

This is an electronic binder of Client Data System (CDS) Bulletins in reverse chronological order, newest to oldest.

If additional information is needed, please contact the Treatment Data Management Unit at 518-457-9555 or email at DataMgmt@OASAS.NY.GOV



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

Dear Providers:

Please see below for changes to the OASAS CDS, effective **August 1**.

What is changing for all treatment providers?

Annual Treatment Updates:

- The most substantial change is the need for new program types to **annually** complete the Treatment Update form (TU) for clients in treatment for 12 months or longer.
 - Previously, the Opioid Treatment Annual Update (OTAU) was only required for clients in OTPs. The OTAU, now called the Treatment Update (TU) will also be required annually for clients enrolled in all Outpatient and Residential Programs.
 - In 2022, 36% of outpatient clients and 10% of residential clients were in treatment for 12 months or longer.
- The new Treatment Update will look very much like the Opioid Treatment Annual Update (OTAU) [PAS-26N], which you can view at https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS.
- The Treatment Update provides critical demographic and treatment information that we currently collect at admission or discharge. With increasing lengths of stays, it may be years before we receive information about who programs are serving and how.
- The due date of the Treatment Update is based on admission date and only applies moving forward beginning 8/1/24.

Changes to OASAS PAS form questions:

- Two questions regarding Pregnancy & Mental Health are being added to the **Crisis Episode Form (PAS-46N)**. These questions are currently on our admission form (PAS44), however we were not collecting this information upon admission to a Crisis Program.
- A new Medication for Addiction Treatment (MAT) question has been added to the **Admission (PAS-44N)**, **Transfer (PAS-47N)**, and **Treatment Update (PAS-26N)** forms.
- The Hispanic Origin question will contain additional response options to be more inclusive.

If you submit data through CDS Batch Process:

- **Contact your IT department or EHR provider as soon as possible to make sure your data submissions use the new reporting format by August 1st, 2024.**
- We've attached documents required to implement these updates. These documents can also be found on the OASAS Applications home page under Forms and Instructions.
 - Code Table Documentation
 - CDS Batch Transaction File Specifications (for testing)
- 02/01/2024 should be used as the start date for testing of the updated batch specifications and code table.

What to expect next:

- Updated PAS forms and instructions will be available on the [OASAS Applications](#) site on or before the first week of May. Providers will be notified of form availability by email.
- Training on using the OASAS Apps Portal and PAS forms will be available. Providers will receive notifications as trainings are scheduled.

Who to contact:

- For any questions, please email datamgmt@oasas.ny.gov

Please share this information with your clinical and data entry staff.

Thank you.

Communications Department
NYS Office of Addiction Services and Supports (OASAS)

URGENT

CLIENT DATA SYSTEM INFORMATION BULLETIN

Client Data System (CDS) Information Bulletins are periodically issued to address online reporting concerns. These bulletins contain important notices and directives that are relevant to the Client Data System, Provider Directory System, and/or Monthly Service Delivery.

PAS FORM REPORTING REQUIREMENTS TIMEFRAMES

Beginning August 1, 2021, OASAS revised the reporting requirement timeframe for Part 822 programs. For Part 822 programs, discharges (PAS-45) must be submitted within 65 days of the last date an individual received treatment. All other reporting requirement timeframes remain unchanged as reiterated below.

Admissions [PAS-44] must be reported within thirty (30) days of the admission date.

Discharges [PAS-45] must be reported within thirty (30) days of the last date an individual received a treatment service for all treatment types except discharges from a Part 822 program. Discharges from Part 822 programs must be reported within sixty-five (65) days of the date last treated.

Crisis Episodes [PAS-46] must be reported within thirty (30) days of the end of the crisis episode.

Transfers (In and Out) [PAS-47] must be reported within thirty (30) days of the transfer date regardless of discharge status.

Transition (between Elements of Care) [PAS-125] within Part 820 Residential programs must be entered within thirty (30) days of the transition.

Treatment Update [PAS-26]. As of 8/1/2024 Opioid Treatment Annual Updates [PAS-26] changed to Treatment Updates, the form number remaining the same. Must be reported within thirty (30) days of the scheduled report date, which is typically the anniversary of the admission date of the treatment episode.

Monthly Service Delivery reports [PAS-48] are due by the 10th of the month following the delivery of the services.

PPSI UPDATES JULY 2021

All OASAS-certified treatment programs are required to maintain their online Program Profile and Services Inventory (PPSI). This information is used to respond to inquiries concerning the availability of services and is a referral source for the OASAS HOPEline and other online resources. In addition, specific sections of the PPSI are used to generate the Program Profile Report which is available to the public using the OASAS Treatment Availability Dashboard.

Please note, as of July 1, 2021, additional questions were added to the PPSI to include:

- Medication assisted treatment (MAT) for alcohol and opioid use disorder
- Questions regarding Peer services
- Access to services

The MAT questions are located under the MAT heading on the “Counseling/Special Services” page. The additional options for MAT :

- Oral Naltrexone for Alcohol Use Disorder
- Acamprosate for Alcohol Use Disorder
- Disulfiram for Alcohol Use Disorder

The “Other Services” page includes a new heading Access to Services with the following questions:

- Does this Program provide clinical services in the community?
- Does this Program provide transportation to get a person to treatment?

The questions on peer services were added to the new “Quality Improvement” page under the Program Peers heading. There are two new questions on peer services. If a yes response is selected for both questions, you are required to indicate the timeframe during which services are offered using the available checkboxes. More than one box can be selected.

- Does this program provide peer services in the community for Outreach?
- If Yes, are peer outreach services in the community available in the evening and/or weekends?

PROVIDER DIRECTORY SYSTEM (PDS)

Programs are responsible for maintaining current, accurate contact information in the PDS. This information is made available to the public through the PPSI report. This same contact information is used by OASAS to disseminate important information to the provider community. Programs that do not update this information regularly risk not receiving OASAS communications.

OASAS added two new contact roles to the contact page of the PDS. The Afterhours Clinical Contact is listed as a program level contact and refers to time periods outside of the program's normal business hours such as: between 5pm and 8am weekdays, weekends, and holidays. The Afterhours Clinical Contact is available to respond to clinical needs during the off hours described above.

The second new role added to the PDS is the Afterhours Peer Contact. This program level contact is available outside of the program's normal business hours such as: between 5pm and 8am weekdays, weekends and holidays. The Afterhours Peer Contact can either provide peer services directly or contact a Peer to initiate peer service delivery.

Reporting Employment Information on Client Data System (CDS) PAS Forms

As of August 2021, programs must follow revised instructions for completing the employment status section of the OASAS CDS forms.

If a client can be counted in more than one employment status category, choose the status which best describes their employment status.

If a client is attending school defined by primary, secondary, postsecondary or GED studies, and not employed, select "Not in Labor Force – Student."

If a client is attending primary or secondary school (K-12), and employed, select "Not in Labor Force-Student".

If a client is attending post secondary school or a GED program and employed, select the category that best describes their employment status.

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PRIMARY PAYMENT SOURCE FOR PART 820 RESIDENTIAL TREATMENT PROGRAMS

Previously, programs were directed to select DSS Congregate Care even if Medicaid Managed Care was the primary payment source or Medicaid Managed Care (Medicaid Pending) was anticipated. Beginning 10/1/18, Part 820 residential treatment programs may select Medicaid Managed Care or Medicaid Pending as Primary Payment Source. Programs will be able to select DSS Congregate Care regardless of element of care and/or billing Medicaid Managed Care for treatment services if the treatment program determines that DSS Congregate Care was the primary payment source for the client's treatment.

PRIMARY REFERRAL SOURCE AND REFERRAL CATEGORY

Beginning 10/1/18, OASAS is implementing revisions to the CDS for clinical transactions occurring on or after 10/1/18. Changes are as described below.

A NEW GROUP IS BEING ADDED TO PRINCIPAL REFERRAL SOURCE. The new grouping, Recovery Support Services, will include Recovery Community and Outreach Center, Youth Clubhouse, Peer Advocate, Open Access Center, Family Support Navigator, and Regional Addiction Resource Center. This change will impact the following forms: Assessment (PAS 61N), Admission (PAS 44N), and Crisis Episode (PAS 46N).

A NEW GROUP IS BEING ADDED TO REFERRAL CATEGORY. The new grouping, Recovery Support Services, will include Recovery Community and Outreach Center, Youth Clubhouse, Peer Advocate, Open Access Center, Family Support Navigator, and Regional Addiction Resource Center. This change will impact the following forms: Discharge (PAS 45N) and Crisis Episode (PAS 46N).

PAS FORM REPORTING REQUIREMENTS TIMEFRAMES

Programs are encouraged to submit all data as soon as possible. OASAS has established the reporting requirements as identified below.

Admissions [PAS-44] must be reported within thirty (30) days of the admission date.

Discharges [PAS-45] must be reported within thirty (30) days of the date last treated except discharges from Part 822. Discharges from Part 822 programs must be reported within thirty-five (35) days of the date last treated.

Crisis Episodes [PAS-46] must be reported within thirty (30) days of the end of the crisis episode.

Transfers (In and Out) [PAS-47] must be reported within thirty (30) days of the transfer date whether the client was discharged or not discharged.

Transition (between Elements of Care) [PAS-125] within Part 820 Residential programs must be entered within thirty (30) days of the transition whether the client was transferred/discharged or not transferred or discharged.

Opioid Treatment Annual Updates [PAS-26] must be reported within thirty (30) days of the scheduled report date.

Monthly Service Delivery reports [PAS-48] remain due by the 10th of the month following the delivery of the services.

Please refer to the instructions of the respective PAS forms for information regarding completion of the PAS form.

CONTACT INFORMATION UPDATES

It is the provider's responsibility to maintain accurate contact information in the Provider Directory System (PDS). Directions can be found on the Home tab of the OASAS Applications site under the heading Application Documentation ([Changing Contact Information Instructions](#)).

The ALL.PROVIDER.LISTSERV is an ITS generated distribution list that utilizes the contacts in the PDS to send important information to providers. To ensure that your program is receiving all pertinent communications from OASAS, please review your contact information for accuracy.

PROGRAM PROFILE AND SERVICES INVENTORY (PPSI)

ALL OASAS-certified treatment programs are required to maintain their online Program Profile and Services Inventory (PPSI). This information is used to respond to inquiries concerning the availability of the various types of services and is used to make appropriate client referrals by the OASAS HOPEline. Specific portions of the PPSI are used to generate the Program Profile Report that is accessible to the public through the OASAS Treatment Availability Dashboard.

Programs are required to update their PPSI twice yearly (by January 15th and July 15th) or more frequently if appropriate.

If the contact information on the PPSI is not accurate, it must be updated in the Provider Directory System via the Contact Role and Staff tabs (see information above in Contact Information Updates).

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CHANGES TO THE PAS FORM REPORTING REQUIREMENTS

Programs are encouraged to submit all data as soon as possible; however, it is recognized that it is difficult to complete the admissions, discharge and other Client Data System (CDS) reporting forms by the “5th of the following month” if the client was admitted or discharged late in the month.

To better align reporting requirements with clinical processes, the NYS OASAS has modified reporting requirements for certified treatment programs required to report into the Client Data System (CDS). The following reporting requirements are effective immediately.

Admissions [PAS-44] must be reported within thirty (30) days of the admission date.

Discharges [PAS-45] must be reported within thirty (30) days of the date last treated except discharges from Part 822. Discharges from Part 822 programs must be reported within thirty-five (35) days of the date last treated.

Crisis Episodes [PAS-46] must be reported within thirty (30) days of the end of the crisis episode.

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Transition (between Elements of Care) [PAS-125] within Part 820 Residential programs must be entered within thirty (30) days of the

transition whether the client was transferred/discharged or not transferred or discharged.

Opioid Treatment Annual Updates [PAS-26] must be reported within thirty (30) days of the scheduled report date.

Monthly Service Delivery reports [PAS-48] remain due by the 10th of the month following the delivery of the services.

Please refer to the instructions of the respective PAS forms for information regarding completion of the PAS form.

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Programs are required to update their PPSI twice yearly (by January 15th and July 15th) or more frequently if appropriate.

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CHANGES TO THE PAS FORMS

OASAS has revised many of the PAS forms utilized in the CDS. New items have been added to some of the PAS forms to allow OASAS to better track important treatment related issues, such as, but not limited to, health and trauma history of clients. Other items have been added in response to the new Part 820 residential services. Changes have impacted the following forms: PAS-26N, PAS-44N, PAS-45N, PAS-46N and PAS-47. A new Monthly Service Delivery (MSD) report, PAS-48N, has been developed specifically for use by Part 820 programs. A new form, PAS-125, has also been developed to be used by Part 820 programs to report transitions between elements of care within a program. There have been minor edits to language for PAS-61N and PAS-91. All revised forms are posted on the OASAS Applications Home tab for review. The new forms will be effective April 1, 2017. Please notify staff of the updates and instruct them to utilize the new forms at that time.

Providers who utilize the batch submission process for data entry are currently able to engage in testing for this new version. Documentation regarding batch process file specifications is also available on the OASAS Applications Home tab.

Authorization for Release of Behavioral Health Information (TRS-61)

On October 1, 2014, OASAS began collecting specific data items that required specific client consent. These specific items are limited to: full last name (at birth), full last name (current), Medicaid Client ID, HIV status, and full Social Security Number (SSN). If a client does not sign a consent form, such as the Authorization for Release of Behavioral Health Information (TRS-61), authorizing the release of

these specific items, a program should not report the above identified items when completing CDS transactions such as Admission (PAS-44N). However, even if a client does not sign the specific consent related to the above identified items, a program is still expected to comply with OASAS CDS reporting requirements, including providing the last four digits of the clients SSN.

For additional information related to the Authorization for Release of Behavioral Health Information, please see [Authorization for Release of Behavioral Health Information FAQ \(TRS-61 FAQ\)](#) .

GENERAL PRINCIPLES

Submit Reports on Time – Programs are encouraged to develop internal procedures to improve the timeliness of their submission of admissions, discharges, transfer, transitions, and monthly service delivery reports.

The PAS-44N, PAS-45N, PAS-47, PAS-125, and PAS-46N may be submitted electronically any time during the report month, but should not be later than the 5th day of the month following the admission, transfer, transition, discharge month. It is expected that for some cases that are lost to contact or left against clinical advice, the program may use 30 days to re-engage the client and discharges may be slightly later than the 5th.

The PAS-48N is due by the 10th day of the following month (i.e., November report due by December 10th).

CONTACT INFORMATION UPDATES

Recently, two new roles have been added to the Contact Roles in the Provider Directory System (PDS). These are Chair of the Board and Emergency Manager. Chair of the Board is a provider level contact. Emergency Manager is a program level contact. Both roles are required by OASAS. It is the provider's responsibility to maintain accurate contact information in the PDS. Directions can be found on the Home tab of the OASAS Applications site under the heading Application Documentation ([Changing Contact Information Instructions](#)).

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Programs are now required to update their PPSI twice yearly or more frequently if appropriate.

If the contact information on the PPSI is not accurate, it must be updated in the Provider Directory System via the Contact Role and Staff tabs (see information above in Contact Information Updates).

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CHANGE TO PAS-45N DISCHARGE FORM

Effective immediately*, providers will not see “Unemployed, In Treatment” as a valid option to report employment status at discharge. While the PAS-45N instructions state that this is not an appropriate code for use at discharge, many providers did so anyway. Many providers were under the misperception that “Unemployed, In Treatment” would reflect in performance analysis as a positive, but it does not.

Attached is a revised PAS-45N feeder form for your information. The revised form (PAS-45N (Rev July 2012) is posted on the OASAS applications site (<http://oasasapps.oasas.ny.gov>). Please notify your data entry and other staff to download and use the revised form. This change does not apply to Crisis programs.

Employment arrangements at discharge should be reported accurately. If the patient is referred to another level of care or continuing in treatment, the arrangements made at discharge should be reflected. *Example 1: Patient is discharged from a residential program and will be admitted to an outpatient program that offers a vocational program. Employment to be reported is Not in Labor Force, In Training.* *Example 2: Patient is discharged but no employment arrangements have yet been made. Employment in this case should be reported as Unemployed, Looking for Work or Unemployed, Not Looking for Work as appropriate.*

***FILE TRANSFER PROVIDERS: PLEASE NOTE THIS CHANGE WILL NOT TAKE EFFECT FOR 6 MONTHS TO ALLOW FOR EDITS IN YOUR SOFTWARE SYSTEM. THE OPTION WILL REMAIN DURING THE 6 MONTHS; HOWEVER, OASAS ADVISES YOU TO NOTIFY YOUR STAFF NOT TO USE IT. THE FEEDER FORM WILL NOT SHOW IT.**

ANCILLARY OUTPATIENT WITHDRAWAL

As you may know, a new service (Ancillary Outpatient Withdrawal) has been authorized to be provided within approved Part 822 programs. The following reporting will be required in the Client Data System: For these patients, the special project code “Ancillary Outpatient Withdrawal” is to be indicated at admission. Only Part 822-4 and 822-5 programs approved to provide Ancillary Outpatient Withdrawal services by the OASAS Medical Director may select this special project code for admissions entered on the PAS-44N and OASAS Client Data System.

IPMES/WORKSCOPES USERS AND E-MAIL NOTIFICATIONS

The Data Quality and Integrity Unit frequently receives questions about e-mail notifications coming from “WPRAdmin.” The online IPMES/Workscopes system generates e-mails to all registered WPR Users (i.e., those who have requested Workscopes data entry using the OASAS External Access Request Form, IRM-15). E-mails go out for several reasons: 1) Workscopes was generated and is now available for you to enter targets; 2) IPMES performance was flagged and a Program Action Report (PAR) was generated which you need to address; 3) reminder e-mails every two weeks to delinquent providers; and 4) e-mails to various approval levels requiring action. The OASAS e-mail system does not determine notification by Program/PRU. They go out to all registered users of each Provider Number.

Provider staff are reminded to notify the OASAS Help Desk should an e-mail address or staff change (this is a separate function from the Provider Directory System contacts). The OASAS Help Desk may be reached at (518) 485-2379.

GENERAL PRINCIPLES

Submit Reports on Time – Programs are encouraged to develop internal procedures to improve the timeliness of their submission of admissions, discharges, and monthly service delivery reports.

The PAS-44N and PAS-45N may be submitted electronically any time during the report month, but should not be later than the 5th day of the month following the

admission or discharge month. It is expected that for some cases that are lost to contact or left against clinical advice, the program may use 30 days to re-engage the patient and discharges may be slightly later than the 5th.

The PAS-48N is due by the 10th day of the following month (i.e., November report due by December 10th).

PROGRAM PROFILE AND SERVICES INVENTORY (PPSI) AND CONTACT INFORMATION UPDATES

The PPSI Updates were due by June 30, 2012, and a follow-up e-mail was sent to all delinquent programs. If your program has not updated its PPSI by December 31, a point is assessed against Client Data Reporting on next year's scorecard. To check the status of the PPSI, run the PPSI PAS-7 Report in the Client Data System Application. The status will appear on Page 1. If you see "Provider Review Needed" then your program has not updated its PPSI.

While the PPSI Updates are required annually, contact information contained in the Provider Directory System should be continually maintained. Contact names for Directors, Data Coordinators, CEOs, etc., are frequently used by OASAS. In addition, this information feeds the online Provider Directory that is used by the public and the Help Line.

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MONTHLY SERVICE DELIVERY (MSD) REPORT: PAS-48N FOR PART 822-4 AND 822-5 PROGRAMS

In recognition of the fact that providers need time to modify their internal data systems, Part 822-4 and 822-5 programs have until March 1, 2012 to submit November 2011, December 2011, and January 2012 PAS 48-N reports without penalty.

The new Monthly Service Delivery screens, PAS-48N feeder form and instructions are now available. The form was designed to collect data consistent with the new Part 822 regulations and the implementation of Ambulatory Patient Groups.

During the first few months following release of the form, providers should make their best effort to enter data according to the posted instructions. OASAS recognizes that there will be a learning curve associated with the use of the new PAS-48N and encourages programs to contact the Data Quality Unit for assistance.

OASAS anticipates it will take approximately twelve months to evaluate the new form and the data collected. During this period, OASAS will review the quality of the data collected and will develop new performance and outcome measures based on the items in the new form.

One of the most significant implications of the new Part 822 regulations promulgated on July 1, 2011 is that the unit of measure for Units of Service is no longer "visit" but "service" provided. At this time, the new calculation for Units of Service (UOS) has not been determined. This is the first order of business of the new Measures Development Committee (MDC), a subcommittee of the Gold Standard Outcomes Management Committee. The MDC is comprised of providers,

county LGUs and OASAS staff and will provide advisory assistance with the new calculation of the UOS as well as development of any new measures derived from the CDS and MSD.

Part 822-4 and 822-5 programs will not be subject to IPMES/Workscope flagging on the **% Targeted Units of Service Delivered** or **Units of Service per FTE Direct Care Staff** during the twelve month evaluation period. At the end of this twelve month period, PAS-48N data submissions will be used in IPMES indices considered eligible for flagging. Please keep in mind that a full twelve months of robust data must be available for IPMES, meaning that the first IPMES cycle containing flaggable indices based on the new PAS-48N will be Calendar Year 2013, to be released in March 2014.

It continues to be vitally important to submit all MSDs according to OASAS deadlines. Failure to submit reports in a timely manner will negatively impact the Client Data Reporting section of a program's Scorecard. Additionally, missing MSDs can lead to a program being flagged on IPMES.

Programs are encouraged to develop internal procedures to improve the timeliness of their submission of admissions, discharges, and monthly service delivery reports. The PAS-44N and PAS-45N may be submitted electronically any time during the report month, but no later than the 5th day of the month following the admission or discharge month.

CLIENT DATA SYSTEM INFORMATION BULLETIN

The Evaluation and Practice Improvement Bureau will periodically issue Client Data System (CDS) Information Bulletins to providers to address reporting concerns on the web-based Client Data System which began June 1, 2005. These Bulletins will contain important notices and directions that are relevant to the CDS. We hope that you find the information presented in these Bulletins useful and we welcome any comments that you may have. We suggest you keep these Bulletins for future reference and distribute them to clinical staff.

PLEASE READ THE ITEMS BELOW CAREFULLY TO ENSURE THAT YOUR PROGRAM IS REPORTING DATA CORRECTLY.

GENERAL PRINCIPLES

- **Avoid Data Errors** – The OASAS Evaluation and Practice Improvement Bureau has identified four common causes of data error: misinterpretation of information requested, failure to select the best response, mistakes in data entry and missing data. Staff should review the forms' instructions available online. The best way to determine the correct response is to review all the options. While there may be more than one applicable answer, there is generally one response that is best. To avoid data entry errors and missing data, data entry staff should check their entries prior to saving (completing) forms.
- **Submit Reports on Time** – Programs are encouraged to develop internal procedures to improve the timeliness of their submission of admissions, discharges and monthly service delivery reports. ***The PAS-44N and PAS-45N may be submitted electronically any time during the report month, but no later than by the 5th day of the month following the report month. The PAS-48N is due by the 10th day of the month following the report month.*** Program supervisors can monitor the timeliness of entry of admissions and discharges by running a "Client Roster Report" or "Provider Activity Report." These two reports allow you to: view who is admitted, discharged or active for a specified time period; view all admission and discharge transaction dates; and view the admission and discharge *transaction entry* dates. The "MSD Provider History Report" can be used to review the status of Monthly Service Delivery Reports.

Monthly Service Delivery Report (MSD): PAS-48N

- **Direct Care Full-Time Equivalent (FTE) Staff** – Programs **should include a count of the number of "Other Direct Care FTEs"** on the Monthly Service Delivery Report. These are the paid employees who provide direct care services but do not carry a primary counselor caseload. This item (in conjunction with "Primary Counselor FTEs") is used to calculate two Integrated Program Monitoring and Evaluation System (IPMES) indices: Client/Direct Care Staff Ratio and Units of Service per Direct Care Staff. Program supervisors are encouraged to verify that the MSD includes the correct number of "Other Direct Care Staff." See the PAS-48N instructions about who to count and how to count them.

Example – For a given month, an outpatient program employed 3 full-time primary counselors. In addition, two additional staff worked part time: a part-time nurse who does 16 hours of direct care work per week (16/40 hours = .4 FTEs) and a part-time psychiatrist who does 4 hours of direct care work per week (4/40 hours = .1 FTE). In addition, the program had one vacant full-time primary counselor position. The monthly report would show the following:

Staffing Resources			Total Direct Care FTEs	Primary Counselor FTEs	Other Direct Care FTEs
	V11	Direct Care Staff on Payroll – End of Month		3.5	3
V12	Direct Care Staff Vacancies – End of Month		1.0	1	0

- **Assessments** – Programs should **include reports on the number of the assessment visits and assessments completed for persons assessed but not admitted**. In the rows that include Assessment Visits (V13) and Assessments Completed (V14) for programs reporting visits (and Assessments Completed, row D14, for programs reporting days) there is a column entitled, “Other Persons.” The number of people assessed that month but not admitted (and the corresponding assessment visits) should be recorded in this column.

Example – For a given month, an outpatient programs completed five assessments, with two assessment visits occurring for each individual assessed. Of those assessed, 3 were admitted as primary clients, 1 was admitted as a significant other, and one was not admitted. The monthly report would show the following:

Assessments Completed and Assessments Visits			Primary Clients	Significant Others	Other Persons
	V13	Assessments Completed – This month		3	1
V14	Assessment Visits		6	2	2

Client Admission and Discharge Reporting Forms: PAS-44N and PAS-45N

- **Accuracy of Data Entered** – Selecting the best choice on the Client Data System Forms will improve the accuracy of IPMES Reports which use these forms as the source of data. The admission and discharge form data should always be recorded by a *clinician* knowledgeable of the patient (and preferably the Primary Counselor); supervisors should educate counselors on how to complete these forms correctly and explain consequences of choices. Strategies to avoid specific common data entry errors are presented here.
 - **Employment Status** – This item is particularly important because it is used to calculate “Maintained Full-Time or Improved Employment-Related Status” on IPMES. Staff should be careful to **select the most accurate employment status**. For example, if a patient has completed treatment and is enrolled in school, the selection of “Not in Labor Force – Student” is better (and reflects more favorably on the patient and the program) than “Unemployed, Not Looking for Work.”
 - **Goal Achievement** – The selection of “**Not Applicable**” should rarely be used for goal achievements on the discharge form in the areas of Social Goals, Family Situation Goals and/or Emotional Goals. These goal areas are usually relevant to patients with chemical dependency issues.

- **MATS** – The Managed Addiction Treatment Services Initiative (MATS) is a voluntary program designed to help eligible patients gain access to necessary chemical dependence treatment, mental health and medical services, and additional support (including food stamps and housing) through intensive case management. **Regardless of whether or not they have current Medicaid enrollment or eligibility, providers are required to discuss the MATS program with every patient admitted to treatment and request that they consider signing the MATS Consent Form. This is asked of all patients because of potential enrollment in Medicaid at some time in the future.**

The MATS consent form serves the following purpose: It allows the New York State Department of Health to share Medicaid claim data with OASAS for the purpose of identifying eligible participants which then allows OASAS to share that information with an authorized MATS Case Management provider. This then allows an authorized MATS case manager to confidentially contact a potential patient to seek his/her voluntary participation in the MATS program. Providers are required to indicate on the Admission Form whether or not the consent form was signed. If the patient grants consent and at a later date revokes it, the program must modify the item to reflect the change and record the date of the change. For further information, refer to the OASAS Applications home page that provides answers to frequently asked patient and provider questions on MATS.

- **Children in Residence** – Although this item is viewed by all residential programs, it only applies to those that are permitted to admit children. All programs that admit a patient with a child must select the “Children in Residence” button at the bottom of the admission data entry page for the patient and enter the child information as part of the admission. Some residential programs that are permitted to admit children are also *file transfer programs* (i.e., those who submit their CDS data through bulk electronic transfer). **Child information can not be submitted as part of the bulk file transfer process**, so these programs are required to go into the Admission Form (after the file transfer process is complete) and, using the “Client Management” option, add the child information to the admission data for all patients who were admitted with a child.
- **Addiction Medications** – Addiction medications are prescribed specifically for the treatment of an addictive disorder. When used in tandem with counseling, addiction medicines can enhance clinical treatment and may yield better results than counseling treatment alone. Medicines prescribed specifically for mental health or health conditions are not ordinarily considered addiction medications. However, dual-purpose medications that are prescribed for *both* addiction and another condition are considered addiction medications (for example, one that effectively treats both depression and tobacco dependence). By way of individual counseling sessions, case conferences, and chart reviews, counselors should stay informed about their patients’ medical status and services throughout treatment. If a patient has received an addiction medication prescribed by a program physician *or* by physician in another setting during his/her course of treatment, the addiction medication should be noted on the discharge form. Otherwise, “None” should be checked.

Methadone Client Update Report: PAS-26N

- **Multiple MCAS Due Reports** – When entering the Methadone Client Update Status Report (MCAS), be sure to verify the due date of the report prior to data entry. If more than one Methadone Client Update Status Report (MCAS) is due for the same

patient, **the most overdue MCAS Report must be – and will always be – entered first.** For example, if a patient has a MCAS Report that was due December 12, 2005 and another Report came due December 12, 2006, the one due December 12, 2005 will appear for entry first and must be entered first. If you have not entered the 2005 MCAS Report and try to enter only the 2006 MCAS Report, the system will automatically assume that the data is for 2005.

Provider Directory System (PDS)

- **Program Director Contact Information** – The program director’s telephone number (and e-mail address whenever possible) is required to be recorded in the Provider Directory System. Programs are asked to verify that their Program Director’s contact information is current and complete. An edit is currently under development that will require this information be entered prior to saving and closing any contact entries made in the PDS. For further information on entering and updating contact information, see the *PPSI and Contact Update Instructions* link on the OASAS Applications home page.

CLIENT DATA SYSTEM INFORMATION BULLETIN

The Evaluation and Practice Improvement Bureau will periodically issue Client Data System (CDS) Information Bulletins to providers to address reporting concerns on the new web-based Client Data System which began June 1, 2005. These Bulletins will contain important notices and directions that are relevant to the CDS. We hope that you find the information presented in these Bulletins useful and we welcome any comments that you may have. We suggest you keep these Bulletins for future reference and distribute them to clinical staff.

PLEASE READ THE ITEMS BELOW CAREFULLY TO ENSURE THAT YOUR PROGRAM IS REPORTING DATA CORRECTLY.

GENERAL PRINCIPLES

- **ON-LINE INSTRUCTIONS** - If you have questions on how terms are defined or how an item should be completed, you should first check with the on-line instructions.
- **OBTAINING A USER ID AND PASSWORD** - If an OASAS User ID is needed for a new user, go to www.oasasapps.oasas.state.ny.us (the CDS Home Page). Under **Application Documentation** click on **OASAS External Access Request Form (IRM-15)**. You should print a copy, fill it out, and send it to OASAS as per the instructions on page 2 of the form. To obtain access to the Client Data System, you would check the **Client Management** box under Item 4 – **System to be Accessed**. OASAS' IT Bureau will establish a User ID and contact the user directly.
- **REPORTING TECHNICAL PROBLEMS WITH THE ON-LINE CDS** - When technical problems and/or errors are encountered when using the on-line CDS, the first step is to contact the OASAS Help Desk at (518) 485-2379. When it is determined that the problem may be caused by a glitch in the system's programming, a "bug report" should be submitted to OASAS. To submit such a report, go to the **Home Page**, click on the **Applications tab** and then the **Help tab**. Next, select **Report a Problem** and complete the screen to describe your problem. Whenever possible, attach a screen shot showing the error message received on the problem report. [To do this, open the screen that shows the error and press the **Control** and **Print Screen** keys simultaneously. This copies the contents of the entire screen. Next, paste the screen print into a new "Word" or "WordPad" document and save it to where it can be easily located (such as your desktop). Next, press the **Browse** button located on the help screen; locate and attach the document]. Depending on the issue, an OASAS staff person from IT or Evaluation will contact you if there is a need for clarification.
- **LEARNING HOW TO USE THE OASAS CDS** - First time users and anyone who might need a refresher on how to navigate any portion of the online Client Data System are encouraged to utilize the online tutorials. These may be accessed through the CDS Home Page: select the **Online Tutorials Tab** and then select the topic area of interest. If, after completing the tutorial, questions remain on how to use the system, users should contact the OASAS Help Desk at (518) 485-2379.
- **RETAINING COPIES OF ADMISSION AND DISCHARGE FORMS** – Many programs store the files of discharged patients at locations other than the program site. This becomes problematic if a program has to check admission and/or discharge data submitted to the OASAS Client Data System. In an effort to help programs save both

time and money, we suggest that copies of all admission (PAS-44N), transfer (PAS-47N) and discharge (PAS-45N) forms (or the PAS-46 combined Admission/Discharge form where applicable) be retained at the program location, avoiding the need to return complete patient files back to the facility if admission or discharge information is requested by OASAS. The copies can be inserted into a ringed binder and labeled by year. This suggestion also applies to crisis programs that complete the combined admission/discharge form (PAS-46N).

- **FEEDER FORMS** - You should frequently check to see if the feeder forms that are available on-line have been updated. The date of the latest version appears next to the name of the form.

CLIENT ADMISSION REPORTING FORM: PAS-44N and PAS-46N (where applicable)

- **Last Name 2 Letters** – Programs must use the first two letters of the patient’s last name at birth. This item is part of OASAS’ tracking ID. Since a person’s last name may change, the last name at birth must be used so that the tracking ID always will remain the same. If you have not been doing this, you should make corrections for all active patients.

CLIENT DISCHARGE REPORTING FORM: PAS-45N

- **Individual Counseling Sessions** – *This is a count of the total number of individual and family counseling sessions provided to the patient during his/her entire stay by the program’s primary counselors during the course of treatment.*
- **Group Counseling Sessions** – *This is a count of the total number of group counseling sessions provided to the patient during his/her entire stay by the program’s primary counselors during the course of treatment.*
- **Linkage Between Discharge Status and Goal Achievement** – *The CDS has built in edits between Discharge Status codes and Goal Achievement codes:*

If the Discharge Status is “Completed Treatment: All Treatment Goals Met,” then the “Client’s Overall Goals” and each of the applicable individual goals must be recorded as “Achieved.”

*If the Discharge Status is “Completed Treatment: Half of Treatment Goals Met,” then the “Client’s Overall Goals” and half of the applicable individual goals must be recorded as “Achieved.” The half “Achieved” **must include** the “Drug Use,” “Alcohol Use” and “Vocational/Educational” goals.*

If the Discharge Status is “Treatment Not Completed: Some Goals Met,” then at least one of the applicable individual goals must be recorded as “Achieved.”

If the Discharge Status is “Treatment Not Completed: No Goals Met,” then none of the applicable individual goals can be recorded as “Achieved.”

- **Discharge Cross Edits** – The allowable cross edits among Discharge Status, Discharge Disposition and Referral Disposition have been finalized and programmed into the CDS (see attached tables). Cross edit tables that display the allowable combinations are posted on the OASAS Home page.

MONTHLY PRU SERVICE DELIVERY REPORT: PAS-48N

- **Number of Group Counseling Sessions** – *This is a count of the total number of group counseling sessions conducted by the program’s primary counselors during the report month. It **is not** a count of the patients that attended these sessions.*
- **Number of Individual Counseling Sessions** – *This is a count of the total number of individual **and family** counseling sessions conducted by the program’s primary counselors during the report month.*
- **Submitting the Completed PAS-48N** – *In order to get your completed PAS-48N recorded into the CDS, under “Status,” **you must click Complete** and then hit the **Save** button. If you do not click on **Complete**, the form will be considered on “Hold.” However, if you have not completed the report and wish to save what you have already entered and complete the form at a later date, you should click on **Hold** under **Status**.*

METHADONE CLIENT UPDATE REPORT: PAS-26N

- **Mandatory Submissions** - *All methadone treatment clinics **must** complete, on an annual basis, a Methadone Client Update Report for every patient on his/her anniversary of admission to the program. To determine which patients have reports due, go into the Client Data System screen and click on “MCAS Update Reports Due” under the “Methadone Client Annual Status” heading.*
- **Substance(s) Used in the Last Six Months Listed by Seriousness of Use** – *For this item only list those substances that the patient has been **abusing during the past six months**. Do not list prescribed medication (e.g., methadone) that the patient is using as directed. **Although, at admission, the primary substance of abuse in methadone programs must be an opiate, this is not the case on the MCAS. On this form, primary, secondary and tertiary pertains only to those substances being used/abused by the patient during the past 30 days and six months.***

PROGRAM PROFILE AND SERVICES INVENTORY (PPSI): PAS-7

- **PPSI Instructions** – *New and improved PPSI instructions are now available on the OASASAPPS Home Page @ <http://www.oasasapps.oasas.state.ny.us>*
- **Checking Status of PPSI Submission** – *To check on the status of an updated PPSI, go to **PPSI (PAS-7)** under the **Reports** section under the **Provider Directory System’s main tab**. From there, a report can be generated that will indicate any changes made to the online form that were marked “Yes” at the “completed field”. If you do not see your changes, the online form was not marked “Yes” at the bottom and the system did not retain any changes as pending.*
- **Primary Counselor Caseload** – *The on-line PPSI form now has a question on the number of patients on a program’s typical primary counselor caseload. It is the last question on the form. **This is a new item that all programs are required to complete**. Please be sure to complete this item when updating your PPSI.*

CLIENT ROSTER REPORTS

- **Instructions to Produce a Client Roster Report** – *An OASAS Client Roster Report provides a list of clients (e.g., admissions, discharges, active) that is based on transactions (i.e., admissions, discharges and transfers) entered by programs into*

the OASAS CDS. It is important that each program regularly (e.g., monthly) compare the OASAS Client Roster of active clients with the list that the program itself maintains. In some cases, the OASAS Client Roster will include clients that have left the program and for whom a Discharge Report (PAS-45N) has not been entered into the OASAS CDS. When OASAS generates a Client Roster for your program, it may appear that you currently have many more active clients than you actually have. This may generate inaccuracies in a number of IPMES/Workscope indices including utilization rates, client-staff ratios, retention rates, completion rates and calculations of length of stay.

To generate an active client roster: Click on the **Client Data System main tab** and then click on the **Applications tab** (the same tab that you use to enter admissions and discharges).

1. Under **Management**, click on **Client Roster Report**. This will bring up a screen for you to enter information;
2. Enter your **Provider number** (if not pre-filled by the system); and the desired **Program number**;
3. Click on **Include Significant Others** and **Include Clients**;
4. Under **Roster Type**, use the drop down list and highlight **Active Only**;
5. Go to the **Active as of Date** and **type in the desired date** (or click on the calendar and click on the desired date). This can be the date you are running the roster, the last day of the month, etc;
6. Under **Sort by**, choose **Date Admitted**. This will arrange the produced list in order of oldest admission first. You can also arrange the roster by Client ID number or Client Tracking ID number;
7. Click on **Run**;
8. Click the **Print** button to print a hard copy of the roster.

This procedure will produce a roster of clients that are **active** according to data submitted by your program to the OASAS CDS. Your next step should be to compare the OASAS roster with that of your in-house roster of active clients. If clients appear on the OASAS Roster and are no longer in your program, please complete Discharge Reports (PAS-45) to remove those clients from the active OASAS roster. If you find clients who are active in your program but do not appear on the OASAS roster, please submit the appropriate Admission Reports (PAS-44).

CLIENT DATA SYSTEM INFORMATION BULLETIN

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PLEASE READ THE ITEMS BELOW CAREFULLY TO ENSURE THAT YOUR PROGRAM IS REPORTING DATA CORRECTLY.

GENERAL PRINCIPLES

- **YOU SHOULD FREQUENTLY CHECK TO SEE IF THE FEEDER FORMS THAT ARE AVAILABLE ON-LINE HAVE BEEN UPDATED. THE DATE OF THE LATEST VERSION APPEARS NEXT TO THE NAME OF THE FORM.**
- **IF YOU HAVE QUESTIONS ON HOW TERMS ARE DEFINED OR HOW AN ITEM SHOULD BE COMPLETED, YOU SHOULD FIRST CHECK WITH THE ON-LINE INSTRUCTIONS.**

CLIENT ADMISSION REPORTING FORM: PAS-44N

- **Last Name 2 Letters** – *Programs must use the first two letters of the patient's last name at birth. This item is part of OASAS' tracking ID. Since a person's last name may change, the last name at birth must be used so that the tracking ID always will remain the same. If you have not been doing this, you should make corrections for all active patients.*
- **Admission of Children in Women and Children's Residential/Inpatient Programs** – *If your program is intensive residential, community residential, supportive living or inpatient rehabilitation and admits women (or men) along with one or more of their children, you must enter a Children in Residence Admission and Check Out form for each child that accompanies their mother/father. The Admission for the child is accessed through the Children in Residence button at the end of the mother's/father's admission form once it is saved. Children's Check Out screens will appear at discharge. If you have to go back and admit a child of a patient, do so by going in and editing the mother's/father's admission form.*

CLIENT DISCHARGE REPORTING FORM: PAS-45N

- **Individual Counseling Sessions** – *This is a count of the total number of individual counseling sessions provided to the patient by the program's **primary counselors** during the course of treatment.*
- **Group Counseling Sessions** – *This is a count of the total number of group counseling sessions provided to the patient by the program's **primary counselors** during the course of treatment.*
- **Linkage Between Discharge Status and Goal Achievement** – *The CDS has built in edits between Discharge Status codes and Goal Achievement codes:
If the Discharge Status is "Completed Treatment: All Treatment Goals Met," then the "Client's Overall Goals" and each of the applicable individual goals must be recorded as "Achieved."*

If the Discharge Status is “Completed Treatment: Half of Treatment Goals Met,” then the “Client’s Overall Goals” and half of the applicable individual goals must be recorded as “Achieved.” The half “Achieved” **must include** the “Drug Use,” “Alcohol Use” and “Vocational/Educational” goals.

If the Discharge Status is “Treatment Not Completed: Some Goals Met,” then at least one of the applicable individual goals **must** be recorded as “Achieved.”

If the Discharge Status is “Treatment Not Completed: No Goals Met,” then none of the applicable individual goals can be recorded as “Achieved.”

MONTHLY PRU SERVICE DELIVERY REPORT: PAS-48N

- **Number of Group Counseling Sessions** – This is a count of the total number of group counseling sessions conducted by the program’s **primary counselors** during the report month. It **is not** a count of the patients that attended these sessions.
- **Number of Individual Counseling Sessions** – This is a count of the total number of individual counseling sessions conducted by the program’s **primary counselors** during the report month.
- **Unique Persons Treated – This Month** – This is a count of all individuals who received a treatment service during the report month.
- **Submitting the Completed PAS-48N** – In order to get your completed PAS-48N recorded into the CDS, under “Status,” **you must click “Complete”** and then hit the “Save” button. If you do not click on “Complete,” the form will be considered on “Hold.” However, if you have not completed the report and wish to save what you have already entered and complete the form at a later date, you should click on “Hold” under “Status.”
- **Additional Locations** – Outpatient programs with approved additional locations are required to report the number of visits (of the total visits already reported at the PRU level) that took place at each of these locations. Prior to entering this number on the PAS-48N applications screen, it is necessary to select the specific location from a list of all of the additional locations belonging to the provider organization. **After entering an additional location’s number of visits, you must press the “Save” button before moving on.**

METHADONE CLIENT UPDATE REPORT: PAS-26N

- All methadone treatment clinics **must** complete, on an annual basis, a Methadone Client Update Report for every patient on his/her anniversary of admission to the program. To determine which patients have reports due, go into the Client Data System screen and click on “MCAS Update Reports Due” under the “Methadone Client Annual Status” heading.
- **Substance(s) Used in the Last Six Months Listed by Seriousness of Use** – For this item only list those substances that the patient has been **abusing during the past six months. Do not** list prescribed medication (e.g., methadone) that the patient is using as directed.

PROGRAM PROFILE AND SERVICES INVENTORY (PPSI): PAS-7

- **Submitting the Completed PPSI** – In order to get your completed PPSI recorded into the OASAS PPSI System, **you must click on “Yes” to the question, “Is the Form Complete?”** that appears at the bottom of the last page. If you do not click “Yes,” the changes will be retained in the system but will not print out in the report.