

**NYS Office of Alcoholism and Substance Abuse Services
CHILD IN RESIDENCE REPORTING INSTRUCTIONS
(Both Check In and Check Out)**

PROVIDER NUMBER

Enter the five digit provider number assigned by OASAS that identifies the treatment service provider.

PATIENT/CLIENT NUMBER

Enter the primary patient's (parent) ID number.

PRIMARY CLIENT INFORMATION

Enter the following information on the primary patient (parent).

SEX

Enter **Male or Female**.

BIRTH DATE (__ __ / __ __ / __ __ __ __)

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 1948 would be 03/08/1948).

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

Enter the last four digits of the **primary patient's** social security number (SSN), as assigned by the Social Security Administration. In the event that the patient does not have a SSN, enter 0000. If another person is providing insurance coverage, be sure to use the patient's SSN, not the SSN of the insured. If 9999 was used at admission, please correct the patient's SSN through the "Client Management" section of the Client Data System.

FIRST TWO LETTERS OF LAST NAME

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

CHILD INFORMATION

SEX

Enter **Male or Female**.

BIRTH DATE (__ __ / __ __ / __ __ __ __)

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 2005 would be 03/08/2005).

CHILD ID

Enter an ID number, preferably using the primary patient's ID number with an added identifier for each child. For example, if the primary client's ID number is 12345678, the child's ID number could be 1234567801 or 12345678A. **Do not use spaces, dashes or characters other than alpha/numerical. Do not zero fill unused spaces.**

CHECK IN DATE

Enter the date the child was checked in to the residence. Please note a child cannot be checked in prior to the primary patient being admitted.

NYS Office of Alcoholism and Substance Abuse Services
CHILD IN RESIDENCE REPORTING INSTRUCTIONS
(Both Check In and Check Out)

DEMOGRAPHICS

RACE

Based on staff observation, primary client input and/or self-identification, enter the appropriate race. If the child is racially mixed, enter the race with which he/she or the parent identifies.

Alaska Native (Aleut, Eskimo, Indian)

A person having origins in any of the native people of Alaska.

American Indian (Other than Alaska Native)

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

Other

A category for use when the patient is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

HISPANIC ORIGIN

Indicate the most appropriate origin.

Cuban

A person of Cuban origin, regardless of race.

Mexican

A person of Mexican origin, regardless of race.

Other Hispanic

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

Puerto Rican

A person of Puerto Rican origin, regardless of race.

Hispanic, Not Specified

A person of Hispanic origin, but specific origin is not known or not specified.

Not of Hispanic Origin

A person whose origin is not Hispanic and is not included in the five categories above.

NYS Office of Alcoholism and Substance Abuse Services
CHILD IN RESIDENCE REPORTING INSTRUCTIONS
(Both Check In and Check Out)

CHILD OF ALCOHOLIC/SUBSTANCE ABUSER

Enter the category that best describes the status of the child.

No

Child of Alcoholic(s)

Child of Substance Abuser(s)

Both COA and COSA

TYPE OF RESIDENCE

Enter the category that best describes the child's type of residence at the time of check-in.

Private Residence

Homeless: shelter (includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and is residing in some type of temporary accommodation; i.e., hotel, shelter, residential program for the victims of domestic violence).

Homeless: no shelter, or circulates among acquaintances (includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and circulates among acquaintances or is residing in a place not designed or originally used as a regular sleeping accommodation for human beings.)

Single Resident Occupancy (hotel, rooming house, adult home, or residence for adults)

CD Community Residence

MH/MRDD Community Residence

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

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

Other

HIGHEST GRADE COMPLETED

Enter the child's highest grade **completed at the time of check-in.**

No Education

01 to Grade 11– Enter grade completed

Note: The following categories may appear on the data entry screens; however, they are not to be used for children in residence and will not appear on the form:

High School Diploma

General Equivalency Diploma (GED)

Vocational Certificate w/o Diploma/GED (A Vocational Certificate is any certificate received as a result of vocational training or special skill trade.)

Vocational Certificate w/Diploma/GED

Some College - No Degree

Associates Degree

Bachelors Degree

Graduate Degree

**NYS Office of Alcoholism and Substance Abuse Services
CHILD IN RESIDENCE REPORTING INSTRUCTIONS
(Both Check In and Check Out)**

PHYSICAL HEALTH RELATED CONDITIONS

Enter **Yes** or **No** for the physical health related conditions that apply.

*Impairment (Hearing, Mobility, Speech, Sight) refers to any condition which renders that body system diminished or less than fully functional. It is understood that many persons cope successfully with physical impairment. **However, if the impairment does or has the potential to interfere with a successful stay within the program, it should be recorded as “Yes.”***

*Other **Major Physical Health Conditions** may include any condition not already noted, that requires regular health care, which may be a complicating factor in successful stay of the child.*

Hearing Impairment
Mobility Impairment
Other Major Physical Health Condition
Sight Impairment
Speech Impairment

MENTAL HEALTH RELATED CONDITIONS

Enter **Yes** or **No** to each of the following:

Mental Retardation/Developmental Disability Describes a group of disorders, acquired before the age of 22, the predominant feature of which is a disturbance in the acquisition of cognitive, language, motor or social skills. If available, the IQ is less than 70.

Co-existing Psychiatric Disorder Refers either to a diagnosis of mental illness which is available to the clinician at the time of admission either by primary patient report, child report or records, or by presenting symptoms which the clinician recognizes as possibly being symptomatic of mental illness. The recognition of symptoms does not constitute a diagnosis on the part of the clinician, but may indicate symptoms which need to be addressed in a treatment plan.

THE FOLLOWING ITEMS RELATE TO THE SIX-MONTH PERIOD PRIOR TO THIS ADMISSION

Number of days the child was hospitalized for non-detox services

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

If hospitalized, please specify reason: medical, psychiatric, or both

Number of emergency room episodes for which the child received treatment

Enter the number of separate incidences in which the child used emergency room services during the last six months.

**NYS Office of Alcoholism and Substance Abuse Services
CHILD IN RESIDENCE REPORTING INSTRUCTIONS
(Both Check In and Check Out)**

CHECK OUT INFORMATION

CHECK OUT DATE

Enter the date the child was checked out. **Children must be checked out before the primary patient (parent) can be discharged.**

PAYMENT SOURCE

Indicate the primary source of payment for the child's stay in this PRU.

Funding received from OASAS or other sources and not attributable to a specific child should not be included as a primary payment source. The primary payment source reflects payments from the patient or other sources based upon the patient's qualifications for assistance.

None To be used only if there is no direct public (i.e., Medicaid, Medicare), private (i.e., health insurance) or parent payment (i.e., self-pay).

Self Pay

Medicaid To be used when a provider receives a Medicaid payment in response to a claim submitted by the provider to the NYS Medicaid payment contractor.

Medicaid Managed Care To be reported when a managed care organization (MCO) has authorized reimbursement or has reimbursed the provider for a service rendered to a Medicaid recipient. An MCO is defined as any group operating or implementing health care through managed care concepts of service including authorization, utilization review and/or a fixed network of providers.

Medicare

DSS Congregate Care (Residential Only) – *NOTE: To be used **only** by non-Medicaid eligible residential programs, including intensive residential, community residences and supportive living programs, that received congregate care payments for the patient being discharged. Congregate Care here is defined as inclusive of SSI, Safety Net and TANF.*

CHAMPUS/CHAMPVA – To be reported when the VA has authorized reimbursement or has reimbursed the provider. CHAMPUS is a health benefits program that covers medical necessities only. It provides authorized inpatient and outpatient care from civilian sources, on a cost-sharing basis. Retired military are eligible, as well as dependents of active-duty, retired and deceased military. CHAMPVA is the Civilian Health and Medical Program of the Department of Veterans Affairs.

Private Insurance – Fee for Service To be reported when a provider receives payment for an individual that is insured by a company that is not an MCO as defined above. These payments are health insurance benefits provided through entities such as an employer, union, or a commercial or nonprofit insurer such as Metropolitan, Aetna, Blue Cross or Blue Shield respectively. Private insurance benefits may be provided as an individual plan or a group plan.

Private Insurance – Managed Care To be reported when a provider has been authorized or receives payment for an individual insured by a MCO. Payment under the Family Health Plus or the Child Health Plus programs is included under this category. This code should not be used for MCO services provided to a Medicaid recipient.

Other (To be used only for other types of payment received directly from the child's parent or from others on behalf of the child. *NOTE: This is not to be used when programs receive net deficit funding from OASAS, but have in those instances no other payment source specifically related to the patient.*)

**NYS Office of Alcoholism and Substance Abuse Services
CHILD IN RESIDENCE REPORTING INSTRUCTIONS
(Both Check In and Check Out)**

LIVING ARRANGEMENTS

Enter the child's living arrangements at the time of check out.

Living Alone (Not to be used for children)

Living with Non-related persons

Living with Spouse/Relatives

CHECK OUT REASON

Enter the reason the child was checked out.

Parent discharged

Transferred to care of relative/friend

Transferred to foster care

Child death

Hospitalized

Transferred to another institution

Transferred to a youth detention facility

Other

HIGHEST GRADE COMPLETED AT CHECK OUT

Enter the child's highest grade **completed at the time of check out.**

No Education

01 to Grade 11- Enter grade completed

Note: The following categories may appear on the data entry screens; however, they are not to be used for children in residence and will not appear on the form:

High School Diploma

General Equivalency Diploma (GED)

Vocational Certificate w/o Diploma/GED (A Vocational Certificate is any certificate received as a result of vocational training or special skill trade.)

Vocational Certificate w/Diploma/GED

Some College - No Degree

Associates Degree

Bachelors Degree

Graduate Degree

REPORTS

Programs are able to run the following reports to see data for children checked in and out of the program:

Child in Residence Transaction Report – Shows either Children Checked In or Checked Out for a period of time that you select and includes identifying information, demographics, physical and mental health conditions, and/or check out information.

Provider Activity Report – Shows primary patients and their identifying information for the period of time that you select for:

**NYS Office of Alcoholism and Substance Abuse Services
CHILD IN RESIDENCE REPORTING INSTRUCTIONS
(Both Check In and Check Out)**

Client Admissions, Client Transfers In and Out, Client Discharges, Children in Residence Checked In, and Children In Residence Checked Out.

Provider Activity Summary Report – Shows the summary totals only of primary patient admissions, discharges and transfers, as well as total number of children checked in and out.

Client ID Report – Shows a listing of patients by Provider Client ID or Client Tracking ID. Children appear at the end of the list.