

NYS OFFICE OF ADDICTION SERVICES AND SUPPORTS
MONTHLY SERVICE DELIVERY REPORT
Part 822 Programs
Use Beginning 10/2015

| Provider ID No. | Program Number | Program Name | Report Month/Year |
|-----------------|----------------|--------------|-------------------|
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| | | | Primary Patients | Significant Others |
|-------------------------------------------------------------------------------|-----|-------------------------------------------------------------|------------------|--------------------|
| Census and Waiting List Information (Calculated by Application) | V1 | Number in Treatment – Beginning of Month | | |
| | V2 | Number Admitted/Transferred to this program– This Month | | |
| | V3 | Number Discharged/Transferred from this program– This Month | | |
| | V4 | Number in Treatment – End of Month | | |
| | V5 | Total Applicants on Waiting List – End of Month | | |
| | | | Visits | |
| Treatment Visit Duration | | | | |
| Treatment Visits | V6 | Less than 30 minutes | | |
| | V7 | 30-59 minutes | | |
| | V8 | 60-119 minutes | | |
| | V9 | 120-179 minutes | | |
| | V10 | 180 minutes or longer | | |
| Continuing Care | V11 | Total number of Continuing Care Visits | | |

| | | | Primary Patient | Significant Others | Other Persons |
|----------------------------------------|------|----------------------------------------------|-------------------------|--------------------------|-----------------------|
| Admission Assessments Completed | V12 | Admission Assessments Completed – This Month | | | |
| | | | Assessment Visit Length | | |
| | | | Brief (15-29 min) | Normative (30-74 min) | Extended (75 min+) |
| Admission Assessment Visits | V13a | Primary Counselor | | | |
| | V13b | Non-Primary Counselor | | | |
| | V13c | Other Direct Care Clinical Staff | | | |

| | | | Individual Counseling | | Group Counseling |
|----------------------------|------|----------------------------------|-----------------------|------------------------|------------------|
| | | | Brief (25-44 min) | Normative (45+ min) | |
| Counseling Sessions | V14a | Primary Counselor | | | |
| | V14b | Non-Primary Counselor | | | |
| | V14c | Other Direct Care Clinical Staff | | | |

| | | | Total | Partial] (2-4 hrs) | Full (Over 4 hrs) |
|------------------------------------------------|-----|--------------------------------------------------------------|-------|-----------------------|----------------------|
| Other Ambulatory Patient Group Services | V15 | Outpatient Rehabilitation | | | |
| | V16 | Screening, Brief Intervention, Referral to Treatment (SBIRT) | | | |
| | V17 | Medication Administration & Observation | | | |
| | V18 | Medication Management Routine/Complex | | | |
| | V19 | Collateral Visit | | | |
| | V20 | Complex Care Coordination | | | |
| | V21 | Peer Support | | | |
| | V22 | Intensive Outpatient Service (IOS) | | | |
| | V23 | Physical Health Services | | | |
| | V24 | Psychiatric Assessment | | | |

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| | | | | | | |
|---------------------------|-----|------------------------------------------------------|------------------------------------------------------|---------------------------------------|-------------------------------------------|-----------------------------------|
| Staffing Resources | | | Total Direct Care Clinical Staff FTEs | Primary Counselor FTEs | Non-Primary Counselor FTEs | Other Direct Care FTEs |
| | V25 | Direct Care Clinical Staff on Payroll – End of Month | | | | |
| | V26 | Direct Care Clinical Staff Vacancies – End of Month | | | | |

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|--------------------------------------|-----|----------------------------------------------------|--|--|
| Clinical Supervision Sessions | V27 | Number of Individual Clinical Supervision Sessions | | |
| | V28 | Number of Group Clinical Supervision Sessions | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|--------------------------------|--------------|------------------------------|--------------|-------------------|-------------------|--------------------|-------------------------|---------------------------|
| Employment/ Vocational Status <i>(Completed only by programs with OASAS-funded vocational counselors or vocational service contractor.)</i> | | | Work-Related Activities | | Work-Readiness Status | | Employment | | | | Status Unavailable |
| | | | | | | | New | | | 120 Days or more | |
| | | | New | Total | New | Total | 30-59 Days | 60-89 Days | 90-119 Days | | |
| V29 | Employment/Vocational Status – based upon number in treatment—end of Month, Primary Clients | | | | | | | | | | |