

**NYS Office of Addiction Services and Supports**  
**CLIENT TRANSFER REPORT INSTRUCTIONS (PAS-47N)**  
**FOR TRANSFERS DATED 4/1/2017 AND BEYOND**

*These instructions are for the purpose of completing the PAS-47N form only.  
They do not supersede or replace existing regulations.*

**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 the client is being admitted to.

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

**SEX (at birth)**

Enter gender, **Male, Female, or X**, as documented at birth. If 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).

**TRANSFER INFORMATION**

**TRANSFER FROM PROGRAM (This item will prepopulate)**

Enter the five-digit number assigned by OASAS which identifies the program the client is being transferred **from**.

**TRANSFER FROM ADMISSION DATE (This item will prepopulate)**

The date that the client was admitted to the "Transfer From Program" will be displayed as two digits each for the month and day and four digits for the year.

**NYS Office of Addiction Services and Supports  
CLIENT TRANSFER REPORT INSTRUCTIONS (PAS-47N)  
FOR TRANSFERS DATED 4/1/2017 AND BEYOND**

**Part 820 PROGRAMS ONLY**

For Part 820 residential treatment programs only, the current Element of Care and Reintegration Setting (if applicable) will display on the data entry screen.

**Transfer From Element of Care (This item will prepopulate)**

The element of care the client is being transferred **from**.

**Stabilization**  
**Rehabilitation**  
**Reintegration**

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

**REINTEGRATION SETTING (This item will prepopulate)**

If From Element of Care is **Reintegration**, then one of the following Reintegration Settings will be displayed.

**Congregate**  
**Scatter-Site**

**TRANSFER TO PROGRAM**

Enter the five-digit number assigned by OASAS which identifies the program the client is being transferred **to**.

**Part 820 PROGRAMS ONLY**

For Part 820 residential treatment programs only, select an Element of Care and Reintegration Setting (if applicable).

**TRANSFER TO ELEMENT OF CARE**

Select the element of care the client is being transferred **to**.

**Stabilization**  
**Rehabilitation**  
**Reintegration**

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

**TRANSFER TO REINTEGRATION SETTING**

If element of care selected is **Reintegration**, then enter one of the following reintegration settings.

**Congregate**  
**Scatter-Site**

**DATE OF TRANSFER**

Enter the date that the client was transferred to the "Transfer To Program". This is the date of the first treatment service at the "Transfer To Program". Enter two digits each for the month and day and four digits for the year.

**NYS Office of Addiction Services and Supports**  
**CLIENT TRANSFER REPORT INSTRUCTIONS (PAS-47N)**  
**FOR TRANSFERS DATED 4/1/2017 AND BEYOND**

**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 transfer. The most recent Assessment ID should be documented. It can be found on the Assessment Dashboard page of LOCADTR 3.0 web-based tool 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/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 abuse disorder treatment providers to be utilized to determine the most appropriate level of care for a client and therefore it must be utilized for all admissions, transfers, transitions, and discharges. Further information on LOCADTR 3.0 can be found here [LOCADTR 3.0](#).

**CREATED DATE**

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