

NYS Office of Alcoholism and Substance Abuse Services
CLIENT CRISIS ADMISSION/DISCHARGE REPORT INSTRUCTIONS (PAS-46N)
FOR ADMISSIONS DATED 04/01/2017 AND BEYOND

*These instructions are for the purpose of completing the PAS-46N reporting form.
They do not supersede or replace existing regulations.*

The Client Admission/Discharge Reporting Form and related instructions apply only to clients admitted to and discharged from Medically Managed Detox (816.6), Medically Supervised Withdrawal Inpatient/Residential (816.7), Medically Supervised Withdrawal Outpatient (816.7), and Medically Monitored Withdrawal (816.8). This form is only submitted for processing after the client has been discharged. All other treatment categories must report client admissions and discharges using the Client Admission Reporting Form (PAS-44N) and the Client Discharge Reporting (PAS-45N) Form.

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 that identifies the Program Reporting Unit (PRU) in which the client is receiving treatment.

CLIENT ID INFORMATION

PROVIDER CLIENT ID

The client identification number selected by the program may contain a maximum of 10 alphanumeric digits. The number may be entered using any of the available 10 spaces. Do not use the client's Social Security number as the client ID number.

(Note: Provider Client ID Numbers are not used for data analysis by OASAS and are for provider use only. Previous CDS versions required that the identical Provider Client ID Number be used for every subsequent admission. As of version 5 (10/1/2014), this is no longer true. Providers will not be limited to how they assign these ID numbers. When searching Client Management to enter a new transaction, programs should ensure they are pulling up the record they want. It may be better to search using part of the client's tracking ID to ensure accuracy.)

SPECIAL PROJECT

This item should be left blank unless a code has been approved and issued by OASAS for a special project in which the program is participating.

SEX (at birth)

Enter gender, Male or Female, as documented on birth certificate. If the 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 a four-digit 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 name **at birth** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

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FIRST TWO LETTERS OF LAST NAME CURRENT

Enter the first two letters of the client's current last name (Smith = SM, O'Brien = OB). Having both the first two letters of the client's last name at birth and the first two letters of the client's current last name (if different) will increase OASAS' ability to correctly track the client as he/she moves through the treatment system.

ADMISSION DATE

The Admission Date is the date of the first treatment or clinical service following the decision to admit the client. For ambulatory programs, this may be the first counseling session, a medical visit or a visit to collect information for the comprehensive evaluation. It **is not** the day the admission decision is made unless the client receives a treatment service on the same day that the admission decision is made. For example, if a program completes an assessment on March 1st, makes the decision to admit the client in a case conference on March 3rd and the client shows up for his/her first group counseling session on March 6th, the admission date is March 6th. For purposes of reporting, a client may not be admitted more than once in a calendar day.

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 admission. 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 the LOCADTR can be found here-
<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 admission. Enter two digits for the month, two digits for the day, and four digits for the year.

TRS-61 IDENTIFYING INFORMATION (ID)

AUTHORIZATION FOR RELEASE OF BEHAVIORAL HEALTH INFORMATION

The data items that are addressed by this authorization of disclosure were added to the data collected by OASAS to assist OASAS in implementing Governor Cuomo's Medicaid Redesign initiative and to comply with mandatory federal reporting requirements. Clients should be offered the opportunity to sign the *Authorization for Release of Behavioral Health Information Form (TRS-61)* at the time of admission or, if admitted prior to October 1, 2014

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and participating in an Opioid Treatment Program, at the completion of the Opioid Treatment Annual Update. The client should be aware that signing or refusing to sign the consent form does not impact admission disposition. A client can sign the consent form at any time during their treatment episode with the knowledge that it allows consent of the data for the entire treatment episode, from admission through discharge and is valid for three years following the last date of service. Clients have the right to revoke this consent at any time. OASAS will not re-disclose any information. Please see the document titled *Guidance for Using the Authorization for Release of Behavioral Health Information (TRS-61)* for further information. **If a client refuses to sign the TRS-61, the program is STILL required to report all other data items in the Client Crisis Admission/Discharge Report. The only exception to this is HIV status which should be reported as “Unknown”.**

ID CONSENT DATE

This is the date that the client signed the *Authorization for Release of Behavioral Health Information Form (TRS-61)*. Enter two digits for the month, two digits for the day, and four digits for the year. For example, if the client signed this form on January 5th of 2015, it would be entered as 01/05/2015. The date may be prior to the date of admission. The date of signature cannot be a future date. If the client signs and dates the TRS 61, the following data items may be entered: Last Name (Birth), Last Name (Current), First Name, and Medicaid Client ID. If a date has been entered in the ID Consent Date field, then, at a minimum, the client’s Last Name at Birth and Current Last Name are required.

ID CONSENT REVOKE DATE

This date is not required but if entered, it must be ON or AFTER the ID Consent Date. Enter two digits for the month, two digits for the day, and four digits for the year, such as 09/25/2014.

LAST NAME (BIRTH NAME)

Enter the letters of client’s full last name as recorded at birth. This item is required if a date has been entered in ID Consent Date.

LAST NAME (CURRENT NAME)

Enter the letters of client’s current full last name. This item is required if a date has been entered in ID Consent Date.

FIRST NAME

Enter the letters of the client’s full first name.

MEDICAID CLIENT ID

Enter the client’s full Medicaid Client ID. This is usually two letters followed by five numeric digits and ending with one letter.

SOCIAL SECURITY NUMBER

Enter the client’s full nine-digit Social Security number. The full Social Security number should only be entered if, in addition to signing and dating the TRS-61, the client also initialed the section allowing disclosure of Social Security number to OASAS.

TRS-49 CRIMINAL JUSTICE (CJ)

Programs assessing clients referred from the New York State CJ system should receive

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a signed consent form (TRS-49) from the referring CJ entity. This consent form will contain a New York State ID (NYSID) assigned by the Division of Criminal Justice Services (DCJS) and the date that the consent was initiated. This consent permits OASAS to share client data with the CJ agencies identified on the consent form in compliance with federal confidentiality requirements (42 CFR). In addition, the TRS-49 permits communication concerning the client between and among the treatment program and the referring CJ entity. The consent form is to be used for all clients who agree to enter treatment as an alternative to incarceration, a condition of supervision or release from custody.

Programs should require the referring CJ entity to provide a copy of the signed consent form when an assessment session is requested. If the decision is made to admit the client, the NYSID and the consent date should be entered into the PAS-44N. If the program has not received a copy of the signed consent form, please request the information from the referring CJ entity. If the information is received by telephone, a note indicating such must be entered into the client record and a copy of the TRS-49 must ultimately be received and placed in the client record. Programs experiencing difficulty in obtaining copies of the signed consent form from referring CJ entities, should inform their local OASAS Field Office.

NYSID

The alpha-numeric New York State ID (NYSID) consists of eight digits and one capital letter. It is located at the top, left hand side of the signed consent form. If the NYSID is not available when the client's PAS-44N is created, the program should update the PAS-44N via the Client Management function available in the CDS. Edit checks associated with the PAS-44N will determine if the NYSID entered into the system meets logic requirements. If the NYSID is rejected, please contact the referring CJ entity to obtain the correct NYSID.

CJ CONSENT DATE

The CJ Consent Date is the date that the client signed the CJ Consent Form (TRS-49). It is found on the bottom, left hand side of the form. The date must be prior to the date of admission (but not more than 180 days prior).

CJ CONSENT REVOKE DATE

If a client informs the program that he/she wishes to revoke their consent at any time, the program is required to edit the PAS-44N and enter the CJ Consent Revoke Date. There are two conditions for which a client is permitted to revoke their CJ Consent (TRS-49):

1. They have been arrested following the date of consent.
2. They are no longer under the authority of the referring CJ entity (e.g., court, Parole, Probation, District Attorney).

If either of these conditions are not met, a revoke date cannot be entered.

ADMISSION DATA

Sexual Orientation and Gender Identity questions

In the 2011 Institute of Medicine (IOM) Report, the IOM noted that lesbian, gay, bisexual, and transgender (LGBT) individuals experience unique health disparities, but the existing body of evidence related to LGBT is sparse. The following questions are included to collect this needed information. Gender identity is separate from sexual orientation, and transgender individuals may identify as lesbian, gay, bisexual, or straight. To obtain accurate health information on LGBT populations, both sexual orientation and gender identity will be

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measured. OASAS will utilize this information, along with other aggregate data, to ensure its programs and services are meeting clients' needs.

Clients should be assured that this information will be kept confidential. During the intake process (or at any other time when clients are asked to disclose personal information), provider staff professionals should clearly explain how a client's information may be used or shared within the provider as well as the provider's confidentiality policies and practices for personal information.

SEXUAL ORIENTATION

Sexual orientation is a person's primary physical, romantic, and/or emotional attraction to members of the same and/or opposite sex. Enter the client's sexual orientation as self-disclosed.

Straight Used when a person's primary physical, romantic, and/or emotional attraction is to someone of the opposite sex. Also referred to as heterosexual.

Gay Used to describe a person, although generally referring to a male, who has a primary physical, romantic, and/or emotional attraction to someone of the same sex.

Lesbian Used when a woman's primary physical, romantic, and/or emotional attraction is to other women.

Bisexual Used to describe an individual who is physically, romantically, and/or emotionally attracted to both men and women. "Bisexual" does not suggest having equal sexual experience with both men and women.

Don't Know/Not Sure Select this option if the client is unsure or undecided.

Didn't Answer Select this option if the client does not want to answer this question.

GENDER IDENTITY

Gender identity refers to the client's inner sense of being male or female which may or may not correspond to the client's physical body or designated gender at birth.

Not transgender

A person identifies with the same gender as gender at birth.

Transgender-male to female

A person born into a male body, but who feels or lives as a female.

Transgender-female to male

A person born into a female body, but who feels or lives as a male.

Transgender-not male or female

A person who identifies as transgender, but who may not identify as male or female.

Don't Know/Not Sure

Select this option if the client is unsure or undecided.

Didn't Answer Select this option if the client does not want to answer this question.

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RACE

Based on staff observation and/or client self-identification, indicate the appropriate race. If the client is racially mixed, indicate the race with which he/she identifies.

Alaska Native (Aleut, Eskimo, Indian)

A person having origins in any of the native people of Alaska.

American Indian (Other than Alaska Native)

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

Other

A category for use when the client is not classified above, where the client does not identify with any one particular racial group, or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

HISPANIC ORIGIN

Indicate the most appropriate origin.

Cuban

A person of Cuban origin, regardless of race.

Mexican

A person of Mexican origin, regardless of race.

Puerto Rican

A person of Puerto Rican origin, regardless of race.

Other Hispanic

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

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Hispanic, Not Specified

A person of Hispanic origin, but specific origin is not known or not specified.

Not of Hispanic Origin

A person whose origin is not Hispanic and is not included in the five categories above or a person who does not identify with a Hispanic origin.

VETERAN STATUS

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

A veteran is any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard or Merchant Marines and were never activated. For purposes of reporting, "veteran" does not in any way reflect the type of military discharge received

U.S. MILITARY STATUS

Enter the status that most accurately reflects the client's current military participation.

If the client has no current military status, skip this item.

Active Duty

A person who is currently in active status in any of the U.S. Military's armed forces and is not a member of the Reserves or National Guard.

Reserves/National Guard

A person who is a member of any of the U.S. Military's Reserve or National Guard forces and who is not currently in active status.

Both Active Duty and Reserves/National Guard

A person who is a member of any of the U.S. Military's Reserves or National Guard and is currently on active duty.

ZIP CODE OF RESIDENCE

Enter the five-digit zip code for the client's county of residence. If the client is homeless and does not live in a shelter, use the program's zip code. If the client is homeless and lives in a shelter, use the shelter's zip code. **For Canada use 88888**. If the client is not homeless and coming to your program directly from an inpatient or residential facility (chemical dependence or otherwise), enter the zip code of the client's residence prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment).

COUNTY OF RESIDENCE

From the drop down list, click on the NY county code or the values for any of the listed border states. If the zip code for Canada was entered (88888), click on "**Canada**." If the client's zip code is outside of these geographic areas, the user should click on "**Other**" from the drop down list. If the client is not homeless and coming to your program directly from an inpatient or residential facility (chemical dependence or otherwise), enter the county of the client's residence prior to the first inpatient or residential admission in the sequence (i.e., where the client lived in the community prior to entering treatment). County of residence must match the zip code entered or an error message will be displayed. Do not enter the incorrect county. If necessary, first correct the zip code.

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Connecticut	CT
New Jersey	NJ
Pennsylvania	PA
Massachusetts	MA
Vermont	VT
Other	OTHER
Canada	CANADA

TYPE OF RESIDENCE

Enter the category that best describes the client's type of residence at the time of admission. When a client is admitted directly from a chemical dependence or other inpatient or residential facility, report the type of residence immediately prior to the first episode of treatment in the sequence (i.e., where the client lived in the community prior to entering treatment).

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, or circulates among acquaintances 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.

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

CD Supportive Living/Scatter-Site Reintegration in a Scatter-Site setting. Housing is provided at various locations wherein staff provide case management and supervision through weekly in-house visits.

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

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

Institution, Other than above (e.g., jail, hospital)

Other

PRINCIPAL REFERRAL SOURCE

Indicate the agency, individual, or legal entity that referred the client. If the client can be included under more than one, choose the category that represents the agency, individual or legal situation most responsible for the client seeking treatment in this program. If the client is currently involved with the criminal justice system and initially indicates "Self-Referral," probe to determine if the referral source may be more appropriately categorized using one of the criminal justice codes. If applicable, the NYSID and CJ Consent Date information should be entered as previously indicated.

Criminal Justice Services

District Attorney A direct referral from a District Attorney which should be accompanied by a TRS-49.

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Drug Court A direct referral from a court (in the vast majority of cases, a drug court) which should be accompanied by a TRS-49.

Probation A direct referral from a county Probation Department which should be accompanied by a TRS-49.

Parole General A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49.

Parole Release Shock A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49.

Parole Release Willard A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49.

Parole Release Resentence A direct referral from the New York State Division of Parole which should be accompanied by a TRS-49 for a drug offender who was resentenced.

Drinking Driver Referral A direct referral from the Department of Motor Vehicles' Drinking Driver Program (DDP), or a referral resulting from a specific Driving While Intoxicated (DWI), or Driving While Ability Impaired (DWAI) law enforcement incident (*which could involve alcohol and/or drugs*). *All DWI/DWAI referrals belong in this category regardless of related criminal justice status.*

Police A direct referral from a municipal, town, county or state police agency, including the sheriff's department. However, this does not include referrals from jails, which are normally operated by a sheriff, which should be reported using "City/County Jail." In all cases this will be before, or in lieu of, adjudication.

Family Court Family Court has jurisdiction over all juvenile cases (under the age of 16), except for juvenile offenders (JOs). It also has jurisdiction over neglect and some domestic violence cases.

Other Court This includes town and village, district, New York City criminal justice and federal courts. *It does not include referrals from a drug court or drug treatment court.* Referrals, in this category, will come directly from the court in lieu of sentencing to a jail or prison **and are not** accompanied by a TRS-49.

Alternatives to Incarceration A referral made by a criminal justice entity which is not required to provide a TRS-49 consent form (e.g., federal probation), as an alternative to incarceration (e.g., local court, non-drug court, a federal court). *This does not include DWI or DWAI cases which should be reported in "Drinking Driver-Referral."*

City/County Jail This would include referrals for detainees and sentenced offenders that are referred by local jail personnel (including personnel working in the jail for other agencies) for treatment provided in the community or jail itself. This does not include the NYS Department of Correctional Services (DOCS).

NYS Department of Correctional Services This category is for use only for those offenders that are under the jurisdiction of the State prison system (DOCS), either within the prison or who are receiving treatment off-site, as part of a work release program. *It does not include offenders who are under the jurisdiction of the Division of Parole, such as the Willard Drug Treatment Campus, which should be reported as "DLR Parole Willard Release."*

Office of Children and Family Services (OCFS) This category includes all direct referrals of a youth from an OCFS facility or office.

Self, Family, Other

Self-Referral

Family, Friends, Other Individuals

AA/NA and Other Self-Help

HOPEline

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Chemical Dependence Treatment

CD Program in New York State Excludes VA CD programs located in New York State.
CD Program Out of State Excludes VA CD programs located outside of New York State.
CD VA Program Includes VA CD programs regardless of location.
CD Private Practitioner

Prevention/Intervention Services

School-Based Prevention Program
Community-Based Prevention Program
Employee Assistance Program
Other Prevention/Intervention Program

Health Care Services

Developmental Disabilities Program
Mental Health Provider
Managed Care Provider
Health Care Provider
AIDS Related Services
Physician
Comprehensive Psychiatric Emergency Program (CPEP)
Hospital Emergency Department

TBI Waiver The New York State Department of Health (DOH) Traumatic Brain Injury (TBI) waiver program provides services to persons with a TBI. The purpose of the program is to help persons with a TBI live in the community setting of their choice. Medicaid funds the program. For more information on TBI Waivers, visit <https://www.health.ny.gov/publications/1111.pdf>.

Employer/Educational/Special Services

Employer/Union (Non-EAP)
School (Other than Prevention Program)
Special Services (Homeless/Shelters)

Social Services

Local Social Services – Child Protective Services/CWA

Local Social Services – Income Maintenance

Local Social Services Treatment Mandate/Public Assistance The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual's alcohol/substance abuse precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Public Assistance.

Local Social Services Treatment Mandate/Medicaid Only The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual's alcohol/substance abuse precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Medicaid.

Other Social Services Provider

Other Select this code if the source of referral cannot reasonably be reflected by any of the codes above.

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HIGHEST GRADE COMPLETED

Enter the client's highest grade **completed at the time of admission**. 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

Vocational Certificate w/o Diploma/GED A Vocational Certificate is any certificate received as a result of vocational training or special skill trade.

Vocational Certificate w/Diploma/GED

Some College–No Degree

Associate Degree

Bachelor's Degree

Graduate Degree

INDIVIDUAL (INDIVIDUALIZED) EDUCATION PLAN (IEP)

Indicate **Yes** or **No**. Select **Unknown** if this information is not known.

(Note: An IEP is offered for a variety of disabilities not just Intellectual/Developmental Disabilities. Someone could have been diagnosed on an IEP as having an emotional disability which is the term the Education Department uses for young people. A specific DSM V diagnosis is made when the individual becomes an adult. Other disabilities severe enough to warrant an IEP include: hearing loss, spinal cord injuries, cerebral palsy, muscular dystrophy, traumatic brain injury, visual impairments and severe burns. This status will follow him/her for life and will allow access to the state VR System (formerly VESID) as an adult, and may even support evidence or need for Social Security benefits.)

EMPLOYMENT STATUS

Enter the client's employment status at time of admission. If a client can be counted in more than one category, please choose the status which most appropriately indicates his/her status. This is an employment item, so the client's work status should be the primary consideration. For example: if an individual is employed part-time and is also a student or a homemaker or a retired person, he/she is part of the labor force and the status should be Employed Part-Time. Active military personnel – status should be Employed Full-Time. Unemployed Looking for Work should only be used if the client has actively sought employment within the last 30 days. **A client working off-the-books is not considered employed.**

Employed Full-Time (35 + Hrs per Week)

Employed Part-Time (<35 Hrs per Week)

Employed in Sheltered Workshop

Unemployed, In Treatment The reason that the client is unemployed is that **immediately prior** to this admission, the client was in an inpatient or residential treatment program.

Unemployed, Looking for Work

Unemployed, Not Looking for Work Programs may use this code for clients who are working off-the-books.

Not in Labor Force–Child Care

Not in Labor Force–Disabled For public assistance purposes, the client has been

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assessed as disabled and is not required to work.

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.

Not in Labor Force–Inmate Can be used when the client is in a jail-based or prison-based program or if the client is entering a community-based program immediately after leaving jail or prison.

Not in Labor Force–Retired

Not in Labor Force–Student Only use if the client is not working part-time or full-time.

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 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 admission.

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 SOURCE OF INCOME AT ADMISSION

Indicate the category which corresponds to the primary or major source of income for the client, either currently or in the 30-day period prior to admission. If the client's Employment Status is "Not in Labor Force," the primary source of income cannot be "Wages/Salary."

None

Wages/Salary This category should be used only if it relates to the client's wages/salary. Wages/Salary of the client's spouse/family should be indicated by Family and/or Spouse Contribution.

Alimony/Child Support

Department of Veterans Affairs

Family and/or Spouse Contribution

SSI/SSDI or SSA

Safety Net Assistance

Temporary Assistance for Needy Families TANF provides cash assistance to eligible needy families that include a minor child living with a parent (including families where both parents are in the household), or a caretaker relative.

Other

CRIMINAL JUSTICE INFORMATION

CRIMINAL JUSTICE STATUS

Please select the code or codes that reflect the client's criminal justice status at the time of admission (check all that apply). The PAS-46N has built in logic edits between Principal Referral Source and Criminal Justice Status. If the client has been referred under the

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auspices of the Drug Law Reform (DLR) initiative, he/she cannot have “None” as a Criminal Justice Status.

None

Probation The client is under the supervision of any Department of Probation. This must be checked if the program has selected Probation as the Principal Referral Source.

Parole The client is under the supervision of the New York State Division of Parole. This must be checked if the program has selected any of the Parole categories as the Principal Referral Source.

Work Release The client is currently in the custody of the New York State Department of Correctional Services or a local jail and is participating in a work release program.

In Prison/Jail The client is currently in the custody the New York State Department of Correctional Services or a local jail (and **is not** participating in a work release program).

In OCFS Facility The client is currently in the custody of the New York State Office of Children and Family Services.

Charges Pending The client has criminal charges pending, but has been released into the community awaiting disposition.

Any Treatment or Specialty Court The client is participating in Drug Court or other Specialty Court programs. This must be checked if the program has selected Drug Court as the Principal Referral Source.

Other (e.g., District Attorney) This must be checked if the program has selected District Attorney as the Principal Referral Source.

IS THIS ADMISSION THE RESULT OF AN ALTERNATIVE TO INCARCERATION?

Indicate whether the client’s admission is the result of his/her participation in one of the various alternatives to incarceration programs. To avoid an error message, please follow these guidelines for referrals accompanied by a TRS-49 form. Check “yes” for all clients referred with an accompanying TRS-49 form and referred from District Attorneys, Drug Courts, Probation and Parole Release Willard. For all clients referred with an accompanying TRS-49 form and referred from Parole General, Parole Release Shock, or Parole Release Resentence, select “no”.

PRIMARY ICD-10 DIAGNOSIS CODE

Enter one of the following primary diagnosis codes based on ICD-10. Enter up to 3 additional characters to specify clinical detail (optional).

- F10 Alcohol related disorders
- F11 Opioid related disorders
- F12 Cannabis related disorders
- F13 Sedative, hypnotic, or anxiolytic related disorders
- F14 Cocaine related disorders
- F15 Other stimulant related disorders
- F16 Hallucinogen related disorders
- F18 Inhalant related disorders
- F19 Other psychoactive substance related disorders

PROBLEM SUBSTANCES

At least one, and up to three substances may be identified (primary, secondary, and

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tertiary). The order should be determined by clinical judgment, history and frequency of use, client's perception, medical issues and problem areas of client functioning with the substance primarily responsible for the client's admission listed first.

TYPE

None Only Significant Others and children admitted to a Women's and Children's program may report none for a primary substance at admission.

Alcohol

Cocaine

Crack Crack 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)

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

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ROUTE OF ADMINISTRATION

Enter the usual route of administration for each substance reported.

**Inhalation
Injection
Oral
Smoking
Other**

FREQUENCY OF USE

Indicate the frequency of use during the last 30 days for each substance reported.

**No use in last 30 days
1-3 times in last 30 days
1-2 times per week
3-6 times per week
Daily**

AGE OF FIRST USE

Enter the age at which each problem substance was first used (use two digits for ages 00-99). For drugs other than alcohol, enter the age of first use. **For alcohol, enter the age of first intoxication.** If unknown, please estimate the probable age of first use. **Do not enter 99.**

TOBACCO

HAS THE CLIENT EVER USED TOBACCO (NICOTINE)?

Indicate whether the client has ever smoked or chewed tobacco in his/her life time.

Enter **Yes or No**

AGE OF FIRST USE

Enter the age at which the client reports first using tobacco.

FREQUENCY OF USE (LAST 30 DAYS)

Enter the frequency of the client's use of tobacco during the 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 tobacco product.

PRIMARY ROUTE OF ADMINISTRATION

Indicate whether the client usually smokes or chews tobacco. If the client reports using both routes equally, select "Smoking."

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DISCHARGE DATA

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 treatment contact** with program staff in this PRU (e.g., March 8, 2004 would be 03/08/2004).

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 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, Medically Supervised Ambulatory, Residential Rehabilitation Services for Youth, Opioid Treatment Programs, Medically Managed Detoxification, and Medically Supervised Withdrawal Inpatient/Outpatient 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 Inpatient Rehab, Medically Supervised Ambulatory, Residential Rehabilitation Services for Youth, Opioid Treatment Programs, Medically Managed Detoxification, and Medically Supervised Withdrawal Inpatient/Outpatient Only. 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.

Medicaid Pending Inpatient Rehab, Medically Supervised Ambulatory, Residential Rehabilitation Services for Youth, Opioid Treatment Programs, Medically Managed Detoxification, and Medically Supervised Withdrawal Inpatient/Outpatient Only. 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 Medicaid managed care organizations for treatment services.

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

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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.

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.*)

DISCHARGE AND REFERRAL CATEGORIES

The selection of Discharge Status, Discharge Reason and Referral Category 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 OASASAPPS home page.

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. This is a planned process. A program cannot report that a client has completed treatment if the client's departure was spontaneous.

Completed Treatment: Half or more treatment goals met – The client has completed the planned course of treatment appropriate for this PRU and has accomplished the major goals and objectives identified in the comprehensive treatment/service plan, including the alcohol/substance and vocational goals (education goal for adolescents). This is a planned process. A program cannot report that a client has completed treatment if the client's departure was spontaneous.

Treatment Not Completed: Maximum Benefit/Clinical Discharge – Primarily for use by ambulatory programs. 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. In most cases, the client would be referred to another chemical dependence treatment provider 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 PRU and/or has not met one or more major goals. However, the client has demonstrated some goal achievement during his/her treatment stay.

Treatment Not Completed: No goals met (Self-explanatory)

Completed Observation Only (for use by Medically Managed Detox) – For use only by a Medically Managed Detoxification program when a client is admitted for observation, receives only this service, and then is discharged. When using this discharge status, the only

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appropriate Discharge Dispositions are: Detox/Withdrawal Not Required; Detox/Withdrawal Services Refused; and Detox/Withdrawal Referred Elsewhere.

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 ambulatory) or continuing their recovery in the community (e.g., completed outpatient clinic without another 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 other non-completing Discharge Status. For the former, it indicates that keeping a client in treatment will not necessarily lead to the client completing his/her remaining minor goals in a reasonable time period. For the non-completing Discharge Statuses, it indicates that retaining the client in treatment is not likely to result in the client making significant additional progress.

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 he/she should remain in treatment. The program makes some contact with another program to arrange for the client to be assessed and/or admitted.

Left against clinical advice: Lost to contact (no referral possible) – 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 message for the client on a telephone answering machine or in a letter concerning a referral elsewhere is not considered a viable referral.

Left against clinical advice: Termination of third party funds – This is 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 he/she 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 abuse of medically prescribed controlled substances or illicit use of substances.

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 staff within the program.

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Discharged due to regulatory requirements – For use only by Part 816 Crisis Programs when required to discharge a client after 14 days.

Client arrested/incarcerated – Use when the program must discharge the client as a result of him/her being arrested and/or incarcerated. However, if the client is expected to return within 30 days, the program may delay discharging the client until it is sure that the client is not returning within that time frame.

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 chemical dependence 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 he/she is 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 he/she has 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.

Detox/Withdrawal Not Required (for use by Med. Man. Detox) – For use only by a Medically Managed Detoxification program with a client who was admitted, received **only observation services**, and it was determined that the client was not in further need of either Medically Managed Detoxification services or Medically Supervised Withdrawal services. In these circumstances, the program **should not use** the Discharge Disposition "Additional treatment at this level of care no longer necessary."

Detox/Withdrawal Services Refused (for use by Med. Man. Detox) – For use only by a Medically Managed Detoxification program with a client who was admitted and received only observation services It was determined that the client was in need of either Medically Managed Detoxification services or Medically Supervised Withdrawal services, but the client refused these additional services.

Detox/Withdrawal Referred Elsewhere (for use by Med. Man. Detox) – For use only by a Medically Managed Detoxification program with a client who was admitted and received only observation services It was determined that the client was in need of either Medically Managed Detoxification services or Medically Supervised Withdrawal services and the client was referred elsewhere for these additional services. If the client is referred to another level of chemical dependence care, the Discharge Disposition "Additional treatment at this level of

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care no longer necessary” should be used.

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, 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.

Client not in need of additional services – Generally, this should be used only if the client is completing ambulatory treatment.

Referred back to CD* program – Generally, this is used when a client is leaving inpatient or residential treatment and is returning to a chemical dependence ambulatory program where the client is still on census and/or will be re-admitted.

Referred to other CD* program – Use this when the client is being referred to another chemical dependence 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 his/her mental health problems.

Referred to non-CD* 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 he/she is not interested.

**CD = chemical dependence*

CURRENTLY ATTENDING 12-STEP AND OTHER SELF-HELP GROUP MEETINGS (LAST 30 DAYS)

Select **Yes** or **No** to indicate whether the client has attended at least one 12-step, 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 he/she leaves your PRU. This does not apply to the referral categories for Self-Help Groups or Other/None. Indicate the category which best identifies the primary type of referral made for the client at the time of discharge.

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Chemical Dependency (CD) Programs

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

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

CD VA Program – Includes a VA CD program regardless of its location.

CD Private Practitioner

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 (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.

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

Group Home, Foster Care

Mental Health Programs

Mental Health Community Residence

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 Outpatient

Intellectual/Developmental Disabilities Program

Other Referral

No Referral Made

Refused Referral

MEDICALLY MANAGED DETOXIFICATION BED UTILIZATION

Medically Managed Detoxification programs are allowed to admit clients for observation in order to determine their need for detoxification services, and/or to provide medically supervised withdrawal services and/or to provide medically managed detoxification services. A client can receive observation services for a maximum of two days.

Please indicate the number of days that the client received each of the three services listed. If none, please enter “0.” If a client switches from one service to another on a specific day, the level of care reported for that day should be based on the level of service he/she is receiving in the evening of that day. If the client is discharged on the same day that he/she is admitted, report the level of service received on that day. On the day the client is discharged, except if it is on the same day of the admission, no level of service is reported. Similarly, if the client switches from one level of service to another on a specific day and then is discharged during that day, the service level on that day is not reported.

For use only by a Medically Managed Detoxification program. All other service types should leave this section blank.

NUMBER OF DAYS THE CLIENT SPENT IN AN OBSERVATION “BED” (MAX. OF 2)
NUMBER OF DAYS THE CLIENT SPENT IN A MEDICALLY MANAGED DETOX BED

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**NUMBER OF DAYS THE CLIENT SPENT IN A MEDICALLY SUPERVISED
WITHDRAWAL BED**

ADDICTION MEDICATION USED DURING TREATMENT

Indicate which addiction medications were used (check all that apply) during treatment in this PRU whether or not the medication was prescribed by PRU staff. Select **“NONE”** if no addiction medications were used.

**Methadone
Buprenorphine
Zyban/Wellbutrin
Naltrexone (Revia)
Naltrexone (Vivitrol)
Antabuse
Nicotine Lozenges
Nicotine Gum
Nicotine Patch
Chantix
Campral
Naloxone (Narcan, Nalone, Narcanti)
Vaccines (NicVAX)
Clonidine (Catapres)
Balcofen (Kemstro, Lioresal, Liofen)
Gabapentin (Neurontin)
Other Addiction Medications
None**

***For Provider Use (Optional) Box
Some providers may elect to keep OASAS admission and/or discharge reports signed by the clinician in the client's file. This box may be used for that purpose and is not required by OASAS.***