

NYS Office of Alcoholism and Substance Abuse Services  
**CLIENT DISCHARGE REPORTING FORM INSTRUCTIONS  
FOR DISCHARGES DATED 6/1/2005 AND BEYOND**

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

**PROVIDER IDENTIFICATION NUMBER**

Enter the five digit Provider number assigned by OASAS that identifies the treatment service provider.

**PRU NUMBER**

Enter the five digit number assigned by OASAS which identifies the PRU (Program Reporting Unit) to which the client was admitted or transferred and is now being discharged from. This must be the PRU 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 PRU and then transferred to the discharging PRU, be sure that the client is active in the CDS for the discharging PRU number.

**CLIENT IDENTIFICATION NUMBER**

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 in the online system.

**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).

For inpatient/residential programs, the client should be discharged after three (3) days of no contact, **retroactive to the date of last face-to-face treatment contact**, unless special arrangements have been made between the client and program staff (e.g., hospitalization, detox).

For methadone treatment programs, a client should be discharged retroactive to the date of last medication **or the date last treated, whichever is later**.

For ambulatory programs, a client normally should be discharged **retroactive to the date of last face-to-face treatment contact**, if there is no face-to-face contact within thirty (30) days unless prior special arrangements have been made between the client and program staff (e.g., hospitalization, detox).

**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, instruct data input staff to make the change in the online system.

**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**

**Associates Degree**

**Bachelors Degree**

**Graduate Degree**

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**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, please choose the category that most accurately reflects the client's status. (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 should be indicated as "Employed Part-Time." Active military personnel should be indicated as "Employed Full-Time." "Unemployed Looking for Work" should only be used if client has actively sought employment within the last 30 days. If the client is leaving your program and has a specified date to start a job, he/she should be reported as "Employed."

**Employed Full-Time – 35+ Hrs per Week**

**Employed Part-Time – <35 Hrs per Week**

**Employed in Sheltered Workshop**

**Unemployed, In Treatment**

**Unemployed, Looking for Work**

**Unemployed, Not Looking for Work**

**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.

**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 – Inmate**

**Not in Labor Force – Other**

**Not in Labor Force – Retired**

**Not in Labor Force – Student**

**Not in Labor Force – In Training**

**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.

**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.

**TYPE OF RESIDENCE**

Indicate the type of residence the client is currently in or will be going to after discharge from this PRU.

**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** 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

**Chem. Dep. (CD) Community Residence** (halfway houses)

**MH/MRDD Community Residence**

**Other Group Residential setting** Other Group Residential may include group homes, supervised

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apartments, college housing or military barracks.

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

**Other**

**LIVING ARRANGEMENTS**

Indicate the client's living arrangements after discharge. This item is mandatory for clients under the age of 19.

**Living Alone**

**Living with Spouse/Relative**

**Living with Non-related person**

**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 and Methadone Programs 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** 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.

**Medicare**

**DSS Congregate Care** (Residential Only) – *NOTE: To be used **only** by non-Medicaid eligible residential programs, including 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.*

**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 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.*)

**MENTAL HEALTH RELATED CONDITIONS**

Answer "Yes" or "No" whether **there is a co-existing psychiatric disorder.**

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**HISTORY OF MENTAL HEALTH TREATMENT**

Indicate **Yes** or **No** to each of the following:

**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,” “Ever Treated for Mental Illness” must 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, previous two items must be “Yes.”**

**(For Outpatient Programs Only – Excluding Methadone 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 in the program from which the client was transferred).

***This entry must be equivalent to or less than the number of days on which the client received a treatment service, but for clients that stay in treatment for more than seven days, the number of Treatment Visits cannot be greater than 75% of the total days in treatment. Programs can only report one treatment visit per client per day.***

Treatment services are defined as medical services and counseling (individual/group/family) designed to help a client recognize and address/modify his/her substance abuse behavior, and to address medical, psychological and other problems causing or associated with the client’s behavior. A Treatment Visit may be counted when one or more treatment services are provided to a client by program staff and are documented in the client’s case folder.

**COUNSELING SESSIONS**

Enter the total number of **Individual Counseling Sessions** and **Group Counseling Sessions** this client attended while in treatment in this PRU.

**Individual Counseling Sessions** may include all individual and family counseling sessions (in which the client is present) of at least 30 minutes duration and conducted by the **primary counselor**.

**Group Counseling Sessions** may include all group counseling sessions and education sessions of at least 30 minutes duration conducted by the **primary counselor**. Education sessions must consist of at least 30 minutes of discussion and/or in-person presentations.

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

Please provide information based on the client’s experience **during the Current Treatment Episode in this PRU**. **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

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PRU 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 ARRESTS**

An arrest should be counted if the client was legally processed and detained while in treatment.

**NUMBER OF DAYS INCARCERATED**

Enter the number of whole or partial days that the client was remanded to jail or prison **while in treatment**. This number cannot exceed the number of days the client was in treatment in this PRU.

**NUMBER OF DAYS IN INPATIENT DETOX**

Enter the number of days that the client spent in inpatient detoxification during the last six months.

**NUMBER OF EMERGENCY ROOM EPISODES FOR WHICH THE CLIENT RECEIVED TREATMENT**

Enter the number of separate incidences in which the client used emergency room services during the last six months.

**CURRENT STATUS OF PROBLEM SUBSTANCES REPORTED AT ADMISSION**

Indicate the status for the primary and secondary substances that were reported at admission which reflect the client's usage during the 30-day period prior to discharge. ***This usage must be supported by information in the client's case record.***

**No Usage** Describes the client who is abstinent at the time of discharge. This may include a client who relapsed during treatment, but is currently abstinent.

**Reduced Usage** Describes the client who has reduced the amount and frequency of his/her use since the time of admission.

**Same Usage** Client has continued at the same level of usage reported at admission.

**Increased Usage** Describes the client whose usage has increased since the time of admission.

**Unknown Usage** Use for clients who left against clinical advice and have been lost to contact and whose usage is not known.

**Not Applicable** This is used when the substance reported at admission was none.

**DISCHARGE AND REFERRAL CATEGORIES**

Discharge status, disposition and referral disposition include old categories formerly under "discharge reason" as well as new categories. Indicate items from each of the three categories for the client's discharge from this PRU.

**DISCHARGE STATUS** (For valid combinations, refer to chart of discharge cross-edits posted on the home page and mailed to all providers.)

**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.

**Completed Treatment: Half of 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 AOD and employment goals (education goal for adolescents). This is essentially a client who needs to work on relatively minor treatment goals in the next level of care or with another type of

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service provider (e.g., mental health).

**Treatment Not Completed: Maximum Benefit/Clinical Discharge** – 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.

**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.

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

**DISCHARGE DISPOSITION**

**Additional treatment at this level of care no longer necessary**

**Further treatment at this level unlikely to yield added clinical gains**

**Left against clinical advice: Formal Referral Made/Offered**

**Left against clinical advice: Lost to contact (no referral possible)** – Client has not returned to the program, has not responded to phone calls or written correspondence, and has not been formally referred to another program.

**Left against clinical advice: Termination of third party funds** – Use when a client chooses to leave treatment after his/her third party payor discontinues payment for treatment.

**Left due to non-compliance with 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 (e.g., loitering and diversion).

**Left due to regulatory requirements** – Used by certain Crisis Programs when required to discharge clients after 14 days.

**Client arrested/incarcerated**

**Client could no longer participate for medical/psych reasons**

**Client death**

**Client relocated** (i.e., residence or employment)

*The next three dispositions are to be used for discharged children in residential programs for women with children only*

**Primary client enrolled, significant other discharged/lost custody**

**Primary client enrolled, significant other discharged/other**

**Primary client no longer enrolled**

**Program closed**

**REFERRAL DISPOSITION**

**No referral made**

**No services needed**

**Referred back to AOD program**

**Referred to less intense AOD**

**Referred to more intense AOD**

**Referred to same AOD at different location**

**Referred to non-AOD treatment**

**Referred to self-help group**

**Refused referral**

**REFERRAL CATEGORY**

Referrals are defined as formal arrangements (verbal agreement or written contact) between treatment programs/service agencies to provide continuous treatment or services to the client after leaving this PRU. This does not apply to the referral categories for Self-Help Groups or Other/None.

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

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Chemical Dependency Programs

**CD Methadone Program (Part 828)**  
**CD Outpatient Services (Part 822)**  
**CD Outpatient Rehabilitation Services (Part 822 .9)**  
**CD Outpatient Non-Medically Supervised (Part 821)**  
**CD Outpatient Chemical Dependency for Youth (Part 823)**  
**CD Residential Methadone Program (Part 828)**  
**CD Inpatient Rehabilitation (Part 818)**  
**OASAS Addiction Treatment Center**  
**Other Inpatient Rehabilitation**  
**CD Intensive Residential (Part 819)**  
**CD Residential Chemical Dependency for Youth (Part 820)**  
**CD Community Residential (Part 819)**  
**CD Supportive Living (Part 819)**  
**CD Medically Managed Detoxification (Part 816.6)**  
**CD Medically Supervised Withdrawal (Part 816.7)**  
**CD Medically Supervised Withdrawal Inpatient (Part 816.7)**  
**CD Medically Monitored Withdrawal Outpatient (Part 816.8)**

Health Institutions

**Hospital**

**Hospital (Long Term)/ Nursing Home**  
**Nursing Home, Long Term Care**  
**Group Home, Foster Care**

Mental Health Programs

**Mental Health Community Residence**  
**Mental Health Inpatient**  
**Mental Health Outpatient**  
**Mental Retardation/Developmental Disabilities**

Self-Help

**AA, NA, Women for Sobriety, SOS, etc.**  
**Al-Anon, Alateen, Nar-Anon, etc.**

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**Other Referral**

**No Referral Made**

**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 as well as Discharge Status must be supported by information documented in the client's case record.

Goals should be based on objectives that the client is expected to achieve **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 face-to-face 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.

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**If a goal is identified as other than “Not Applicable,” the goal must appear in the client’s treatment plan.**

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

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

**Partially Achieved** – 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.

**CLIENT’S OVERALL PROGRAM GOALS**

Indicate the summary judgment indicating how well this client has met his/her overall goals.

**ALCOHOL USE**

This item refers to the goal(s) in the client’s treatment plan concerning the client’s use/abuse of alcohol. In most cases, the goal should be abstinence.

**DRUG USE**

This item refers to the goal(s) in the client’s treatment plan concerning the client’s use/abuse of drugs. In most cases, the goal should be abstinence.

**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

**SOCIAL FUNCTIONING**

This item refers to the goal(s) in the client’s treatment plan for social functioning.

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

**EMOTIONAL FUNCTIONING**

This item refers to the goal(s) in the client’s treatment plan for emotional functioning.

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

**FAMILY SITUATION**

This item refers to the goal(s) in the client’s treatment plan for marital relationships and relationships with significant others, children and other family members.

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**MEDICAL**

This item refers to the goal(s) in the client's treatment plan for the resolution of medical conditions or the client's engagement in on-going medical care. In order to report achieved, the client's medical conditions must be resolved or the client must be engaged in on-going medical care.

**ADDICTION MEDICATIONS 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. If none were used during treatment, leave blank.

- Methadone**
- Buprenorphine**
- Zyban/Wellbutrin**
- Naltrexone/Revia**
- Antabuse**
- Nicotine Patch**
- Nicotine Gum**
- Nicotine Lozenges**
- Campral**
- Other Medications**