

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. If the client identification number has changed since admission, update this information 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.

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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**.

Medication for Addiction Treatment (MAT)

For all MAT questions documented in this CDS transaction, MAT refers to the use of a medication that is FDA approved for treating a substance use disorder, in conjunction with psychosocial therapies and supports as needed, to provide appropriate treatment for a substance use disorder and support the client in achieving and maintaining clinical gains in their recovery process. **Medications, such as Narcan/Naloxone or medications for Nicotine use, are not considered MAT for the purposes of responses to these questions.**

Additional information on MAT and approved medications can be found [here](#).

OASAS is collecting this information regarding MAT as part of an individual's treatment to better understand the impact of MAT use on progress in treatment as individuals move through the OASAS system over time.

This specific question will also allow OASAS to identify individuals that are engaging in treatment services without the use of MAT, treatment services that include MAT for alcohol use disorder (AUD) and/or medication for Opioid use disorder (MOUD) for the treatment episode, and whether that MAT is prescribed, administered, or dispensed by this program.

Select the medication included in client's treatment (select all that apply):

Methadone Dispensed at the Window Select this option if the client is receiving their methadone at the window. This includes take home dosage or

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medication dispensed at a mobile medication unit or OTP additional location, as well as at additional locations identified on the OASAS certification document. This option should also be selected if an individual is residing in a long-term care facility (nursing home), residential treatment program, carceral setting or similar settings and receiving medication through delivery or 3rd party pickup.

Buprenorphine Dispensed at the Window Select this option if the client is receiving buprenorphine at the program. If client is being given a prescription to fill elsewhere, select the 'Buprenorphine Prescribed by Program Practitioner' option even if the client returns to ingest this medication at the program site.

Naltrexone for MOUD Administered at Program Site Select this option if the client is receiving Naltrexone in any form for **MOUD** at the program. If client is being given a prescription to fill elsewhere, select the 'No MOUD or AUD Medication within Program' option for this question.

If client is receiving naltrexone for anything other than for opioid and/or alcohol use disorder(s), select 'No MOUD or AUD Medication within Program.'

If client is being given a prescription to fill elsewhere, select the 'Other AUD Prescribed by Program Practitioner' option for this question.

Naltrexone for AUD Administered at Program Site Select this option if the client is receiving Naltrexone in any form for **AUD** at the program. If client is receiving naltrexone for opioid use disorder, select the 'Naltrexone for MOUD Administered at Program Site option.' If client is receiving naltrexone for anything other than for opioid and/or alcohol use disorder(s), select 'No MOUD or AUD Medication within Program.'

If client is being given a naltrexone prescription to fill elsewhere, select the 'Other AUD Prescribed by Program Practitioner' option for this question.

Buprenorphine Prescribed by Program Practitioner Select this option if the program is providing a prescription to be filled by the client at a pharmacy as part of treatment for opioid use disorder.

Other AUD Prescribed by Program Practitioner Select this option if the client is being prescribed any other medication for the treatment of alcohol use disorder.

If Naltrexone is prescribed for AUD or MOUD, select 'Other AUD Prescribed by Program Practitioner.'

No MOUD or AUD Medication within Program Select this option if no medication is prescribed, dispensed or administered by the program for the treatment of alcohol and/or opioid use disorder, or if the medication prescribed by this program is not include in the above options.

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

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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.

**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 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.