NYS Office of Alcoholism and Substance Abuse Services

Monthly Service Delivery Report
Part 822 Instructions
For Reports Beginning 11/2011 and Beyond

REPORTING INSTRUCTIONS – ALL OUTPATIENT PROGRAM TYPES (Non-Crisis)

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 V1 through V5 will be automatically calculated based on admissions, discharges, and waiting list reporting:

Line V1: Number in Treatment – Beginning of Month
Line V2: Number Admitted/Transferred to this PRU – This Month
Line V3: Number Discharged/Transferred from this PRU – This Month
Line V4: Number in Treatment – End of Month
Line V5: Total Applicants on Waiting List – End of Month

Terms Used

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

Significant Others (Outpatient clinics and Outpatient Rehabilitation only) Significant Others are 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 Patient and are not considered a Significant Other.

Other Persons Other Persons are persons who were assessed and a determination was made that they do not require treatment services and/or cannot be admitted or refuse admission for treatment services in the program. Note: Collateral persons receiving an assessment but not admitted to the program as either a Primary Patient or Significant Other are to be counted as Other Persons.

Waiting List A program may establish a waiting list for applicants who are awaiting treatment services because the 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. This item is calculated by the system based on entries to the PAS-51.

Treatment Visit Duration

All visits and/or encounters reported to OASAS must be of sufficient importance and/or duration to be documented in the patient's record.

Patients may receive one or more *services* per day, but report only one *visit* per patient per day.

The length of treatment visit counted for a patient should reflect the total amount of time the patient received treatment services in the program on a given day (e.g., if a patient attends an individual and a group session [one hour each] in one day, they would be counted on line V9: "120-179 minute" category).

Line V6: Less than 30 minutes
Enter the total number of Brief Visits provided to patients during the month that were less than 30 minutes in duration. This may include Screening/Brief Intervention/Brief Treatment (SBIRT) services reported on Line V15.

DO NOT INCLUDE **'MEDICATION ADMINISTRATION AND OBSERVATION'** SERVICE VISITS FROM LINE V16**.**

PLEASE NOTE: Other than a **Medication Administration and Observation** service visit, programs may report any documented visits less than 30 minutes in duration on line V6.

Line V7: Treatment Visits 30 – 59 minutes
Enter the total number of Treatment Visits provided to patients during the month that were at least 30 minutes but less than 60 minutes (one hour) in duration.

Line V8: Treatment Visits 60 –119 minutes
Enter the total number of Treatment Visits that were provided to patients during the month that were at least 60 minutes but less than 120 minutes (two hours) in duration.

Line V9: Treatment Visits: 120 –179 minutes
Enter the total number of Treatment Visits provided to patients during the month that were at least 120 minutes (two hours) but less than 180 minutes (three hours) in duration.

Line V10: Treatment Visits: 180 minutes or longer
Enter the total number of Treatment Visits provided to patients during the month that were 180 minutes (three hours) or longer in duration.

Admission Assessments Completed

Line V11: **Assessments Completed - This Month**

Enter a count for the number of individuals (Primary, Significant Others, and Other persons) for which the assessment process was **completed** during the month by program staff. At least one assessment visit must be reported during a report month for each completed assessment reported. For example, if a patient received one assessment visit on February 20, the second assessment visit on February 27, and the third assessment on March 3, assessment would be reported as completed on the March PAS-48N. (Note: The program would count the first and second admission assessment visits on the February PAS-48N and the third visit on the March PAS-48N).

Admission Assessment Visits

Lines V12 a-c

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 three (3) assessment visits per patient episode.
Enter the total number of Assessment Visits provided during the month by direct care staff by length of the visit:

Direct Care Staff (See **Staffing Resources**, page 6)

- Primary Counselors
- Non-Primary counselors
- Other Direct Care Staff

Admission Assessment Visits Length
Brief : 15-29 min
Normative: 30-74 min
Extended: 75 Minutes or longer

Counseling Sessions

Lines V13 a-c

Individual Counseling - is a face-to-face service between a clinical staff member and a patient focused on the needs of the patient to be delivered consistent with the treatment/recovery plan, its development or emergent issues. This includes verbal therapy and supportive interventions.

Enter the total number of Counseling Sessions provided during the month by direct care staff by length of the session.

Direct Care Staff (See **Staffing Resources**, page 6)

- Primary Counselors
- Non-Primary counselors
- Other Direct Care Staff

Counseling Session Length

- Brief: 25-44 minutes
- Normative: 45 minutes or longer

NOTES:

1. Do not include Admission Assessment sessions. Counseling sessions can only be provided *on or after* the patient's admission date and prior to, or on, the patient's discharge date.
2. Clinical Direct Care Staff may report more than one session per day per individual patient although this would be unusual.
3. May include psychotherapy, and post-admission evaluation.

Group Counseling - is a face-to-face service between one or more clinical staff and multiple patients at the same time, to be delivered consistent with patient treatment/recovery plans, their development or emergent issues. This includes verbal therapy and supportive interventions.

Enter the total number of Group Counseling Sessions provided during the month by direct care staff by length of the session (60 minutes or longer).

Direct Care Staff (See **Staffing Resources**, page 6)

- Primary Counselors
- Non-Primary counselors
- Other Direct Care Staff

Counseling Session Length

- 60 minutes or longer

NOTES:

1. Includes general group counseling, specialty group counseling, family group* counseling, and informational/educational sessions of 15 or fewer patients, that include 30 minutes or more of discussion.
2. Clinical Direct Care Staff may report more than one group session per day.
3. Family/couples counseling sessions where two or more of the participants are active primary patients in your program are counted as a group counseling session.

* *With or without presence of primary patient.*

Other Ambulatory Patient Group (APG) Services

This section should be completed by Part 822 programs regardless of the payor source.

Enter the total number of services provided (not visits) during the month for each of the APG services. The APG Service code is included within [ ]. For example, the APG service code for Intensive Outpatient Service is 327.

Please refer to http://www.oasas.ny.gov/admin/hcf/APG/Index.cfm#encounterform for more details.

V14 Outpatient Rehabilitation [328,329] (applies to Outpatient Rehabilitation programs only**)**

V15 Screening/Brief Intervention/Brief Treatment (SBIRT] [324]

V16 Medication Administration and Observation (less than 15 minutes) [322]

- Enter the number of documented sessions in which patients received regularly scheduled doses of addiction medication.
- DO NOT INCLUDE **MEDICATION ADMINISTRATION AND OBSERVATION** ON LINE V6.
- Do *not* include Guest Dosing as a Medication Administration or on Line V6.

PLEASE NOTE: Other than a Medication Administration and Observation service visit, programs may report any documented visit less than 30 minutes in duration on line V6.

V17 Medication Management Routine/Complex [426]

V18 Collateral Visit [317]

V19 Complex Care Coordination [490]

V20 Peer Support [490]

V21 Intensive Outpatient Service (IOS) [327]

V22 Physical Health Services [840-843]

V23 Psychiatric Assessment [315, 316]

Staffing Resources

Lines V24 and V25

Direct Care Staff, for reporting purposes, includes qualified health professionals (as defined in regulations) and other clinical treatment 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 Direct Care Staff.**

***Treatment Services** are **direct services** to one or more primary patients or significant others who have been admitted to a program and include examination, diagnosis, evaluation, treatment or rehabilitation. Treatment services **do not** include the initial assessment prior to admission to treatment (Admission Assessments).

Primary Counselor: a clinical staff member who has an assigned patient caseload and who has primary responsibility for managing the treatment of those patients.

Non-Primary Counselor: a direct care staff not assigned a caseload.

Other Direct Care Staff: other clinical treatment staff who are not Primary Counselors or non-Primary Counselors as defined above. May include student interns and volunteers.

Calculation of Direct Care Staff Full-Time Equivalents (FTEs)

The total of FTE staff positions adds the total the number of actual staff resources on payroll, equivalent to full-time staffing working the same number of hours. It **is not** a count of individuals who make up your direct care staff unless all staff such staff are full-time employees. For example, if your direct care staff are made up of one full-time person (i.e., 1 FTE = 40 hours per week), one person who works half-time (i.e., 20 hours or 0.5 FTE) and one person who works one-quarter time (i.e., 10 hours or 0.25 FTE), the total direct care staffing is 1.75 FTEs (1.0 + 0.5 + 0.25 =1.75).

Part-time staff often do not work the same number of hours. To determine the percent FTE their hours represent, divide the number of hours for each part-time staff person worked by the number of hours that a full-time direct care staff person worked during the same period. For example, full-time direct care staff at Program ABC work a 40 hour week. The program has two part-time staff: one who works 18 hours per week and the other works 32 hours per week. The first part-time staff is 0.45 FTE (18 divided by 40). The second part-time worker is 0.80 FTE (32 divided by 40). Together, the part-time staff account for 1.25 FTEs (0.45 + 0.80 = 1.25). Calculating the percent FTE of per diem staff would be the same. First, determine the number of hours they work per week, and then divide by the number of hours a full-time staff person on works.

In some instances, it becomes more complicated. For example, Program XYZ has a social worker who, in addition to providing relapse prevention groups to all program patients, also carries a half caseload of patients in which he/she is the primary counselor. In this instance, Program XYZ would report the social worker as 0.5 Other Direct Care FTE for the relapse prevention work, and 0.5 FTE Primary Counselor (because of the half caseload).

In some programs, program directors or clinical directors, generally considered administrative staff (because their primary function is not to treat patients), also carry a partial caseload. For this example, a full-time program director also carries a 5 patient caseload (i.e., he/she is the primary counselor for 5 patients). If the typical caseload for 1.0 FTE primary counselors is 25, the program director is a 0.20 Primary Counselor FTE (5 divided by 25). He/she would be reported on the PAS-48N as 0.20 FTE Primary Counselor, 0.0 Non-Primary Counselor and 0.0 FTE Other Direct Care Staff.

A staff person (e.g., program director or clinical director) who does not carry a caseload and whose duties are primarily administrative, but provides clinical supervision, **is not** counted as direct care staff.

Total Direct Care Staff on Payroll - End of Month
Line V24:

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). Calculate the FTEs that are Primary Counselors, Non-Primary Counselors and Other Direct Care staff.

The system will calculate 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 Non-Primary Counselor FTEs on payroll at the end of the month.
- Enter the total number of Other Direct Care Staff FTEs on payroll at the end of the month.

Total Direct Care Staff Vacancies - End of Month
Line V25:

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 FTE vacancies that are for Primary Counselors and the number of FTEs that are vacancies for Other Direct Care staff.

The system will calculate the total number of Direct Care staff FTE vacancies at the end of the month.

- Enter the number of Primary Counselor FTE vacancies at the end of the month.
- Enter the number of Non-Primary Counselor FTE vacancies at the end of the month
- Enter the number of Other Direct Care FTE vacancies at the end of the month.

Clinical Supervision Sessions

Clinical supervision is defined as “a social influence process that occurs over time in which the supervisor participates with the supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus and evidence-based practices” (TAP 21A).

OASAS regulations require programs to have supervision policies and procedures but currently do not specify the qualifications for clinical supervisors, nor do they identify a specified frequency. However, clinical supervision is viewed as an evidence-based practice and regularly scheduled supervision is encouraged.

Line V26: **Number of Individual Clinical Supervision Sessions**

Individual Clinical Supervision is a one-on-one session between the clinical supervisor and a clinical staff person. It is **NOT** a session where the focus is reviewing charts for completeness and compliance. It is focused on the development of counseling skills and methods. Clinical Supervision can include case reviews with this focus. It is at least 30 minutes in duration and is almost always scheduled. Individual Clinical Supervision Sessions include direct observation of counseling sessions by clinical staff.

Line V27: **Number of Group Clinical Supervision Sessions**

Group Clinical Supervision consists of one or more clinical supervisors with two or more clinical staff. It is **NOT** a session where charts are reviewed for completeness and compliance. It is focused on the development of counseling skills and methods. Group Clinical Supervision can include case reviews with this focus. It is at least 30 minutes in duration and is almost always scheduled.

Employment Vocational Status

This section applies ONLY to programs that receive vocational funding from OASAS or are otherwise required to report vocational data. All other programs do not complete this section:

Line V28: **Employment/Vocational Status - Active Patients**

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 V4 (Primary Patients)).

- 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 (patients employed 30-59 days during the report month);
- Employed for a minimum of 60 days (patients who reach 60-89 days employment during the report month);
- Employed for a minimum of 90 days (patients who reach 90-119 days employment during the report month);
- Employed for 120 days or more; and
- Unavailable for vocational services.

Work-Related Activities (WRA), New – Those activities in which a patient 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.

Work-Related Activities (WRA), Total – 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. Patients 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 – Patients 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 patient is work-ready. The 30-day requirement does not apply here; patients can be counted the same month they achieve work-readiness status. The checklist does not apply to patients who are employed at admission or who are unavailable for vocational services.

A completed Work-Readiness Status Checklist (PAS-68) in the patient 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 – All individuals, including "New," who continue to be in WRS for the reporting month.

Employment for 30-59 days - A patient 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 patient 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 – 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). **Patients 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 – 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). **Patients 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 – Patients 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 patient is reported in this category after having been reported in the previous category in the prior month.*

Unavailable for Vocational Services- Those patients 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 patient 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 patient record serves as documentation.*
- **Brief Admission:** Patients who discontinue treatment during the month they are admitted.
- **Undocumented Client:** Patients 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 patient record serves as documentation.*
- **Recent Admission:** Patients 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 patients are expected to be available for employment/vocational services.