

NYS Office of Alcoholism and Substance Abuse Services
Monthly PRU Service Delivery Report (PAS-48N) Outpatient Instructions
For Reports for 4/01/09 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 1 through 5 for the following 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

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 admitted or refuse admission 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. This item is calculated by the system based on entries to the PAS-51.

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.

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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 V6: 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 V7: 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 V8: 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 V9: 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.

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.

Calculation of Full-Time Equivalent (FTE) Staff

A count of FTE staff counts the number of actual staff, or portions of actual staff, that are equivalent in hours worked to the number of full-time staff. It **is not** necessarily a count of individuals who make up your staff. For example, if you have one full-time person (i.e., 1 FTE), one person who works half-time (i.e., .5 FTE) and one person who works one-quarter time (i.e., .25 FTE), the total number of FTEs that you have is 1.75 FTEs (1+.5+.25).

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Sometimes part-time staff 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 by the number of hours that a full-time staff person works. For example, full-time staff at program X work a 40 hour week and they have 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 .45 FTE (18 divided by 40). The second part-time worker is .71 FTE (32 divided by 40). Together, the part-time staff are 1.16 FTEs (.45 + .71). 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 works.

In some instances, it becomes more complicated. For example, program Z has a social worker who, in addition to providing relapse prevention groups to all program clients, also carries a half caseload of clients in which he/she is the primary counselor. In this instance, program Z would report the social worker as 1 Direct Care FTE, and then report him/her as a .5 FTE Primary Counselor (because of the half caseload) and a .5 FTE Other Direct Care Staff (because of his/her other direct care duties).

In some programs, the program director or clinical director, who are generally considered administrative staff (because they don't directly treat the clients), also carry a partial caseload. For this example, let's assume that a full-time program director also carries a 5 client caseload (i.e., he/she is the primary counselor for 5 clients). If the typical caseload for primary counselors is 25, the program director is a .2 primary counselor FTE (5 divided by 25). He/she would be reported on the PAS-48N as .2 FTE Direct Care Staff, .2 FTE Primary Counselor and 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 who provides clinical supervision, **is not** counted as direct care staff.

Line V10: 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 V11: 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 FTE 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 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 Other Direct Care FTE vacancies at the end of the month.

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ASSESSMENTS COMPLETED AND ASSESSMENT VISITS

Line V12: 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. At least one assessment visit must be reported during a report month for each completed assessment reported. For example, if a client received one assessment visit on February 27 and the second assessment visit on March 3rd, the program would count the first assessment visit on the February PAS-48N and the second visit on the March PAS-48N. The completed assessment would also be reported on the March PAS-48N. See definition of "Other Persons" on Page 1.

Line V13: 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. See definition of "Other Persons" on Page 1.

MEDICATION VISITS (Methadone Programs Only)

Line V14: 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 V14 and either Lines V6, V8, V8 or V9. 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. Counselors may report more than one session per day per individual client although this would be unusual.
5. Is usually scheduled but may be provided as needed.
6. May include psychotherapy, and post-admission evaluation.
7. May not include pre-admission assessment sessions.

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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.*

FAMILY 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. Direct care staff may report more than one session per day per family/couple but this would be unusual.
5. Is usually scheduled but may be provided as needed.
6. May include couples counseling and *family counseling.
7. May not include pre-admission assessment sessions.

* *With or without presence of primary patient.*

Line V15: Number of Individual Counseling Sessions

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

Line V16: Number of Group Counseling Sessions

Enter the total number of documented group counseling sessions conducted by primary counselors during the report month. This is the number of counseling sessions conducted by the counselors, **NOT** the number of clients attending the sessions.

Line V17: 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.

CLINICAL Supervision

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).

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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 V18: 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 V19: 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.

Line V20: See last section entitled "EMPLOYMENT/VOCATIONAL STATUS"

VISITS FOR ADDITIONAL LOCATIONS

Line V21: Outpatient programs with approved additional locations are required to report the number of visits (of the total visits reported at the PRU level) that take place at each of these locations. Prior to entering this number on the PAS-48N applications screen, it is necessary to select the specific location from a list of the additional locations belonging to the provider organization. **After entering an additional location's number of visits, you must press the "Save" button.**

Programs that have additional locations must enter the total visits for the month for each additional location address.

Note: The drop down menu includes ALL additional locations for a Provider Number and is not limited to additional locations for a program/PRU. You must choose the additional location that pertains to the program (PRU) for which you are completing the PAS-48N MSD Report.

Sample Drop Down Screen

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Additional Locations

Site Location	Total Visits Deleted?
* <input type="text"/>	* <input type="checkbox"/>
* Test Street 1, Test Building 1, Test City 1	* <input type="checkbox"/>
Test Street #2, Test Building #2, Test City #2	
730 Kelly Street, 2nd F, Bronx	
89-25 Parson Boulevard, Queens YMCA, 2nd a, Jamaica	
* Report Status? : <input type="text"/>	

Total Visits reported for each additional location:

1. May not total more than the Visits reported for the PRU.
2. May include the following types in the Total Visits:
 - Assessments
 - 30 minutes - < 2 hours
 - 2 hours - < 4 hours
 - 4 hours or more
3. Can not include brief or medication visits.

Programs should not be reporting more than 3,000 Total Visits per additional location per year (total monthly visits should rarely exceed 250 visits).

Example: – For a given month, an outpatient program, with two additional locations correctly reported a total of 120 visits as follows:

They provided 75 *Treatment Visits: 30 minutes - <2 hours*; and 20 *Treatment Visits: 2 hours - <4 hours* at their main site.

They also provided 15 *Treatment Visits: 30 minutes - <2 hours* at one additional location and 10 *Treatment Visits: 30 minutes - <2 hours* at the second additional location.

They would complete their MSD Report as follows:

Visits	Total	Primary Clients	Significant Others
Brief Visits: 15min - < 30min :	*	*	*
Treatment Visits: 30min - < 2hrs :	100	100	*
Treatment Visits: 2hrs - < 4hrs :	20	20	*
Treatment Visits: 4hrs or more :	*	*	*

← (75+15+10)

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Additional Locations		
Site Location	Total Visits	Delete?
* Test Street #2, Test Building #2, Test City #2	* 15	<input type="checkbox"/>
* 730 Kelly Street, 2nd F, Bronx	* 10	<input type="checkbox"/>
*	*	<input type="checkbox"/>

Service Delivery Report Status
* Report Status?: Hold

Save Run MSD Report

Indicate status as complete and hit "Save".

Editing Visits for Additional Locations

If an error was made in reporting visits for an additional location and saved as either "Hold" or "Complete":

Go back into the MSD report that needs to be changed:

1. Change the Total Visits number that is incorrect;
2. Change the location if the number is correct but the location is incorrect; Or
3. Use the delete box to delete the entire entry.

Save the MSD report again.

Any questions may be directed to the Help Desk at (518) 485-2379 or the staff of the Division of Outcomes Management and System Investment at (518) 485-7189.

Line V20: See "EMPLOYMENT/VOCATIONAL STATUS" section below. This section applies ONLY to programs that receive vocational funding from OASAS. All other 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 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);

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- Employed for 120 days or more; and
- Unavailable for vocational services.

Work-Related Activities (WRA), New – 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.

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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. 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 – 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 – All individuals, including “New,” who continue to be in WRS for the reporting month.

Employment for 30-59 days - 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 – 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 – 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.”*

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Employment for 120 Days or More – 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.*

Unavailable for Vocational Services- 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.