REPORTING INSTRUCTIONS – ALL CRISIS PROGRAM TYPES

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

**Program Number**
Enter the assigned five-digit Program Number.

**Provider**
Enter name of the treatment program.

**Month/Year**
Enter the month and year of the reporting period, e.g., June 2019 = 06/19.

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

- **Line C1:** Number in Treatment – Beginning of Month
- **Line C2:** Number Admitted/Transferred to this program – This Month
- **Line C3:** Number Discharged/Transferred from this program – This Month
- **Line C4:** Number in Treatment – End of Month
- **Line C5:** Patient Days
- **Line C6:** Visits (Medically Supervised Withdrawal – Outpatient Only) – Report only one visit per client per day.

*For Medically Managed Detoxification Programs Only*

*Lines 7 through 9 for the following will be automatically calculated based on information reported on the PAS-46N:*

- **Line C7:** Number of Days in Observation “Beds”
- **Line C8:** Number of Days in Medically Managed Detoxification Beds
- **Line C9:** Number of Days in Medically Supervised Withdrawal Beds

**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 program 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).

Sometimes part-time staff work different amount 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 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 C10: 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 C11: 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.

**Line C12: Total Direct Care Staff Positions – End of Month**

These will be automatically calculated by the system based on program entries to Lines C10 and C11.