

The following pages are an “electronic binder” for you to use as a reference. As CDS Bulletins are issued, they will be added to this binder.

If the bookmarks are not open when you click on this document, please click the “Bookmarks” tab at the left. You will then be able to easily navigate to various bulletins and sections.

CLIENT DATA SYSTEM INFORMATION BULLETIN

The Evaluation and Practice Improvement Bureau will periodically issue Client Data System (CDS) Information Bulletins to providers to address reporting concerns on the new web-based Client Data System which began June 1, 2005. These Bulletins will contain important notices and directions that are relevant to the CDS. We hope that you find the information presented in these Bulletins useful and we welcome any comments that you may have. We suggest you keep these Bulletins for future reference and distribute them to clinical staff.

PLEASE READ THE ITEMS BELOW CAREFULLY TO ENSURE THAT YOUR PROGRAM IS REPORTING DATA CORRECTLY.

GENERAL PRINCIPLES

- **YOU SHOULD FREQUENTLY CHECK TO SEE IF THE FEEDER FORMS THAT ARE AVAILABLE ON-LINE HAVE BEEN UPDATED. THE DATE OF THE LATEST VERSION APPEARS NEXT TO THE NAME OF THE FORM.**
- **IF YOU HAVE QUESTIONS ON HOW TERMS ARE DEFINED OR HOW AN ITEM SHOULD BE COMPLETED, YOU SHOULD FIRST CHECK WITH THE ON-LINE INSTRUCTIONS.**

CLIENT ADMISSION REPORTING FORM: PAS-44N

- **Last Name 2 Letters** – *Programs must use the first two letters of the patient's last name at birth. This item is part of OASAS' tracking ID. Since a person's last name may change, the last name at birth must be used so that the tracking ID always will remain the same. If you have not been doing this, you should make corrections for all active patients.*
- **Admission of Children in Women and Children's Residential/Inpatient Programs** – *If your program is intensive residential, community residential, supportive living or inpatient rehabilitation and admits women (or men) along with one or more of their children, you must enter a Children in Residence Admission and Check Out form for each child that accompanies their mother/father. The Admission for the child is accessed through the Children in Residence button at the end of the mother's/father's admission form once it is saved. Children's Check Out screens will appear at discharge. If you have to go back and admit a child of a patient, do so by going in and editing the mother's/father's admission form.*

CLIENT DISCHARGE REPORTING FORM: PAS-45N

- **Individual Counseling Sessions** – *This is a count of the total number of individual counseling sessions provided to the patient by the program's **primary counselors** during the course of treatment.*
- **Group Counseling Sessions** – *This is a count of the total number of group counseling sessions provided to the patient by the program's **primary counselors** during the course of treatment.*
- **Linkage Between Discharge Status and Goal Achievement** – *The CDS has built in edits between Discharge Status codes and Goal Achievement codes:
If the Discharge Status is "Completed Treatment: All Treatment Goals Met," then the "Client's Overall Goals" and each of the applicable individual goals must be recorded as "Achieved."*

If the Discharge Status is “Completed Treatment: Half of Treatment Goals Met,” then the “Client’s Overall Goals” and half of the applicable individual goals must be recorded as “Achieved.” The half “Achieved” **must include** the “Drug Use,” “Alcohol Use” and “Vocational/Educational” goals.

If the Discharge Status is “Treatment Not Completed: Some Goals Met,” then at least one of the applicable individual goals **must** be recorded as “Achieved.”

If the Discharge Status is “Treatment Not Completed: No Goals Met,” then none of the applicable individual goals can be recorded as “Achieved.”

MONTHLY PRU SERVICE DELIVERY REPORT: PAS-48N

- **Number of Group Counseling Sessions** – This is a count of the total number of group counseling sessions conducted by the program’s **primary counselors** during the report month. It **is not** a count of the patients that attended these sessions.
- **Number of Individual Counseling Sessions** – This is a count of the total number of individual counseling sessions conducted by the program’s **primary counselors** during the report month.
- **Unique Persons Treated – This Month** – This is a count of all individuals who received a treatment service during the report month.
- **Submitting the Completed PAS-48N** – In order to get your completed PAS-48N recorded into the CDS, under “Status,” **you must click “Complete”** and then hit the “Save” button. If you do not click on “Complete,” the form will be considered on “Hold.” However, if you have not completed the report and wish to save what you have already entered and complete the form at a later date, you should click on “Hold” under “Status.”
- **Additional Locations** – Outpatient programs with approved additional locations are required to report the number of visits (of the total visits already reported at the PRU level) that took 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 all of the additional locations belonging to the provider organization. **After entering an additional location’s number of visits, you must press the “Save” button before moving on.**

METHADONE CLIENT UPDATE REPORT: PAS-26N

- All methadone treatment clinics **must** complete, on an annual basis, a Methadone Client Update Report for every patient on his/her anniversary of admission to the program. To determine which patients have reports due, go into the Client Data System screen and click on “MCAS Update Reports Due” under the “Methadone Client Annual Status” heading.
- **Substance(s) Used in the Last Six Months Listed by Seriousness of Use** – For this item only list those substances that the patient has been **abusing during the past six months. Do not** list prescribed medication (e.g., methadone) that the patient is using as directed.

PROGRAM PROFILE AND SERVICES INVENTORY (PPSI): PAS-7

- **Submitting the Completed PPSI** – In order to get your completed PPSI recorded into the OASAS PPSI System, **you must click on “Yes” to the question, “Is the Form Complete?”** that appears at the bottom of the last page. If you do not click “Yes,” the changes will be retained in the system but will not print out in the report.

If you have any questions or need assistance, call the OASAS Help Desk at (518) 485-2379.

CLIENT DATA SYSTEM INFORMATION BULLETIN

The Evaluation and Practice Improvement Bureau will periodically issue Client Data System (CDS) Information Bulletins to providers to address reporting concerns on the new web-based Client Data System which began June 1, 2005. These Bulletins will contain important notices and directions that are relevant to the CDS. We hope that you find the information presented in these Bulletins useful and we welcome any comments that you may have. We suggest you keep these Bulletins for future reference and distribute them to clinical staff.

PLEASE READ THE ITEMS BELOW CAREFULLY TO ENSURE THAT YOUR PROGRAM IS REPORTING DATA CORRECTLY.

GENERAL PRINCIPLES

- **ON-LINE INSTRUCTIONS** - If you have questions on how terms are defined or how an item should be completed, you should first check with the on-line instructions.
- **OBTAINING A USER ID AND PASSWORD** - If an OASAS User ID is needed for a new user, go to www.oasasapps.oasas.state.ny.us (the CDS Home Page). Under **Application Documentation** click on **OASAS External Access Request Form (IRM-15)**. You should print a copy, fill it out, and send it to OASAS as per the instructions on page 2 of the form. To obtain access to the Client Data System, you would check the **Client Management** box under Item 4 – **System to be Accessed**. OASAS' IT Bureau will establish a User ID and contact the user directly.
- **REPORTING TECHNICAL PROBLEMS WITH THE ON-LINE CDS** - When technical problems and/or errors are encountered when using the on-line CDS, the first step is to contact the OASAS Help Desk at (518) 485-2379. When it is determined that the problem may be caused by a glitch in the system's programming, a "bug report" should be submitted to OASAS. To submit such a report, go to the **Home Page**, click on the **Applications tab** and then the **Help tab**. Next, select **Report a Problem** and complete the screen to describe your problem. Whenever possible, attach a screen shot showing the error message received on the problem report. [To do this, open the screen that shows the error and press the **Control** and **Print Screen** keys simultaneously. This copies the contents of the entire screen. Next, paste the screen print into a new "Word" or "WordPad" document and save it to where it can be easily located (such as your desktop). Next, press the **Browse** button located on the help screen; locate and attach the document]. Depending on the issue, an OASAS staff person from IT or Evaluation will contact you if there is a need for clarification.
- **LEARNING HOW TO USE THE OASAS CDS** - First time users and anyone who might need a refresher on how to navigate any portion of the online Client Data System are encouraged to utilize the online tutorials. These may be accessed through the CDS Home Page: select the **Online Tutorials Tab** and then select the topic area of interest. If, after completing the tutorial, questions remain on how to use the system, users should contact the OASAS Help Desk at (518) 485-2379.
- **RETAINING COPIES OF ADMISSION AND DISCHARGE FORMS** – Many programs store the files of discharged patients at locations other than the program site. This becomes problematic if a program has to check admission and/or discharge data submitted to the OASAS Client Data System. In an effort to help programs save both

time and money, we suggest that copies of all admission (PAS-44N), transfer (PAS-47N) and discharge (PAS-45N) forms (or the PAS-46 combined Admission/Discharge form where applicable) be retained at the program location, avoiding the need to return complete patient files back to the facility if admission or discharge information is requested by OASAS. The copies can be inserted into a ringed binder and labeled by year. This suggestion also applies to crisis programs that complete the combined admission/discharge form (PAS-46N).

- **FEEDER FORMS** - You should frequently check to see if the feeder forms that are available on-line have been updated. The date of the latest version appears next to the name of the form.

CLIENT ADMISSION REPORTING FORM: PAS-44N and PAS-46N (where applicable)

- **Last Name 2 Letters** – Programs must use the first two letters of the patient’s last name at birth. This item is part of OASAS’ tracking ID. Since a person’s last name may change, the last name at birth must be used so that the tracking ID always will remain the same. If you have not been doing this, you should make corrections for all active patients.

CLIENT DISCHARGE REPORTING FORM: PAS-45N

- **Individual Counseling Sessions** – *This is a count of the total number of individual **and family** counseling sessions provided to the patient during his/her entire stay by the program’s **primary counselors** during the course of treatment.*
- **Group Counseling Sessions** – *This is a count of the total number of group counseling sessions provided to the patient during his/her entire stay by the program’s **primary counselors** during the course of treatment.*
- **Linkage Between Discharge Status and Goal Achievement** – *The CDS has built in edits between Discharge Status codes and Goal Achievement codes:*

If the Discharge Status is “Completed Treatment: All Treatment Goals Met,” then the “Client’s Overall Goals” and each of the applicable individual goals must be recorded as “Achieved.”

*If the Discharge Status is “Completed Treatment: Half of Treatment Goals Met,” then the “Client’s Overall Goals” and half of the applicable individual goals must be recorded as “Achieved.” The half “Achieved” **must include** the “Drug Use,” “Alcohol Use” and “Vocational/Educational” goals.*

*If the Discharge Status is “Treatment Not Completed: Some Goals Met,” then at least one of the applicable individual goals **must** be recorded as “Achieved.”*

If the Discharge Status is “Treatment Not Completed: No Goals Met,” then none of the applicable individual goals can be recorded as “Achieved.”

- **Discharge Cross Edits** – The allowable cross edits among Discharge Status, Discharge Disposition and Referral Disposition have been finalized and programmed into the CDS (see attached tables). Cross edit tables that display the allowable combinations are posted on the OASAS Home page.

MONTHLY PRU SERVICE DELIVERY REPORT: PAS-48N

- **Number of Group Counseling Sessions** – This is a count of the total number of group counseling sessions conducted by the program’s **primary counselors** during the report month. It **is not** a count of the patients that attended these sessions.
- **Number of Individual Counseling Sessions** – This is a count of the total number of individual **and family** counseling sessions conducted by the program’s **primary counselors** during the report month.
- **Submitting the Completed PAS-48N** – In order to get your completed PAS-48N recorded into the CDS, under “Status,” **you must click Complete** and then hit the **Save** button. If you do not click on **Complete**, the form will be considered on “Hold.” However, if you have not completed the report and wish to save what you have already entered and complete the form at a later date, you should click on **Hold** under **Status**.

METHADONE CLIENT UPDATE REPORT: PAS-26N

- **Mandatory Submissions** - All methadone treatment clinics **must** complete, on an annual basis, a Methadone Client Update Report for every patient on his/her anniversary of admission to the program. To determine which patients have reports due, go into the Client Data System screen and click on “MCAS Update Reports Due” under the “Methadone Client Annual Status” heading.
- **Substance(s) Used in the Last Six Months Listed by Seriousness of Use** – For this item only list those substances that the patient has been **abusing during the past six months. Do not** list prescribed medication (e.g., methadone) that the patient is using as directed. **Although, at admission, the primary substance of abuse in methadone programs must be an opiate, this is not the case on the MCAS. On this form, primary, secondary and tertiary pertains only to those substances being used/abused by the patient during the past 30 days and six months.**

PROGRAM PROFILE AND SERVICES INVENTORY (PPSI): PAS-7

- **PPSI Instructions** – New and improved PPSI instructions are now available on the OASASAPPS Home Page @ <http://www.oasasapps.oasas.state.ny.us>
- **Checking Status of PPSI Submission** – To check on the status of an updated PPSI, go to **PPSI (PAS-7)** under the **Reports** section under the **Provider Directory System’s main tab**. From there, a report can be generated that will indicate any changes made to the online form that were marked “Yes” at the “completed field”. If you do not see your changes, the online form was not marked “Yes” at the bottom and the system did not retain any changes as pending.
- **Primary Counselor Caseload** – The on-line PPSI form now has a question on the number of patients on a program’s typical primary counselor caseload. It is the last question on the form. **This is a new item that all programs are required to complete.** Please be sure to complete this item when updating your PPSI.

CLIENT ROSTER REPORTS

- **Instructions to Produce a Client Roster Report** – An OASAS Client Roster Report provides a list of clients (e.g., admissions, discharges, active) that is based on transactions (i.e., admissions, discharges and transfers) entered by programs into

the OASAS CDS. It is important that each program regularly (e.g., monthly) compare the OASAS Client Roster of active clients with the list that the program itself maintains. In some cases, the OASAS Client Roster will include clients that have left the program and for whom a Discharge Report (PAS-45N) has not been entered into the OASAS CDS. When OASAS generates a Client Roster for your program, it may appear that you currently have many more active clients than you actually have. This may generate inaccuracies in a number of IPMES/Workscope indices including utilization rates, client-staff ratios, retention rates, completion rates and calculations of length of stay.

To generate an active client roster: Click on the **Client Data System main tab** and then click on the **Applications tab** (the same tab that you use to enter admissions and discharges).

1. Under **Management**, click on **Client Roster Report**. This will bring up a screen for you to enter information;
2. Enter your **Provider number** (if not pre-filled by the system); and the desired **Program number**;
3. Click on **Include Significant Others** and **Include Clients**;
4. Under **Roster Type**, use the drop down list and highlight **Active Only**;
5. Go to the **Active as of Date** and **type in the desired date** (or click on the calendar and click on the desired date). This can be the date you are running the roster, the last day of the month, etc;
6. Under **Sort by**, choose **Date Admitted**. This will arrange the produced list in order of oldest admission first. You can also arrange the roster by Client ID number or Client Tracking ID number;
7. Click on **Run**;
8. Click the **Print** button to print a hard copy of the roster.

This procedure will produce a roster of clients that are **active** according to data submitted by your program to the OASAS CDS. Your next step should be to compare the OASAS roster with that of your in-house roster of active clients. If clients appear on the OASAS Roster and are no longer in your program, please complete Discharge Reports (PAS-45) to remove those clients from the active OASAS roster. If you find clients who are active in your program but do not appear on the OASAS roster, please submit the appropriate Admission Reports (PAS-44).

If you have any questions or need assistance, call the OASAS Help Desk at (518) 485-2379.

CLIENT DATA SYSTEM INFORMATION BULLETIN

The Evaluation and Practice Improvement Bureau will periodically issue Client Data System (CDS) Information Bulletins to providers to address reporting concerns on the web-based Client Data System which began June 1, 2005. These Bulletins will contain important notices and directions that are relevant to the CDS. We hope that you find the information presented in these Bulletins useful and we welcome any comments that you may have. We suggest you keep these Bulletins for future reference and distribute them to clinical staff.

PLEASE READ THE ITEMS BELOW CAREFULLY TO ENSURE THAT YOUR PROGRAM IS REPORTING DATA CORRECTLY.

GENERAL PRINCIPLES

- **Avoid Data Errors** – The OASAS Evaluation and Practice Improvement Bureau has identified four common causes of data error: misinterpretation of information requested, failure to select the best response, mistakes in data entry and missing data. Staff should review the forms' instructions available online. The best way to determine the correct response is to review all the options. While there may be more than one applicable answer, there is generally one response that is best. To avoid data entry errors and missing data, data entry staff should check their entries prior to saving (completing) forms.
- **Submit Reports on Time** – Programs are encouraged to develop internal procedures to improve the timeliness of their submission of admissions, discharges and monthly service delivery reports. ***The PAS-44N and PAS-45N may be submitted electronically any time during the report month, but no later than by the 5th day of the month following the report month. The PAS-48N is due by the 10th day of the month following the report month.*** Program supervisors can monitor the timeliness of entry of admissions and discharges by running a "Client Roster Report" or "Provider Activity Report." These two reports allow you to: view who is admitted, discharged or active for a specified time period; view all admission and discharge transaction dates; and view the admission and discharge *transaction entry* dates. The "MSD Provider History Report" can be used to review the status of Monthly Service Delivery Reports.

Monthly Service Delivery Report (MSD): PAS-48N

- **Direct Care Full-Time Equivalent (FTE) Staff** – Programs **should include a count of the number of "Other Direct Care FTEs"** on the Monthly Service Delivery Report. These are the paid employees who provide direct care services but do not carry a primary counselor caseload. This item (in conjunction with "Primary Counselor FTEs") is used to calculate two Integrated Program Monitoring and Evaluation System (IPMES) indices: Client/Direct Care Staff Ratio and Units of Service per Direct Care Staff. Program supervisors are encouraged to verify that the MSD includes the correct number of "Other Direct Care Staff." See the PAS-48N instructions about who to count and how to count them.

Example – For a given month, an outpatient program employed 3 full-time primary counselors. In addition, two additional staff worked part time: a part-time nurse who does 16 hours of direct care work per week (16/40 hours = .4 FTEs) and a part-time psychiatrist who does 4 hours of direct care work per week (4/40 hours = .1 FTE). In addition, the program had one vacant full-time primary counselor position. The monthly report would show the following:

Staffing Resources			Total Direct Care FTEs	Primary Counselor FTEs	Other Direct Care FTEs
	V11	Direct Care Staff on Payroll – End of Month	3.5	3	0.5
	V12	Direct Care Staff Vacancies – End of Month	1.0	1	0

- **Assessments** – Programs should include reports on the number of the assessment visits and assessments completed for persons assessed *but not admitted*. In the rows that include Assessment Visits (V13) and Assessments Completed (V14) for programs reporting visits (and Assessments Completed, row D14, for programs reporting days) there is a column entitled, “Other Persons.” The number of people assessed that month but not admitted (and the corresponding assessment visits) should be recorded in this column.

Example – For a given month, an outpatient programs completed five assessments, with two assessment visits occurring for each individual assessed. Of those assessed, 3 were admitted as primary clients, 1 was admitted as a significant other, and one was not admitted. The monthly report would show the following:

Assessments Completed and Assessments Visits			Primary Clients	Significant Others	Other Persons
	V13	Assessments Completed – This month	3	1	1
	V14	Assessment Visits	6	2	2

Client Admission and Discharge Reporting Forms: PAS-44N and PAS-45N

- **Accuracy of Data Entered** – Selecting the best choice on the Client Data System Forms will improve the accuracy of IPMES Reports which use these forms as the source of data. The admission and discharge form data should always be recorded by a *clinician* knowledgeable of the patient (and preferably the Primary Counselor); supervisors should educate counselors on how to complete these forms correctly and explain consequences of choices. Strategies to avoid specific common data entry errors are presented here.
 - **Employment Status** – This item is particularly important because it is used to calculate “Maintained Full-Time or Improved Employment-Related Status” on IPMES. Staff should be careful to **select the most accurate employment status**. For example, if a patient has completed treatment and is enrolled in school, the selection of “Not in Labor Force – Student” is better (and reflects more favorably on the patient and the program) than “Unemployed, Not Looking for Work.”
 - **Goal Achievement** – The selection of “**Not Applicable**” should rarely be used for goal achievements on the discharge form in the areas of Social Goals, Family Situation Goals and/or Emotional Goals. These goal areas are usually relevant to patients with chemical dependency issues.

- **MATS** – The Managed Addiction Treatment Services Initiative (MATS) is a voluntary program designed to help eligible patients gain access to necessary chemical dependence treatment, mental health and medical services, and additional support (including food stamps and housing) through intensive case management. **Regardless of whether or not they have current Medicaid enrollment or eligibility, providers are required to discuss the MATS program with every patient admitted to treatment and request that they consider signing the MATS Consent Form. This is asked of all patients because of potential enrollment in Medicaid at some time in the future.**

The MATS consent form serves the following purpose: It allows the New York State Department of Health to share Medicaid claim data with OASAS for the purpose of identifying eligible participants which then allows OASAS to share that information with an authorized MATS Case Management provider. This then allows an authorized MATS case manager to confidentially contact a potential patient to seek his/her voluntary participation in the MATS program. Providers are required to indicate on the Admission Form whether or not the consent form was signed. If the patient grants consent and at a later date revokes it, the program must modify the item to reflect the change and record the date of the change. For further information, refer to the OASAS Applications home page that provides answers to frequently asked patient and provider questions on MATS.

- **Children in Residence** – Although this item is viewed by all residential programs, it only applies to those that are permitted to admit children. All programs that admit a patient with a child must select the “Children in Residence” button at the bottom of the admission data entry page for the patient and enter the child information as part of the admission. Some residential programs that are permitted to admit children are also *file transfer programs* (i.e., those who submit their CDS data through bulk electronic transfer). **Child information can not be submitted as part of the bulk file transfer process**, so these programs are required to go into the Admission Form (after the file transfer process is complete) and, using the “Client Management” option, add the child information to the admission data for all patients who were admitted with a child.
- **Addiction Medications** – Addiction medications are prescribed specifically for the treatment of an addictive disorder. When used in tandem with counseling, addiction medicines can enhance clinical treatment and may yield better results than counseling treatment alone. Medicines prescribed specifically for mental health or health conditions are not ordinarily considered addiction medications. However, dual-purpose medications that are prescribed for *both* addiction and another condition are considered addiction medications (for example, one that effectively treats both depression and tobacco dependence). By way of individual counseling sessions, case conferences, and chart reviews, counselors should stay informed about their patients’ medical status and services throughout treatment. If a patient has received an addiction medication prescribed by a program physician *or* by physician in another setting during his/her course of treatment, the addiction medication should be noted on the discharge form. Otherwise, “None” should be checked.

Methadone Client Update Report: PAS-26N

- **Multiple MCAS Due Reports** – When entering the Methadone Client Update Status Report (MCAS), be sure to verify the due date of the report prior to data entry. If more than one Methadone Client Update Status Report (MCAS) is due for the same

patient, **the most overdue MCAS Report must be – and will always be – entered first.** For example, if a patient has a MCAS Report that was due December 12, 2005 and another Report came due December 12, 2006, the one due December 12, 2005 will appear for entry first and must be entered first. If you have not entered the 2005 MCAS Report and try to enter only the 2006 MCAS Report, the system will automatically assume that the data is for 2005.

Provider Directory System (PDS)

- **Program Director Contact Information** – The program director’s telephone number (and e-mail address whenever possible) is required to be recorded in the Provider Directory System. Programs are asked to verify that their Program Director’s contact information is current and complete. An edit is currently under development that will require this information be entered prior to saving and closing any contact entries made in the PDS. For further information on entering and updating contact information, see the *PPSI and Contact Update Instructions* link on the OASAS Applications home page.

If you would like additional explanation for any of these items, call the OASAS Evaluation and Practice Improvement Bureau at (518) 485-7189. If you are experiencing technical difficulties, contact the OASAS Help Desk at (518) 485-2379.