



**Office of Addiction
Services and Supports**

New PAS Forms and Instructions

Residential Redesign Part 820

PRESENTERS

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OBJECTIVES

1. How to locate new PAS Forms
2. Understand new data items and use
3. Transfers and Transition Documentation
4. Review Monthly Service Report

**RESIDENTIAL
REDESIGN
ELEMENTS OF CARE**

State and National Medicaid Redesign Initiatives recognize the critical role of substance use disorder (SUD) services; including residential treatment services, within the full continuum of services required to meet the triple aim of:

- [Improving the quality / experience of care](#)
- [Improving the health of populations](#)
- [Reducing per capita costs of health care.](#)

New PAS Forms and Instructions

The screenshot shows the OASAS Applications site navigation. The 'Home' tab is selected. Under 'Application Documentation', there are links for 'OASAS Application Quick Tips/Help Desk Contact Info', 'CDS Quick Reference', 'MSD (PAS-48) Frequently Asked Questions', 'Login and Change Password User Guide', and 'OASAS External Access Request Form (IRM-15)'. The 'CDS Documentation' section is expanded, showing 'Forms and Instructions', 'User Guides', and 'Online Tutorials/Courses'. Under 'Forms and Instructions', there are four tabs: 'CDS Starting 10/1/2014', 'CDS Starting 4/1/2017' (highlighted with a red box), 'CDS 4/1/09-9/30/14', and 'CDS 1/1/07-3/31/09'. Below the tabs, a text block states: 'These Client Data System forms must be used for admissions, discharges, and crisis services with transaction data used beginning with the October 2014 report that is due by November 10, 2014. Admissions, discharges, and crisis services previous forms located in the other tabs in this region regardless of the date they are entered in the system.'

The documentation pertaining to the Client Data System (CDS) V5.1 changes can be found on the Applications site (<https://apps.oasas.ny.gov>). They are available on the Home tab so log in is not required. The draft version of the new forms can be accessed by clicking on the sub-menu of “CDS Starting 4/1/2017”.

Forms and Instructions

[Assessment Form \(PAS-61N, April 2017\)](#)

[Instructions](#)

[Admission Form \(PAS-44N, April 2017\)](#)

[Instructions](#)

[Child In Residence Form \(PAS-91, April 2017\)](#)

[Instructions](#)

[Crisis Episode Form \(PAS-46N, April 2017\)](#)

[Instructions](#)

[Discharge Form \(PAS-45N, April 2017\)](#)

[Instructions](#)

[Element Transition Form \(PAS-125, April 2017\)](#)

[Instructions](#)

[Opioid Annual Update Form \(PAS-26N, April 2017\)](#)

[Instructions](#)

[Transfer Form \(PAS-47, April 2017\)](#)

[Instructions](#)

[Waiting List Applicant Form \(PAS-51N, November 2006\)](#)

[Instructions](#)

Monthly Service Delivery Report (MSD Report) Forms and Instructions

[Monthly Service Delivery Report Form - Crisis Services Programs \(PAS 48NC, April 2009\)](#)

[Instructions](#)

[Monthly Service Delivery Report Form - Programs Reporting Patient Days \(PAS 48N Days, April 2009\)](#)

[Instructions](#)

[Monthly Service Delivery Report Form - Part 820 Programs \(PAS 48N, April 2017\)](#)

[Instructions](#)

[Monthly Service Delivery Report Form - Part 822 Programs \(PAS 48N, November 2011\)](#)

[Instructions](#)

Click on any of the links that are found on that sub-menu to view forms and/or instructions. Also on this page, providers can find the CDS Batch Submission documentation.

New data items on the PAS forms

- Element of Care (PAS-44N, PAS-45N, PAS-47, PAS-125)
- Reintegration Setting (PAS-44N, PAS-45N, PAS-47, PAS-125)
- LOCADTR ID (PAS-44N, PAS-45N, PAS-46N, PAS-47, PAS-125)
- LOCADTR created date (PAS-44N, PAS-45N, PAS-46N, PAS-47, PAS-125)
- ICD-10 Diagnosis (PAS-44N, PAS-46N)

New data items on the PAS forms

- Physical Health-Related Conditions: Asthma, Hypertension, Diabetes, Result of TB Test (PAS-26N, PAS-44N, PAS-45N)
- Treated for Latent TB (PAS-26N, PAS-45N)
- Trauma: experience/witness trauma, added “Intimate Partner Violence” to Domestic Violence questions (PAS-44N, PAS-45N)
- Added options to discharge disposition
 - due to non-compliance- program rules,
 - violence
 - substance use
 - possession of contraband (PAS-45N, PAS-46N)

PAS-44 Admission Form

Client Admission Report FOR ADMISSIONS DATED 04/01/2017 AND BEYOND

Provider Number _____ **Program Number** _____
Provider Client ID _____ **Special Project (See instructions):** _____
Sex (at birth) Male Female **Birth Date** ____/____/____ **Last 4 SSN** _____
Last Name First 2 Letters _____ **Last Name First 2 Letters** _____ **Admission Date** ____/____/____
 (Birth Name) (Current Name)

Part 820 Program Information

Element of Care Stabilization Rehabilitation Reintegration
Reintegration Setting Congregate Scatter-Site

When entering a client admission for a Part 820 residential treatment program, an element of care will need to be selected. If the element of care is Reintegration, a reintegration setting will also need to be selected.

PAS-44 Admission Screen

Enter New Admission

Provider : 99998 - Brighter Tomorrows, Inc.

* Program : 1465 - Brighter Tomorrows SRR3

Client ID Information

* Provider Client ID : F1234

Special Project :

* Sex : Male

* Birth Date : 6/8/1989

* Last 4 SSN : 9658

* Last Name 2 Char : RE
(Birth Name)

* Admission Date : 7/2/2016
(mm/dd/yyyy)

Transaction Type :

* Last Name 2 Char :
(Current Name)

Part 820 Program Element Information

Element of Care :

Reintegration Setting :

History

LOCADTR Information

Assessment ID :

Created Date :
(mm/dd/yyyy)

TRS-61: Identifying Information (ID)

ID Consent Date :
(mm/dd/yyyy)

Last Name :
(Birth Name)

First Name :

ID Consent Revoke Date :
(ID Consent Revoke Date not required)

Last Name :
(Current Name)

Social Security Number :
(Dashes are optional)

TRANSFERS AND TRANSITIONS

PAS-47 Transfer Form

- The PAS-47 Transfer form has been updated to accommodate the reporting changes related to Part 820 residential programs.
- If a client is transferring between two residential programs within the same provider and the receiving program is a Part 820 residential treatment program, the element of care and (if applicable) the reintegration setting will need to be selected at the time the transfer is entered into the CDS.

PAS-47 Transfer Form

NYS Office of Alcoholism and Substance Abuse Services
 Transfer
 FOR TRANSFERS DATED 04/01/2017 AND BEYOND

Provider Number _____ Program Number _____

Part 820 Program Element Information											LOCADTR Information	
Provider Client ID	Sex (at birth)	Birth Date (____/____/____)	Last 4 SSN	Last Name First 2 Letters (at birth)	Transfer From PRU	Transfer From Admission Date (____/____/____)	Transfer To PRU	Transfer To Element of Care	Transfer To Reintegration Setting	Date of Transfer (____/____/____)	Assessment ID	Created Date (____/____/____)
	<input type="checkbox"/> Male <input type="checkbox"/> Female							<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site			

Part 820 PROGRAMS ONLY

For Part 820 residential treatment programs only, the current Element of Care and Reintegration Setting (if applicable) will display on the data entry screen.

PAS-47 Transfer Screen

Enter New Transfer

Provider : 99998 - Brighter Tomorrows, Inc.

Provider Client ID	Sex / Birth Date / Last 4 SSN / Last Name 2 Char	Current Program / To Program	Element Of Care	Reintegration Setting	LOCADTR Assessment ID	LOCADTR Created Date	Current Trans. Date / To Trans. Date
A1234	Male / 1/25/1984 / 1236 / PO	1412 - Brighter Tomorrows SRR2 * <input type="text"/>	<input type="text"/> History	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	1/2/2017 * <input type="text"/>

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Transfer | [Home](#) | [Close Application](#) | [Help](#)

PL1F-11

Enter New Transfer

Provider : 99998 - Brighter Tomorrows, Inc.

Provider Client ID	Sex / Birth Date / Last 4 SSN / Last Name 2 Char	Current Program / To Program	Element Of Care	Reintegration Setting	LOCADTR Assessment ID	LOCADTR Created Date	Current Trans. Date / To Trans. Date
D1234	Female / 6/19/1992 / 9632 / AD	1465 - Brighter Tomorrows SRR3 * <input type="text"/>	<input type="text"/> History	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	7/3/2016 * <input type="text"/>
B1234	Male / 5/8/1989 / 8521 / UI	1465 - Brighter Tomorrows SRR3 * <input type="text"/>	<input type="text"/> History	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	8/2/2016 * <input type="text"/>
E1234	Male / 5/5/1986 / 1236 / FE	1465 - Brighter Tomorrows SRR3 * <input type="text"/>	<input type="text"/> History	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	7/2/2016 * <input type="text"/>
F1234	Male / 6/8/1989 / 9658 / RE	1465 - Brighter Tomorrows SRR3 * <input type="text"/>	<input type="text"/> History	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	7/2/2016 * <input type="text"/>
C1234	Female / 6/25/1991 / 9632 / AS	1465 - Brighter Tomorrows SRR3 * <input type="text"/>	<input type="text"/> History	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	7/2/2016 * <input type="text"/>
A1234	Male / 1/25/1984 / 1236 / PO	1465 - Brighter Tomorrows SRR3 * <input type="text"/>	<input type="text"/> History	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	8/1/2016 * <input type="text"/>

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Transfer | [Home](#) | [Close Application](#) | [Help](#)

Part 820 Allowable Transfers – Program Type and Service (Effective April 1, 2017)

- Programs will be able to transfer clients to and from residential programs (as shown in grid on the next slide).
- Part 820 related allowable transfer combinations are shaded.
- When a transfer involves a client moving **to** Part 820 residential treatment program, the element and reintegration setting (if applicable) must be selected.

Part 820 Allowable Transfers – Program Type and Service (Effective April 1, 2017)

		Service Abbrev	Part 817	Part 819			Part 820 Residential							Part 822
			RRSY	Intensive Residential	Community Residential	Supportive Living	820 Stabil Rehab Reintegration	820 Stabil and Rehab	820 Rehab and Reintegration	820 Stabil and Reintegration	820 Residential Stabilization	820 Residential Rehabilitation	820 Residential Reintegration	MTA-Residential
Part 817	65	RRSY					•	•	•	•	•	•	•	
Part 819	26	Intensive Residential					•	•	•	•	•	•	•	
	11	Community Residential					•	•	•	•	•	•	•	
	12	Supportive Living					•	•	•	•	•	•	•	
Part 820 Residential	101	820 Stabil Rehab Reintegration	•	•	•	•	•	•	•	•	•	•	•	•
	102	820 Stabil and Rehab	•	•	•	•	•	•	•	•	•	•	•	•
	103	820 Rehab and Reintegration	•	•	•	•	•	•	•	•	•	•	•	•
	104	820 Stabil and Reintegration	•	•	•	•	•	•	•	•	•	•	•	•
	105	820 Residential Stabilization	•	•	•	•	•	•	•	•	•	•	•	•
	106	820 Residential Rehabilitation	•	•	•	•	•	•	•	•	•	•	•	•
	107	820 Residential Reintegration	•	•	•	•	•	•	•	•	•	•	•	•
	31	MTA-Residential					•	•	•	•	•	•	•	

PAS-125 Element Transition Form

Element Transition For Use By Part 820 Residential Programs Only

Provider Number _____ Program Number _____

Client Information					Transition Information			LOCADTR Information	
Provider Client ID	Sex (at birth)	Birth Date (____)	Last 4 SSN	Last Name First 2 Letters (at birth)	Transaction Date (____)	To Element of Care	To Reintegration Setting	Assessment ID	Assessment Date Created (____)
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Stabilization <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reintegration	<input type="checkbox"/> Congregate <input type="checkbox"/> Scatter-Site		

Above is the PAS-125 Element Transition form. This is to be completed each time a client moves to a different element of care ***within the same program.***

PAS-125 Element Transition Screen

CDS Home

* Provider



Actions

[Admission](#)

[Discharge](#)

[Opioid Treatment Annual Update](#)

[Element Transition](#)

[Crisis Episode](#)

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Element transition screen for program

Element Transition Search

Provider : 99998 - Brighter Tomorrows, Inc.

Provider Client ID : Current Program : 1412 - Brighter Tomorrows Transaction Date : From To
 Sex : Current Element of Care :
 Birth Date : Current Reintegration Setting :
 Last 4 SSN : Most Recent Element Only :
 Last Name 2 Char : Active Clients Only :

Provider Client ID	Sex	Last 4 Ssn Char	Last Name 2 Char	Current Program	From Transaction Date	From Element of Care/ From Reintegration Setting
<input type="checkbox"/> A1234	Male	1236	PO	1465 - Brighter Tomorrows SRR3	8/1/2016	Stabilization

* To Element of Care : To Reintegration Setting : * Transition Date :
 LOCADTR Assessment ID : LOCADTR Created Date :

<input type="checkbox"/> B1234	Male	8521	UI	1465 - Brighter Tomorrows SRR3	8/2/2016	Rehabilitation
<input type="checkbox"/> 1	Male	1234	AA	1412 - Brighter Tomorrows SRR2	2/21/2017	Stabilization
<input type="checkbox"/> C1234	Female	9632	AS	1465 - Brighter Tomorrows SRR3	7/2/2016	Reintegration/Scatter-Site
<input type="checkbox"/> D1234	Female	9632	AD	1465 - Brighter Tomorrows SRR3	7/3/2016	Reintegration/Scatter-Site
<input type="checkbox"/> E1234	Male	1236	FE	1465 - Brighter Tomorrows SRR3	7/2/2016	Rehabilitation
<input type="checkbox"/> 2	Male	1234	BB	1412 - Brighter Tomorrows SRR2	2/20/2017	Stabilization
<input type="checkbox"/> 3	Male	1234	CC	1412 - Brighter Tomorrows SRR2	2/19/2017	Reintegration/Congregate
<input type="checkbox"/> 4	Male	1234	DD	1412 - Brighter Tomorrows SRR2	2/18/2017	Rehabilitation
<input type="checkbox"/> 5	Male	1234	EE	1412 - Brighter Tomorrows SRR2	2/17/2017	Stabilization
<input type="checkbox"/> 6	Male	1234	FF	1412 - Brighter Tomorrows SRR2	2/16/2017	Rehabilitation
<input type="checkbox"/> 7	Male	1234	GG	1412 - Brighter Tomorrows SRR2	2/15/2017	Reintegration/Scatter-Site

Element transition screen for individual client via Client Management search

Client Search Results
Provider : 99998 - Brighter Tomorrows, Inc.

Select Client

Select Program No	Provider Client ID	Sex	Birth Date	Last 4 SSN	Last Name 2 Char	Trans	Transaction Type
<input type="radio"/> 1465	B1234	Male	5/8/1989	8521	UI	8/2	Admission

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New Element Transition

Provider : 99998 - Brighter Tomorrows, Inc.
Program : 1412 - Brighter Tomorrows SRR2

Client ID Information

Provider Client ID : A1234

Sex : Male

Birth Date : 01/25/1984

Last 4 SSN : 1236

Last Name 2 PO
Char :

Transition From

Element of Care : Rehabilitation

Reintegration Setting :

Transition Date: |01/02/2017|

Transition To

* Transition Date :

* To Element of Care :

To Reintegration Setting :

LOCADTR Assessment ID :

LOCADTR Created Date :

DISCHARGE

PAS-45 Discharge Form

Client Discharge Report FOR DISCHARGES DATED 04/01/2017 AND BEYOND

Provider Number _____ Program Number _____
 Provider Client ID _____
 Sex (at birth) Male Female Birth Date ___/___/___ Last 4 SSN _____ Last Name 2 Letters ___ (Birth Name)
 Date Last Treated ___/___/___

Part 820 Program Element Information

Days in Stabilization X X Days in Rehabilitation X X
 Days in Reintegration (Congregate) X X Days in Reintegration (Scatter-Site) X X

Part 820 Program Element Information will be available for review when a client is discharged from the CDS. If there appears to be an error in the days in element, previous transactions (such as transfers and/or transitions) should be edited.

PAS-45 Discharge Screen

Discharge Information

Provider : 99998 - Brighter Tomorrows, Inc.

Program : 1412 - Brighter Tomorrows SRR2

Client ID Information

Provider Client ID : A1234

Sex : Male

Birth Date : 1/25/1984

* Last 4 SSN : 1236

* Last Name 2 Char : PO
(Birth Name)

Date Admitted to Program : 1/2/2017

* Date Last Treated : 2/21/2017 
(mm/dd/yyyy)

Part 820 Program Element Information

Days in Stabilization : 6

Days in Reintegration (Congregate) : 8

Days in Rehabilitation : 10

Reintegration (Scatter-Site) : 100

[History](#)

LOCADTR Information

Assessment ID :

Created Date : 
(mm/dd/yyyy)

TRS-61: Identifying Information (ID)

ID Consent Date :

Last Name :

(Birth Name)

First Name :

Medicaid Client ID :

ID Revoke Date :

Last Name :

(Current Name)

Social Security Number :

Demographics

History

Enter New Transfer

Provider : 9999 - Brighter Tomorrows, Inc.

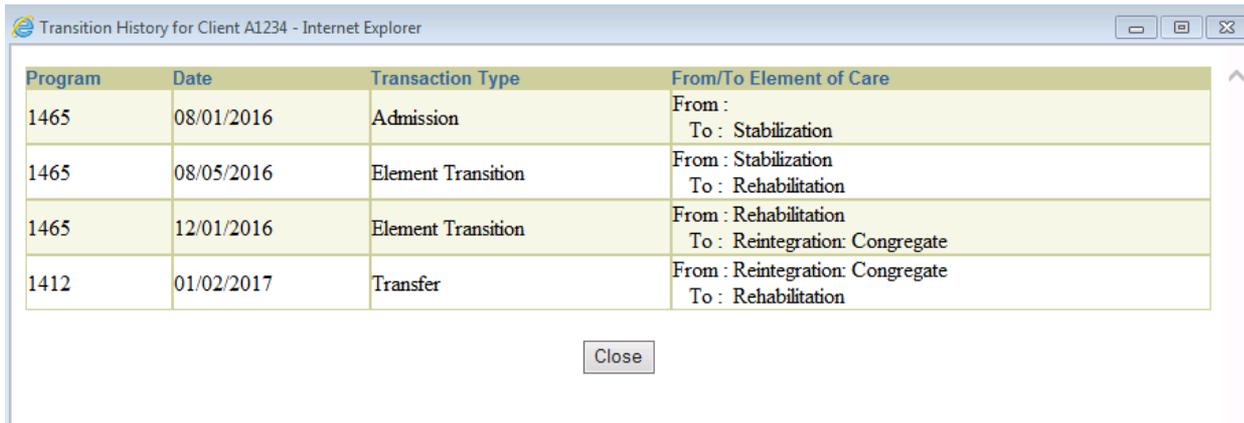
Provider Client ID	Sex / Birth Date / Last 4 SSN / Last Name 2 Char	Current Program / To Program	Element Of Care	Reintegration Setting	LOCADTR Assessment ID	LOCADTR Created Date	Current Trans. Date / To Trans. Date
D1234	Female / 6/19/1992 / 9632 / AD	1465 - Brighter Tomorrows SRR3	History				7/3/2016

Provider Client ID	Sex	Last 4 Ssn Char	Last Name 2 Char	Current Program	From Transaction Date	From Element of Care/ From Reintegration Setting
A1234	Male	1236	PO	1465 - Brighter Tomorrows SRR3	8/1/2016	Stabilization

- To Element of Care :
 - To Reintegration Setting :
 - Transition Date :
 LOCADTR Assessment ID :
 LOCADTR Created Date :

History

The History button allows the provider to view the admission, transfers, and transitions for the specific client. It appears on Transfer, Transition, and Discharge screens.



Transition History for Client A1234 - Internet Explorer

Program	Date	Transaction Type	From/To Element of Care
1465	08/01/2016	Admission	From : To : Stabilization
1465	08/05/2016	Element Transition	From : Stabilization To : Rehabilitation
1465	12/01/2016	Element Transition	From : Rehabilitation To : Reintegration: Congregate
1412	01/02/2017	Transfer	From : Reintegration: Congregate To : Rehabilitation

Close

LOCADTR

- The use of LOCADTR 3.0 Protocol has been mandated (per OASAS regulations and Medicaid) for all OASAS certified substance abuse disorder treatment providers to be utilized to determine the most appropriate level of care for a client and therefore it must be utilized for all admissions, transfers, transitions, and discharges.
- The Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) 3.0 Assessment ID will be generated at the administration of LOCADTR 3.0.
- The most recent Assessment ID and Created Date should be documented on the PAS-44N, PAS-45N, PAS-46N, PAS-47, PAS-125. Although including this information in CDS reporting is encouraged, they are optional data items in CDS reporting.

LOCADTR Information

Assessment: ID _____

Created Date ____ / ____ / ____

Automatic Assignment on April 1, 2017

- There are currently operational Part 820 residential treatment programs. Admission transactions have been entered into the CDS without element assignments.
- On April 1, all currently active clients will be automatically assigned to an element of care and, if applicable, a reintegration setting.
- Programs are responsible for updating these assignments if needed.

Automatic Assignment on April 1, 2017

Program		Kickoff Element Transition	
Service	Reintegration Setting	Element of Care	Reintegration Setting
Stabilization Rehabilitation Reintegration	Congregate	Rehabilitation	(none)
Stabilization Rehabilitation Reintegration	Scatter-Site	Rehabilitation	(none)
Stabilization Rehabilitation Reintegration	Congregate and Scatter-Site	Rehabilitation	(none)
Stabilization Rehabilitation	(none)	Rehabilitation	(none)
Rehabilitation Reintegration	Congregate	Rehabilitation	(none)
Rehabilitation Reintegration	Scatter-Site	Rehabilitation	(none)
Rehabilitation Reintegration	Congregate and Scatter-Site	Rehabilitation	(none)
Stabilization Reintegration	Congregate	Reintegration	Congregate
Stabilization Reintegration	Scatter-Site	Reintegration	Scatter-Site
Stabilization Reintegration	Congregate and Scatter-Site	Reintegration	Congregate
Stabilization	(none)	Stabilization	(none)
Rehabilitation	(none)	Rehabilitation	(none)
Reintegration	Congregate	Reintegration	Congregate
Reintegration	Scatter-Site	Reintegration	Scatter-Site
Reintegration	Congregate and Scatter-Site	Reintegration	Congregate

**MONTHLY SERVICE
DELIVERY (MSD)
REPORT**

Part 820 PAS-48 Monthly Service Delivery (MSD) Report

- Most items will be pre-filled:
Census, Waiting List and Patient Days information will prefill based on Admission, Discharge, Transfer, Transition, and Waiting List transactions entered into the CDS. Prefilled items will show as shaded on the forms.
- Part 820 Monthly Service Delivery will collect data items currently collected in the MSD- Programs Reporting Patient Days (i.e. admission assessments completed, number of clinical supervision sessions, and employment/vocational status*)
- Collect data regarding staffing and end of the month full time equivalent vacancies by staff role:
Roles Include but not limited to: Physician, RN, LMSW, CASAC, Recovery Coach, and Education/Employment Specialist

*Employment and vocation data will only be collected from programs that have been designated to report these specific items.

		All Clients
D1	Number in Treatment – Beginning of Month	
	Stabilization	
	Rehabilitation	
	Reintegration – Congregate	
	Reintegration – Scatter-Site	

Part 820 Staffing Resource (MSD)

- The Staffing Resources section of the MSD will collect vacancies **ONLY** as compared to the approved staffing plan that was submitted to the Bureau of Certification.
- The Approved Staffing Plan items will prefill based on this submitted plan.
- If the program were to hire **ABOVE** the approved staffing plan, that vacancy should **NOT** be documented on the MSD report.

Staffing Resources		Approved Staffing Plan	EOM Vacancies
		Physician	
	Psychiatrist		
	RN		
	LPN		
	LMSW		
	LMHC		
	CASAC		
	CASAC T		
	Recovery Coach		
	Certified Recovery Peer Advocate		
	Education / Employment Specialist		



Forward Questions Regarding
Transition from Part 819/816 to Part 820 to
the PICM Mailbox
PICM@oasas.ny.gov

Contact Information

Technical/Computer Issues (e.g., logging into the system)	ITS Help Desk	(518) 485-2379 or healthhelp@its.ny.gov
CDS forms and instructions	Treatment Data Management Unit	(518) 457-9555 or DataMgmt@OASAS.ny.gov
PPSI	Treatment Data Management Unit	(518) 457-9555 or DataMgmt@OASAS.ny.gov
Provider and Program Staff Contacts	Treatment Data Management Unit	(518) 457-9555 or DataMgmt@OASAS.ny.gov
HCS/LOCADTR	HCS/LOCADTR Help Desk	LOCADTR@OASAS.ny.gov
OASAS Treatment Availability Dashboard	Statewide Field Office	StatewideFO@OASAS.ny.gov
eFINDS	Esteban Ramos	Esteban.Ramos@OASAS.ny.gov
Clinical, Billing, and Regulatory Issues	PICM	PICM@OASAS.ny.gov