New York State | Office of Addiction Services and Supports

Program Profile and Services Inventory (PPSI) Instructions (Revised 2020)

For questions concerning the PPSI or these instructions, please contact the Treatment Data Management and Analysis Unit at DataMgmt@OASAS.ny.gov or by calling (518) 457-9555.

General Information about the Program Profile and Services Inventory (PPSI)

All OASAS-certified treatment programs are required to maintain their online Program Profile and Services Inventory (PPSI) and contact information.

For new programs, this means that a new PPSI must be entered at the time of their operational/reporting start date. For existing programs, the PPSI must be reviewed at least bi-annually in accordance with the OASAS Reporting Requirements and whenever there is a change to the program's profile or services. This is accomplished by a program's staff person logging into the Provider Directory System (PDS) to access the PPSI Online Form to review and update during January and July each calendar year. **EVEN IF NO CHANGES ARE NEEDED, program staff are required to access the PPSI Online Form, review the contents for accuracy and click the SAVE AND MARK AS COMPLETE button.**

The Program Profile and Services Inventory is designed to provide OASAS with information concerning the services provided by each treatment program in New York State and the clients targeted for those services. This information is used to respond to inquiries concerning the availability of the various types of services and may be used to make appropriate client referrals. Also, 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 and may be used by other referral systems.

In addition to updating the PPSI, it is imperative that each program keeps its contact names, e-mail addresses and phone numbers up-to-date. Providers are strongly encouraged to update their contact information in the Provider Directory System as staff changes are made. This information is used to provide vital information from OASAS including, but not limited to, communications from the OASAS Commissioner, ListServ, regulations, the Client Data System and the OASAS Treatment Availability Dashboard.

PLEASE NOTE: The PPSI formatted report has a section at the top showing provider identifying information, address, e-mail, phone number, and Client Admission Contact. These items are to be updated in the Provider Directory System under "Provider Maintenance" using the Contact Role and Staff tabs. You will not see this information on the PPSI Online Form. See separate step-by-step instructions for completing this section. Follow this link to review the instructions for updating contact information – Changing Contact Information Instructions.

You must have an OASAS User ID and password to use the PPSI Online Form and to run a PPSI Report. If you have not logged in for 90 days, a password reset is necessary from the OASAS Help Desk. Additionally, if you have an OASAS User ID and have not logged in for more than 400 days, your account is disabled, and you must request a new account.

If a User ID is needed, go to OASAS External Access Request Form (IRM-15) and click on the fillable OASAS External Request for Access Form and follow the instructions on page two of the IRM-15 form for submitting the request. **Inquiries about User IDs and passwords should be directed to the OASAS Help Desk.**

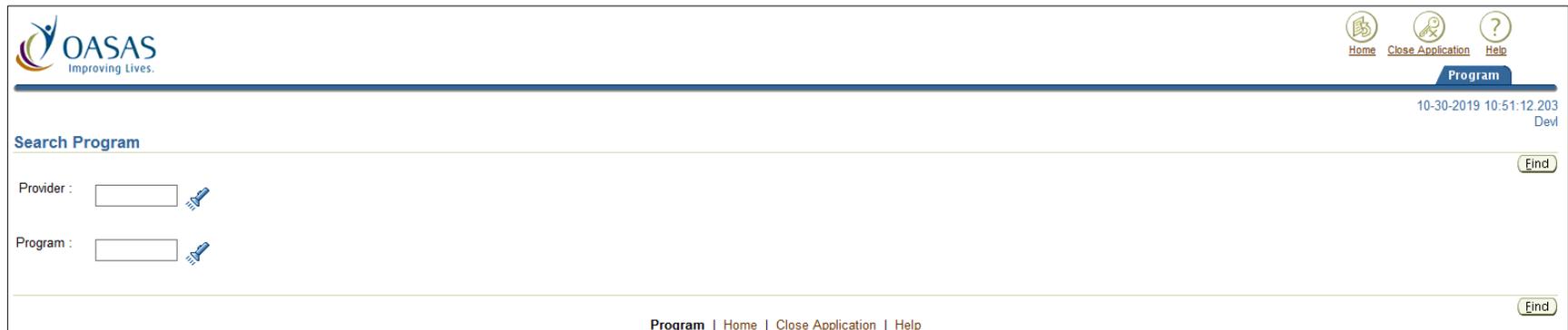The OASAS Help Desk phone number is (518) 485-2379 or email Healthhelp@ITS.ny.gov.

Accessing the PPSI

From the Web address https://apps.oasas.ny.gov , log in using your OASAS User ID and password, then click on the "**Application**" tab (#1) and select **Provider Directory System** from the blue tab line across the top (#2). Select PPSI Online Form (PAS7) (#3). (Note: Your computer must allow pop-ups. Disable pop-up blocker if necessary.)
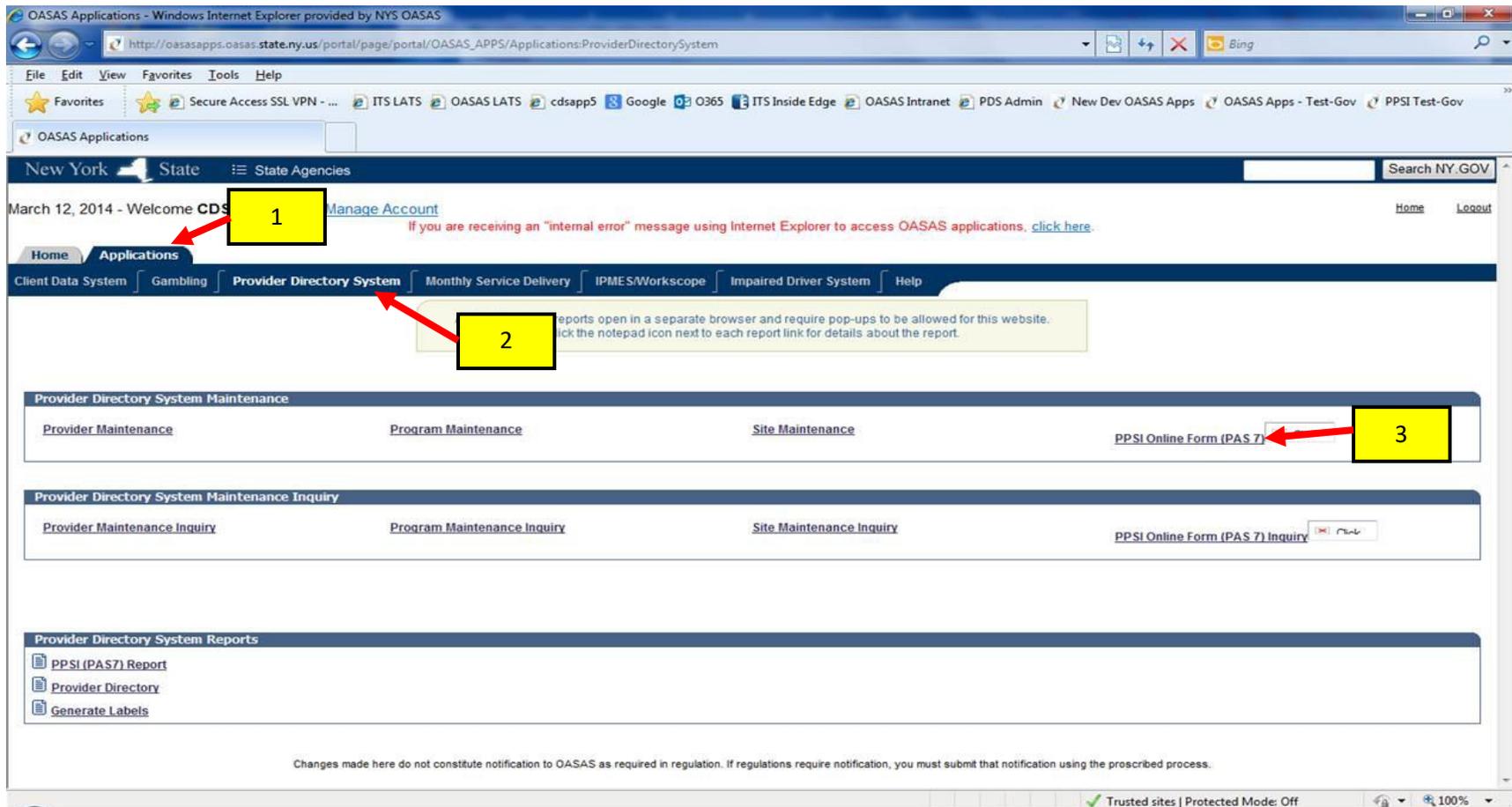
Accessing the PPSI – continued

To review and update the PPSI data, use the PPSI Online Form (PAS 7). This link will give you a search box. **Type in your Provider and Program (PRU) Numbers.** Click the "Find" button (either one). It is highly recommended that you have both your Provider and Program Number available. If the Provider and/or Program Number is not available, you may search for your program by clicking on the flashlight or search icon.

Tab 1 – Hours

Ambulatory programs enter operating hours and admitting hours. Inpatient/Residential/Crisis programs enter Admitting Hours only. Programs dispensing methadone/buprenorphine should enter dispensing hours if different from operating hours listed in the first column. Note that the ending time should be entered in the column next to the start time, not in the row under the start time.

All programs must complete Admitting Hours.

Hours   Spec. Pop.   Languages   Payment/ID   Required Evals   Self Help/Recovery   Counseling/Spec. Svcs.   Other Svcs.   Accreditation   Quality Improvement

Indicate the start and end time for appropriate days for each applicable column. Enter time in 'am/pm' format. Time entered without 'am' or 'pm' will be accepted as 'am'. The colon and the leading zero for hours are optional. If minutes are specified, a leading zero for minutes less than 10 is required. For example, you can enter:

- "9", "900", "9:00", or "9:00 am" for 9:00 am
- "9:05" or "0905" for 9:05 am
- "9 pm" or "9:00 pm" for 9:00 pm

	Operating Hours (Ambulatory Programs Only)		Client Admitting Hours (All Programs)		Methadone Dispensing Hours If Different from Operating Hours (Methadone Treatment Only)	
MON 1						
2						
3						
TUE 1						
2						
3						
WED 1						
2						
3						
THU 1						
2						
3						
FRI 1						
2						
3						
SAT 1						
2						
3						

Each page of the PPSI has a "**Save for Later**" and "Save and Mark as Complete" button at the top and bottom right. Click the top or bottom option. Either will save the document.

"**Save for Later**" should be used to periodically save edits as you are working.

DO NOT click "Save and Mark as Complete" on every page. This will cause the application to freeze and will error message for any unfinished sections. In addition, you will lose any changes that you have made prior to clicking "Save and Mark as Complete".

Tab 2 – Special Populations

Identify up to 4 special populations ONLY IF 1) outreach to the population is done and 2) staff have special training to serve the special populations. For example, if your program did outreach to, and had specially trained staff to meet the needs of pregnant young women, for Special Population #1, you would choose Female as the gender, pregnant, and the appropriate age category, if applicable. If the pregnant young women are also a homeless population, you could add homeless in Special Population #1 as well. *Identifying a special population means your program staff have special training and do outreach to increase services to that population.*

Hours	Spec. Pop.	Languages	Payment/ID	Required Evals	Self Help/Recovery	Counseling/Spec. Svcs.	Other Svcs.	Accreditation	Quality Improvement

To target a special population the Program (PRU) must meet two conditions.

1. It must engage in outreach activities to maximize access to services for these populations.
2. It must have staff with special training or experience in the provision of services to these populations.

Does this program target special populations? ☐

Special Population #1

Gender :	Gay/Lesbian/Bisexual/Transgender : ☐
Age Category :	MICA : ☐
Race :	Codependent/Significant Others : ☐
Ethnicity :	Chronic Medical Conditions : ☐
Veteran/Military : ☐	Criminal Justice Population : ☐
Homeless : ☐	Physically Challenged : ☐
Pregnant : ☐	Developmental Disabilities : ☐
Parent w/Minor Children : ☐	Victim Code :
HIV+/AIDS : ☐	Other (Specify) :

Specialized Populations – continued

If the program serves multiple special populations, each specific population should be entered individually. If, in addition to homeless pregnant young women, the program also offered specialized services for individuals with chronic medical conditions, the item Chronic Medical Conditions should be selected in Special Population #2. If it is selected in Special Population #1, it would be recorded that the program offers specialized treatment for homeless pregnant young women with chronic medical conditions, which would be an error.

The PPSI allows for up to four different specialized populations to be identified.

Special Population #2

Gender :		Gay/Lesbian/Bisexual/Transgender : ☐
Age Category :		MICA : ☐
Race :		Codependent/Significant Others : ☐
Ethnicity :		Chronic Medical Conditions : ☐
Veteran/Military : ☐		Criminal Justice Population : ☐
Homeless : ☐		Physically Challenged : ☐
Pregnant : ☐		Developmental Disabilities : ☐
Parent w/Minor Children : ☐		Victim Code :
HIV+/AIDS : ☐		Other (Specify) :

Tab 3 – Languages

Identify any languages spoken by staff and/or services delivered in that language. You may enter up to two other languages not listed. If a "Yes" response is indicated to the question, a language must be identified below. If a "No" response is indicated, be sure to uncheck any languages or you will get an error message upon saving as complete. If you identify a language as Spoken, the staff person must be able to engage the client in the clinical process in the language identified. If Services Delivered is checked for a language, sessions such as individual and group, must be available in this language. Do not select languages if your program utilizes an external and/or phone-based language interpreter service.

Hours	Spec. Pop.	Languages	Payment/ID	Required Evals	Self Help/Recovery	Counseling/Spec. Svcs.	Other Svcs.	Accreditation	Quality Improvement

Does this Program have bilingual staff? ▢

If checked, complete the following:

Language	Description	Spoken	Services Delivered
Spanish		☐	☐
Arabic		☐	☐
French		☐	☐
Chinese		☐	☐
Greek		☐	☐
Portuguese		☐	☐
Russian		☐	☐
Japanese		☐	☐
Hindi		☐	☐
Sign Language		☐	☐
Other:		☐	☐
Other:		☐	☐

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Tab 4 – Payment/ID

Payment Type: Identify the type of insurance payment accepted by the program. If this program is an OASAS-funded program, "Uninsured" must be selected indicating that the program provides treatment to individuals without insurance who may lack the ability to pay for services. If Medicaid is selected, indicate if the program helps in obtaining Medicaid Benefits.

Provide a link to the webpage which identifies the insurance plans accepted at this treatment program.

Identification: Indicate if any forms of identification are required for admission. If Yes is selected, indicate how many and the specific forms that are required.

Hours   Spec. Pop.   Languages   Payment/ID   Required Evals   Self Help/Recovery   Counseling/Spec. Svcs.   Other Svcs.   Accreditation   Quality Improvement

Payment Type

Medicaid ☐

Does this Program assist clients with obtaining Medicaid Benefits, if appropriate? ⌄

Private Insurance ☐

Medicare ☐

Other ☐

Uninsured (All funded programs and ATCs must check this box) ☐

Link to provider webpage with listing of plans and products : [_____]

Identification

Are any forms of identification required for admission? ⌄

If so, how many? [____]

Specify Required Forms : [_____]

Tab 5 – Required Evals

Indicate which evaluations the program requires of clients prior to admission. You may choose "All Incoming Clients" or "Only Clients with Suspected and/or Known Problems." If you do not require an item prior to admission, leave blank. A client can be assessed without the information below, but it may be needed prior to admission.

| Hours | Spec. Pop. | Languages | Payment/ID | Required Evals | Self Help/Recovery | Counseling/Spec. Svcs. | Other Svcs. | Accreditation | Quality Improvement |

For each of the following information/evaluation items, indicate those that are REQUIRED to be provided to this Program PRIOR to the client's admission.

	Description	Required
Medical History		⌄
Medical Evaluation/Examination/Diagnosis		⌄
Psychiatric History		⌄
Psychiatric Evaluation/Examination/Diagnosis		
Psychosocial Background		
Legal/Criminal Justice History		⌄
Financial Screening		⌄
Reports/Information from Referring Agency		⌄
Other 1 (Specify)		⌄
Other 2 (Specify)		⌄

All Incoming Clients
Only Incoming Clients w/Suspected or Known Problems

Tab 6 – Self Help/Recovery

Indicate "Yes" or "No" for the questions related to self-help and alumni groups. For the alumni group question, if "Yes" the frequency of meetings must be indicated from a dropdown menu. If "No," do not indicate a frequency or you will get an error message upon saving as complete.

The term 'access' below is defined by self-help groups either being available at the treatment program or transportation is provided to off-site locations. Alumni meeting can be client-facilitated or facilitated by a staff member. Clients participating in continuing care would be considered alumni.

| Hours | Spec. Pop. | Languages | Payment/ID | Required Evals | Self Help/Recovery | Counseling/Spec. Svcs. | Other Svcs. | Accreditation | Quality Improvement |

Does this program provide clients with orientation to self-help principles? ⌄

Does this program provide access to self-help groups? ⌄

Does this program provide alumni group meetings? ⌄

If "Yes," how often does it meet? ⌄

If Other selected, please explain _____

Tab 7 – Counseling/Special Services

For each service, indicate whether program offers on-site or off-site. Off-site services need to be provided by program staff (including contracted staff), not a referral to another program/treatment provider. If the service is not available, do not check either box. For each service that has a check in either box, you must indicate on average how long the session is and how many sessions per month each client would be expected to receive from the program. Values typed in the text boxes must be whole numbers (e.g. do not put 2-3 sessions or 60.5, etc.)

If you need to add entries for items labeled "EBPs Provided" click **Save for Later** after completing the EBPs Provided boxes that are available. An additional blank field will be added; you can repeat this up to a limit of six entries. When comparing the description for "EBPs Provided", extra spaces are ignored, and uppercase letters are treated the same as lower case letters. For example, "EBPs Provided" and "EBPs provided "are evaluated as being the same and you will receive an error message about duplicate text. This is true for any "Other" description you may add in this document.

| Hours | Spec. Pop. | Languages | Payment/ID | Required Evals | Self Help/Recovery | Counseling/Spec. Svcs. | Other Svcs. | Accreditation | Quality Improvement |

If you need to add entries for items labeled "EBPs Provided" and "Other (Specify)" click Save for Later or Save and Mark as Complete. An additional blank field will be added; you can repeat this up to a limit of six entries.

Chemical Dependence Counseling Services

Description		Program (PRU) On Site	Off Site	Average Length of Session (in Minutes)	Average No. of Sessions per Month (per Client)
Individual Counseling		☑	☐	45	4
Group Counseling		☑	☐	60	8
Encounter Groups		☐	☐		
Family/Couples Counseling		☐	☐		
Family Group Counseling		☐	☐		
Stress Management Counseling		☐	☑	60	2
Relapse Prevention Counseling		☑	☐	60	4
Aftercare Counseling		☐	☐		
Specialized Group Counseling		☐	☐		
EBPs Provided		☐	☐		
EBPs Provided		☐	☐		

Tab 7 – Counseling/Special Services-descriptions

Individual Counseling – Addresses clinical issues on the client's treatment plan, client crises and general client concerns that are most appropriate in a one-to-one, confidential setting. Individual counseling should be held in an area where counseling cannot be overheard by other staff or clients.

Group Counseling – Services provided to a group of clients by direct care staff. A session with three or more individuals led by a counselor or counselors, in which there is group involvement and sharing of individual concerns, goals or issues related to alcohol/substance misuse and/or the clients' recovery process. These include, but are not limited to psychotherapy, insight therapy, reality therapy, transactional analysis, and the various types of expressive groups.

Encounter Group – An unstructured session of three or more clients, led by a counselor, in which clients are encouraged to confront their individual challenges and express their real feelings in an effort to enhance self-awareness. Individuals receive feedback and support from other group members.

Family Counseling – A session in which advice, guidance, identification of challenges, strategies to deal with alcohol/substance misuse and/or the recovery process within the family, and/or alcohol/substance misuse education is provided to two or more members of a single family with or without the primary client.

Family Group Counseling – Services (see Family Counseling) provided by direct care staff to two or more families with or without the primary clients present.

Stress Management Counseling – Services provided to a client by a direct care staff member with the goal of enhancing the client's skills required to cope with or alleviate stress. This may include biofeedback as a technique for controlling stress.

Relapse Prevention Counseling – A dedicated counseling session, not part of an individual counseling session, offered to clients to help them identify possible indicators of increased risk of relapse/recurrence or triggers to his/her relapse process, specific to the individual, which may contribute to relapse and, through an educational process, provide the individual with information and strategies for coping with indicators and/or triggers of his/her relapse/recurrence process when they occur.

Continuing Care – Minimal services designed to maintain a relationship between a program and a discharged client, in addition to any ongoing therapeutic and rehabilitative services regardless of who provides them, with the goal of maintaining clinical gains made during treatment.

Specialized Group Counseling – Group counseling provided by a direct care staff targeted at specific populations.

Tab 7 – Medication Assisted Treatment of Opioid Use Disorder

If your program offers medication assisted treatment for opioid use disorders, check the box specific for the medication offered indicating whether it is available on site at the program or off site at a different location. By indicating On-Site or Off-Site you are confirming that the medication is prescribed by a healthcare professional employed or contracted by the program completing this document.

Buprenorphine (all forms) – Any buprenorphine-containing product intended for the treatment of opioid use disorder. This includes, but is not limited to, Suboxone, Sublocade, Zubzolv.

Naltrexone (injectable) – Extended-release naltrexone, such as Vivitrol, for the treatment of opioid use disorder.

Naltrexone (all other forms) – All other forms of Naltrexone other than extended-release injectable intended for the treatment of opioid use disorder, such as, but not limited to, Revia.

Methadone – Dolophine, Methadose, and other tradenames intended for the treatment of opioid use disorder.

Medication Assisted Treatment

	On-Site	Off-Site
Buprenorphine	☐	☐
Injectable Naltrexone	☐	☐
Methadone	☐	☐

Tab 7 – Problem/Pathological Gambling Services

These services should be indicated only if the program has a credentialed gambling counselor or is a designated problem gambling treatment service.

Individual Problem Gambling Counseling - Usually provided by a credentialed problem gambling counselor. Addresses clinical issues related to problem gambling, crisis counseling related to problem gambling, and other client problem gambling-related concerns most appropriately addressed in a one-to-one, confidential setting. Individual counseling should be held in an area where counseling cannot be overheard by other staff or clients.

Group Problem Gambling Counseling – A session with three or more individuals, usually led by a credentialed problem gambling counselor or counselors, in which there is group involvement and a sharing of problems, goals and/or issues related to problem gambling.

Problem/Pathological Gambling Counseling Services

	Program (PRU) On Site	Off Site	Average Length of Session (in Minutes)	Average No. of Sessions per Month (per Client)
Individual Counseling	☐	☐		
Group Counseling	☐	☐		
Family/Couples Counseling	☐	☐		
Family Group Counseling	☐	☐		
Relapse Prevention Counseling	☐	☐		
Aftercare Counseling	☐	☐		
Specialized Group Counseling	☐	☐		

Tab – 7 Specialized Services

The **Specialized Services** section is to be filled out ONLY if your program specializes in one or more substances. It should not be used to list all the substance-use disorders for which the program offers treatment. Checking all or the majority of the substances essentially renders the data in this section unusable. By selecting an option in this section, the program is stating that it offers a specific or specialized treatment intervention aimed at alleviating the symptoms of the identified substance use disorder.

If you need to add entries for items labeled "Other (Specify)", click **Save for Later** after completing the two available text boxes. An additional blank field will be added; you can repeat this up to a limit of six entries.

The **Primary Counselor Typical Caseload** is a mandatory item that must be completed prior to the PPSI being saved as complete. Enter the maximum number of clients typically assigned (i.e., client caseload) to your primary counselors (e.g., 25:1, enter as 25).

Specialized Services

	Program (PRU) On Site	
No Specific Substance	☐	
Heroin	☑	
Non Rx Methadone	☐	
Other Opiate/Synthetic	☐	
Alcohol	☐	
Barbiturates	☐	
Other Sedative/Hypnotic	☐	
Methamphetamine	☐	
Other Amphetamine	☐	
Crack	☐	
Cocaine	☐	
Other Stimulant	☐	
Marijuana/Hashish	☐	
PCP	☐	
Other Hallucinogen	☐	
Other Tranquilizer	☐	
Inhalant	☐	
Over the Counter	☐	
Alprazolam	☐	
Buprenorphine	☐	
Elavil	☐	
Ephedrine	☐	
GHB	☐	
Ketamine	☐	
Khat	☐	
OxyContin	☐	
ROHYPNOL	☐	
Ecstasy	☐	
Benzodiazepine	☐	
Other (Specify)	☐	
Other (Specify)	☐	

Typical Caseload

Primary Counselor Typical Caseload	

Tab 8 – Other Services

This section of the PPSI lists services offered by category. Most are self-explanatory. The pages following list brief descriptions for each service. Check the categories which describe how services are offered. More than one category can be checked except if service is Not Provided. The categories are defined below.

Program (PRU) On-Site – Service is offered on site within the program.

Referral Within Provider – Service is not offered at the program but is provided through the provider agency (i.e., through a referral to another program within this provider).

Formal Referral to Another Provider – Service is not available through program or provider. A formal referral is normally made and documented in the client records with evidence that program staff initiated and confirmed client follow-through.

Not Provided – Service is not provided at all nor is it formally referred. Any unchecked services will be filled in as Not Provided upon saving.

Hours   Spec. Pop.   Languages   Payment/ID   Required Evals   Self Help/Recovery   Counseling/Spec. Svcs.   **Other Svcs.**   Accreditation   Quality Improvement

If you need to add entries for items labeled "Other (Specify)" click Save for Later or Save and Mark as Complete. An additional blank field will be added; you can repeat this up to a limit of six entries.

Vocational/Educational Services

	Description	Program (PRU) On-Site	Referral Within Provider	Formal Referral to Another Provider	Not Provided
Vocational/Educational Assessment		☐	☐	☐	☑
Individual Vocational/Educational Rehabilitation Counseling		☐	☐	☐	☑
Group Vocational/Educational Rehabilitation Counseling		☐	☐	☐	☑
Work Readiness and Employability Skills Training		☐	☐	☐	☑
Life Skills Training		☐	☐	☐	☑
English as a Second Language		☐	☐	☐	☑
Basic Education		☐	☐	☐	☑
Remedial Education		☐	☐	☐	☑
GED/High School Education		☐	☐	☐	☑
College Preparation		☐	☐	☐	☑
Vocational/Educational/Employment Referrals and Placements		☐	☐	☐	☑
Vocational/Educational/Employment Follow-up and Support		☐	☐	☐	☑
Occupational Therapy		☐	☐	☐	☑
Chemical Dependency Education		☐	☐	☐	☑
Pathological Gambling Education		☐	☐	☐	☑
HIV Transmission Prevention Education		☐	☐	☐	☑
Other (Specify)		☐	☐	☐	
Other (Specify)		☐	☐	☐	

Tab 8 – Other Services – Definitions

Vocational/Educational Services

Vocational/Educational Assessment – The process of gathering information about an individual in order to develop a plan aimed at increasing the individual's ability to become employed or involved in employment or educational related activities. The basic information that must be obtained includes: work history, education, training, social, medical, drug and legal history; paper and pencil test results including reading and math achievement levels, aptitude and interests; familiarity with the world of work; interests and goals, potential to achieve vocational goals and the individual's strengths and weakness' affecting ability to function.

Individual (Vocational/Educational and Employment) Rehabilitation Counseling – The provision of one on one counseling services that help a client with a disability increase his/her functional behavior and ultimately lead to employment or other productive activity. Rehabilitation counseling is generally an ongoing activity that helps empower an individual with a disability to maximize his/her functional capacity by helping develop and implement appropriate vocational/educational and employment plans, access needed resources to enact those plans and support the individual until goals are attained.

Group (Vocational/Educational and Employment) Rehabilitation Counseling – The provision of services described in individual rehabilitation counseling above, but in a group setting using the group interaction and support as a catalyst for positive movement of the individual.

Work Readiness and Employability Skills Training – *Educational training* which helps an individual develop the personal/social skills necessary to function in the employment environment. These include appearance and dress, attendance, punctuality, resume preparation, interview skills, accepting supervision, getting along with co-workers, etc.

Life Skills Training – Formalized instruction designed to assist clients to manage various life areas such as personal hygiene, personal health care, courtesy, problem solving, anxiety reduction, personal interactions, personal money management, and tenant/landlord relationships.

English as a Second Language (ESL) – ESL classes offer instruction in English for individuals who are not native speakers of English. Instruction level from beginning to advanced may vary depending on student needs.

Tab 8 – Other Services – Definitions (continued)

Vocational/Educational Services (continued)

Basic Education – Basic education classes offer basic education and supportive services to out-of-school youth and adults 16 years and older. Basic skills instruction is provided in reading, writing and mathematics for those functioning below the 7th grade level.

Remedial Education – Remedial education services may be offered to students at all levels to provide targeted instruction to address specific educational deficits that have been identified through testing and/or performance.

GED/High School Education – Formalized educational instruction for those individuals functioning at the seventh-grade level.

College Preparation – College preparation programs offer courses designed to upgrade educational skills to prepare individuals for competitive entrance into post-secondary degree and certificate programs.

Vocational/Educational/Employment Referrals and Placements – The specific actions taken by a designated placement staff person or agency to refer clients for entrance into skills training or educational services and/or employment.

Vocational/Educational/Employment Follow-up and Support – Continuing counseling or other services provided to individuals after they have been placed in skills training/educational services, or employment.

Occupational Therapy – Occupational therapists help mentally, physically, developmentally, or emotionally disabled individuals develop, recover, or maintain daily living and work skills. With support and direction, patients learn (or relearn) many of the day-to-day skills necessary to establish an independent, productive, and satisfying lifestyle.

Chemical Dependence Education – The process of educating and counseling individuals, through films, lectures, or discussions, regarding the use of alcohol and other drugs and the effects of these substances on the body, behavior, society, etc.

Tab 8 – Other Services – Definitions (continued)

Vocational/Educational Services (continued)

Problem Gambling Education – is defined as any work that is done to provide a general knowledge base around the risks and potential consequences related to problem gambling. This may include, but is not limited to, topics on prevalence, availability, community norms, warning signs, diagnostic criteria, triggers, psychosocial indicators including financial, legal and family impacts and prevention, treatment, and recovery education.

HIV Transmission Prevention Education - The process of educating and counseling individuals through films, lectures, or discussions about HIV care and treatment to reinforce HIV prevention messages, assist HIV-infected patients in changing high-risk transmission behaviors, and conduct adherence counseling.

If you need to add entries for items labeled "Other (Specify)" click **Save for Later**. An additional blank field will be added; you can repeat this up to a limit of six entries.

Health-Related Services

Acupuncture – A medical procedure that involves inserting three or five acupuncture needles just under the skin or the surface of the external ear to control withdrawal symptoms and craving and reduce fears and anxieties.

Detoxification – Medical management of acute intoxication and withdrawal conditions, motivational counseling, assessment and placement in non-crisis services. Providing for the supervised elimination of the physical dependence on a pharmacological agent. The purpose is to minimize the pain, discomfort, and possible danger that might result from the abrupt termination of the substance to which an individual has developed a physical dependence.

Medical Examination – A thorough physical examination by trained medical personnel including an assessment of medical history, current health status, and appropriate referrals and follow-up as needed. This examination is usually provided upon admission to a treatment program.

Tab 8 – Other Services – Definitions (continued)

Health-Related Services

Primary Medical Care – The routine and special services of a physician related to the examination, evaluation, diagnosis and treatment of physical and behavioral health.

Emergency Medical Care – Services of physicians and other health care providers for an injury or illness of recent or sudden onset.

Nutritional Services – Nutritional assessment and counseling provided by a Nutritionist which may include the provision of appropriate meals or nourishment to meet the individual's dietary needs.

Pre/Post-Natal Care – The provision of obstetrical/gynecological services to pregnant and post-partum clients in treatment.

Pediatric Care – Primary care services provided to the children of clients during the course of the parent's treatment.

HIV Antibody Testing – Administration of a test to check for antibodies that the immune system produces in reaction to HIV infection.

Early HIV Primary Care – Services to HIV positive or at-risk clients which include HIV testing, initial comprehensive examination, T- cell monitoring, and drug immunotherapy.

HIV Case Management – The provision of HIV care, coordination, and access to medical and support services for individuals with HIV infection or disease.

TB Testing – Administration and interpretation of a tuberculin skin test to detect tuberculosis infection.

Tab 8 – Other Services – Definitions (continued)

Health-Related Services

TB DOT/DOPT – Observation and monitoring of individuals taking medication to treat active tuberculosis or to prevent the progression of tuberculosis infection in the course of their receiving substance use disorder treatment services.

Hepatitis C Testing – Administration and interpretation of tests such as EIA, RIBA, PCV and PCR to detect the Hepatitis C Virus (HCV).

Health Counseling – Services provided to a client to assist them with medical problems.

Psychotropic Medication – Administration or prescription of medication prescribed by a licensed physician that affects psychological functioning, such as those used in drug therapy for client's who require medical management of a mental health problem. Such medications usually fall into one of the following categories: antianxiety, antidepressant and antipsychotic drugs.

Urine Sampling – Obtaining a sample of urine for submission to a laboratory for testing to detect the presence of illicitly used drugs.

Blood Drawing (Other than HIV) – Drawing blood for submission to a laboratory for routine testing.

Breathalyzer – A procedure utilizing accepted instruments for the identification of alcohol in the breath of clients.

Other Specialized Health-Related Services – Health-Related services which are provided to clients, as needed during the course of their treatment to maintain clients in good health in support of their substance use disorder treatment plan and which are not covered in other Health-Related service categories.

If you need to add entries for items labeled "Other (Specify)" click **Save for Later.** An additional blank field will be added; you can repeat this up to a limit of six entries.

Tab 8 – Other Services – Definitions (continued)

Legal Services

Legal Counseling – Services provided by a lawyer or trained legal paraprofessional to assist a client with a legal problem.

Legal Representation – Services provided by a lawyer where the lawyer legally represents the client in order to protect the client's rights, reviewing legal documents, filing legal papers, personal legal matters, etc., that do not require appearance in court.

Reports to Court, DTAP, TASC, etc. – Provision of required reports detailing the client's progress and compliance in treatment.

Reports to DMV's Impaired Driver Program – Provision of required reports detailing the client's progress and compliance in treatment.

Social Services

Parenting Skills Training – Provision of information and formal training in some or all of the following areas: physical care, patterning and sequencing of care, motor and sensory stimulation, promotion of communication and language, exploration, social relations, interest in achievement, enjoyment of the child, confidence in the parental role, establishing security, handling separation, developing conscience mechanisms through consistent limitation and approval, and stressing self-esteem.

Activities Therapies – The evaluation and treatment of physical and psychosocial dysfunctions through the use of creative, manual, occupational, social, recreational, educational, and self-management activities.

Child Care – Provision of child care/day care services to children of clients while the client is in ambulatory treatment.

Tab 8 – Other Services – Definitions (continued)

Social Services (continued)

Housing Assistance – Assisting the client to secure temporary or long-term housing. Examples of specific activities include locating affordable housing units that are available, talking with landlords and management companies, providing a client with information and referrals on available housing units and assisting the client with rental applications or housing subsidy applications.

Recreation – The provision of regularly scheduled exercise sessions for all clients. Other activities could include group sports such as basketball, softball, volleyball, etc., attendance at organized recreational activities (e.g., movies, museums, and professional sports).

Entitlement Assistance – Providing clients with assistance in obtaining benefits to which they are entitled such as food stamps, Medicaid, AFDC, SSI, SSDI, Home Relief, etc.

Transportation – Providing clients with transportation services, either directly by providing transportation to and from the treatment program or indirectly by reimbursing clients for public transportation, providing tokens or taxi service.

Mental Health Services

Formal Mental Health Screening Using a Validated Instrument – Screening for mental health disorders is a formal process utilizing a validated screening tool. A validated instrument is one that was subjected to statistical tests which confirmed that it accurately measures its subject matter. The screening process and its instruments generally include yes/no questions (e.g., does the individual being screened show signs of a possible mental health problem that requires a comprehensive mental health assessment by a licensed practitioner?") An example of a validated screening instrument for mental health disorders is the Modified Mini Screen (MMS).

Individual Psychotherapy – The use on a one-to-one basis by a qualified professional of any technique or procedure that has a palliative or curative effect upon any mental, emotional, or behavioral disorder.

Tab 8 – Other Services – Definitions (continued)

Mental Health (continued)

Group Psychotherapy – The psychotherapeutic process in which groups of individuals meet together with a qualified professional and the interactions among the members of the group are thought to be therapeutic.

Psychiatric Assessment – An evaluation by a psychiatrist who specializes in the prevention, diagnosis, and treatment of mental disorders. The evaluation may determine whether there is a need for the prescription of psychotropic medications.

Psychological Assessment – An evaluation by a licensed or certified mental health professional to determine the nature and extent of the mental disorders of the client.

Psychosocial Assessment – Services performed by a provider whose function is to determine both psychological and social factors that may be related to client's alcohol/substance use and which ultimately may affect the client's response to treatment.

Psychotropic Medication Management – The monitoring of clients who, because of a mental health problem, are receiving psychotropic medication (any monitoring?) It explains that it can be done by staff in consultation with the physician. This may include the efforts of staff, in consultation with the prescribing physician, to monitor a client's compliance in taking all prescribed medications as well as monitoring the effectiveness and patient tolerance of the medication.

Psychiatric Crisis Intervention – Services provided by a psychiatrist, psychologist, or licensed/certified mental health professional to a client who is experiencing problems functioning as a result of a mental, emotional or behavioral disorder of recent or sudden onset or a sudden increase in symptoms of a client already receiving psychiatric care.

Tab 8 – Other Services – Definitions (continued)

Case Management

Formal Case Management Services – The provision, by either staff or a unit dedicated to case management, of assistance to the client, and the client's family, in gaining access to social, medical, psychiatric, psychological, educational, vocational, legal, and housing services not directly offered by the program. In addition, case management services include the coordination and monitoring of treatment services provided by the program.

Crisis Intervention – Activities that provide information about the availability of services and/or provide services directly to a person on an outpatient basis when he or she is in a crisis situation. A hotline could provide this service by referring a person for emergency care or to an appropriate treatment unit.

Financial Services

Financial Assessment – Financial Assessment includes a thorough assessment of the client's availability and access to money, amount of time and money spent on problem behaviors, amount of money lost, and debt related to problem behaviors and the client's financial consequences.

Financial Counseling

Financial Counseling –Specific clinical interventions and treatment planning regarding the client's financial issues related to their problem behaviors. Interventions are targeted to the outcomes of a complete financial assessment which includes specific obtainable goals to changing the client's financial situation. Counseling interventions may include, but are not limited to, budget planning, debt assessment, developing a debt repayment plan, working collaboratively with financial institutions, developing and monitoring patient's access to money and a realistic spending plan.

If you need to add entries for items labeled "Other (Specify)" click **Save for Later**. An additional blank field will be added; you can repeat this up to a limit of six entries.

Tab 8 – Other Services – Definitions (continued)

Clinically-Related Services

Regularly Scheduled Interdisciplinary Case Conferences – This refers to case conferences that are scheduled, involving the Clinical Supervisor, Social Workers, Primary Counselors, etc., where existing and new patients are discussed by the team and not between counselors only. Indicate the average number scheduled each month (e.g., enter 4 for one per week scheduled).

Regularly Scheduled Clinical Supervision

Individual – Clinical supervision is almost always regularly scheduled, at least 30 minutes in duration, and counselor cases and approaches are discussed with counselors individually.

Group – Clinical supervision is regularly scheduled, at least 30 minutes in duration, and provided in a group setting with multiple counselors.

Direct Observation – Check box if the Clinical Supervisor physically observes the counselors' sessions (e.g., sitting in session, video or analog tapes).

Individual Development Plan – Refers to a development plan that includes mutually agreed upon goals and objectives to improving job performance. IDP may contain suggested training, clinical practice, etc., and should include a timetable for expected accomplishments and measurement of progress and goal attainment. IDP may be accomplished on an individual or group basis. Check the appropriate box.

Tab 9 – Accreditation

Indicate whether the program has a <u>current</u> accreditation by JCAHO (Joint Commission on Accreditation of Healthcare Organizations), CARF (Commission on Accreditation of Rehabilitation Facilities) or COA (Council on Accreditation). You must indicate a "Yes" or "No" answer from the dropdown. If the program has a <u>current</u> accreditation by any of these accreditation agencies and "Yes" is indicated, the expiration year must also be indicated and must be the current or future year. You will receive an error message if you type in a past year. If you had accreditation but it expired, then indicate "No".

Hours	Spec. Pop.	Languages	Payment/ID	Required Evals	Self Help/Recovery	Counseling/Spec. Svcs.	Other Svcs.	Accreditation	Quality Improvement

Program Accreditations

Accreditation Type	Year Accreditation Expires
JCAHO	
CARF	
COA	

(YYYY)

Tab 10 – Quality Improvement

Peer Advocate – Indicate whether the program utilizes Peer Advocates. A Certified Recovery Peer Advocate (CRPA) holds an OASAS approved certification as a peer advocate; provides non-clinical services to provide peer support services such as outreach, advocacy, mentoring and recovery support services based on clinical need as identified in the client's treatment/recovery plan.

Recovery Coach – Indicate whether the program utilizes Recovery Coaches. Recovery Coaches promote recovery from substance use disorders by connecting individuals interested in recovery with recovery support services designed to build recovery capital, generate individualized recovery options and assist individuals to remove barriers to their recovery.

Quality Improvement – Indicate whether the program has a Quality Improvement Director. A "Yes" or "No" response is required. If "Yes," you should also add the QI Director contact information in the Provider Directory System (see instructions on how to update contacts). Choose one or more methods that the program uses to obtain patient input to improve the quality of services. The selections include 1) group sessions dedicated to obtaining input to identify problems and recommend changes; 2) QI interview protocol conducted with individual patients; and/or 3) survey instruments completed by patients. You may also choose "Other" and describe the method the program uses for QI input.

Perception of Care Surveys – Indicate whether the program uses OASAS Perception of Care Surveys. A "Yes" or "No" response is required. If "Yes," you are required to indicate when (at a fixed time after admission, before discharge or after discharge), frequency (quarterly, semi-annually, or annually) and how they are collected (paper forms, patient uses computer, or patients use both paper forms and computer). For more information on OASAS Perception of Care Surveys, see https://webapps.oasas.ny.gov/poc/index.cfm.

Hours	Spec. Pop.	Languages	Payment/ID	Required Evals	Self Help/Recovery	Counseling/Spec. Svcs.	Other Svcs.	Accreditation	**Quality Improvement**

Program Peers

Does program utilize Peer Advocates? [▾]

Does this Program utilize Recovery Coaches? [▾]

Quality Improvement

Does program have a Quality Improvement Director? [▾]

If yes, please be sure to add the QI Director to your contact information in the Provider Directory System.

Methods this program uses to obtain patient input for improving the quality of services:

(select all that apply)

Group sessions dedicated to obtaining input to identify problems and recommend changes : ☐

QI interview protocol conducted with individual patients : ☐

Survey instrument (questionnaire) completed by patients : ☐

Other : ☐

Please describe : [ ]

Perception of Care Surveys

Does program use OASAS Perception of Care Surveys? [▾]

If Yes, at what time are they administered?

(select all that apply)

Saving

New programs that begin with a blank PPSI are encouraged to click **Save for Later** as each page is completed. ***Do not click Save and Mark as Complete until all required items have been completed.*** Clicking **Save and Mark as Complete** is a feature that looks for errors and, if there are errors or blank items that are required on any page, you may lose all that you have entered. Use **Save for Later** as you edit and then **Save and Mark as Complete** when you are ready to submit the document as complete to OASAS. By clicking **Save and Mark as Complete** you are confirming to OASAS that all information entered in this document accurately reflects the services offered by this specific program.

Once you have determined that you are ready to submit the program's PPSI, click **Save and Mark as Complete.** The buttons are located at the top and bottom right of each page. It does not matter which one you use. Clicking the button records the date and User ID of the person updating/completing the document. A message will be displayed at the top of the page confirming that the transaction was saved successfully.

Even if there are no changes to the PPSI, the document must be reviewed during each PPSI review period and the program must confirm that the document is accurate. This is done by clicking **Save and Mark as Complete** even if there were no changes to the document.

It is not necessary to call or email OASAS to confirm that the PPSI is updated. (See pages 33 and 34 below for verifying PPSI completion status.)

(Save for Later) (Save and Mark as Complete)
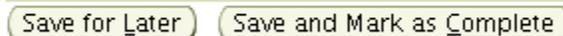
Common Errors

Errors are generally self-explanatory. All errors must be resolved before the PPSI can be successfully saved.

⊗ Error

1. (Accreditation tab) JCAHO must be entered.
2. (Accreditation tab) CARF must be entered.
3. (Accreditation tab) COA must be entered.
4. (Spec. Pop. tab) Target Population must be entered.
5. (Languages tab) Bilingual staff must be entered.
6. (Payment/ID tab) At least one Payment Type must be checked.
7. (Payment/ID tab) ID required for admission must be entered.
8. (Self Help/Recovery tab) Access to self help groups must be entered.
9. (Self Help/Recovery tab) Orientation to self-help principles must be entered.
10. (Self Help/Recovery tab) "Does this program have an alumni group?" must be entered.
11. (Counseling/Spec. Svcs. tab) Select one or more substances, or select "No Specific Substance".
12. (Counseling/Spec. Svcs. tab) Primary Counselor Typical Caseload must be entered.
13. (Quality Improvement tab) Program Uses Recovery Coaches must be entered.
14. (Quality Improvement tab) "Does program utilize Peer Advocates?" must be entered.
15. (Quality Improvement tab) "Does program have a Quality Improvement Director?" must be entered.
16. (Quality Improvement tab) "Does program use OASAS Perception of Care Surveys?" must be entered.
17. Client Admitting Hours (All Programs) - Programs should not be able to save a PPSI as Complete if Client Admitting Hours have not been completed.

Errors that begins with "Attribute" or "Invalid column type" are OASAS server issues and do not reflect an error or issue with the data that has been submitted. It may be resolved by logging out and back in again. In most cases, any edits that have been made will still show as long as the document has been saved throughout the process by periodically clicking **Save for Later.**

⊗ Error

1. Invalid column type
2. Invalid column type
3. Invalid column type
4. Invalid column type
5. Invalid column type
6. Invalid column type
7. Invalid column type

Running a PPSI Report

The PPSI Report can be viewed selecting **PPSI(PAS7)** link in the **PDS Reports** section found on the bottom of the Provider Directory page. This will display a formatted PDF of the report. It is NOT the PPSI online form that is used to edit the PPSI.
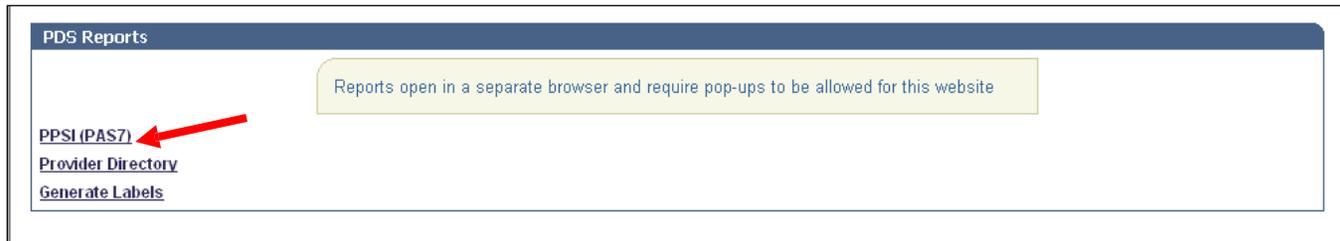
PPSIs are updated at the program/PRU level. Enter the provider and program (PRU) number and click Run. <u>Do not enter anything except for the provider and program number</u>.
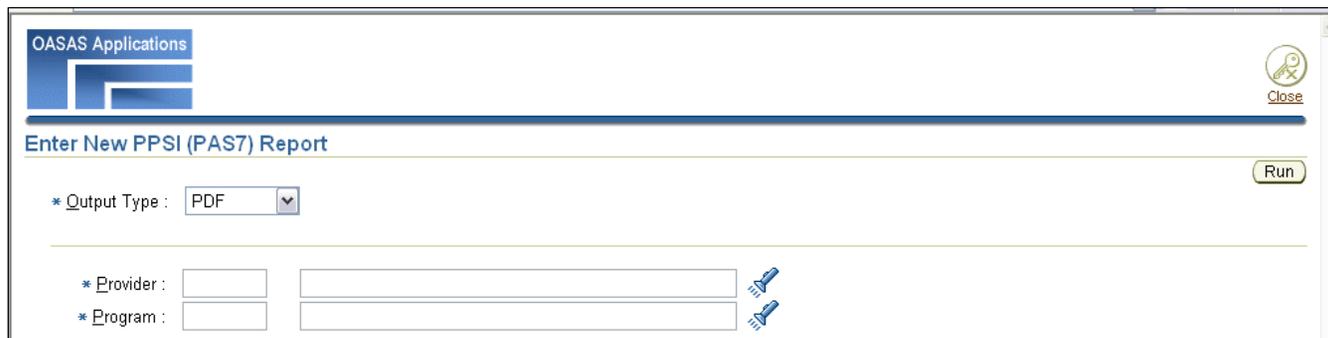
The first page of the report lists general contact information about the program. This information is not contained on the PPSI Online Form, but in the Provider Directory System, Provider Maintenance. See instruction for updating contact information: **Changing Contact Information Instructions**.

Verifying a PPSI Status

The PPSI Report will indicate the status of the PPSI on Page 1 (after the cover sheet) in the **Program (PRU) Identification Data** section. The status of **Provider Review Needed** means that the PPSI has not be completed for the current review period. The status **PPSI Changes Pending** means that the PPSI has been saved using **Save for Later** but has NOT been submitted as complete using **Save and Mark as Complete**. OASAS does not consider the status of **PPSI Changes Pending** as a completed PPSI and this status does not meet the reporting requirements. The status of Update/entry completed means that the PPSI has been submitted and completed for the review period.

PROGRAM (PRU) IDENTIFICATION DATA			
Program No. 2	Program Type Outpatient Services	PPSI Status Update/entry completed	PPSI Last Completed 05/23/2019
Program Name Brighter Tomorrows OP9			
Street Address 1450 Western Ave			
City Verona		State NY	Zip Code 13478