

PAS-26N
Methadone Client Update Report

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Provider Number	X			X
Program (PRU) Number	X			X
Client ID	X			X
Sex	X			X
Birth Date	X			X
Last 4 SSN	X			X
Last Name First 2 Char	X			X
Date Update Due	X			
Date Annual Status Completed	X			
Zip Code of Residence	X			
County of Residence	X			
Type of Residence	X			
Living Arrangements	X			
Highest Grade Completed	X			
Employment Status	X			X
Primary Payment Source	X			
Current Criminal Justice Status	X			
Six-Month Period Prior to Anniversary Date: Number of Arrests	X			X
Six-Month Period Prior to Anniversary Date: Number of Days Incarcerated	X			
Substances Used Within Last Six Months	X			

Item	General OASAS	TEDS	NOMS	IPMES\ Workscopes
Primary Substance	X			X
Frequency of Use Within Last 30 Days	X			X
Secondary Substance	X			X
Frequency of Use Within Last 30 Days	X			X
Tertiary Substance	X			X
Frequency of Use Within Last 30 Days	X			X
Number of Days Client was in Drug and/or Alcohol Inpatient Detox	X			
Number of Emergency Room Episodes that Treatment was Received	X			
Number of Days Hospitalized for Non-Detox Services	X			
Reason Hospitalized	X			
Current Opiate Addiction Medicine	X			
Daily Dose	X			
Current Pick-Up Schedule	X			
Current DSM IV or ICD 10 Diagnoses	X			
Current Health Status: Tuberculosis Symptomatic	X			
Current Health Status: Hepatitis B Symptomatic	X			
Current Health Status: Hepatitis C Symptomatic	X			
Current Health Status: AIDS Symptomatic	X			

TEDS – Treatment Episode System
 NOMS – National Outcome Measures

PAS-44N
Client Admission Report

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Provider Number	X	X		X
Program Number	X	X		X
Provider Client ID	X	X		X
Special Project	X			
Sex	X	X		X
Birth Date	X	X		X
Last 4 SSN	X			X
Last Name First 2 Letters	X			X
Admission Date	X	X	X	X
Number of Assessment Visits/Days	X			
Significant Other	X	X		X
Race	X	X		X
Hispanic Origin	X	X		X
Primary Language	X			
Veteran Status	X	*		
Zip Code of Residence	X			
County of Residence	X			
Type of Residence	X	*	X	X
Living Arrangements	X	*		

Item	General OASAS	TEDS	NOMS	IPMES\ Worksopes
Principal Referral Source	X	X		
Highest Grade Completed	X	X		X
Employment Status	X	X	X	X
Primary Source of Income at Admission	X	*		X
Marital Status	X	*		
Child of Alcoholic/Substance Abuser	X			
Number of Children	X			
Number of Children Living with Client	X			
Number of Children Living in Foster Care	X			
Case with Child Protective Services	X			
Criminal Justice Information	X	*		X
Number of Arrests in Prior 30 Days			X	
Number of Arrests in Prior Six Months	X			X
Number of Days Incarcerated in Prior Six Months	X			
Primary Substance	X	X		X
Primary Route	X	X		X
Primary Frequency	X	X	X	
Primary Age of First Use	X	X		
Secondary Substance	X	X		X
Secondary Route	X	X		X
Secondary Frequency	X	X	X	
Secondary Age of First Use	X	X		

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Tertiary Substance	X	X		X
Tertiary Route	X	X		X
Tertiary Frequency	X	X	X	
Tertiary Age of First Use	X	X		
Nicotine	X			X
Prior Treatment Episodes	X	X		X
Physical Health Related Conditions	X	*		
Mental Health Related Conditions	X	*		X
History of Mental Health Treatment	X	*		X
Six Months Prior to Admission Number Days in Inpatient Detox	X			
Six Months Prior to Admission Number of Emergency Room Episodes	X			
Six Months Prior to Admission Number of Days Hospitalized for Non-Detox Services	X			
Reason for Hospitalization	X			
Orientation to Change				X
Medicaid Claim Data MATS Consent	X			

TEDS – Treatment Episode System

NOMS – National Outcome Measures

* TEDS Supplemental Item

**PAS-45N
Client Discharge Report**

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Provider Number	X	X		X
Program Number	X	X		X
Provider Client ID	X	X		X
Sex		X		X
Birth Date		X		X
Last 4 SSN				X
Last Name 2 Letters				X
Date Last Treated	X	X	X	X
Education at Discharge	X			
Employment Status	X	X	X	X
Type of Residence	X	X	X	
Living Arrangements	X			
Primary Payment Source	X			X
Mental Health	X			X
Total Treatment Visits	X			X
Counseling Visits				X
Six Months Prior to Discharge Number of Arrests	X			
Six Months Prior to Discharge Days Incarcerated	X			
Six Months Prior to Discharge Days Hospitalized	X			
Six Months Prior to Discharge Days in Inpatient Detox	X			

Item	General OASAS	TEDS	NOMS	IPMES\ Workscopes
Six Months Prior to Discharge Number of ER Episodes	X			
Number of Arrests in Prior 30 Days		X	X	
Primary Substance at Discharge	X	X		
Frequency of Use at Discharge	X	X	X	X
Secondary Substance at Discharge	X	X		
Frequency of Use at Discharge	X	X	X	X
Tertiary Substance at Discharge	X	X		
Frequency of Use at Discharge	X	X	X	X
First Additional Problem Substance	X	X		
Route of Administration	X			
Frequency of Use	X	X	X	X
Second Additional Problem Substance	X	X		
Route of Administration	X			
Frequency of Use	X	X	X	X
Third Additional Problem Substance	X	X		
Route of Administration	X			
Frequency of Use	X	X	X	X
Discharge Status	X			X
Discharge Disposition	X			
Referral Disposition	X			X

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Currently Attending 12-Step and Other Self-Help	X			
Referral Category	X			
Evaluation of Client's Goal Achievement	X			X
Addiction Medications Used During Treatment	X			
Orientation to Change				X

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* Counseling Visits

PAS-46N
Crisis Admission/Discharge Report

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Provider Number	X	X		X
Program Number	X	X		X
Provider Client ID	X	X		X
Special Project	X			
Sex	X	X		X
Birth Date	X	X		X
Last 4 SSN	X	X		X
Last Name 2 Letters	X			X
Admission Date	X	X		X
Race	X	X		X
Hispanic Origin	X	X		X
Veteran Status	X	*		
Zip Code of Residence	X			
County of Residence	X			
Type of Residence	X	*		X
Principal Referral Source	X	X		
Highest Grade Completed	X	X		X
Employment Status	X	X		X
Primary Source of Income at Admission	X	*		X
Criminal Justice Status	X	*		X

Item	General OASAS	TEDS	NOMS	IPMES\ Workscopes
Primary Substance	X	X		X
Primary Route of Administration	X	X		X
Primary Frequency of Use	X	X		
Primary Age of First Use	X	X		
Secondary Substance	X	X		X
Secondary Route of Administration	X	X		X
Secondary Frequency of Use	X	X		
Secondary Age of First Use	X	X		
Tertiary Substance	X	X		X
Tertiary Route of Administration	X	X		X
Tertiary Frequency of Use	X	X		
Tertiary Age of First Use	X	X		
Date Last Treated	X	X		X
Primary Payment Source	X			X
Discharge Status	X			X
Referral Disposition	X			X
Discharge Disposition	X			
Currently Attending Self-Help Group Meetings (last 30 days)	X			
Referral Category	X			
Addiction Medications Used During Treatment	X			
Medicaid Claim Data MATS Consent	X			

TEDS – Treatment Episode System

NOMS – National Outcome Measures

* TEDS Supplemental

Crisis Admission/Discharge Report
June 9, 2008

PAS-48N
Monthly PRU Service Delivery Report

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Provider ID Number	X			X
PRU Number	X			X
Report Month/Year	X			X
Number in Treatment – Beginning of Month	X			X
Number Admitted/Transferred to this PRU – This Month	X			X
Number Discharged/ Transferred from this PRU – This Month	X			X
Number in Treatment – End of Month	X			X
Total Applicants on Waiting List – End of Month	X			
Unique Persons Treated – This Month	*			
Brief Visits: 15 minutes - < 30 minutes	X			X
Treatment Visits: 30 minutes - < 2 hours	X			X
Treatment Visits: 2 hours - < 4 hours	X			X
Treatment Visits: 4 hours or more	X			X
Direct Care Staff on Payroll – End of Month	X			X
Direct Care Staff Vacancies – End of Month	X			X
Assessments Completed – This Month	X			
Assessment Visits	X			X
Medication Visits	X			X
Number of Individual Counseling Sessions	X			X

* Being Removed

Item	General OASAS	TEDS	NOMS	IPMES\ Workscopes
Number of Group Counseling Sessions	X			X
Number of Family/Couples Counseling Sessions	X			X
Work-Related Activities	X			
Work-Readiness Status	X			
Employment	X			
Status Unavailable	X			

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PAS-51N
Waiting List Applicant Data Report

Item	General OASAS	TEDS	NOMS	IPMES/ Workscopes
Provider Number	X		*	
Program Number	X		*	
Client ID	X		*	
Sex	X			
Birth Date	X			
Last 4 SSN	X			
Last Name First 2 Letters	X			
Receiving Treatment	X			
Pregnant	X		*	
Injector	X		*	
MICA	X		*	
Zip Code of Residence	X			
County of Residence	X			
Transaction Date	X			
Removal Reason	X			

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* Block Grant Requirement

**PAS-91
Child In Residence Report**

Item	General OASAS	TEDS	NOMS	IPMES/ Worksopes
Provider Number	X			
Primary Patient/Client Number	X			
Primary Client Sex	X			
Primary Client Birth Date	X			
Primary Client Last 4 SSN	X			
Primary Client Last Name First 2 Letters	X			
Child Sex	X			
Child Birth Date	X			
Child ID	X			
Child Check In Date	X			
Race	X			
Type of Residence	X			
Highest Grade Completed at Check-In	X			
Physical Health Related Conditions	X			
Mental Health Related Conditions	X			
Number of Days Hospitalized Six Months Prior to Check In	X			
Reason for Hospitalization	X			
Number of ER Visits Six Months Prior to Check In	X			

Item	General OASAS	TEDS	NOMS	IPMES\ Workscopes
Check Out Date	X			
Living Arrangements	X			
Check Out Reason	X			
Highest Grade Completed at Check Out	X			

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