received records indicating a negative status.

Select **Unknown** if the client has not reported a status and status has not been indicated in history.

**Treated for Latent TB (Tuberculosis) During This Treatment Episode**

Select **Yes** if the client is known to have been treated for Latent TB during this review period. It is not necessary for treatment to have taken place at the program site. Treatment may have taken place at a healthcare/primary care provider, public health clinic, etc.

Select **No** if the client has denied being treated for Latent TB during this review period.

**DISCHARGE INFORMATION**

The selection of Discharge Status, Discharge Disposition and Referral Disposition must be supported 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 OASAS APPS home page.**

**Completed Treatment: All treatment goals met** – The client has completed the planned course of treatment appropriate for this program and has accomplished the goals and objectives identified in the treatment/recovery plan. The client is discharged based on attaining goals as identified during the course of treatment as documented in the case record. This is a planned process. A program cannot report that a client has completed treatment if the client's departure was spontaneous.

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**Completed Treatment: Half or more treatment goals met** – The client has completed the planned course of treatment appropriate for this program and has accomplished the major goals and objectives identified in the comprehensive treatment/service plan. 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 substance goal(s) must be "Achieved." It is expected that half of the goals documented in the treatment/recovery plan would be achieved.

**Treatment Not Completed: Maximum Benefit/Clinical Discharge** –Use when the client has been in treatment for at least as long as appropriate for this level of care and has not demonstrated 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 some cases, the client may be referred to another substance use disorder treatment program 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 program and/or has not met one or more major goals. However, the client has demonstrated some goal achievement during their 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 outpatient services) or continuing their recovery in the community (e.g., completed outpatient clinic without another substance use disorder 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 non-completing Discharge Status. For the former, it indicates that the client has attained the major treatment goals identified in the treatment/recovery plan and completed their planned course of treatment but continued participation in treatment will not necessarily lead to the client completing their remaining minor goals in a reasonable time period. For the non-completing Discharge Statuses, it indicates that the individual still meets the level of care criteria but is not likely to make significant process from continued participation in this program.

**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 they should remain in treatment. The program is expected to have offered to make some contact with another program to arrange/schedule for the client to be assessed and/or admitted. If the client is agreeable, the program is expected to contact another program to arrange/schedule an assessment appointment or admission. Providing contact information for other treatment options without the above actions is not considered offering or making a formal referral.

**Left against clinical advice: Lost to contact (no referral possible)** – The 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 voicemail

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

message for the client or sending a letter listing other treatment programs or recovery resources elsewhere is not considered a viable referral.

**Left against clinical advice: Termination of third-party funds** – 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 they should remain.

**Discharged due to non-compliance: 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.

**Discharged due to non-compliance: violence** – Use when client is discharged due to the deliberate use of force with the potential for causing harm, including threats of violence or intimidation.

**Discharged due to non-compliance: substance use** – Use when client is discharged due to chronic misuse of medically prescribed controlled substances or illicit use of substances which threatens the safety of the client and/or the treatment milieu.

**Discharged due to non-compliance: contraband** – Use when client is discharged due to possession of contraband including but not limited to weapons, substances, or drug paraphernalia that present a danger to clients and/or staff within the program.

**Client arrested/incarcerated** – Use when the program must discharge the client as a result of the client being arrested and/or incarcerated.

**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 substance use disorder treatment 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 they were 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 they have 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 Status of Completed Treatment: All 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,



NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

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. This referral disposition can only be used with the referral categories of **No Referral Made, Continuing Care Only or any of the Recovery Support Services options.**

**Client not in need of additional services** – Generally, this should be used only if the client is completing Part 822 Outpatient Services treatment.

**Referred back to SUD\* program** – Generally, this is used when a client is leaving inpatient or residential treatment and is returning to a substance use disorder Part 822 Outpatient Services program where the client is still on census and/or will be re-admitted.

**Referred to other SUD\* program** – Use this when the client is being referred to another substance use disorder treatment program, usually, but not always, offering services at a different level of care.

**Referred to Mental Health Program** – This should be used if at discharge, regardless of discharge status, you feel that the client should address their mental health problems.

**Referred to non-SUD\* 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 they are not interested.

*\*SUD= substance use disorder*

**CURRENTLY ATTENDING SUBSTANCE USE SELF-HELP GROUP MEETINGS (LAST 30 DAYS)**

Select **Yes** or **No** to indicate whether the client has attended at least one substance use self-help or mutual 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 they leave your program. This does not apply to the referral categories for Self-Help Groups/Other, Recovery Support Services, or No Referral Made.

Note: Continuing Care options are for discharges from Part 822 outpatient programs only. Individuals may engage in Continuing Care when they have been discharged from active treatment and there is a documented clinical need for ongoing clinical support to maintain gains made in active treatment. For more information regarding Continuing Care, please see [OASAS Part 822 Regulations](#).

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

*Substance Use Disorder (SUD) Programs*

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

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

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

**SUD Private Practitioner**

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

Health Institutions

**Hospital** – Use this if the client is being discharged from your program prior to completing treatment because of the need for hospitalization.

**Hospital and Continuing Care**– Use this if the client is being discharged from your program prior to completing treatment because of the need for hospitalization and it is anticipated that the client will participate in Continuing Care at your program.

**Hospital (Long Term)/Nursing Home** - Use this if the client is being discharged from your program and is referred for long-term hospitalization or short-term nursing care.

**Hospital (Long Term)/Nursing Home and Continuing Care**- Use this if the client is being discharged from your program and is referred for long-term hospitalization or short-term nursing care and it is anticipated that the client will participate in Continuing Care at your program.

**Nursing Home, Long Term Care** - Use this if the client is being discharged from your program and is referred for long-term nursing care.

**Nursing Home, Long Term Care and Continuing Care**- Use this if the client is being discharged from your program and is referred for long-term nursing care and it is anticipated that the client will participate in Continuing Care at your program.

**Group Home, Foster Care**

**Group Home, Foster Care and Continuing Care**

Mental Health Programs

**Mental Health Community Residence**

**Mental Health Community Residence and Continuing Care**

**Mental Health Inpatient** - 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 Inpatient and Continuing Care**- Use this if the client is being discharged from your program prior to completing treatment because of the need for Mental Health inpatient treatment care and it is anticipated that the client will participate in Continuing Care at your program.

**Mental Health Outpatient**

**Mental Health Outpatient and Continuing Care**

**Intellectual/Developmental Disabilities Program**

**Intellectual/Developmental Disabilities Program and Continuing Care**

Recovery Support Services

(For a definition of these services and other information, please refer to the following link:

[Regional Services](#))

**Recovery Community and Outreach Center**

**Youth Clubhouse**

**Peer Advocate**

**Open Access Center**

**Family Support Navigator**

**Regional Addiction Resource Center**

**Other Referral**

**Other Referral and Continuing Care**

**No Referral Made**

**Refused Referral**

**Continuing Care Only**

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**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 clinically appropriate, person-centered as identified by the client and achievable **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 treatment 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 be documented in the client's treatment/recovery plan. If a goal is not documented in the client's treatment/recovery plan, it must be identified as "Not Applicable."**

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

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

**Partial Achievement** – 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/recovery plan concerning the client's use/misuse of drugs.

**ALCOHOL USE**

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

**MEDICAL CONDITIONS**

This item refers to the goal(s) in the client's treatment/recovery plan concerning the resolution of medical conditions or the client's engagement in ongoing 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.

**SOCIAL FUNCTIONING**

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

*Examples: This could include goals for living arrangements, friendships, and quality of interpersonal relationships outside of the family.*

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**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

**LEGAL**

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

**FAMILY SITUATION**

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

*Examples: Managing anxiety and/or stress, improving self-esteem.*

**Medication for Addiction Treatment (MAT)**

Was MAT offered by this program during this treatment episode?

Select **Yes or No** based on if the client was offered MAT by this program during their time in treatment.

Was MAT prescribed by this program during this treatment episode? (Skip this question if No was entered for Was MAT offered by this program during this treatment episode?)

Select **Yes, No, or Declined** based on if the client was prescribed MAT by this program during their time in treatment.

**ADDICTION MEDICATIONS USED DURING TREATMENT**

Indicate which addiction medications were used (check all that apply) during treatment in this program whether or not the medication was prescribed by program staff. The medications identified need to have been prescribed to treat the client's use/misuse of substances. Select "None" if no medications were used.

- Methadone**
- Buprenorphine**
- Zyban/Wellbutrin**
- Naltrexone (Revia)**
- Naltrexone (Vivitrol)**
- Antabuse**

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**Nicotine Lozenges**  
**Nicotine Gum**  
**Nicotine Patch**  
**Chantix**  
**Campral**  
**Naloxone (Narcan, Nalone, Narcanti)**  
**Vaccines (NicVAX)**  
**Clonidine (Catapres)**  
**Baclofen (Kemstro, Lioresal, Liofen)**  
**Gabapentin (Neurontin)**  
**Other Addiction Medications**  
**None**

## **TRAUMA**

Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and/or mental, physical, social, emotional, or spiritual well-being.

The term **treated** as used below refers to behavioral health services/interventions.

Select **Yes, No, Unknown, or Refused to Answer** to the following question based on client report, case records, or other reliable sources of information. If there is no information available, to complete the item, select **Unknown**. If the client refused to respond to inquiries on the topic, select **Refused to Answer**.

### **Client ever experience/witness trauma that impacts current life experience?**

Domestic violence/intimate partner 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/intimate partner 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 relations.

Select **Yes, No, Unknown, or Refused to Answer** to the following question based on client report, case records, or other reliable sources of information. If there is no information available, to complete the item, select **Unknown**. If the client refused to respond to inquiries on the topic, select **Refused to Answer**.

### **Client ever a victim of Domestic Violence/Intimate Partner Violence?**

### **Client ever a perpetrator of Domestic Violence/Intimate Partner Violence?**

Select **Yes or No** based on whether or not the client has been treated for trauma, Domestic Violence/Intimate Partner Violence as a victim and/or perpetrator. Treatment may have taken place at this treatment program, or it may have been provided by/at a different program and/or agency.

### **Client treated for trauma?**

### **Client treated for Domestic Violence/Intimate Partner Violence?**

### **Client treated for perpetrating Domestic Violence/Intimate Partner Violence?**

## **ORIENTATION TO CHANGE – For use only by Residential Rehabilitation for Youth**

NYS Office of Addiction Services and Supports  
**CLIENT DISCHARGE REPORT INSTRUCTIONS (PAS-45N)  
FOR DISCHARGES DATED 10/1/2018 AND BEYOND**

**Programs or Other Program Types Participating in Special Projects with OASAS. If your program is participating in a Special Project with OASAS be sure to check with your OASAS Project Manager to verify if this item applies to your special project code.**

**Ambivalent**

The client does not verbalize responsibility for any problems or harm they have caused to self, others or property that resulted from their 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 their substance use or related behavior. They have verbalized no plan, nor taken any action, to address these.

**Planning Change**

The client has formulated and verbalizes at least one of their 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 their own planned strategies, the client is engaged in *one or more observable action steps* designed to reduce or discontinue alcohol/drug misuse, 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 Recurrence Prevention**

In accordance with their own planned strategies, the client is engaged in *two or more observable action steps* designed to discontinue alcohol/drug misuse, 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 PAS reports signed by the clinician in the client's file. This box may be used for that purpose and is not required by OASAS.***