

“Enter an Admission” User Guide

Summary

NOTE: Due to the dynamics of state government and the changing needs for the OASAS CDS (Client Data System), some items in this tutorial might have been removed from the live CDS. Similarly, some new items may appear in the live system that are not reflected in this tutorial. To find the most updated versions of CDS forms and instructions, click the Forms and Instructions tab on the [OASAS Applications Home page](#), located under CDS Documentation.

This User Guide will show the user the process for entering a new admission into the Client Data System (CDS). There are four sections in this User Guide:

- Open the CDS Application
- Enter Program and Client ID Information
- Enter the Admission Information
- Fixing Errors

When you are entering the admission record for a client, you will probably have a completed Admission Form (PAS-44N) for the client. For the purposes of this User Guide, all the information needed is entered in the system.

NOTE: You will need to be logged into the OASAS Client Data System application to follow this user guide. For more information on logging into the OASAS Client Data System application, please review the Login and Change Password Tutorial or User Guide on the OASAS Applications site, located at <https://apps.oasas.ny.gov>.

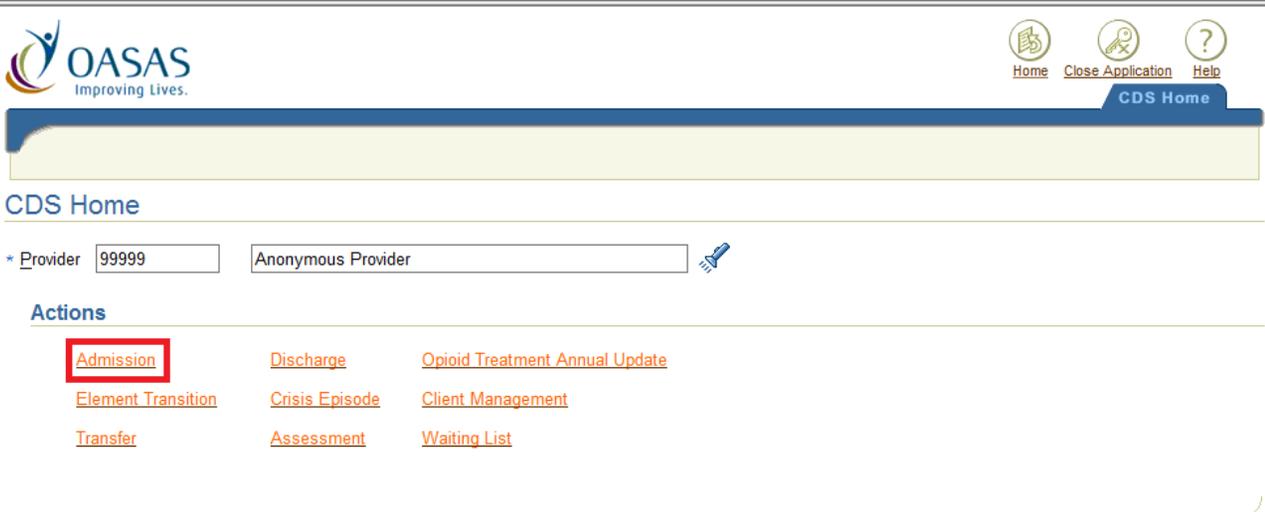
Open the CDS Application

Step	Instructions	Image
<p>1</p>	<p>After you log into the OASAS Applications, you will be taken to the <i>OASAS Applications</i> page.</p> <p>To access OASAS Applications, you will click the Applications tab.</p>	<p>The screenshot shows the OASAS Applications page for New York State. The page header includes 'New York State' and 'State Agencies'. The date is 'October 30, 2019 - Welcome Kristin Marando'. A yellow banner at the top right contains the following text: 'If you are receiving an "internal error" message using Internet Explorer to access OASAS applications, click here. Your browser might need to be updated before Tuesday, December 4. Click here for more info. Click this link to test your browser compatibility: https://encryption.ny.gov. To view instructions for enabling TLS 1.2 in the current version of each browser click here.' The navigation menu includes 'Home', 'Applications' (highlighted in a red box), 'Data Warehouse', and 'Inquiry Reports'. Below the navigation menu, there is a link: 'For help with OASAS Applications: OASAS staff call (844) 891-1786; other users call (518) 485-2379, fax (518) 473-1316, or email healthhelp@its.ny.gov'. The page is divided into two main sections: 'Application Documentation' and 'CDS Documentation'. The 'Application Documentation' section includes links for 'OASAS Applications Quick Tips / Help Desk Contact Info', 'CDS Quick Reference', 'MSD (PAS-48) Frequently Asked Questions', 'Login and Change Password User Guide', 'OASAS External Access Request Form (IRM-15)', 'PPSI Instructions - Revised 2019', 'Changing Contact Information Instructions', and 'Client Data System Bulletins'. The 'CDS Documentation' section includes 'Forms and Instructions', 'User Guides', and 'Online Tutorials'. Below these sections, there is a 'New Tab' section with a dropdown menu. The 'CDS Starting' section shows a list of dates: 'CDS Starting 4/1/2017', 'CDS 10/1/2014 to 3/31/2017', 'CDS 4/1/2009 to 9/30/2014', 'CDS 1/1/2007 to 3/31/2009', and 'CDS 6/1/2005 to 12/31/2006'. The 'Consent Forms' section includes 'Authorization for Release of Behavioral Health Information (TRS-61, October 2014)', 'FAQ', 'Criminal Justice Consent for Drug Law Reform (TRS-49, October 2009)', and 'FAQ'. The 'Forms and Instructions' section includes 'Admission Form (PAS-44N, October 2018)', 'Instructions', and 'Assessment Form (DA S.61N, October 2018)'. The 'Links' section includes 'NY State Links', 'Office of Addiction Services and Supports', 'Department of Health', 'Office of Mental Health', 'Office for People With Developmental Disabilities', 'Office of Child Services', 'County Planning System (CPS)', 'Perception of Care (PoC)', and 'Perception of Care Documentation'.</p>

Enter an Admission

Step	Instructions	Image
2	To open the CDS Application, click the Client Data System link to go to the “CDS Home” page.	

Enter an Admission

Step	Instructions	Image
3	This is the "CDS Home" page. From here you can choose any of the links shown. To enter an Admission transaction, click the Admission link.	

Enter an Admission

Step	Instructions	Image
4	<p>The admission entry has two pages. When you begin the admission entry process, you will start on the “<i>Enter Program and Client ID Information</i>” page, which contains the program and client information.</p> <p>NOTE: The asterisk (*) indicates a required field, i.e., must be completed.</p>	<p>The screenshot shows the OASAS web application interface. At the top left is the OASAS logo with the tagline 'Improving Lives.'. To the right are navigation icons for Home, Close Application, and Help. Below these is a blue bar with the word 'Admission' and a timestamp '9/26/2017 09:31:23.259 H_H_A1'. The main heading is 'Enter Program and Client ID Information'. Below this, it says 'Provider : 9999 - Anonymous Provider'. There is a dropdown menu for 'Program'. A section titled 'Client ID Information' contains several required fields: 'Provider Client ID', 'Sex' (a dropdown), 'Birth Date' (with a calendar icon and '(mm/dd/yyyy)' format), 'Last 4 SSN' (with a calendar icon), and 'Last Name 2 Char' (with '(Birth Name)' below it). At the bottom of this section is an 'Admission Date' field with a calendar icon and '(mm/dd/yyyy)' format. At the very bottom, there are 'Back' and 'Continue' buttons, and a footer with 'Admission Home Close Application Help'.</p>

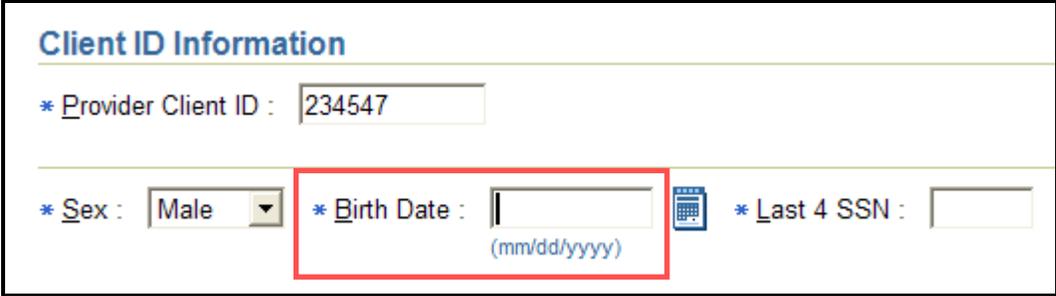
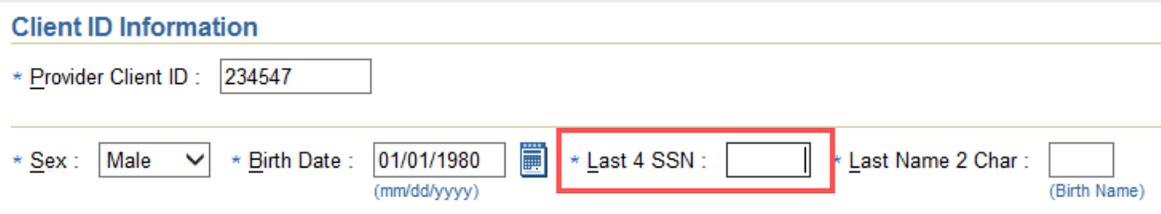
Enter Program and Client ID Information

Step	Instructions	Image
5	<p>First, you will need to select a Program from the dropdown list.</p> <p>NOTE: You can use the keyboard to select items from the dropdown lists. When selecting an item from the Program list, if you type the first digit of one of the program numbers, you will move to the first entry beginning with that digit. If you press the same digit again, you will move to the next entry beginning with that digit.</p> <p>This User Guide will demonstrate how to use the mouse to open the dropdown list and select a Program.</p> <p>Click the down arrow for the Program field to open the dropdown list.</p>	

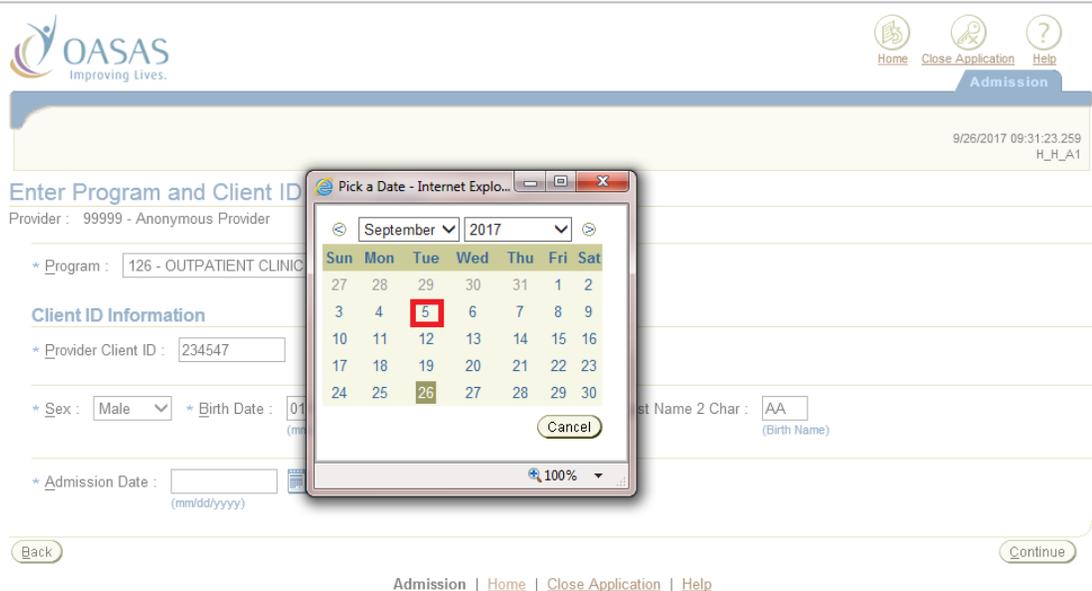
Step	Instructions	Image
5a	<p>Select the appropriate option from the Program dropdown list. The programs that will appear when you access the CDS Application will be different for your provider.</p>	

Step

Step	Instructions	Image
6	<p>Next, you will enter all the required fields for this page. The asterisk (*) indicates a required field, i.e., must be completed.</p> <p>The first field is the Provider Client ID. This is the ID number that your program has assigned to this client.</p> <p>Enter the appropriate number into the Provider Client ID textbox. Then move to the next field.</p> <p>NOTE: To move between fields throughout the application, you can either press the Tab key on your keyboard (i.e., cursor moves to the next field) or use the mouse to click on the desired field.</p>	 <p>Enter Program and Client ID Information Provider : 99999 - Anonymous Provider</p> <p>* <u>P</u>rogram : 126 - OUTPATIENT CLINIC</p> <p>Client ID Information</p> <p>* <u>P</u>rovider Client ID : <input type="text"/></p>
7	<p>Next is the Sex field.</p> <p>Click the down arrow to open the Sex dropdown list.</p> <p>Select the appropriate option from the Sex dropdown list.</p>	 <p>* <u>S</u>ex : <input type="text" value="Male"/> * <u>B</u>irth Date : <input type="text"/> (mm/dd/yyyy)</p> <p>* <u>A</u>dmission Date : <input type="text"/> (mm/dd/yyyy)</p>

Step	Instructions	Image
8	<p>Next you will enter the Birth Date of the client.</p> <p>NOTE: It is usually easier to enter the birth date manually, as most clients will have birth dates far in the past. The Birth Date must be entered in the following format: MM/DD/YYYY so January 1, 1980 would be entered as 01/01/1980.</p> <p>If you would like to use the calendar function, see the Admission Date field in Step 11.</p> <p>NOTE: When entering the data into CDS using your keyboard, you would need to press the Tab key twice after entering the Birth Date or click on the Last 4 SSN field directly to move to this field.</p> <p>Enter the appropriate date into the Birth Date textbox.</p>	 <p>The screenshot shows the 'Client ID Information' form. The 'Provider Client ID' field contains '234547'. The 'Sex' dropdown is set to 'Male'. The 'Birth Date' field is empty and highlighted with a red box, with a calendar icon to its right. The 'Last 4 SSN' field is also empty.</p>
9	<p>Next, enter the information for the Last 4 digits of client's Social Security Number in the Last 4 SSN field.</p>	 <p>The screenshot shows the 'Client ID Information' form. The 'Provider Client ID' field contains '234547'. The 'Sex' dropdown is set to 'Male'. The 'Birth Date' field contains '01/01/1980' and is highlighted with a red box. The 'Last 4 SSN' field is empty and highlighted with a red box. The 'Last Name 2 Char' field is empty.</p>

Step	Instructions	Image
10	<p>Enter the Last Name 2 Char into the textbox. The Last Name 2 Char field refers to the first two characters of the client’s last name (birth name). For example, if a client is a married woman and changed her name, you should use her maiden name. This helps OASAS track the client through treatment.</p>	<p>Client ID Information</p> <p>* Provider Client ID : <input type="text" value="234547"/></p> <hr/> <p>* Sex : <input type="text" value="Male"/> * Birth Date : <input type="text" value="01/01/1980"/> * Last 4 SSN : <input type="text" value="1234"/> * Last Name 2 Char : <input type="text"/> (Birth Name)</p> <p>* Admission Date : <input type="text"/> (mm/dd/yyyy)</p>
11	<p>Next, you will enter the Admission Date field using the calendar function. The calendar function allows you to scroll through a monthly calendar view in a pop-up window to pick a date. To open the calendar, click the Calendar Icon next to the Admission Date textbox.</p>	<p>Client ID Information</p> <p>* Provider Client ID : <input type="text" value="234547"/></p> <hr/> <p>* Sex : <input type="text" value="Male"/> * Birth Date : <input type="text" value="01/01/1980"/> * Last 4 SSN : <input type="text" value="1234"/> * Last Name 2 Char : <input type="text" value="AA"/> (Birth Name)</p> <hr/> <p>* Admission Date : <input type="text"/> (mm/dd/yyyy)</p>

Step	Instructions	Image
<p>12</p>	<p>You have now opened the calendar. If you were entering dates from the past, you could choose the month or year from the dropdown list. You can also scroll backward and forward, by month, by clicking on the left and right arrows next to the dropdown lists.</p> <p>Click the appropriate day on the Calendar to choose the Admission Date.</p>	 <p>The screenshot shows the OASAS web application interface. At the top, there is a logo for OASAS (Improving Lives.) and navigation links for Home, Close Application, and Help. The page title is 'Enter Program and Client ID'. A date picker window is open, showing a calendar for September 2017. The date 5th is highlighted with a red box. The form below the calendar includes fields for Program (126 - OUTPATIENT CLINIC), Client ID Information (Provider Client ID: 234547), Sex (Male), Birth Date (01), and Admission Date (mm/dd/yyyy). There are 'Back' and 'Continue' buttons at the bottom of the form.</p>

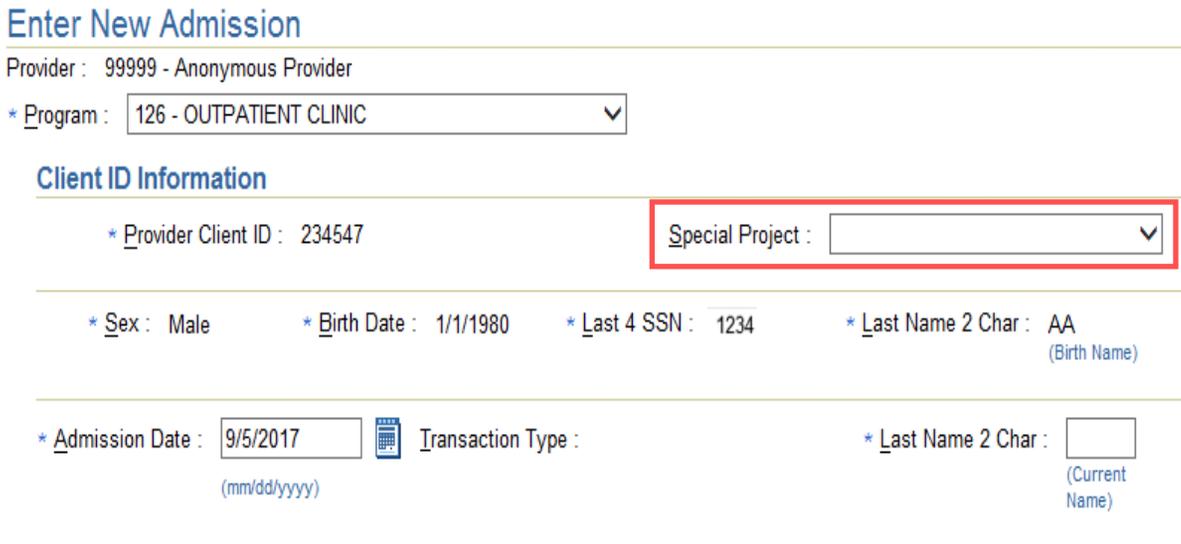
Step	Instructions	Image
12a	The Calendar window will close automatically, and the date will be filled in.	<div data-bbox="787 207 1963 852"> <h3>Enter Program and Client ID Information</h3> <p>Provider : 99999 - Anonymous Provider</p> <hr/> <p>* Program : <input type="text" value="126 - OUTPATIENT CLINIC"/></p> <hr/> <h4>Client ID Information</h4> <p>* Provider Client ID : <input type="text" value="234547"/></p> <hr/> <p>* Sex : <input type="text" value="Male"/> * Birth Date : <input type="text" value="1/2/1980"/>  * Last 4 SSN : <input type="text" value="1234"/> * Last Name 2 Char : <input type="text" value="AA"/> <small>(mm/dd/yyyy) (Birth Name)</small></p> <hr/> <p>* Admission Date : <input type="text" value="9/5/2017"/>  (mm/dd/yyyy)</p> <hr/> <p style="text-align: center;"><input type="button" value="Back"/> <input type="button" value="Continue"/></p> </div>

Step	Instructions	Image
<p>13</p>	<p>When you click the Continue button, the system validates the client information. If valid, the system will proceed to the “Enter New Admission” page.</p> <p>If invalid, there are two basic types of error messages you may encounter.</p> <p>These errors are explained in 13a and 13b.</p>	<p>Enter Program and Client ID Information</p> <p>Provider : 99999 - Anonymous Provider</p> <p>* Program : 126 - OUTPATIENT CLINIC</p> <p>Client ID Information</p> <p>* Provider Client ID : 234547</p> <p>* Sex : Male * Birth Date : 1/2/1980 * Last 4 SSN : 1234 * Last Name 2 Char : AA <small>(mm/dd/yyyy) (Birth Name)</small></p> <p>* Admission Date : 9/5/2017 <small>(mm/dd/yyyy)</small></p> <p>Back Continue</p>

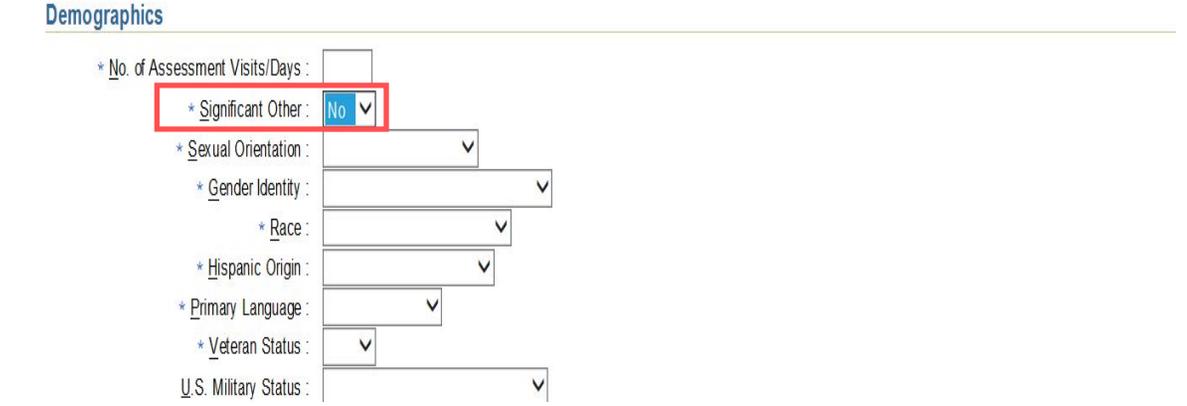
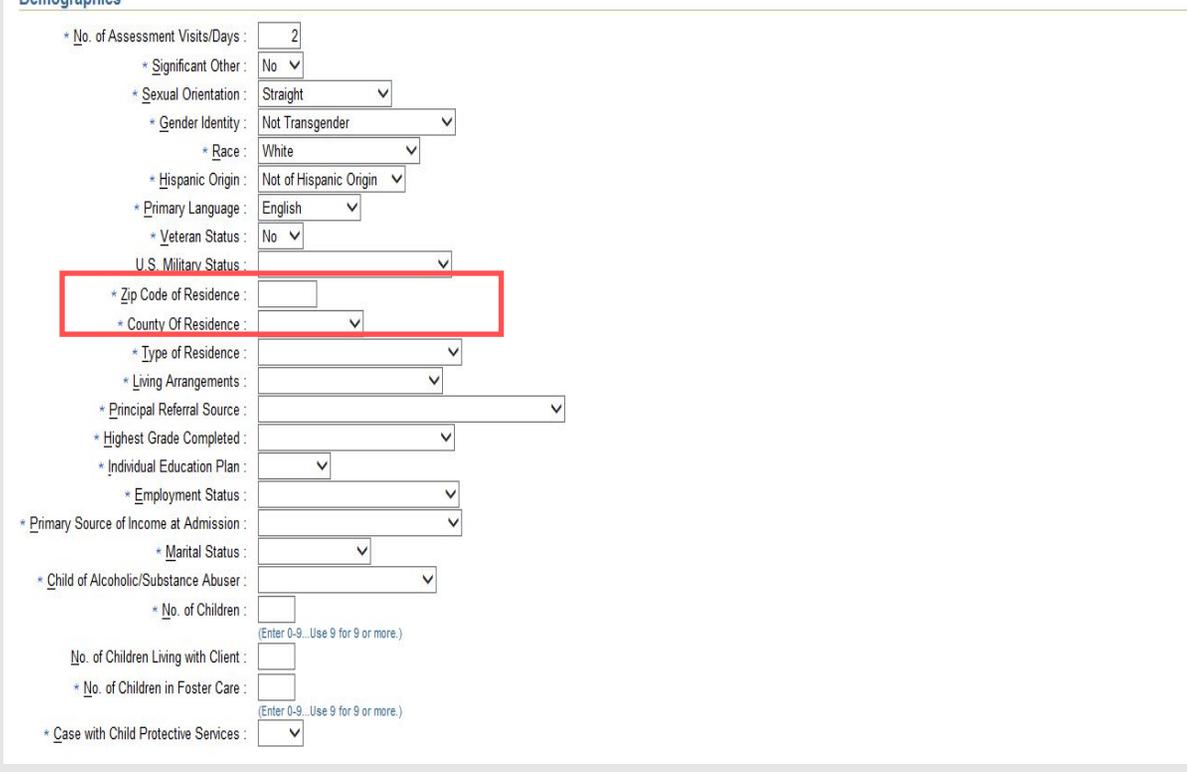
Step	Instructions	Image
13a	<p>One common error occurs when you try to admit a client who was previously admitted into the program and never properly discharged. When this occurs, you will receive an error message such as: “Admission Date: - Cannot admit client for period which client is active (05/21/2017 –) in program 427.”</p> <p>This client cannot be admitted until the prior admission is resolved. You will first need to find the client using the Client Management link. Using the Client Tracking ID, find the status of the client and update this information to resolve the error.</p> <p>Note: Be sure to confirm the tracking ID of the client if you receive this message. A duplicate record with incorrect information could have been created for the client and causing this error message. The incorrect record will either need to be edited or deleted.</p>	<p>The screenshot shows the OASAS 'Admission' page. At the top right, there are navigation links for Home, Close Application, and Help. The page title is 'Admission' and the user is logged in as '9/26/2017 09:56:11.195 H_H_A1'. The main heading is 'Enter Program and Client ID Information'. A green error banner displays the message: 'Admission Date: - Cannot admit client for period which client is active (05/21/2017 -) in program 427.' Below the error, the form fields are: Provider (99999 - Anonymous Provider), Program (126 - OUTPATIENT CLINIC), Client ID Information (Provider Client ID: 234547), Sex (Male), Birth Date (1/1/1980), Last 4 SSN (1234), Last Name 2 Char (AA), and Admission Date (9/5/2017). A red error message is also present below the Admission Date field: 'Cannot admit client for period which client is active (05/21/2017 -) in program 427.' At the bottom, there are 'Back' and 'Continue' buttons.</p>

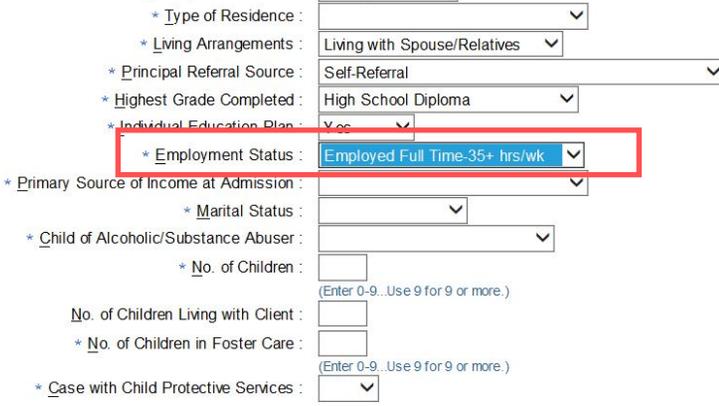
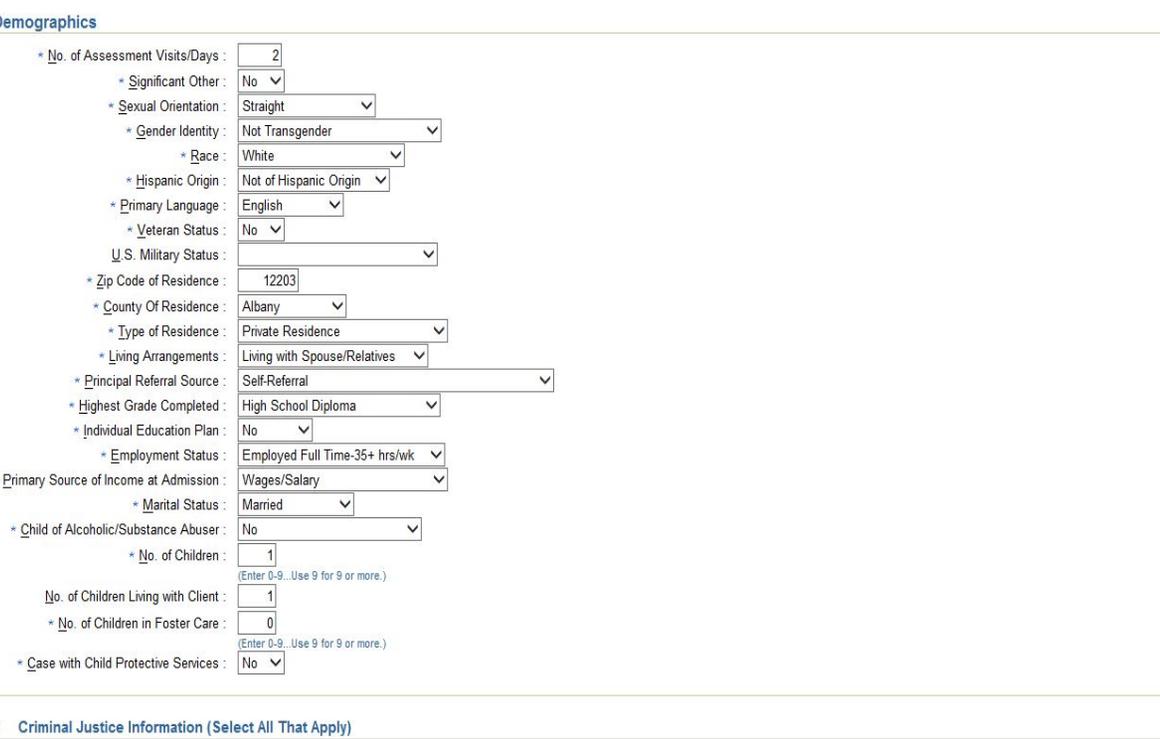
Step	Instructions	Image
<p>13b</p>	<p>You may also get the same error message because the client is already active in a program that does not allow clients to be dually enrolled, i.e., enrolled in other programs at the same time. Clients cannot be active (receiving treatment) in certain program types if they are also active in certain other program types.</p> <p>For example, a client active in outpatient services at a treatment clinic cannot be active in an Outpatient Rehab program. Similarly, a client cannot be on the census of an intensive residential program and an outpatient program at the same time.</p> <p>However, there are certain exceptions that vary by program type. For example, a client may live in a Community Residence but receive treatment services at an outpatient clinic.</p> <p>In the case of a dual enrollment error, you will get an error message such as: “Admission Date: Cannot admit client for period which client is active (05/21/2017 –) in program 427.”</p> <p>This client cannot be admitted into this program at this time. You will need to find the client using the Client Management link and the Client Tracking ID. Through the Client Management link, you can determine the status of the client and find additional information to help you resolve this error.</p>	 <p>The screenshot shows the OASAS 'Admission' page. At the top, there is a navigation bar with 'Home', 'Close Application', and 'Help' links. The main heading is 'Enter Program and Client ID Information'. A red error banner displays the message: 'Admission Date: - Cannot admit client for period which client is active (05/21/2017 -) in program 427.' Below this, the form includes a 'Provider' dropdown set to '99999 - Anonymous Provider', a 'Program' dropdown set to '126 - OUTPATIENT CLINIC', and a 'Client ID Information' section with fields for 'Provider Client ID' (234547), 'Sex' (Male), 'Birth Date' (1/1/1980), 'Last 4 SSN' (1234), and 'Last Name 2 Char' (AA). The 'Admission Date' field is set to 9/5/2017, and a red error message is shown below it: 'Cannot admit client for period which client is active (05/21/2017 -) in program 427.' At the bottom of the form, there are 'Back' and 'Continue' buttons.</p>

Step	Instructions	Image
<p>14</p>	<p>Now you are on the “<i>Enter New Admission</i>” page. Notice that all the information you entered on the first page is displayed at the top of this page.</p> <p>Remember that the asterisk (*) indicates a required field. Most of the fields on this page are required.</p> <p>Some fields will be verified in the system by comparing them to other fields. This will be explained further along in this User Guide. Verification does not occur until you click the Save button. For more information on the fields and how the questions should be answered, see the Admission Form Instructions on the OASAS Applications web site.</p> <p>When you are entering data, you will need to scroll down (or use the Tab key) and enter the required information. If you entered an admission date that is prior to 4/01/2017, then you would see different fields that were required for that time period. For more information, please review the documentation on the OASAS Application web site.</p> <p>Only the most error prone fields will be described in detail in this User Guide. For more information on the other fields, please see the PAS-44N Instructions at https://apps.oasas.ny.gov.</p>	<p>The screenshot shows the 'Enter New Admission' form. At the top, it says 'Enter New Admission' in blue. Below that, 'Provider : 99999 - Anonymous Provider' is displayed. A dropdown menu for '* Program :' is set to '126 - OUTPATIENT CLINIC'. A section titled 'Client ID Information' contains fields for '* Provider Client ID : 234547' and '* Special Project :'. Below this, there are four fields: '* Sex : Male', '* Birth Date : 1/1/1980', '* Last 4 SSN : 1234', and '* Last Name 2 Char : AA (Birth Name)'. At the bottom, there are two more fields: '* Admission Date : 9/5/2017 (mm/dd/yyyy)' with a calendar icon, and '* Last Name 2 Char : (Current Name)'.</p>

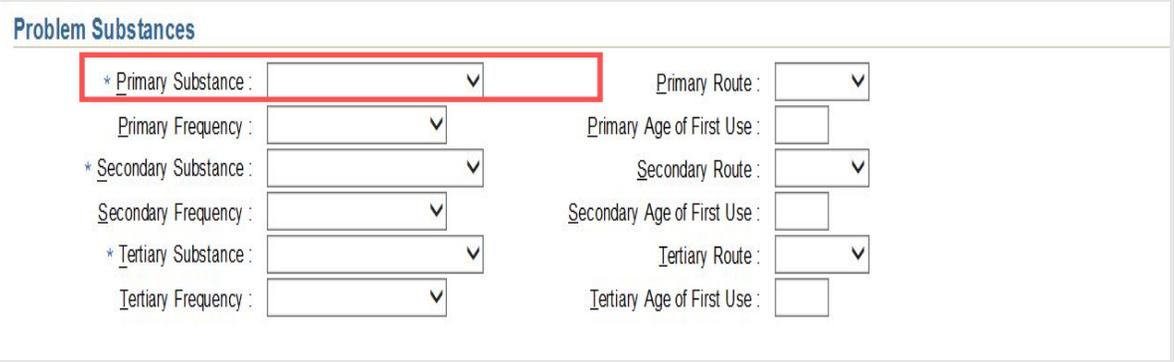
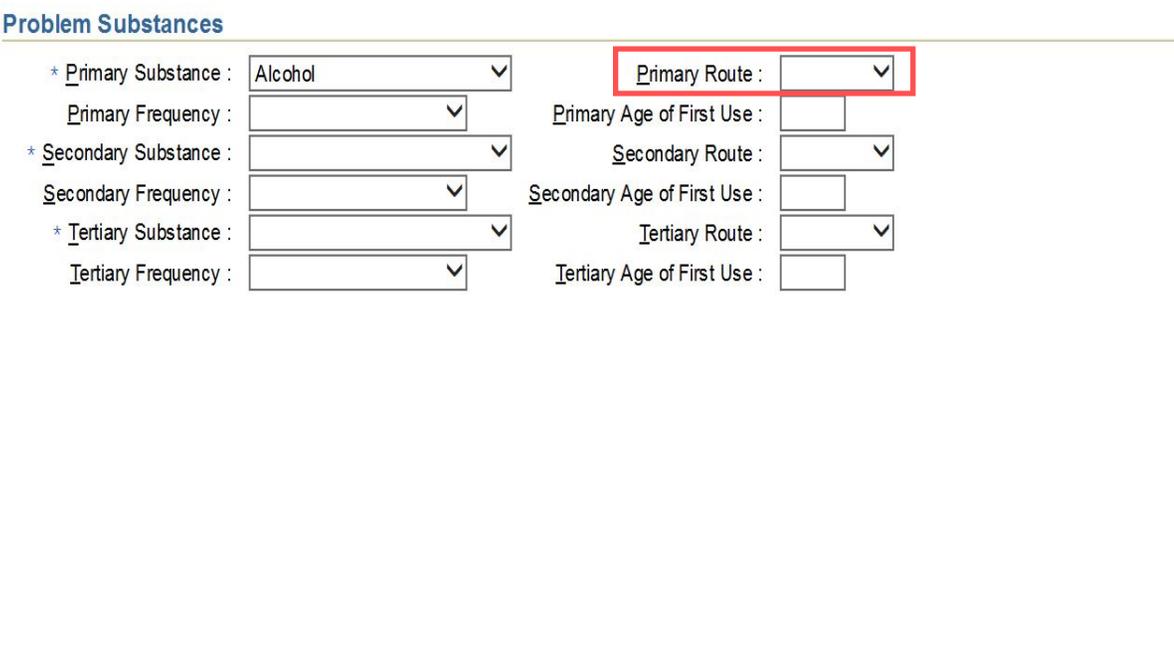
Step	Instructions	Image
<p>15</p>	<p>The first section is the Client ID Information section.</p> <p>The Special Project field is not required. This Special Project designation is assigned to programs by OASAS. Do not use this unless you have been assigned a Special Project designation.</p> <p>To use a special project code, select the appropriate OASAS approved code from the dropdown list by clicking on the down arrow.</p> <p>The program used for this User Guide has not been assigned a Special Project designation, so that field will be left blank.</p>	 <p>Enter New Admission</p> <p>Provider : 99999 - Anonymous Provider</p> <p>* Program : 126 - OUTPATIENT CLINIC</p> <p>Client ID Information</p> <p>* Provider Client ID : 234547 Special Project : [dropdown menu]</p> <p>* Sex : Male * Birth Date : 1/1/1980 * Last 4 SSN : 1234 * Last Name 2 Char : AA (Birth Name)</p> <p>* Admission Date : 9/5/2017 [calendar icon] Transaction Type : * Last Name 2 Char : [dropdown menu] (Current Name)</p>
<p>16</p>	<p>The next section only applies to Part 820 residential treatment programs. Select the Element of Care from the dropdown that the client is being admitted into. If the client is being admitted into the Reintegration element, the Reintegration Setting is required. Select the Reintegration Setting from the drop down the client will be admitted into.</p>	 <p>Part 820 Program Element Information</p> <p>Element of Care : [dropdown menu]</p> <p>Reintegration Setting : [dropdown menu]</p>
<p>17</p>	<p>The next section is LOCADTR Information. This information is optional and can be entered at the program's discretion. The Assessment ID consists of numbers and will be generated at the administration of the LOCADTR 3.0. The Created Date is the date the LOCADTR 3.0 was created and supports this admission.</p>	 <p>LOCADTR Information</p> <p>LOCADTR Assessment ID : [text box]</p> <p>Created Date : [text box] [calendar icon] (mm/dd/yyyy)</p>

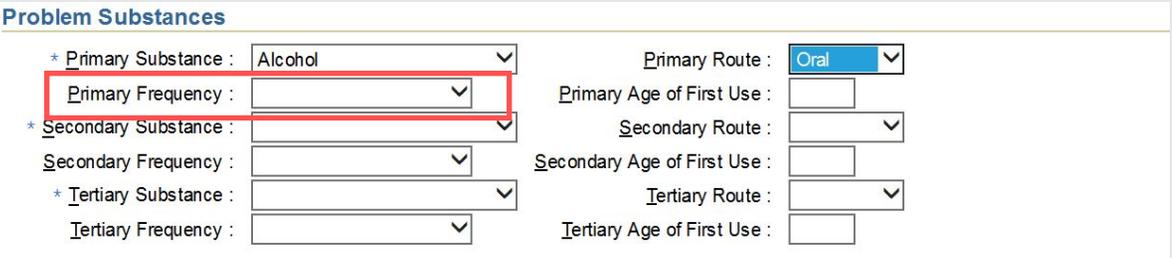
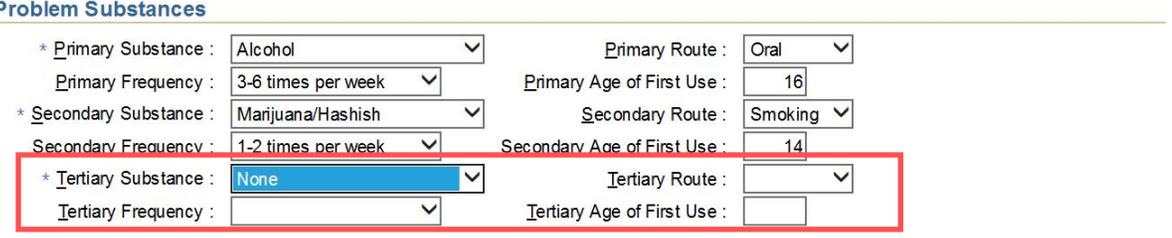
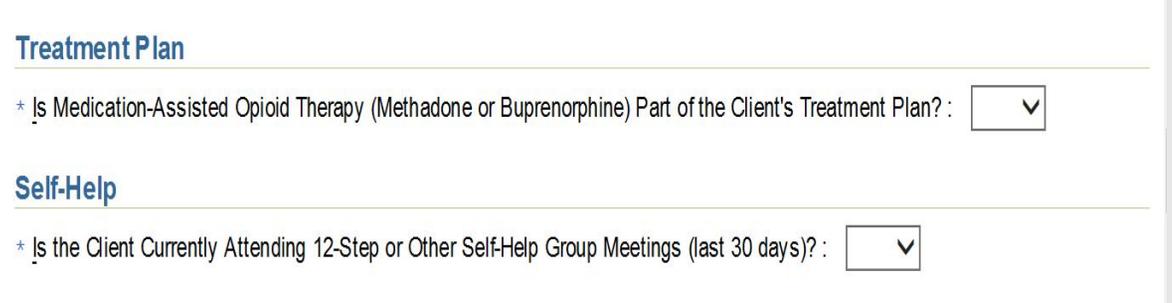
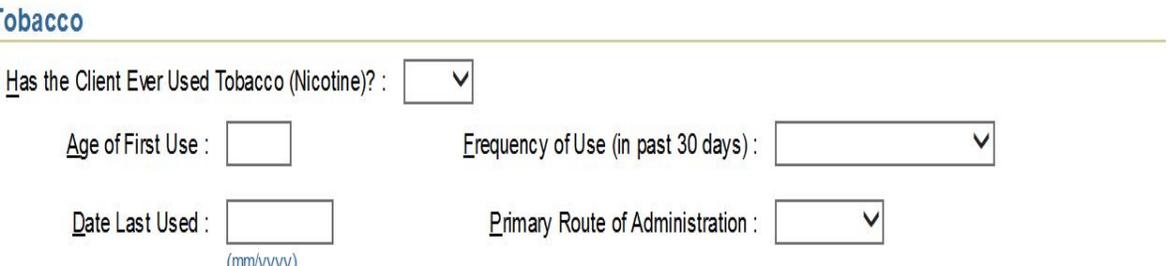
Step	Instructions	Image
18	<p>The next two sections are the TRS-61: Identifying Information (ID) and TRS-49: Criminal Justice (CJ) Consent.</p> <p>The TRS-61 section consists of the Identifying Information (ID) related to the <i>Authorization for Release of Behavioral Information TRS-61</i>. All clients should be offered the opportunity to sign the <i>Authorization for Release of Behavioral Health Information Form (TRS-61)</i> at the time of admission into any OASAS-certified treatment program beginning October 1, 2014. If the client consented to the release of this information, a date should be entered in ID Consent Date and all applicable information entered in this section.</p> <p>If the client refuses to consent, then simply do not enter the new client identifying information and indicate “Unknown” for the HIV status question located under Physical Health Related Conditions.</p> <p>Links to the <i>Authorization for Release of Behavioral Health Information Form (TRS-61)</i> as well as an FAQ document can be found on the Forms and Instructions tab of the OASAS Applications Home.</p> <p>The TRS-49 section consists of information found in the <i>TRS-49 Criminal Justice (CJ) Consent</i>. This form is for Criminal Justice Clients who have given consent to release information concerning their Chemical Dependence Treatment.</p>	<p>TRS-61: Identifying Information (ID)</p> <p>ID Consent Date : <input type="text" value="9/5/2017"/>  <small>(mm/dd/yyyy)</small></p> <p>ID Consent Revoke Date : <input type="text"/>  <small>(ID Consent Revoke Date not required)</small></p> <p>Last Name : <input type="text" value="Smith"/> <small>(Birth Name)</small> Last Name : <input type="text" value="Adams"/> <small>(Current Name)</small></p> <p>First Name : <input type="text" value="John"/> Social Security Number : <input type="text" value="123-45-1234"/> <small>(Dashes are optional)</small></p> <p>Medicaid Client ID : <input type="text" value="CD25698E"/></p> <p>TRS-49: Criminal Justice (CJ) Consent</p> <p>NYSID : <input type="text"/> CJ Consent Date : <input type="text"/>  CJ Revoke Date : <input type="text"/>  <small>(CJ Consent Revoke Date not required)</small></p>

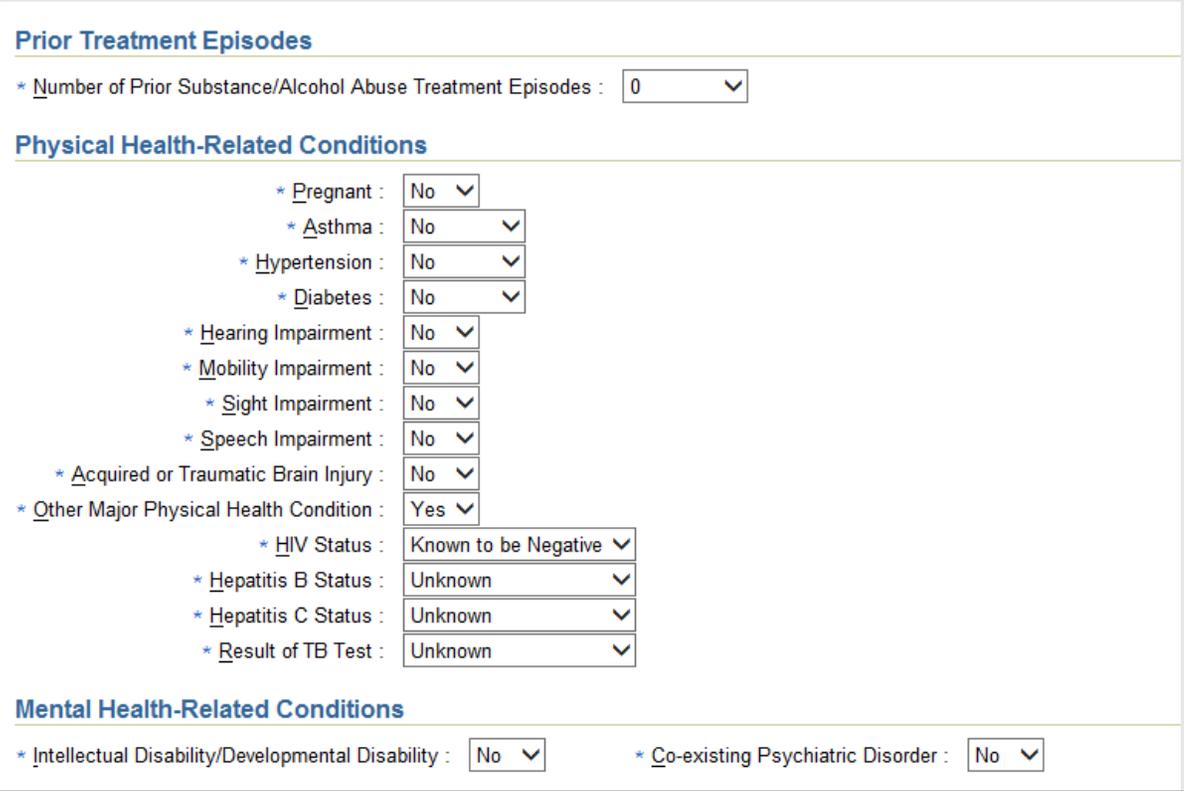
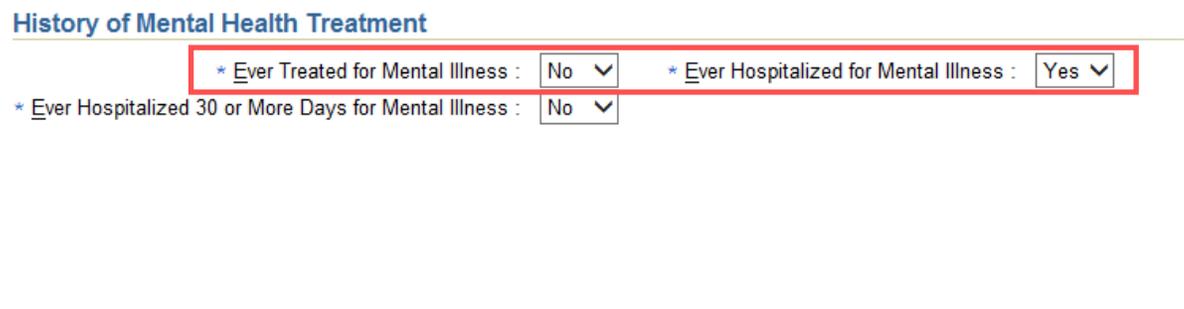
Step	Instructions	Image
<p>19</p>	<p>The next section is the Demographics section.</p> <p>NOTE: The Significant Other field is filled in here as “No” because this client is being admitted for treatment for his own substance use disorder (i.e., a primary client - not as a Significant Other).</p> <p>You choose “Yes” when the client is being admitted as a Significant Other - NOT for treatment for his/her own substance use disorder.</p>	 <p>The screenshot shows the 'Demographics' section of a form. The 'Significant Other' dropdown menu is highlighted with a red box and contains the value 'No'. Other fields include: No. of Assessment Visits/Days (empty), Sexual Orientation (dropdown), Gender Identity (dropdown), Race (dropdown), Hispanic Origin (dropdown), Primary Language (dropdown), Veteran Status (dropdown), and U.S. Military Status (dropdown).</p>
<p>20</p>	<p>Enter the five-digit zip code for the client’s county of residence. If the client is homeless and does not live in a shelter, use the program’s zip code. If the client is homeless and lives in a shelter, use the shelter’s zip code.</p> <p>NOTE: If the Zip Code of Residence for a client is not available, use the zip code of the program location. Do NOT use 12345. This is a real zip code.</p> <p>For this User Guide, an invalid zip code was used. This will help demonstrate how to deal with an error in the Admission process. (See steps 39-40).</p> <p>The County of Residence field is next. The OASAS system matches the Zip Code of Residence field to the County of Residence field, so be sure that the zip code you are using is in the county you choose. If not, you will get an error message.</p>	 <p>The screenshot shows the 'Demographics' section of a form. The 'Zip Code of Residence' and 'County of Residence' fields are highlighted with a red box. The 'Zip Code of Residence' field contains an empty input box. The 'County of Residence' dropdown menu is open. Other fields include: No. of Assessment Visits/Days (2), Significant Other (No), Sexual Orientation (Straight), Gender Identity (Not Transgender), Race (White), Hispanic Origin (Not of Hispanic Origin), Primary Language (English), Veteran Status (No), U.S. Military Status (dropdown), Type of Residence (dropdown), Living Arrangements (dropdown), Principal Referral Source (dropdown), Highest Grade Completed (dropdown), Individual Education Plan (dropdown), Employment Status (dropdown), Primary Source of Income at Admission (dropdown), Marital Status (dropdown), Child of Alcoholic/Substance Abuser (dropdown), No. of Children (empty), No. of Children Living with Client (empty), No. of Children in Foster Care (empty), and Case with Child Protective Services (dropdown).</p>

Step	Instructions	Image
21	Select the client's employment status. This should reflect his/her status at time of admission to the program.	 <p>* Type of Residence : <input type="text"/></p> <p>* Living Arrangements : Living with Spouse/Relatives <input type="text"/></p> <p>* Principal Referral Source : Self-Referral <input type="text"/></p> <p>* Highest Grade Completed : High School Diploma <input type="text"/></p> <p>* Individual Education Plan : Yes <input type="text"/></p> <p>* Employment Status : Employed Full Time-35+ hrs/wk <input type="text"/></p> <p>* Primary Source of Income at Admission : <input type="text"/></p> <p>* Marital Status : <input type="text"/></p> <p>* Child of Alcoholic/Substance Abuser : <input type="text"/></p> <p>* No. of Children : <input type="text"/> <small>(Enter 0-9..Use 9 for 9 or more.)</small></p> <p>No. of Children Living with Client : <input type="text"/></p> <p>* No. of Children in Foster Care : <input type="text"/> <small>(Enter 0-9..Use 9 for 9 or more.)</small></p> <p>* Case with Child Protective Services : <input type="text"/></p>
22	This is how the Demographics section looks when it is completed.	 <p>Demographics</p> <p>* No. of Assessment Visits/Days : <input type="text" value="2"/></p> <p>* Significant Other : No <input type="text"/></p> <p>* Sexual Orientation : Straight <input type="text"/></p> <p>* Gender Identity : Not Transgender <input type="text"/></p> <p>* Race : White <input type="text"/></p> <p>* Hispanic Origin : Not of Hispanic Origin <input type="text"/></p> <p>* Primary Language : English <input type="text"/></p> <p>* Veteran Status : No <input type="text"/></p> <p>U.S. Military Status : <input type="text"/></p> <p>* Zip Code of Residence : <input type="text" value="12203"/></p> <p>* County Of Residence : Albany <input type="text"/></p> <p>* Type of Residence : Private Residence <input type="text"/></p> <p>* Living Arrangements : Living with Spouse/Relatives <input type="text"/></p> <p>* Principal Referral Source : Self-Referral <input type="text"/></p> <p>* Highest Grade Completed : High School Diploma <input type="text"/></p> <p>* Individual Education Plan : No <input type="text"/></p> <p>* Employment Status : Employed Full Time-35+ hrs/wk <input type="text"/></p> <p>* Primary Source of Income at Admission : Wages/Salary <input type="text"/></p> <p>* Marital Status : Married <input type="text"/></p> <p>* Child of Alcoholic/Substance Abuser : No <input type="text"/></p> <p>* No. of Children : <input type="text" value="1"/> <small>(Enter 0-9..Use 9 for 9 or more.)</small></p> <p>No. of Children Living with Client : <input type="text" value="1"/></p> <p>* No. of Children in Foster Care : <input type="text" value="0"/> <small>(Enter 0-9..Use 9 for 9 or more.)</small></p> <p>* Case with Child Protective Services : No <input type="text"/></p> <p>* Criminal Justice Information (Select All That Apply)</p>

Step	Instructions	Image
<p>23</p>	<p>The next section is the Criminal Justice and Arrests/Incarceration Information.</p> <p>For this section, select all descriptions that apply and move them to the field on the right by clicking the Move (>) arrow or select all descriptions by clicking the Move All (>>) arrow.</p> <p>If you need to modify any of your selections, simply highlight the ones in the right field and click the Remove (<) or the Remove All (<<) arrow.</p> <p>If “None” is selected, the boxes below under Arrests/Incarceration, are required fields and must be completed.</p> <p>NOTE: Using Move All (>>) and failing to remove “None” will result in an error message.</p>	
<p>24</p>	<p>The next section is Primary Diagnosis Code. Enter the primary diagnosis code from the dropdown list based on ICD-10.</p>	
<p>24a.</p>	<p>Enter up to 3 additional characters to specify clinical detail.</p>	

Step	Instructions	Image
<p>25</p>	<p>Next is the Problem Substances section. This section will demonstrate the different methods of data entry.</p> <p>The first field is the Primary Substance field.</p> <p>Press the down arrow key on your keyboard to display each choice consecutively in the Primary Substance dropdown list.</p>	 <p>The image shows a screenshot of the 'Problem Substances' form. The form contains several fields: Primary Substance (dropdown), Primary Frequency (dropdown), Secondary Substance (dropdown), Secondary Frequency (dropdown), Tertiary Substance (dropdown), Tertiary Frequency (dropdown), Primary Route (dropdown), Primary Age of First Use (text), Secondary Route (dropdown), Secondary Age of First Use (text), Tertiary Route (dropdown), and Tertiary Age of First Use (text). The Primary Substance dropdown menu is highlighted with a red rectangular box.</p>
<p>26</p>	<p>To move to the next field, Primary Route, use the mouse or press the Tab key once.</p> <p>NOTE: Press the Tab key to move forward to the next field whenever you are entering information using your keyboard.</p> <p>Another way to enter data in a dropdown list is to enter the first letter or number of an option in a dropdown list to jump to that option.</p> <p>When the letter “O” is typed in the Primary Route dropdown list, “Oral” is selected since it is the first choice starting with “O”.</p> <p>NOTE: If you want to select the second choice starting with the letter “O” (i.e., “Other”), you would type the letter “O” twice.</p>	 <p>The image shows a screenshot of the 'Problem Substances' form. The Primary Substance dropdown menu is now populated with the text 'Alcohol'. The Primary Route dropdown menu is highlighted with a red rectangular box.</p>

Step	Instructions	Image
27	For the Primary Frequency field, “ 3-6 times per week ” may be chosen from the dropdown list by typing the number “3.”	 <p>Problem Substances</p> <p>* Primary Substance : Alcohol Primary Frequency : 3-6 times per week * Secondary Substance : Secondary Frequency : * Tertiary Substance : Tertiary Frequency :</p> <p>Primary Route : Oral Primary Age of First Use : Secondary Route : Secondary Age of First Use : Tertiary Route : Tertiary Age of First Use :</p>
28	Note in this example that the remaining Tertiary Problem Substance-related fields, are skipped since Tertiary Substance field is None .	 <p>Problem Substances</p> <p>* Primary Substance : Alcohol Primary Frequency : 3-6 times per week * Secondary Substance : Marijuana/Hashish Secondary Frequency : 1-2 times per week * Tertiary Substance : None Tertiary Frequency :</p> <p>Primary Route : Oral Primary Age of First Use : 16 Secondary Route : Smoking Secondary Age of First Use : 14 Tertiary Route : Tertiary Age of First Use :</p>
28a	The next two sections are the Treatment Plan and Self-Help Section. This section requires a “Yes” or “No” answer using the dropdown list.	 <p>Treatment Plan</p> <p>* Is Medication-Assisted Opioid Therapy (Methadone or Buprenorphine) Part of the Client's Treatment Plan? : Yes</p> <p>Self-Help</p> <p>* Is the Client Currently Attending 12-Step or Other Self-Help Group Meetings (last 30 days)? : Yes</p>
29	When entering data into fields with Yes/No responses such as the Tobacco fields, it is faster to type in “Y” for Yes and “N” for No.	 <p>Tobacco</p> <p>* Has the Client Ever Used Tobacco (Nicotine)? : Yes</p> <p>Age of First Use : Date Last Used : (mm/yyyy) Frequency of Use (in past 30 days) : Primary Route of Administration :</p>

Step	Instructions	Image
<p>30</p>	<p>The next three sections are the Prior Treatment Episodes, Physical Health - Related Conditions and Mental Health-Related Conditions.</p> <p>This is how these sections look when they are filled out.</p> <p>Keep in mind “Unknown” should be selected for HIV Status if this information was not consented to in the <i>Authorization for Release of Behavioral Information TRS-61</i>.</p>	 <p>Prior Treatment Episodes</p> <p>* Number of Prior Substance/Alcohol Abuse Treatment Episodes : 0</p> <p>Physical Health-Related Conditions</p> <ul style="list-style-type: none"> * Pregnant : No * Asthma : No * Hypertension : No * Diabetes : No * Hearing Impairment : No * Mobility Impairment : No * Sight Impairment : No * Speech Impairment : No * Acquired or Traumatic Brain Injury : No * Other Major Physical Health Condition : Yes * HIV Status : Known to be Negative * Hepatitis B Status : Unknown * Hepatitis C Status : Unknown * Result of TB Test : Unknown <p>Mental Health-Related Conditions</p> <p>* Intellectual Disability/Developmental Disability : No</p> <p>* Co-existing Psychiatric Disorder : No</p>
<p>31</p>	<p>Please note that inconsistent answers among the mental illness fields will cause an error. For example, the Ever Hospitalized for Mental Illness field cannot be “Yes” if Ever Treated for Mental Illness field is “No”.</p> <p>Please refer to steps 41-44 to fix these errors.</p>	 <p>History of Mental Health Treatment</p> <p>* Ever Treated for Mental Illness : No</p> <p>* Ever Hospitalized for Mental Illness : Yes</p> <p>* Ever Hospitalized 30 or More Days for Mental Illness : No</p>

Step	Instructions	Image
32	The next two sections are History of Mental Health Treatment and Six Months Prior to Admission . This is how these sections look when they are complete.	
33	The Gambling section requires a response using the dropdown list.	
34	The next section relates to Trauma; this section also requires a response using the dropdown list.	
35	Note that the field Orientation to Change is left blank here because it is only reported by a limited number of programs that serve youth.	

Step	Instructions	Image
36	<p>When you have completed the admission information, click the Save button to save the data. The system will first verify that you have entered all the required fields. Then, it will validate the data per the Admission business rules.</p> <p>The following steps will show how to identify and correct errors.</p>	<p>The screenshot shows a web form with several sections:</p> <ul style="list-style-type: none"> Hepatitis Status: Three dropdown menus for Hepatitis B Status (Unknown), Hepatitis C Status, and Result of TB Test (Unknown). Mental Health-Related Conditions: Two dropdown menus for Intellectual Disability/Developmental Disability (No) and Co-existing Psychiatric Disorder (No). History of Mental Health Treatment: Three dropdown menus for Ever Treated for Mental Illness (No), Ever Hospitalized for Mental Illness (No), and Ever Hospitalized 30 or More Days for Mental Illness (No). Six Months Prior to Admission: Three text input fields for No. Days in Inpatient Detox (0), No. of Emergency Room Episodes (0), and No. of Days Hospitalized for Non-Detox Services (1). A dropdown menu for Reason for Hospitalization is set to Medical. Gambling: A dropdown menu for Did the Client Screen Positive for a Gambling Problem? (No). Trauma: Three dropdown menus for Ever experience/witness trauma that impacts current life experience? (No), Ever a victim of domestic violence/intimate partner violence? (No), and Ever a perpetrator of domestic violence/intimate partner violence? (No). Orientation to Change: A dropdown menu for Orientation to Change. <p>At the bottom of the form, there is a Back button on the left and a Save button on the right, which is highlighted with a red rectangle. Below the buttons is a navigation bar with links for Admission, Home, Close Application, and Help.</p>

Fixing Errors

Step	Instructions	Image
37	<p>Upon saving the form, a pop-up error message will first appear indicating any required fields that were left blank and that values must be entered for those fields.</p> <p>To close the message window, click the OK button. The first field missing required data will be selected.</p> <p>Enter values for all required fields.</p>	<p>The screenshot shows a web form with several sections:</p> <ul style="list-style-type: none"> HIV Status : [Dropdown menu, highlighted with a red box] Hepatitis B Status : Unknown [Dropdown menu] Hepatitis C Status : [Dropdown menu, highlighted with a red box] Result of TB Test : Unknown [Dropdown menu] Mental Health-Related Conditions <ul style="list-style-type: none"> Intellectual Disability/Developmental Disability : No [Dropdown menu] Co-existing Psychiatric Disorder : No [Dropdown menu] History of Mental Health Treatment <ul style="list-style-type: none"> Ever Treated for Mental Illness : No [Dropdown menu] Ever Hospitalized for Mental Illness : No [Dropdown menu] Six Months <ul style="list-style-type: none"> Emergency Room Episodes : 0 [Text input] Reason for Hospitalization : Medical [Dropdown menu] Gambling <ul style="list-style-type: none"> Did the Client Screen Positive for a Gambling Problem? : No [Dropdown menu] Trauma <ul style="list-style-type: none"> Ever experience/witness trauma that impacts current life experience? : No [Dropdown menu] Ever a victim of domestic violence/intimate partner violence? : No [Dropdown menu] Ever a perpetrator of domestic violence/intimate partner violence? : No [Dropdown menu] Orientation to Change <ul style="list-style-type: none"> Orientation to Change : [Dropdown menu] <p>A modal error message box is overlaid on the form, titled "Message from webpage". It contains a yellow warning icon and the text: "Form validation failures: A value must be entered for 'HIV Status :'. A value must be entered for 'Hepatitis C Status :'. There is an "OK" button at the bottom of the message box.</p>

Step	Instructions	Image
38	Once all the missing fields are entered, click the Save button to save the changes and validate the data per the Admission Business Rules.	<p>The screenshot shows a web form with the following sections and fields:</p> <ul style="list-style-type: none"> HIV Status: Known to be Negative (dropdown) Hepatitis B Status: Unknown (dropdown) Hepatitis C Status: Known to be Negative (dropdown) Result of TB Test: Unknown (dropdown) Mental Health-Related Conditions: <ul style="list-style-type: none"> Intellectual Disability/Developmental Disability: No (dropdown) Co-existing Psychiatric Disorder: No (dropdown) History of Mental Health Treatment: <ul style="list-style-type: none"> Ever Treated for Mental Illness: No (dropdown) Ever Hospitalized for Mental Illness: No (dropdown) Ever Hospitalized 30 or More Days for Mental Illness: No (dropdown) Six Months Prior to Admission: <ul style="list-style-type: none"> No. Days in Inpatient Detox: 0 (text input) No. of Emergency Room Episodes: 0 (text input) No. of Days Hospitalized for Non-Detox Services: 1 (text input) Reason for Hospitalization: Medical (dropdown) Gambling: <ul style="list-style-type: none"> Did the Client Screen Positive for a Gambling Problem?: No (dropdown) Trauma: <ul style="list-style-type: none"> Ever experience/witness trauma that impacts current life experience?: No (dropdown) Ever a victim of domestic violence/intimate partner violence?: No (dropdown) Ever a perpetrator of domestic violence/intimate partner violence?: No (dropdown) Orientation to Change: <ul style="list-style-type: none"> Orientation to Change: (dropdown menu) <p>At the bottom of the form, there is a "Back" button on the left and a "Save" button on the right, which is highlighted with a red rectangular box.</p>

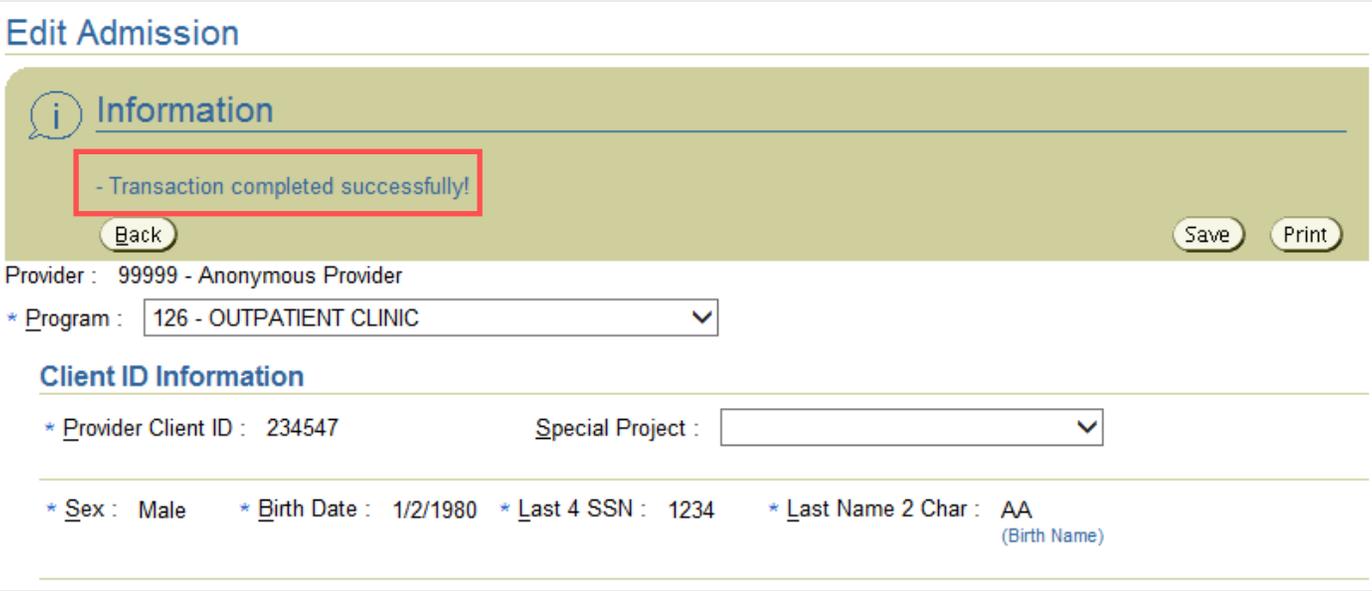
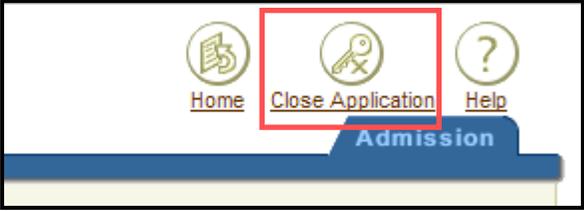
Step	Instructions	Image
39	<p>Notice that any Business Rule error messages appear at the top of the page. Fields in error are marked with a red X and the error message is displayed.</p> <p>The name of the field is a link to move you to that field on the page. This will save you time when correcting errors. For example, click the Zip Code of Residence link in the error message to move to that field.</p>	<p>Error</p> <ol style="list-style-type: none"> Zip Code of Residence : - The system cannot find the zip code (11111) within NY state or a surrounding state. Please use a county of "Other." Ever Hospitalized for Mental Illness : Ever Treated for Mental Illness : - If "Ever hospitalized for mental illness" is Yes then "Ever treated for mental illness" must be Yes. <p>Back Save Print</p> <p>Provider : 99999 - Anonymous Provider</p> <p>* Program : 126 - OUTPATIENT CLINIC</p> <p>Client ID Information</p> <p>* Provider Client ID : 234547 * Special Project :</p> <p>* Sex : Male * Birth Date : 1/2/1980 * Last 4 SSN : 1234 * Last Name 2 Char : AA (Birth Name)</p> <p>* Admission Date : 8/24/2017 * Last Name 2 Char : AA (mm/dd/yyyy) (Current Name)</p>

Step	Instructions	Image
40	<p>You will then be moved to the area where the field is located, as in this example.</p> <p>Once you have corrected the first error, go back to the top of the page to see any other errors.</p>	<p>* Zip Code of Residence : 11111</p> <p>The system cannot find the zip code (11111) within NY state or a surrounding state. Please use a county of "Other."</p> <p>* County Of Residence : Albany</p> <p>* Type of Residence : Private Residence</p> <p>* Living Arrangements : Living w/ Non-Related Persons</p> <p>* Principal Referral Source : District Attorney</p> <p>* Highest Grade Completed : No education</p> <p>* Individual Education Plan : No</p> <p>* Employment Status : Employed Full Time-35+ hrs/wk</p> <p>* Primary Source of Income at Admission : None</p> <p>* Marital Status : Married</p> <p>* Child of Alcoholic/Substance Abuser : No</p> <p>* No. of Children : 0 (Enter 0-9...Use 9 for 9 or more.)</p> <p>No. of Children Living with Client : 0</p> <p>* No. of Children in Foster Care : 0 (Enter 0-9...Use 9 for 9 or more.)</p> <p>* Case with Child Protective Services : No</p> <p>* Criminal Justice Information (Select All That Apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid gray; padding: 5px; width: 45%;"> Probation Parole Work Release In Prison/Jail In OCFS Facility Charges Pending Any Trtmt or Specialty Court Other </div> <div style="text-align: center; width: 10%;"> > Move >> Move All < Remove << Remove All </div> <div style="border: 1px solid gray; padding: 5px; width: 45%;"> None </div> </div>

Step	Instructions	Image
41	To move to the next field in error, click on the error link. Alternatively, one could navigate directly to the next field in error.	<p>Error</p> <ol style="list-style-type: none"> Zip Code of Residence : - The system cannot find the zip code (11111) within NY state or a surrounding state. Please use a county of "Other." Ever Hospitalized for Mental Illness : Ever Treated for Mental Illness : - If "Ever hospitalized for mental illness" is Yes then "Ever treated for mental illness" must be Yes. <p>Back Save Print</p> <p>Provider : 99999 - Anonymous Provider</p> <p>* Program : 126 - OUTPATIENT CLINIC</p> <p>Client ID Information</p> <p>* Provider Client ID : 234547 * Special Project :</p> <p>* Sex : Male * Birth Date : 1/2/1980 * Last 4 SSN : 1234 * Last Name 2 Char : AA (Birth Name)</p> <p>* Admission Date : 8/24/2017 * Last Name 2 Char : AA (mm/dd/yyyy) (Current Name)</p>

Step	Instructions	Image
42	<p>This error occurs because Ever Hospitalized for Mental Illness cannot be “Yes” if Ever Treated for Mental Illness is “No.” For this example, the correct answer for Ever Hospitalized for Mental Illness is “No.”</p> <p>To correct this, you could press the down arrow key on your keyboard to move to the “No” option in the Ever Hospitalized for Mental Illness dropdown list.</p>	

Step	Instructions	Image
43	<p>After correcting the data, click the Save button at the top or bottom of the screen to save the correction.</p>	<div data-bbox="590 207 1018 240">Mental Health-Related Conditions</div> <hr/> <div data-bbox="590 264 1171 297">* Intellectual Disability/Developmental Disability : <input type="text" value="No"/></div> <div data-bbox="1297 264 1745 297">* Co-existing Psychiatric Disorder : <input type="text" value="No"/></div> <div data-bbox="590 334 1035 367">History of Mental Health Treatment</div> <hr/> <div data-bbox="779 391 1234 423">* Ever Treated for Mental Illness : <input type="text" value="No"/></div> <div data-bbox="1297 391 1801 423">* Ever Hospitalized for Mental Illness : <input type="text" value="No"/></div> <div data-bbox="1717 431 1856 605"> <p style="color: red;">If "Ever hospitalized for mental illness" is Yes then "Ever treated for mental illness" must be Yes.</p> </div> <div data-bbox="590 613 1234 646">* Ever Hospitalized 30 or More Days for Mental Illness : <input type="text" value="No"/></div> <div data-bbox="590 683 980 716">Six Months Prior to Admission</div> <hr/> <div data-bbox="793 740 1199 773">* No. Days in Inpatient Detox : <input type="text" value="0"/></div> <div data-bbox="1297 740 1759 773">* No. of Emergency Room Episodes : <input type="text" value="0"/></div> <div data-bbox="590 789 1199 821">* No. of Days Hospitalized for Non-Detox Services : <input type="text" value="0"/></div> <div data-bbox="1392 789 1839 821">Reason for Hospitalization : <input type="text"/></div> <div data-bbox="590 886 720 919">Gambling</div> <hr/> <div data-bbox="590 943 1352 976">* Did the Client Screen Positive for a Gambling Problem? : <input type="text" value="No"/></div> <div data-bbox="590 1008 695 1040">Trauma</div> <hr/> <div data-bbox="590 1073 1535 1105">* Ever experience/witness trauma that impacts current life experience? : <input type="text" value="No"/></div> <div data-bbox="678 1122 1535 1154">* Ever a victim of domestic violence/intimate partner violence? : <input type="text" value="No"/></div> <div data-bbox="632 1162 1535 1195">* Ever a perpetrator of domestic violence/intimate partner violence? : <input type="text" value="No"/></div> <div data-bbox="590 1227 875 1260">Orientation to Change</div> <hr/> <div data-bbox="590 1284 1289 1317">Orientation to Change : <input type="text"/></div> <div data-bbox="569 1382 642 1422"><input type="button" value="Back"/></div> <div data-bbox="1955 1365 2049 1422"><input type="button" value="Save"/></div>

Step	Instructions	Image
44	<p>When the transaction has been saved, you will see the following confirmation message: “Transaction completed successfully!”</p>	 <p>The screenshot shows the 'Edit Admission' page. At the top, there is an 'Information' section with a message: '- Transaction completed successfully!' which is highlighted with a red rectangular box. Below this message are three buttons: 'Back', 'Save', and 'Print'. The page also displays several form fields: 'Provider : 99999 - Anonymous Provider', '* Program : 126 - OUTPATIENT CLINIC', 'Client ID Information' section with '* Provider Client ID : 234547' and 'Special Project :', and a row of fields for '* Sex : Male', '* Birth Date : 1/2/1980', '* Last 4 SSN : 1234', and '* Last Name 2 Char : AA (Birth Name)'.</p>
45	<p>To return to the “CDS Home” page to perform a different task, you would click Home at the top of the page.</p>	 <p>The screenshot shows a navigation bar with three buttons: 'Home', 'Close Application', and 'Help'. The 'Home' button is highlighted with a red rectangular box. Below the buttons is a blue bar with the word 'Admission'.</p>
46	<p>If you are finished entering transactions, you can return to the <i>OASAS Applications</i> page by clicking on the Close Application button to exit the application.</p>	 <p>The screenshot shows a navigation bar with three buttons: 'Home', 'Close Application', and 'Help'. The 'Close Application' button is highlighted with a red rectangular box. Below the buttons is a blue bar with the word 'Admission'.</p>