

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**REPORTING INSTRUCTIONS – ALL PROGRAM TYPES**

**Provider Number** Enter the five-digit Provider Number assigned by OASAS that identifies your agency.

**PRU Number** Enter the assigned five-digit Program Reporting Unit Number (PRU).

**Provider/PRU Name** Enter name of the treatment program.

**Month/Year** Enter the month and year of the reporting period, e.g., June 2003 = 06/03

**Lines 1 through 5 for the following will be automatically calculated based on admissions, discharges, and waiting list reporting:**

**Line 1 (V or D):** Number in Treatment – Beginning of Month  
**Line 2 (V or D):** Number Admitted/Transferred to this PRU – This Month  
**Line 3 (V or D):** Number Discharged/Transferred from this PRU – This Month  
**Line 4 (V or D):** Number in Treatment – End of Month  
**Line 5 (V or D):** Total Applicants on Waiting List – End of Month

**Primary Clients** Persons diagnosed as requiring chemical dependence treatment services for their own substance abuse.

**Significant Others** (Outpatient clinics and Outpatient Rehabilitation only) Persons who are the spouse, relative, close friend or associate of a person suffering from alcohol and/or substance abuse or dependence and who have suffered adverse effects on their physical or mental health resulting from such relationships. If such a person is using drugs or alcohol, they are admitted as a primary client and are not considered a significant other.

**Other Persons** Persons who were assessed and a determination was made that they do not require treatment services and/or cannot be or are not admitted for treatment services in this PRU.

**Waiting List** A program may establish a waiting list for applicants who are awaiting treatment services because this treatment program lacks sufficient resources (e.g., space, staffing or funding) to initiate treatment services within a reasonable time period. Only applicants that have been determined to be appropriate for admission to the program should be counted on the waiting list. A waiting list may be a roster, log, file, or equivalent record and must include the names, addresses and telephone numbers of eligible applicants and should include the date of application and dates and nature of follow-up contacts.

*PLEASE NOTE: Information concerning individual applicants placed on or removed from a waiting list must be reported on the PAS-51 - Waiting List Applicant Data Report.*

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**PAS-48 PROGRAMS REPORTING VISITS FORM**  
**(Outpatient Programs and Methadone Outpatient only)**

**Line V6: Number of Unique Persons Treated – This Month**

Enter in Line V6 the number of unique (unduplicated) **individuals** provided treatment services during the month. A Unique Client is an active client who received at least one unit of service during the month. The total number of Unique Clients is calculated by adding all active clients that received at least one unit of service during the month. Each client is counted only once. A client with two or more treatment episodes in the same PRU in the same month is counted as one unique person treated; a person who is considered active, but did not receive treatment services during the reporting period is not counted as one unique person treated, but is counted on Line V4 “In Treatment – End of Month.” A client that is seen during the month and is discharged prior to the end of the month is counted as a unique person treated.

**VISITS**

*All visits and/or encounters that are reported to OASAS must be of sufficient importance and/or duration to be documented in the client’s record.*

*Report only one visit per client per day.*

*The type of treatment visit counted for a client should reflect the total amount of time the client received treatment services in the program on a given day (e.g., if a client attends an individual and a group session [one hour each] in one day, they would be counted in the “at Least Two but Less Than Four Hours” category)*

**Line V7: Brief Visits: At Least 15 minutes but Less than 30 Minutes**

Enter the total number of Brief Visits that were **at least 15 minutes but less than 30 minutes** in duration provided to clients (by type) during the month.

**Line V8: Treatment Visits: At Least 30 Minutes but Less than Two Hours**

Enter the total number of Treatment Visits that were **at least 30 minutes but less than two hours** in duration provided to clients during the month.

**Line V9: Treatment Visits: At Least Two but Less Than Four Hours**

Enter the total number of Treatment Visits that were **at least two hours but less than four hours** in duration provided to clients during the month.

**Line V10: Treatment Visits: Four Hours or More**

Enter the total number of Treatment Visits that were **at least four hours or more** in duration provided to clients during the month.

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**STAFFING RESOURCES**

**Direct Care Staff**, for reporting purposes, includes qualified health professionals (as defined in regulations) and other staff providing direct clinical treatment services. Direct Care Staff may include counselors, social workers, psychologists, psychiatrists, physicians, physician's assistants, nurses, nurse practitioners, vocational counselors, rehabilitation counselors, occupational therapists, and therapeutic recreational specialists and includes aides and assistants to each of them as well as generic non-degreed or non-credentialed staff providing direct care. **Administrative, support staff, and overnight aides are not considered Direct Care Staff.**

**Treatment Services** are **direct services** to one or more clients who have been admitted to a PRU and include examination, diagnosis, evaluation, treatment or rehabilitation. Treatment services **do not** include the initial assessment prior to admission to treatment.

**Primary Counselor** is defined as a paid clinical staff member who has an assigned client caseload and who has primary responsibility for managing the treatment of those clients.

**Other Direct Care Staff** are paid clinical staff who are not Primary Counselors as defined above.

**Line V11: Total Direct Care Staff on Payroll - End of Month**

Determine the total number of direct care staff persons (as defined above) on the payroll at the end of the month **to the nearest hundredth** (e.g., 2.25 for two and a quarter full-time equivalent staff or 3.00 for three full-time equivalent staff). Identify the number of FTEs that are primary counselors and the number of FTEs that are other direct care staff.

Enter the total number of Direct Care Staff FTEs on payroll at the end of the month.

Enter the number of Primary Counselor FTEs on payroll at the end of the month.

Enter the number of Other Direct Care FTEs on payroll at the end of the month.

**Line V12: Total Direct Care Staff Vacancies - End of Month**

Determine the total number of direct care staff vacancies (**to the nearest hundredth**) at the end of the month that, if filled, would have been available to provide treatment services. Include both full-time and part-time vacant staff positions. Identify the number of FTEs vacancies that are for primary counselors and the number of FTEs that are vacancies for other direct care staff.

Enter the total number of Direct Care Staff FTEs vacancies at the end of the month.

Enter the number of Primary Counselor FTEs vacancies at the end of the month.

Enter the number of Other Direct Care FTEs vacancies at the end of the month.

**ASSESSMENTS COMPLETED AND ASSESSMENT VISITS**

**Line V13: Assessments Completed - This Month**

Enter a count for the number of individuals for which the assessment process (primary, significant others, and other persons) was **completed** during the month by program staff.

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**Line V14: Assessment Visits**

Enter the total number of Assessment Visits provided during the month. Assessment Visits consist of **pre-admission** evaluation, level of care determination, and information collection to determine the need for treatment and the appropriate level of care. By regulation, ambulatory programs are allowed a maximum of two assessment visits per client.

**MEDICATION VISITS (Methadone Programs Only)**

**Line V15: All Medication Visits**

Enter the number of documented sessions in which patients received regularly scheduled doses of addiction medication. **A patient who receives both medication and treatment services during a visit should be counted under both Line V15 and either Lines V7, V8, V9 or V10. DO NOT COUNT GUEST DOSING AS MEDICATION VISITS.**

*PLEASE NOTE: Other than a medication visit, Methadone Treatment Programs may report any documented visit that is at least 15 minutes but less than 30 minutes in duration as a Brief Visit.*

**COUNSELING SESSIONS**

*PLEASE NOTE: The number of individual and group counseling sessions is being collected to assess the number of individual and group sessions that **primary counselors** are conducting. This information will be used to supplement, not replace, current units of service information. In order to include a treatment session, the following criteria must be met:*

INDIVIDUAL COUNSELING SESSIONS

1. Must be delivered by a counselor with a primary counseling caseload to a client (primary or significant other) on his/her caseload or on another primary counselor's caseload in their absence.
2. Must be 30 minutes or more in duration.
3. Must be provided on or after the client's admission date and prior to or on the client's discharge date.
4. Only one session per day per individual client may be recorded.
5. Is usually scheduled but may be extemporaneous.
6. May include psychotherapy, and post-admission evaluation.
7. May not include pre-admission assessment sessions.

GROUP COUNSELING SESSIONS

1. Must be delivered by a counselor with a primary counseling caseload of primary or significant other clients.
2. Must be 30 minutes or more in duration.
3. Includes general group counseling, specialty group counseling, \*family group counseling, and informational/educational sessions of 15 clients or less that include 30 minutes or more of discussion.
4. Is almost always scheduled.
5. Counselors may report more than one group session per day.
6. Family/couples counseling sessions conducted by the **primary counselor** where two or more of the participants are active clients in your program are counted as a group counseling session.

\* *With or without presence of primary client.*

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

*PLEASE NOTE: The number of family counseling sessions is being collected to assess the extent to which programs are addressing the important aspect of chemical dependence treatment.*

FAMILY/COUPLES COUNSELING SESSIONS

1. May be delivered by any qualified direct care staff to a patient (primary or significant other).
2. Must be 30 minutes or more in duration.
3. Must be provided on or after the patient's admission date and prior to or on the patient's discharge date.
4. Only one session per day per family/couple may be recorded.
5. Is usually scheduled but may be extemporaneous.
6. May include couples counseling and \*family counseling.
7. May not include pre-admission assessment sessions.

\* *With or without presence of primary patient.*

**Line V16: Number of Individual Counseling Sessions**

Enter the total number of documented individual counseling sessions conducted by primary counselors during the report month.

**Line V17: Number of Group Counseling Sessions**

Enter the total number of documented group counseling sessions conducted by primary counselors during the report month.

**Line V18: Number of Family Counseling Sessions**

Enter the total number of documented family/couples counseling sessions conducted by qualified direct care staff during the report month.

**Line V19: See last section entitled "EMPLOYMENT/VOCATIONAL STATUS"**

**VISITS FOR ADDITIONAL LOCATIONS**

**Line V20:** Programs that have additional locations will be prompted and must enter the total visits for the month for each additional location address.

**PAS-48 PROGRAMS REPORTING PATIENT DAYS FORM**

**Line D6: Patient Days**

This item is automatically calculated.

**Line D7: Unique Persons Treated – This Month**

This item is automatically calculated.

**STAFFING RESOURCES**

***Direct Care Staff***, for reporting purposes, includes qualified health professionals (as defined in regulations) and other staff providing direct clinical treatment services. *Direct Care Staff* may include counselors, social workers, psychologists, psychiatrists, physicians, physician's assistants, nurses, nurse practitioners, vocational counselors rehabilitation counselors, occupational therapists, and therapeutic recreational specialists and includes aides and assistants to each of them as well as generic non-degreed or non-credentialed staff providing direct care. ***Administrative, support staff, and overnight aides are not considered Direct Care Staff.***

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**Treatment Services** are **direct services** to one or more clients who have been admitted to a PRU and include examination, diagnosis, evaluation, treatment or rehabilitation. Treatment services **do not** include the initial assessment prior to admission to treatment.

**Primary Counselor** is defined as a paid clinical staff member who has an assigned client caseload and who has primary responsibility for managing the treatment of those clients.

**Other Direct Care Staff** are paid clinical staff who are not Primary Counselors as defined above.

**Line D8: Total Direct Care Staff on Payroll - End of Month**

Determine the total number of direct care staff persons (as defined above) on the payroll at the end of the month **to the nearest hundredth** (e.g., 2.25 for two and a quarter full-time equivalent staff or 3.00 for three full-time equivalent staff). Identify the number of FTEs that are primary counselors and the number of FTEs that are other direct care staff.

Enter the total number of Direct Care Staff FTEs on payroll at the end of the month.

Enter the number of Primary Counselor FTEs on payroll at the end of the month.

Enter the number of Other Direct Care FTEs on payroll at the end of the month.

**Line D9: Total Direct Care Staff Vacancies - End of Month**

Determine the total number of direct care staff vacancies (**to the nearest hundredth**) at the end of the month that, if filled, would have been available to provide treatment services. Include both full-time and part-time vacant staff positions. Identify the number of FTEs vacancies that are for primary counselors and the number of FTEs that are vacancies for other direct care staff.

Enter the total number of Direct Care Staff FTEs vacancies at the end of the month.

Enter the number of Primary Counselor FTEs vacancies at the end of the month.

Enter the number of Other Direct Care FTEs vacancies at the end of the month.

**CHILDREN IN RESIDENCE FOR ELIGIBLE PROGRAMS**

These items are automatically calculated for residential and inpatient rehab programs based on reporting of admissions and discharges.

**Line D10: Number of Children in Residence – Beginning of Month**

**Line D11: Number of Children Checked into this PRU – This Month**

**Line D12: Number of Children Checked out from this PRU – This Month**

**Line D13: Number of Children in Residence – End of Month**

**ASSESSMENTS COMPLETED**

**Line D14: Assessments Completed - This Month**

Enter a count for the number of individuals for which the assessment process (primary clients and other persons) was **completed** during the month by program staff.

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**The following items apply to ALL programs EXCEPT non-ambulatory Crisis Services:**

## **COUNSELING SESSIONS**

*PLEASE NOTE: The number of individual and group counseling sessions is being collected to assess the number of individual and group sessions that **primary counselors** are conducting. This information will be used to supplement, not replace, current units of service information. In order to include a treatment session, the following criteria must be met.*

### INDIVIDUAL COUNSELING SESSIONS

1. **Must be delivered by a counselor with a primary counseling caseload to** a client (primary or significant other) on his/her caseload or on another primary counselor's caseload in their absence.
2. Must be 30 minutes or more in duration.
3. Must be provided on or after the client's admission date and prior to or on the client's discharge date.
4. Counselors may report more than one session per day per individual client.
5. Is usually scheduled but may be extemporaneous.
6. May include psychotherapy, and post-admission evaluation.
7. May not include pre-admission assessment sessions.

### GROUP COUNSELING SESSIONS

1. **Must be delivered by a counselor with a primary counseling caseload** of primary or significant other clients.
2. Must be 30 minutes or more in duration.
3. Includes general group counseling, specialty group counseling, \*family group counseling, and informational/educational sessions that include 30 minutes or more of discussion.
4. Is almost always scheduled.
5. Counselors may report more than one group session per day.
6. Family/couples counseling sessions where two or more of the participants are active clients in your program are counted as a group counseling session.

*\* With or without presence of primary client.*

*PLEASE NOTE: The number of family counseling sessions is being collected to assess the extent to which programs are addressing the important aspect of chemical dependence treatment.*

### FAMILY COUNSELING SESSIONS

1. **Must be delivered by any qualified direct care staff** to a patient (primary or significant other).
2. Must be 30 minutes or more in duration.
3. Must be provided on or after the patient's admission date and prior to or on the patient's discharge date.
4. Direct care staff may report more than one session per day per family/couple.
5. Is usually scheduled but may be extemporaneous.
6. May include couples counseling and \*family counseling.
7. May not include pre-admission assessment sessions.

*\* With or without presence of primary client.*

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**Line D15: Number of Individual Counseling Sessions**

Enter the total number of documented individual counseling sessions conducted by primary counselors during the report month.

**Line D16: Number of Group Counseling Sessions**

Enter the total number of documented group counseling sessions conducted by primary counselors during the report month.

**Line D17 Number of Family Counseling Sessions**

Enter the total number of documented family/couples counseling sessions conducted by qualified direct care staff during the report month.

**Line V19 and D18: See “EMPLOYMENT/VOCATIONAL STATUS” section on following pages. This section on both forms applies to Residential, Methadone and Outpatient Programs only (CRISIS PROGRAMS DO NOT COMPLETE THIS SECTION):**

**EMPLOYMENT/VOCATIONAL STATUS**

**Employment/Vocational Status - Active Clients**

**For programs with OASAS-funded vocational counselors or a vocational service contractor,** enter the Employment/Vocational Status for the following categories based upon the end of the month census (from Line D4 or V4 (Primary Clients)).

- New in work-related activities (WRA) and total in WRA for the report month;
- New in work-readiness status (WRS) and total in WRS for the report month;
- Newly employed (clients employed 30-59 days during the report month);
- Employed for a minimum of 60 days (clients who reach 60-89 days employment during the report month);
- Employed for a minimum of 90 days (clients who reach 90-119 days employment during the report month);
- Employed for 120 days or more; and
- Unavailable for vocational services.

**For programs that do not have OASAS-funded vocational services,** enter the Employment/Vocational Status for the following categories based upon the end of the month census (from Line D4 or V4 (Primary Clients)).

- New in work-related activities (WRA) and total in WRA for the report month;
- Newly employed (clients employed 30-59 days during the report month);
- Employed for a minimum of 60 days (clients who reach 60-89 days employment during the report month);
- Unavailable for vocational services.

If a client could potentially be reported in more than one category, count the client in the category in which he/she spends the most hours. If there are no active clients at the end of a month in any of the above categories, enter zero (0) as appropriate. Each category is defined as follows:

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**Work-Related Activities (WRA), New (all programs)** – Those activities in which a client participates that provide a “work” or “work-like” experience, but do not meet the criteria for “employment” as described below. Work-related activities are intended as a transitional phase leading to work-readiness and unsubsidized employment.

*Note: Once the individual has initiated a work-related activity and been counted as “New,” even if the work-related activity changes during the following months, the activity is subsequently reported in the “Total” category.*

The following represents activities that can be counted in the WRA category:

Education (minimum of 30 consecutive calendar days in order to be reported): Formalized curricula/instruction comprising remedial, elementary, secondary or post-secondary academic levels, aimed at increasing academic achievement levels. The services must be provided by a program licensed, certified, or approved for educational services by the applicable governmental agency (e.g., State Education Department, NYC Board of Education). The chemical dependence program site is an acceptable location for the delivery of these services so long as the services meet specific educational license or approval.

Vocational Skills Training (minimum 30 consecutive calendar days for reporting, with certain exceptions): Formalized instruction for the purposes of acquiring skills for a specific trade or occupation. These services must be provided in a program funded and/or accredited for skills training by a government agency. Training that is less than 30 days in length can be reported if a certificate of completion has been obtained.

Volunteer Work (no 30-day requirement; minimum five hours per week in order to be reported): The purpose of this activity is to prepare for eventual gainful employment.

Sheltered Employment (30 consecutive calendar days to be reported): In order to qualify as a work-related activity, sheltered employment must be an appropriately certified program, and earnings must be below minimum wage.

Situational Assessment (no 30-day requirement): Paid or unpaid activity (e.g., NYS VESID) intended to evaluate an individual’s work skills and performance in a supervised and structured work setting.

Workfare/ Work Experience Program (WEP) (no 30-day requirement): A specific work assignment required of public assistance recipients by a local social services district in exchange for their public assistance, food stamps, and/or Medicaid benefits.

Subsidized Employment (30 consecutive calendar days to be reported): A formalized program consisting of subsidized employment in a “real” work setting, designed to prepare the individual for unsubsidized employment.

Unsubsidized Employment (30 consecutive calendar days to be reported): Less than 20 hours per week, but otherwise meets the criteria for employment below.

*Written verification of all work-related activities must be maintained either in the case record or in a centralized location. Verification can be accomplished by receipt of attendance records (from school, training, etc.), instructor letter(s), or other methods, if approved in writing by OASAS.*

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**Work-Related Activities (WRA), Total (all programs)** – All individuals, including “New,” who continue to be in WRA for the reporting month. As noted in the “WRA New” section above, once the individual has initiated a work-related activity and been reported as “New,” even if the work-related activity changes during the following months, the activity is subsequently reported in the “Total” category. Clients who are in a work-related activity at admission can be counted in the “Total” category after one month in the program.

**Work-Readiness Status (WRS), New (only for programs with OASAS-funded vocational services)** – Clients are considered “work-ready” when they are ready to begin unsubsidized employment. Programs are required to utilize the OASAS Work-Readiness Status Checklist to determine whether a client is work-ready. The 30-day requirement does not apply here; clients can be counted the same month they achieve work-readiness status. The checklist does not apply to clients who are employed at admission or who are unavailable for vocational services.

*A completed Work-Readiness Status Checklist (PAS-68) in the client case record serves as a verification of work readiness status. (The Work-Readiness Status Checklist may be found on the OASAS web site in the PAS forms section.)*

**Work-Readiness Status (WRS), Total (only for programs with OASAS-funded vocational services)** – All individuals, including “New,” who continue to be in WRS for the reporting month.

**Employment for 30-59 days, (all programs)** - A client who obtains unsubsidized work for which he/she collects wages, receives a W-2 or 1099 statement from an employer, and is employed between 30 to 59 consecutive calendar days. Employment must be a minimum of 20 hours per week, and earnings must be at least minimum wage. Temporary positions qualify for reporting as long as the above criteria are met. If a client is in sheltered employment but is earning more than minimum wage and working more than 20 hours per week, he/she can be counted under “Newly Employed.” **“Off-the-books” employment is not a reportable work activity.**

*Employment must be verified. Verification can be accomplished by pay stub collection, other employer documentation, or other methods, if approved in writing by OASAS.*

**Employment for 60-89 Days, New (all programs)** – Any individual achieving between 60 and 89 days of consecutive employment during the reporting month. However, employment can be reported if a break in employment is a maximum of 14 days (10 work days). **Clients who are employed at admission can be counted here after 30 days in the program.** *Employment must be verified. Verification can be accomplished by following the same documentation procedure described above for “Employed, New.”*

**Employment for 90-119 days, New (only for programs with OASAS-funded vocational services)** – Any individual achieving between 90 and 119 days of consecutive employment during the reporting month. However, employment can be reported if a break in employment is a maximum of 14 days (10 work days). **Clients who are employed at admission can be counted here after 45 days in the program.** *Employment must be verified. Verification can be accomplished by following the same documentation procedure described above for “Employed, New.”*

**Employment for 120 Days or More (only for programs with OASAS-funded vocational services)** – Clients who are employed for 120 days or more of consecutive employment during the report month. However, employment can be reported if a break in employment is a maximum of 14 days (10 work days). *Verification of employment (as described above) is not required for this category. A client is reported in this category after having been reported in the previous category in the prior month.*

NYS Office of Alcoholism and Substance Abuse Services  
**Monthly PRU Service Delivery Report Instructions**

**Unavailable for Vocational Services (all programs)** - Those clients who are not appropriate for vocational services during the current reporting month. They must fit one of the following categories:

- **Goal is not employment or other vocational activities:** Examples may include: retired, severely disabled, or caregivers within their own household. *A case note in the client record serves as documentation.*
- **Confined to an Outside Institution (for at least two weeks during the month):** Examples may include hospital, detox, incarcerated. *A case note in the client record serves as documentation.*
- **Brief Admission:** Clients who discontinue treatment during the month they are admitted.
- **Undocumented Client:** Clients who are ineligible for federal public benefits, including Medicaid and public assistance; any individual not legally able to work in the United States. *A case note in the client record serves as documentation.*
- **Recent Admission:** Clients recently admitted who may not yet have been evaluated regarding their availability for employment/vocational services during the month they are admitted.
- **Employed at Admission:** Such persons cannot be credited as “Newly Employed.” However, the individuals will qualify for the employment retention categories, as described in the employment retention categories above.

**All other clients are expected to be available for employment/vocational services.**