

**NYS Office of Alcoholism and Substance Abuse Services
METHADONE CLIENT UPDATE FORM INSTRUCTIONS (PAS-26N)**

*These instructions are for the purpose of completing the PAS-26 form only.
They do not supersede or replace existing regulations.*

SEX

Indicate **Male** or **Female**

BIRTH DATE (__ / __ / ____)

LAST FOUR DIGITS OF THE 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 9999. If another person is providing insurance coverage, be sure to use the client's SSN, not the SSN of the insured.

FIRST TWO LETTERS OF THE LAST NAME (Maiden or Original Last Name)

Enter the first two letters of the client's last/**birth name** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

DATE UPDATE DUE

The anniversary of the client's admission date is pre-filled by the computer system and cannot be changed. However, you may want to fill in this field so that the data entry person can prioritize the order of updates.

DATE ANNUAL STATUS COMPLETED

Enter the date you are completing the PAS-26N.

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, or if the client resides in the treatment program, 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.**

TYPE OF RESIDENCE

Indicate the category that best describes the client's type of residence at his/her anniversary date.

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

(Chemical Dependence) CD Community Residence

MH/MRDD Community Residence

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

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

Other

LIVING ARRANGEMENTS (Complete for clients under the age of 19)

Indicate the client's living arrangements at his/her anniversary date.

Living Alone

Living with Non-related persons

Living with Spouse/Relatives

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HIGHEST GRADE COMPLETED

Indicate the client's highest grade completed.

No Education

01 to Grade 11– Indicate grade completed

High School Diploma

General Equivalency Diploma (GED)

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

Associates Degree

Bachelors Degree

Graduate Degree

EMPLOYMENT STATUS

Indicate the client's employment status at his/her anniversary date. If a client may be counted in more than one category, please choose the status which most appropriately indicates their 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 the status should be "Employed Part-Time." "For active military personnel status should be "Employed Full-Time." "Unemployed Looking for Work" should only be used if client has actively sought employment within the last 30 days.*

Employed Full-Time (35 + Hrs per Week)

Employed Part-Time (<35 Hrs per Week)

Employed in Sheltered Workshop

Unemployed, In Treatment *To be used only by residential treatment programs.*

Unemployed, Looking for Work

Unemployed, Not Looking for Work

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 the update is completed.

Not in Labor Force–Child Care

Not in Labor Force–Disabled The client has been assessed as disabled and is not required to work pending the results of an application for SSI benefits for public assistance purposes.

Not in Labor Force–In Training

Not in Labor Force–Retired

Not in Labor Force–Student

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.

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 PAYMENT SOURCE

Indicate the **current** 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).

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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.*

CHAMPUS/CHAMPVA (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 no other payment source specifically related to the client.*

CURRENT CRIMINAL JUSTICE STATUS

Please use the code that most closely reflects the client's criminal justice status at the time of admission. Note that both "Pre-Court Sentence" and "Probation" have separate codes for alternative to incarceration and non-alternative to incarceration situations.

None

Pre-Court Sentence (non-Alternative to Incarceration)

In jail awaiting sentence
DMV Drinking Driver Program
Other similar categories excluding Probation

Pre-Court Sentence (Alternative to Incarceration)

Conditional release (e.g., DTAP)
Federal pre-trial
Road to Recovery (non-Parole)

Probation (non-Alternative to Incarceration)

Supervised by Probation
PINS

Probation (Alternative to Incarceration)

Supervised by Probation

Other Alternative to Incarceration

Drug Court, Family Drug Treatment Court or other drug court where the client sent to treatment without a pre-court sentence of probation supervision

Road to Recovery (Parole)
Federal Parole
Extended Willard

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Correctional-Based Setting

Municipal/county jail (court sentenced only)
DOCS Correctional Facility
OFCS institutional facility
Federal correctional facility

Post-Correctional Supervision

DOCS community-based supervision (e.g., work release)
Mandated OCFS aftercare supervision
Parole mandated

NUMBER OF ARRESTS

Enter the number of times that the client has been arrested during the six months prior to his/her anniversary date. *Note: An arrest should be counted if the client was legally processed and detained.*

NUMBER OF DAYS THE CLIENT HAS BEEN INCARCERATED

Enter the number of whole or partial days that the client was remanded to jail or prison during the six months prior to his/her anniversary date.

SUBSTANCE(S) USED IN THE LAST SIX MONTHS LISTED BY SERIOUSNESS OF ABUSE

From the following list, indicate up to three substances and list by seriousness of abuse. The order should be determined by the number of positive urine screens, clinical judgment and frequency of use, client's perception, medical issues, and problem areas of client functioning with the substance.

DO NOT LIST A DRUG UNLESS THE CLIENT HAS USED THAT DRUG DURING THE LAST SIX MONTHS (INCLUDING HEROIN).

None	OxyContin	Khat	Ephedrine
Alcohol	Other Opiate/Synthetic	Other Tranquilizer	Inhalant
Cocaine	Alprazolam (Xanax)	Methamphetamine	Ketamine
Crack	Barbiturate	Other Amphetamine	ROHYPNOL
Marijuana/Hashish	Benzodiazepine (Klonopin)	Other Stimulant	Viagra
Heroin	Other Sedative/Hypnotic	PCP	Over-the-Counter
Buprenorphine	Elavil	Ecstasy	Other
Non-Rx Methadone	GHB	Other Hallucinogen	

Frequency of Use in the Last 30 Days

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

NUMBER OF DAYS THE CLIENT WAS IN DRUG AND/OR ALCOHOL INPATIENT DETOX

Enter the number of days 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.

NUMBER OF DAYS THE CLIENT WAS HOSPITALIZED FOR NON-DETOX SERVICES

Enter the number of days that the client spent in a hospital for other than detoxification services during the last six months.

IF HOSPITALIZED, SPECIFY REASON

If the client was not hospitalized during the prior six months, indicate "Not Applicable." If the number of days the client was hospitalized for non-detox services is greater than zero, the type of

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hospitalization must be indicated. Do not indicate a type of hospitalization if the client was hospitalized only for drug and/or alcohol inpatient detox or had only emergency room visits.

CURRENT OPIATE ADDICTION MEDICINE

Indicate the opiate addiction medication currently being administered to the client (**Methadone or Buprenorphine**).

DAILY DOSE

Enter the daily dose of the addiction medication being administered to the client as of his/her anniversary date.

CURRENT PICK-UP SCHEDULE

Indicate the category that best represents the current medication pick-up schedule for the client. If it has recently changed, choose the code that reflects the pick-up schedule the client had on his/her anniversary date.

Daily

6 days per week

5 days per week

4 days per week

3 days per week

2 days per week

Once per week

Once every two weeks

Once per month

CURRENT DSM-IV OR ICD-10 DIAGNOSIS – AXIS 1

The Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) is the American Psychiatric Association’s official manual of mental disorders. It contains relevant diagnostic information and a glossary of descriptions of the diagnostic categories. Each diagnostic category is assigned a five digit code designation. The International Classification of Diseases and Related Health Problems – 10th Revision (ICD-10) provides codes for medication induced disorders. Each diagnostic category is assigned a code of up to five letters and numbers. If the client has received any Axis I diagnosis, please enter up to four DSM-IV and/or ICD-10 codes.

CURRENT HEALTH STATUS

Indicate **“Yes” or “No”** for each of the following. If the client is displaying symptoms consistent with someone having the health problem, **and** the clinician conducting the Methadone Client Update is aware that the client has this diagnosis, then “Yes” should be indicated. If the client is not symptomatic, or the clinician is unsure or unaware of a diagnosis, then “No” should be indicated.

Tuberculosis Symptomatic

Hepatitis B Symptomatic

Hepatitis C Symptomatic

AIDS Symptomatic