



**Office of
Mental Health**

Patient Characteristics Survey 2017 Training

Thank you for joining us, the WebEx will begin shortly.

Toll Free: 1-844-633-8697
Alternate Toll Free: 1-866-776-3553

What is the Patient Characteristics Survey (PCS)?

- The PCS is the primary source of information about individuals served by the Mental Health system in NY State
- All public programs that provide Mental Health services in New York State participate
- 180,000 individuals received Mental Health services in 4,000 programs during the PCS week in 2015



Why do we need PCS?

- Information gathered is used to support implementation and evaluation of new programs
- PCS supplies required data for continued receipt of Federal funding through the Community Mental Health Block Grant (approx. \$28 million in FFY 2015)
- PCS portal offers rapid access to statewide data



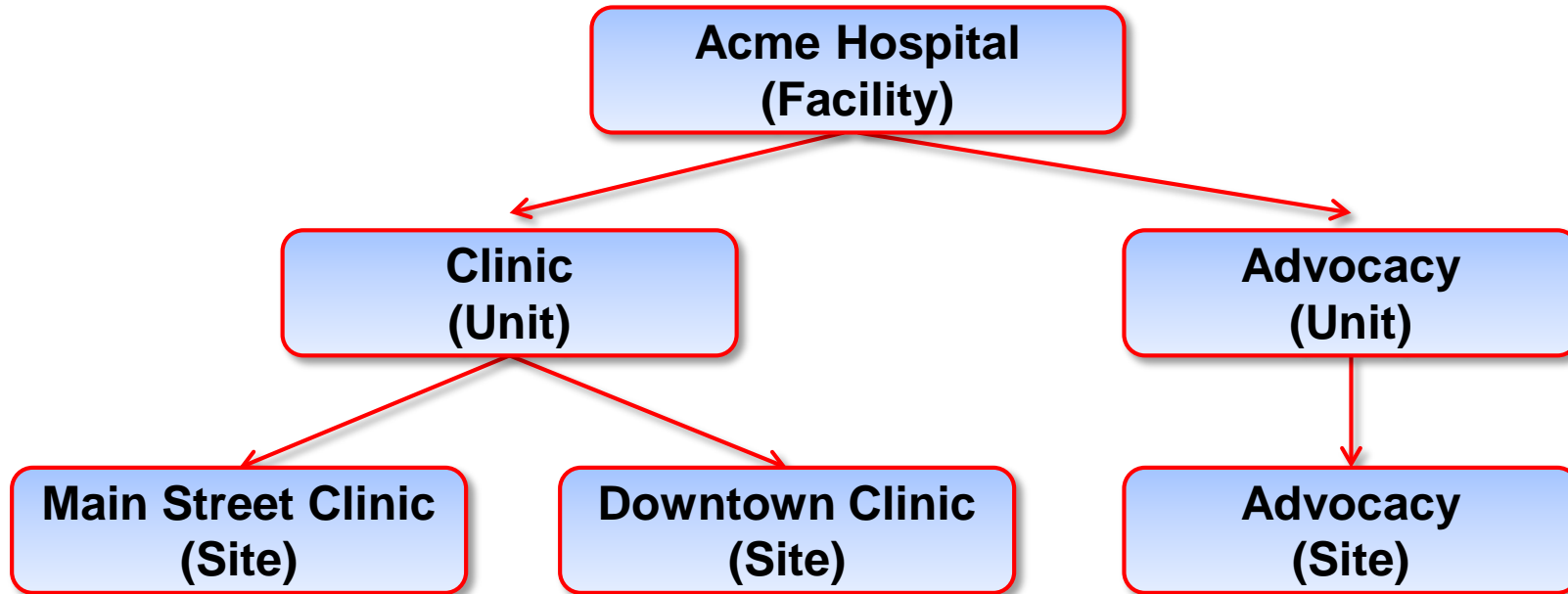
Important Definitions

- **Facility Survey (FS)** – conducted through MHPD prior to PCS, collects data about *providers* of mental health services
- **Patient Characteristics Survey (PCS)** – conducted every other year, collects data about *consumers* of mental health services



Facility/Unit/Site

- Facilities** are divided into **Units**, and some of these Units are further divided into **Sites** (FUS)



Important Definitions

- **PCS Coordinator** is the person at your facility who serves as OMH's contact during PCS
- **Security Manager** is the person who uses SMS to grant access to Supervisors and Submitters, to add users and to reset passwords



PCS Roles

- **Submitter** – A User assigned to enter data and view/print reports in PCS for the Units or Sites with which the User is associated
- **Supervisor** – A User allowed to see and enter data for ALL Unit/Sites at the Facility, and to upload and download Facility data. The Supervisor also certifies that the Facility has completed its data entry by locking Unit/Sites or explains why a particular Unit/Site has not provided data

Changes since the 2015 Application

Please refer to the **What's New for 2017** document found at the link below:
<https://www.omh.ny.gov/omhweb/pcs/submissions/whats-new-for-2017.pdf>

Changes to the Survey Form

- **Principal and Additional Diagnostic System Questions:** These questions have been deleted. Only DSM-5 Diagnoses will be accepted for 2017.
- **Education Level Question:** The “Business, technical training” response option has been changed to “Vocational and/or trade school”.
- **Date of Client Service:** Dates were revised to reflect the 2017 Survey Week (October 23- October 29).



Changes since the 2015 Application - Continued

Changes to the Data Entry Application

- **Diagnoses:** Only DSM-5 Diagnosis Codes/Labels will be accepted.
- **Imported data:** The import process of PROS data from the Child and Adult Integrated Recording System (CAIRS) into the PCS application will be updated to reflect the recent changes to the PROS screens.

OMH Website: <http://www.omh.ny.gov>

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Transforming Children's Mental Health Services in Western New York

Building a Brighter Tomorrow, One Tile at a Time

[LEARN MORE](#)

The OMH Website has a link to Resources & Tools...



Office of
Mental Health

Information for Service Providers

Behavioral Health Providers

Behavioral Health Resources & Tools:

[Mental Health Provider Data Exchange \(MHPD\)](#)

The MHPD is a Web-based application designed to support an accurate and timely master directory of providers in the New York State public mental health system. The MHPD enables local mental health authorities and providers to use the ease of the Internet to verify or request changes to program information they are required to submit to OMH.

[Patient Characteristics Survey \(PCS\)](#)

[PCS Data Collection](#)

Programs funded or licensed by OMH report client-level demographic, clinical, and service descriptions for persons they served during the week of the survey. All survey data are submitted to OMH electronically using the Web-based PCS application. This page provides mental health providers with information about the survey timeframe and requirements for preparing for and obtaining access to the Web-based PCS application.

[Security Management](#)

[Security Management System \(SMS\)](#)

The Security Management System (SMS) is an OMH Web-based application that state and local facilities use to grant their staff access to secured OMH Web-based applications including the Patient Characteristics Survey (PCS) and PSYCKES Medicaid.

- **Patient Characteristics Survey (PCS) Home Page**, where you will find information about PCS, a user manual, and links to the application itself.



**Office of
Mental Health**

The Patient Characteristics Survey (PCS)

What is the PCS?

The PCS is a biennial survey of public mental health service providers that collects demographic, social, clinical, and insurance characteristics about the clients who are served during a one-week period in the survey year.

Why is the PCS so important?

The PCS is the only Office of Mental Health data source that collects this type of client-level information from all public mental health service programs. Due to an exceptional level of cooperation and participation from service providers, the PCS is a reliable and invaluable resource for helping to manage New York State's public mental health system, complying with federal reporting requirements, assisting local governments with the mental health services planning process, and informing the distribution of funding.

Survey Resources

Preparing for the Survey

- [2017 PCS Calendar](#) – Includes all of the important dates for 2017
- [What's New for 2017](#) – Summarizes changes to the form and application
- PCS 2017* Webinar Training | Presentation Slides

The Data Entry Web Application

- [2017* PCS Application \(User Identification and Password Required\)](#)

PCS Reference Materials

- [2017 Survey Form](#) – (for informational purposes only – not for data collection)
- [2017 PCS Guidelines](#) – Covers general reporting instructions (PDF)
- [2017 Using the Electronic Data Upload Feature](#) – Contains information on File Layout, Validations, Valid County Zip Code Combinations Accepted in 2017 PCS, Valid DSM-5 Codes Sorted by Label Accepted in the 2017 PCS, Valid DSM-5 Codes Sorted by Codes Accepted in the 2017 PCS, and Data Upload Notification Form.
- [Frequently Asked Questions](#)

Other Resources

- [Mental Health Provider Data Exchange \(MHPD\) web page](#) – includes the MHPD Basic User Manual and Facility Survey Manual
- [Security Management System \(SMS\) web page](#) – includes the SMS Reference Manual
- [PCS Reports and Data Briefs web page](#) – includes access to the PCS public web portal

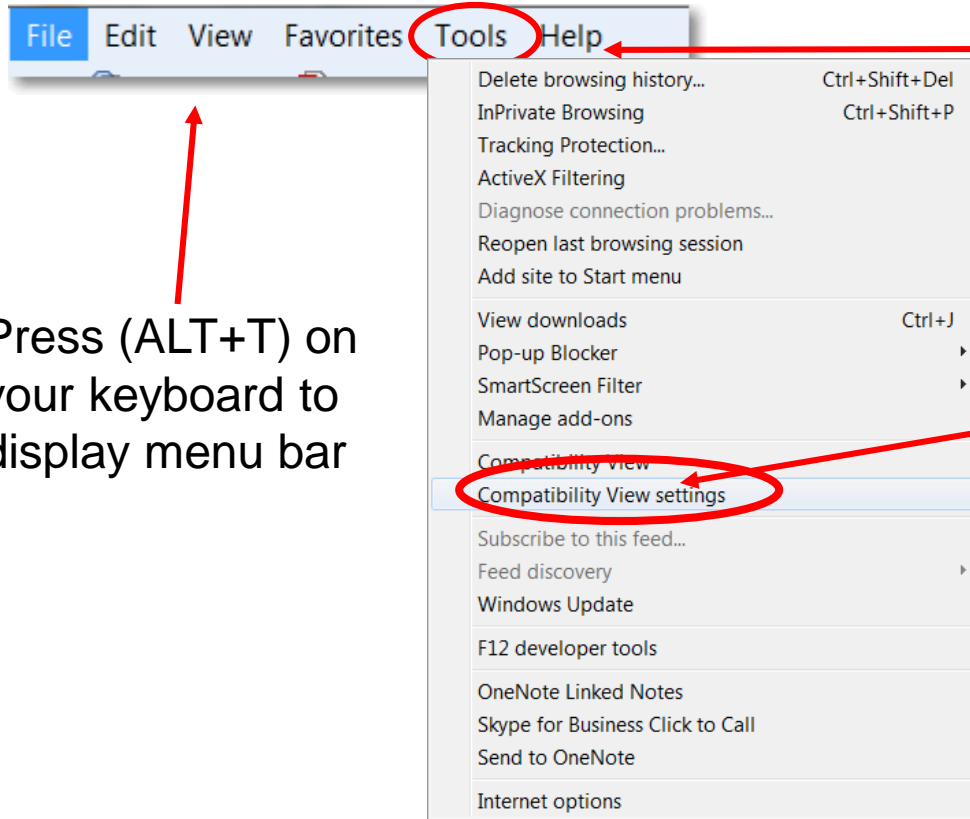
Questions about the information on this page or issues with document accessibility can be directed to the [PCS Team in the Surveillance and Surveys Unit](#).

Patient Characteristics Survey (PCS) Website



Office of
Mental Health

Accessing Compatibility View

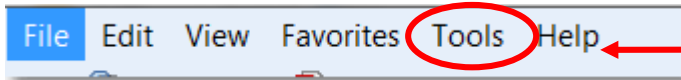


Press (ALT+T) on your keyboard to display menu bar

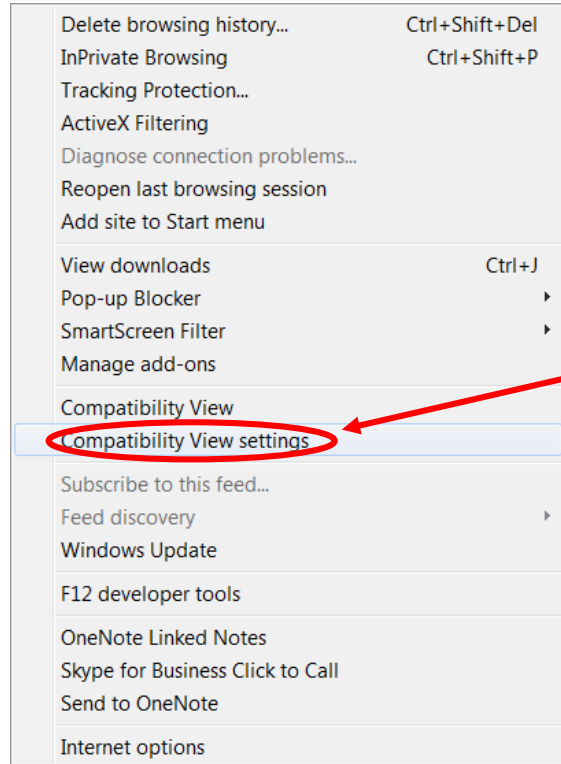
Click Tools on Internet Explorer Bar

Select Compatibility View Settings from the drop down menu

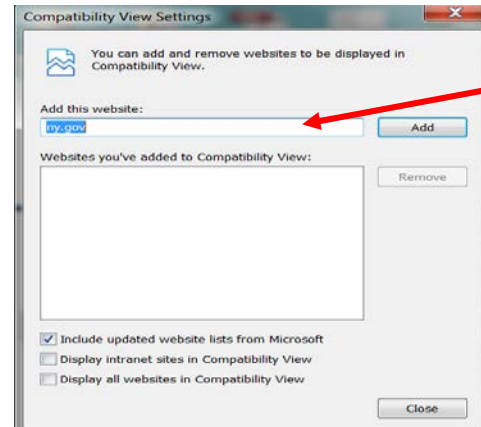
Accessing Compatibility View Settings



Click Tools on Internet Explorer Bar



Select Compatibility View Settings from the drop down menu



In Pop-up type ny.gov and Click Add button

How to log in to the PCS



Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.

Please identify by entering your user ID and password or passcode. 

User ID:

Password or Passcode:

Continue

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- Log in using your User ID and password or token
- Remember you can use either a password or token



Office of
Mental Health

PCS Application Home Page

After entering the user id and password you come to the home screen, shown below:

Patient Characteristics Survey 2017
Survey for the week ending 10/25/2017

PCS Home Submission Supervisor QA Reports Help Log Off

User: PCS Role: PCS Supervisor
Facility: FINAL Date For Survey:

Welcome to PCS 2017

Welcome to the Home Page of the 2015 Patient Characteristics Survey (PCS). The survey information is collected for the week of October 19 through October 25, 2015. Choose your task by selecting from the menu at the top of this page.

FINAL Date For Survey	Days Left
July 23	6

Following is a note from PCS Administrators at OMH Central Office:

This is a copy of the PCS 2013 application. Survey week has been set to week ending 06/14/2015. Results Reports functionality has been removed from the application. Other than that all of the application functionality should be same. Please note that all the age calculation is still based on the survey year of 2013, but for the week ending 06/14. The controls used by the application to generate the menu, grids, dropdown lists with sortable columns, date picker have been updated. Components used by the application to interact with Oracle database have been updated.

Percent of Submissions Received (Total Submissions in 2015): 100%

Percent of Unit/Sites that are Locked: 10%

The following table is a list of all the Unit/Sites that are participating in the Patient Characteristics Survey. When each Unit/Site has finished data entry, a PCS Supervisor must go to the [Supervisor Page](#) and Lock its data. This signifies to OMH that data entry for that site is complete. When a particular Unit/Site is locked, neither further data entry nor editing will be possible unless a PCS Supervisor subsequently unlocks it. **When 100% of your Unit/Sites are locked, you have completed the PCS.**

- Clicking on "Submissions 2015" for a particular row will bring you to the list of submissions for that Unit/Site. If "Submissions 2015" is not an active link, then you are a submitter who is not authorized to view data for this Unit/Site.
- Clicking on "Number of Users" for a particular row will display the names of users who have permission from their [Security Manager](#) to view and edit the data for that Unit/Site. If this column displays a zero, then there are no users authorized and no list will be shown.
- If you feel you need authorization for additional Unit/Sites, please contact your facility's [Security Manager](#) to obtain it.

- Banner displays important information and updates by OMH Central Office

PCS Application Home Page

New York State

NEW YORK
STATE OF
OPPORTUNITY.

Office of
Mental Health

Patient Characteristics Survey 2017 (PRACTICE)

Survey for the week ending

PCS Home Submission QA Reports **Help** Log Off

Using the Application
Guidelines for Completing the Survey
Data Collection Web Page
Contact Us (opens new window/tab)
PCS Coordinator
List of Security Managers
List of PCS Users

Welcome to PCS 2017

for the week of October 23 through October 29,

YOU ARE CURRENTLY LOGGED INTO THE "PRACTICE PLATFORM"

This practice platform will be available until Monday October 16, 2017 through October 22, 2017.

the comfort of knowing that all survey submissions

- Application Guidelines and Reference materials
- Send us an email by clicking "Contact Us" in the Help Menu
- Locate contact information

PCS Application Home Page

Patient Characteristics Survey 2017
Survey for the week ending 10/25/2017

PCS Home Submission Supervisor QA Reports Help Log Off

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Facility: FINAL Date For Survey:

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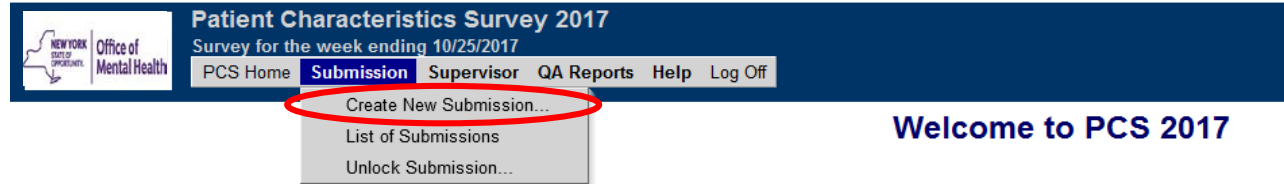
- Countdown Calendar lists number of days left to complete PCS
- Progress bar tracks submissions and percentage of submissions that are locked

PCS Application Home Page – List of Sites

☐ Show Unit/Site(s) I Have Access to ☒ Show All Unit/Site(s)

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2015	Submissions 2017	Unit/Site Locked?	Reason for No Data (RFND)	Number of Users
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver		1	No		8
003-1000	Blended Case Management	Blended Case Management	Blended Case Management		1	Yes		9
005-1000	AOT for tst	AOT for tst	ACT		0	No		8
006-1000	Test Unit D	Test Unit D	MICA Network		0	No		9
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill		0	No	Other Reason for No Data - Denied	8
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment		0	Yes	Other Reason for No Data - Approved	9
008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	No		8
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment		1	No		9
009-1000	Advocacy (test whether added	Advocacy (test whether added	Advocacy/Support		0	No		10
Totals:				0	3			

Submission Tab



Welcome to the Home Page of the 2017 Patient Characteristics Survey (PCS). The survey information is collected for the week of October 19 through October 25, 2017. Choose your task by selecting from the menu at the top of this page.

Welcome to PCS 2017



- On the toolbar, click the Submission tab
- In the dropdown menu, click Create New Submission tab
- This will bring up the Enter/Edit Submission page

New Submission

Browser address bar: <http://pcs.dev.omh.ny.gov/check> PCS - Create New Sub...

Patient Characteristics Survey 2017
Survey for the week ending 10/25/2017
PCS Home Submission Supervisor QA Reports Help Log Off

Enter/Edit Submission

Data Source:

Facility Code Facility Name

1. Unit Code 2. Site Code

Unit Name
Make Your Selection

Site Name
Make Your Selection

Program Code

Program Name

3a. Client's First Name 3b. Client's Last Name

4. Date of Birth
mm dd yyyy

5. Gender Identity
☐ Male
 ☐ Female
 ☐ Transgender Man (female at birth)
 ☐ Transgender Woman (male at birth)
 ☐ Unknown

- Begin by selecting the correct unit from the “Unit Name” drop down menu
- If your unit have multiple sites, you will need to select the correct site from the “Site Name” drop down menu
- After filling in questions 1 – 5, click next to continue the survey

Creating a Submission

Enter/Edit Submission

Data Source: PCS Data Entry

Facility Code	<input type="text" value="2222"/>	Facility Name	<input type="text" value="Test Facility (for user manual)"/>
1. Unit Code	<input type="text" value="008"/>	2. Site Code	<input type="text" value="1002"/>
Unit Name			
<input type="text" value="ACME Mohawk Clinic"/>			
Site Name			
<input type="text" value="ACME Mohawk Satellite 2"/>			
Program Code <input type="text" value="2100"/>			
Program Name <input type="text" value="Clinic Treatment"/>			
3a. Client's First Name		3b. Client's Last Name	
<input type="text"/>		<input type="text"/>	
4. Date of Birth			
<small>mm</small>	<small>dd</small>	<small>yyyy</small>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. Assigned Sex at Birth			
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown			
Next		PCS Home	

- Once a Unit and Site are selected, these fields auto populate
- Enter Client's Name, DOB, and Gender
- Clicking "Next" checks for duplicate entries, then allows you to continue to the next screen

Creating a Submission

Duplicate Alert Message

There are survey records with the same name, DOB, gender. Is this the same person?

If this may be the same person,
select a sheet number to view and edit the existing submission:

If this is **not** the same person, and you'd like to create a new submission,
press 'Create New Submission' button to begin a new submission.

PCS Questions

6. Client Self-identifies as Transgender?

☐ No

☐ Yes, transgender female to male

☐ Yes, transgender male to female

☐ Yes, transgender does not identify as male or female

☐ Client didn't answer

☐ Unknown

7. Sexual Orientation

☐ Straight or heterosexual ☐ Bisexual ☐ Client didn't answer

☐ Lesbian or gay ☐ Other ☐ Unknown

8a. Hispanic Ethnicity

☐ No, not Hispanic/Latino ☐ Yes ☐ Unknown

8b. If Hispanic is selected

☐ Not Applicable ☐ Puerto Rican ☐ Other

☐ Cuban ☐ Dominican ☐ Unknown

☐ Mexican ☐ Ecuadorian

9. Race *(Select all that apply)*

☐ White ☐ American Indian/Alaska Native ☐ Other

☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown

☐ Asian

9h. If Black/African American is selected

☐ Not Applicable ☐ Afro-Caribbean ☐ Other Black

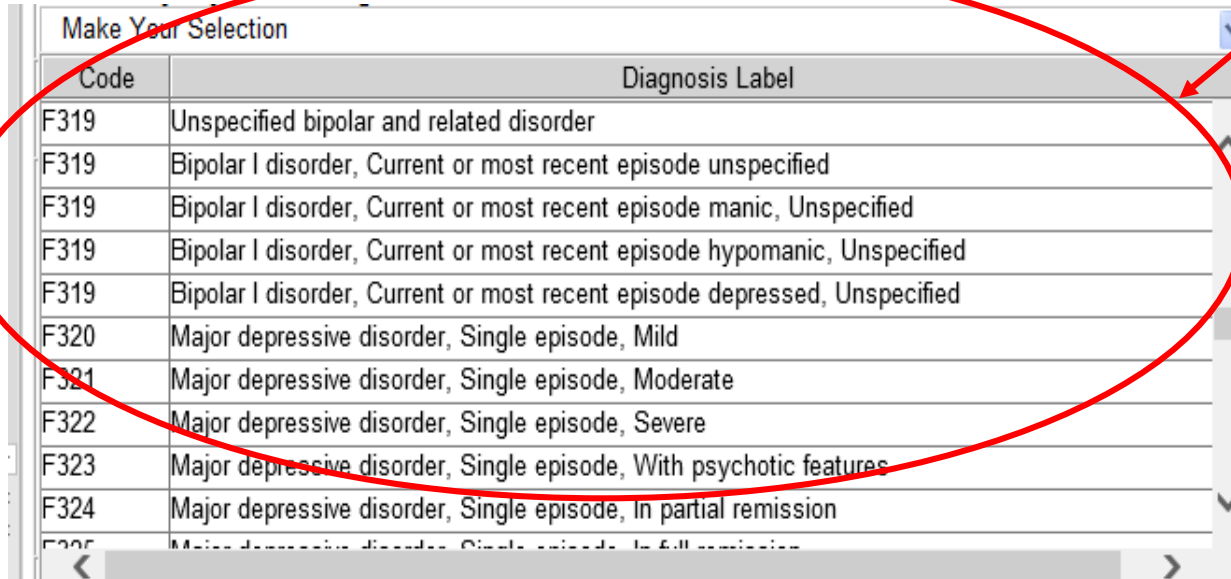
☐ African-American ☐ African Continent ☐ Unknown

- Questions with round check boxes are “select one”
- Questions with square check box are “select all that apply”

PCS Questions: Question #10 - Living Situation

- Living Situation
 - Inpatient programs report on PRIOR Living Situation and RTF unless:
 - Client transferred directly from another inpatient setting
 - Client has been in residence in this inpatient setting for over one year
 - All other programs report on CURRENT Living Situation

PCS Questions: Questions #29 and #30 - Diagnosis



Code	Diagnosis Label
F319	Unspecified bipolar and related disorder
F319	Bipolar I disorder, Current or most recent episode unspecified
F319	Bipolar I disorder, Current or most recent episode manic, Unspecified
F319	Bipolar I disorder, Current or most recent episode hypomanic, Unspecified
F319	Bipolar I disorder, Current or most recent episode depressed, Unspecified
F320	Major depressive disorder, Single episode, Mild
F321	Major depressive disorder, Single episode, Moderate
F322	Major depressive disorder, Single episode, Severe
F323	Major depressive disorder, Single episode, With psychotic features
F324	Major depressive disorder, Single episode, In partial remission
F325	Major depressive disorder, Single episode, In full remission

- This year, we are collecting DSM-5 Code and Labels.
- Note that a given code may have multiple labels.

PCS Questions: Questions #29 and #30 - Diagnosis

Code	Diagnosis Label
F319	Unspecified bipolar and related disorder
F319	Bipolar I disorder, Current or most recent episode unspecified
F319	Bipolar I disorder, Current or most recent episode manic, Unspecified
F319	Bipolar I disorder, Current or most recent episode hypomanic, Unspecified
F319	Bipolar I disorder, Current or most recent episode depressed, Unspecified
F320	Major depressive disorder, Single episode, Mild
F321	Major depressive disorder, Single episode, Moderate
F322	Major depressive disorder, Single episode, Severe
F323	Major depressive disorder, Single episode, With psychotic features
F324	Major depressive disorder, Single episode, In partial remission

Unspecified bipolar and related disorder

Unspecified bipolar and related disorder

- F319 Unspecified bipolar and related disorder is selected and submission is saved. "Save" is clicked from bottom of submission and then user scrolls up to view diagnosis.
- The code "F319" and "Unspecified bipolar and related disorder" label is saved to the database. So, what is displayed when the user closes the submission and reopens it? User views List of Submissions and selects this same client.

PCS Questions: Question #33 -Admission Date

33. Admission Date, Current Episode (MMDDYYYY format)

Date:

- ☐ Check here if program **does not do** formal admission paperwork.
- ☐ Check here if **unknown** admission date.

- Admission Date
 - Programs that **do** complete formal admission paperwork should:
 - Enter the date of the client's current admission to the reporting FUS (do not consider admissions to other FUS's.)
 - Be sure that the admission date neither precedes the client's birth date nor follows the first date of service during the survey week.
 - If date of admission cannot be determined, then selected "If unknown admission date, check here." The date box will be auto-populated with "99999999".
 - Programs that **do not** have a formal admission process should:
 - Enter the date the client first started coming to the program
 - If that can't be determined, select "If program does not do formal admission paperwork, check here" The date box will be auto-populated with "77777777"



PCS Questions: Question #36 - Date of Client Service

34. Criminal Justice or Juvenile Justice Status (check one - select the first outcome that applies).

- ☐ None
- ☐ Criminal Procedure Law (CPL) 330.20
- ☐ Article 10-Sex Offender Management & Treatment (SOMTA)
- ☐ NYS Dept. of Correctional Services Prisoner
- ☐ County/City Jail, Court Detention or Police lockup Prisoner (including CPL 730 and CL 508 referrals)
- ☐ Parolee (adults)
- ☐ Probationer (adults)
- ☐ PINS (Person in Need of Supervision)
- ☐ Adjudicated Juvenile Delinquent or Offender
- ☐ Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion
- ☐ Other criminal justice status
- ☐ Unknown whether or not client has a criminal justice or juvenile justice status

35. Date Last Served Before 10/23/2017 by this Program (MMDDYYYY format)

Date:

- ☐ Check here if client was **never** before served by this program.
- ☐ Check here if client's date last served is **unknown**.

36. Date of Client Service (select all that apply)

- ☐ Oct 23 ☐ Oct 24 ☐ Oct 25 ☐ Oct 26 ☐ Oct 27 ☐ Oct 28 ☐ Oct 29

- ONLY complete surveys for clients who received services during the survey week
- Check off each day that the client received services in this program




Problems and Peculiarities

36. Date(s) of Client Service During Survey Week *(Select all that apply)*

☐ Oct 23 ☐ Oct 24 ☐ Oct 25 ☐ Oct 26 ☐ Oct 27 ☐ Oct 28 ☐ Oct 29

- After entering data for a submission, click the save button

Message from webpage

 The following items are problematic. Please correct each item in order to make the submission valid.

- * 9. Race must be answered.
- * 19. Usual hours worked per week must be Not Applicable if and only if Employment Status is neither Competitive and integrated employment nor Other employment.
- * 22. Special Education Services? must be 'Not Applicable' when the client is 22 yrs of age, or older.
- * 23b. Intellectual Disability/Mental Retardation must be answered.
- * 32. Additional Diagnosis must be either '99999' or 'V7109' when 30. Primary Psychiatric Diagnosis is either '99999' or 'V7109'.

Review your submission for the following peculiarities:

- 21. You reported client is 60 years old but Education is 'Third grade'. That is unusual. If that is not correct, please edit the submission.

- If there are any problems or peculiarities, this message box will pop up

Problems and Peculiarities

The following items are problematic. Please correct each item in order to make the submission valid.

- 9. Race must be answered.
- 19. Usual hours worked per week must be Not Applicable if and only if Employment Status is neither Competitive and integrated employment nor Other employment.
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Review your submission for the following peculiarities:

- 21. You reported client is 60 years old but Education is 'Third grade'. That is unusual. If that is not correct, please edit the submission.

Sheet# 1 : Survey submission saved.

Create New Submission Edit PCS Home

- Red problematic items must be corrected
- Blue peculiar items should be reviewed

- The sheet number is displayed here, making it easier to look up this submission again later

Data Imported from CAIRS or MHARS

Enter/Edit Submission

Data Source: **CAIRS**

Facility Code	<input type="text"/>	Facility Name	<input type="text"/>
1. Unit Code	<input type="text" value="016"/>	2. Site Code	<input type="text" value="1000"/>
Unit Name		<input type="text"/>	
Site Name		<input type="text"/>	
Program Code	<input type="text" value="6340"/>		
Program Name	<input type="text" value="Comprehensive PROS with Clinical Treatment"/>		

- After selecting a Unit and Site, note that the data source indicates information pulls in from CAIRS

The Unit/Site you've selected imports the answers to many questions from the CAIRS system. As such, please select a client from this CAIRS roster to begin entering his/her information. Don't see the client you are looking for? Then, to save yourself from entering the client's information twice, you are advised to go to the CAIRS system and enter the admission form for the client. Once this is done and you refresh this screen, the client will be visible in this roster. If you are unable to enter the data into the CAIRS system at this time then you can enter the client directly into this PCS system, returning to the CAIRS at a later date to enter the admission form for the client.

Client

Make Your Selection

3a. Client's First Name	<input type="text"/>	3b. Client's Last Name	<input type="text"/>
4. Date of Birth	<div>mm</div> <div>dd</div> <div>yyyy</div>		
5. Assigned Sex at Birth	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown		

- Select a Client from the drop down list
- If Client is not on the list, enter by clicking here



Select a Client from the List

Unit Name

Site Name

First Name	Last Name	Date of Birth	Gender	Id from CAIRS/MHARS	Sheet Number
John	Agai	19881202	M	2007615	10
John	Art	19541225	M	1877051	
John	Cdzzfmgfjl	19420702	M	1430704	
John	Dokwzttx	19800408	M	1430301	
John	Drvzn	19841223	M	1805623	
John	Ewn	19660912	M	1430838	
John	Ffjzi	19610905	M	1430508	
John	Huippppf	19530609	M	1951641	
John	Jtso	19810117	M	1971459	
John	Kzd	19730921	M	1430355	
John	Ldkkhaia	19570210	M	1430487	


Make Your Selection


- The drop down list will show all Clients currently admitted to your program
- If a Client is not on the list, you will be able to add them directly by scrolling to the bottom of the list and choosing “Add New Client”

- If a Submission has already been created for a particular Client in this program, a sheet number will indicate this













List of Submissions

List of Submissions

Unit Name: 

Site Name: 

The following table displays all the submissions for your facility (or for the Unit/Site selected in the Filter Box**)

Unit-Site Code	Unit Name	Site Name	Sheet Num.	Client's First Name	Client's Last Name	Valid?	Number Problematic*	Number Unknown	View	Edit	Delete	Copy	Creator Name	Update Name	Date Last Saved
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	2	Amy	Jones	Y	0	0					Helen H. Sacher	Helen H. Sacher	2015/08/17
003-1000	Clinic Treatment	Acme Clinic	3	Sam	Wilson	Y	0	1					Helen H. Sacher		2015/08/17
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	1	John	Smith	N	5	11					Helen H. Sacher	Helen H. Sacher	2015/08/17

Totals:
 Number of submissions: 3
 Number of submissions valid: 2

* A Problematic Item is either of:
 a. a response that conflicts with another response, such as "Date of Admission" preceding "Date of Birth," or
 b. an item that remains unanswered (i.e., a "missing" response.)

** Filter Notes:
 a. If you do not see a particular Unit/Site in the list, then you are a submitter who does not have access to that site. If you feel you need access to the site then please return to the Home Page to find your Security Manager who can grant you that access.
 b. Choosing "all sites" may result in a slower response time which could be substantial if sorting the submissions.
 c. If you opened this page using a link on another page in the PCS application, list of submissions for the selected link will be displayed. Filter box will not be displayed in this case.

Print All Submissions with Sheet Numbers
 From: To:

- Use the filter box to cut the list down for easier searching
- Note: that if the Edit and Delete icons are missing, this submission is in a Unit that is locked. See your PCS supervisor to unlock the unit if you need to edit this sheet
- Print one or more submissions using the Print feature

Copy Submission

Copy Submission

Sheet Number: 1 Client Name: John Smith

FROM:

Unit Name: ACME Mohawk Clinic

Site Name: ACME Mohawk Satellite 2

TO***:

Unit Name:

Site Name:

Once you have copied a submission, you will be returned to the List of Submissions.

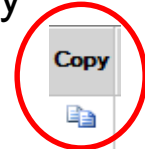
Please note that

1. copying a submission does **not** delete it from the originating Unit/Site.
2. copied submissions do not include diagnosis codes, dates of service, admission dates, or the dates last served before the survey week. After copying, you must edit the new submission to complete these few items.

*** If you do not see a particular Unit/Site in this list, then either:

- A. You are a submitter that does not have access to that Unit/Site, OR
- B. The Unit/Site is locked and must be unlocked by a Supervisor before further submissions may be entered.

- The Copy Submission box appears right under the List of Submissions, when you choose the Copy icon in the row of the sheet you wish to copy



- Select the Unit and Site you wish to copy to, then click Copy Submission


Copy Submission – Duplicate Records


Copy Submission

Sheet Number: 1 Client Name: John Smith

FROM:
 Unit Name: ACME Mohawk Clinic
 Site Name: ACME Mohawk Satellite 2


TO*:**

Unit Name: 

Site Name: 

There are survey records with the same name, DOB, gender. Is this the same person?

If this may be the same person, select a sheet number to view and edit the existing submission:



If this is **not** the same person, press 'Continue with Copy' button to create a copy of the submission.

Once you have copied a submission, you will be returned to the List of Submissions.

Please note that

1. copying a submission does **not** delete it from the originating Unit/Site.
2. copied submissions do not include diagnosis codes, dates of service, admission dates, or the dates last served before the survey week. After copying, you must edit the new submission to complete these few items.

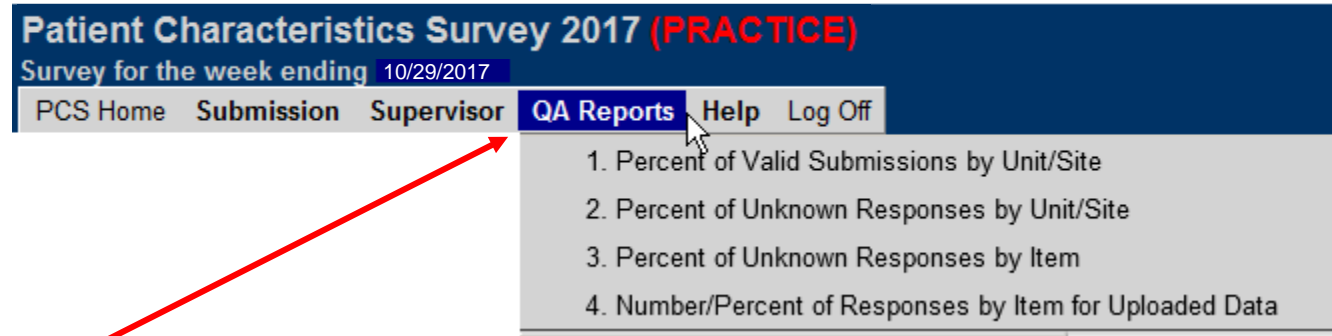
*** If you do not see a particular Unit/Site in this list, then either:

- A. You are a submitter that does not have access to that Unit/Site, OR
- B. The Unit/Site is locked and must be unlocked by a Supervisor before further submissions may be entered.

- If a record with the same name already exists in the new Unit/Site, PCS will ask if you wish to view the existing record or continue with the copy

Viewing Reports

- Quality Assurance Reports help improve the quality of the data submitted to OMH
- Select a QA Report from the menu



QA Reports

QA Report 1: Percent of Valid Submissions by Unit/Site

Percent of Valid Submissions by Unit/Site

The following table is a list of all the Unit/Sites that are participating in the Patient Characteristics Survey. For each Unit/Site, the percent of valid submissions is displayed. In order for the PCS Supervisor to "Lock" a Unit/Site, all submissions within it must be valid. When all of your Unit/Sites are "Locked," you have completed the PCS.

- Clicking on a number in either of the columns "Submissions Total," "Submissions Valid," or "Submissions Invalid" will bring you to the respective list of submissions for that Unit/Site. If a particular row in the table does **not** have active links, then you are a submitter who is not authorized to view data for that Unit/Site. If you feel you need access to that Unit/Site then please contact your [Security Manager](#) who can grant you authorization.
- If "Percent Valid" displays "na" then there are **no submissions for that Unit/Site**.

☐ Show Unit/Site(s) I Have Access to ☒ Show All Unit/Site(s)

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions Total	Submissions Valid	Submissions Invalid	Percent Valid
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver	1	1	0	100

- Allows users to see how many submissions require corrections to make them valid

QA Reports

QA Report 2: Percent of Unknown Responses by Unit/Site

Percent of Unknown Responses by Unit/Site

The following table is a list of all the Unit/Sites that are participating in the Patient Characteristics Survey.

- Clicking on "**Submissions Total**" for a particular row will bring you to the list of submissions for that Unit/Site. If "**Submissions Total**" is not an active link, then you are a submitter who is not authorized to view data for this Unit/Site.
- If you feel you need authorization for additional Unit/Sites, please contact your facility's [Security Manager](#) to obtain it.

☐ Show Unit/Site(s) I Have Access to ☒ Show All Unit/Site(s)

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions Total	Percent of 'unknown' answers	Rating (1-5) 5=Best
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver	1	0.00%	5
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment	1	21.57%	1
009-1000	Advocacy (test whether added to PCS)	Advocacy (test whether added to PCS)	Advocacy/Support Services	0		

Note: "Rating" is a measure of each site's usage of the response "Unknown". It compares your site's percent of "unknown" responses with all other sites of same program type. Sites which use "unknown" least often are given the highest rating (they are given a "5" on a scale of 1 to 5). If "Rating" displays blank then there are no submissions for that site. If "Rating" displays "n/a" then there is no baseline data of that particular program type for comparison.

- Compares your facility's percent of unknown responses to those of all other sites of the same type in the State



QA Reports

QA Report 3: Percent of Unknown Responses by Item

Percent of Unknown Responses by Item

☐ Show Unit/Site(s) I Have Access to
 ☒ Show All Unit/Site(s)

Unit Name:

Site Name:

You are viewing the report for: **008-1002 ACME Mohawk Clinic ACME Mohawk Satellite 2**
 Program Type: **2100 Clinic Treatment** Number of sites statewide: **1573**

Item	Percentage of Unknown	Rating* (1-5) 5=Best
03 Client's Name	0.00%	5
04 Date of Birth	0.00%	5
19 School in Past 3 Months	0.00%	5
20 Education Level	0.00%	5
21 Special Education Services	0.00%	5
22 CSE Classification	0.00%	5
23a DD - Mental Illness	0.00%	5
23b DD - Mental Retardation	0.00%	5

**Note: "Rating" is a measure of each site's usage of the response "Unknown" by item number. It compares your site's percent of "unknown" responses for each item in the survey with all other sites of similar program type. For each item, sites which use "unknown" least often are given the highest rating of "5" on a scale of 1 to 5. If "Rating" displays "n/a" then there is no baseline data for that particular program type for comparison.*

- Allows Facilities to track what information they are not collecting in general

QA Reports

QA Report 4: Number/Percent of Responses by Item for Uploaded Data

Number/Percent of Responses by Item for Uploaded Data

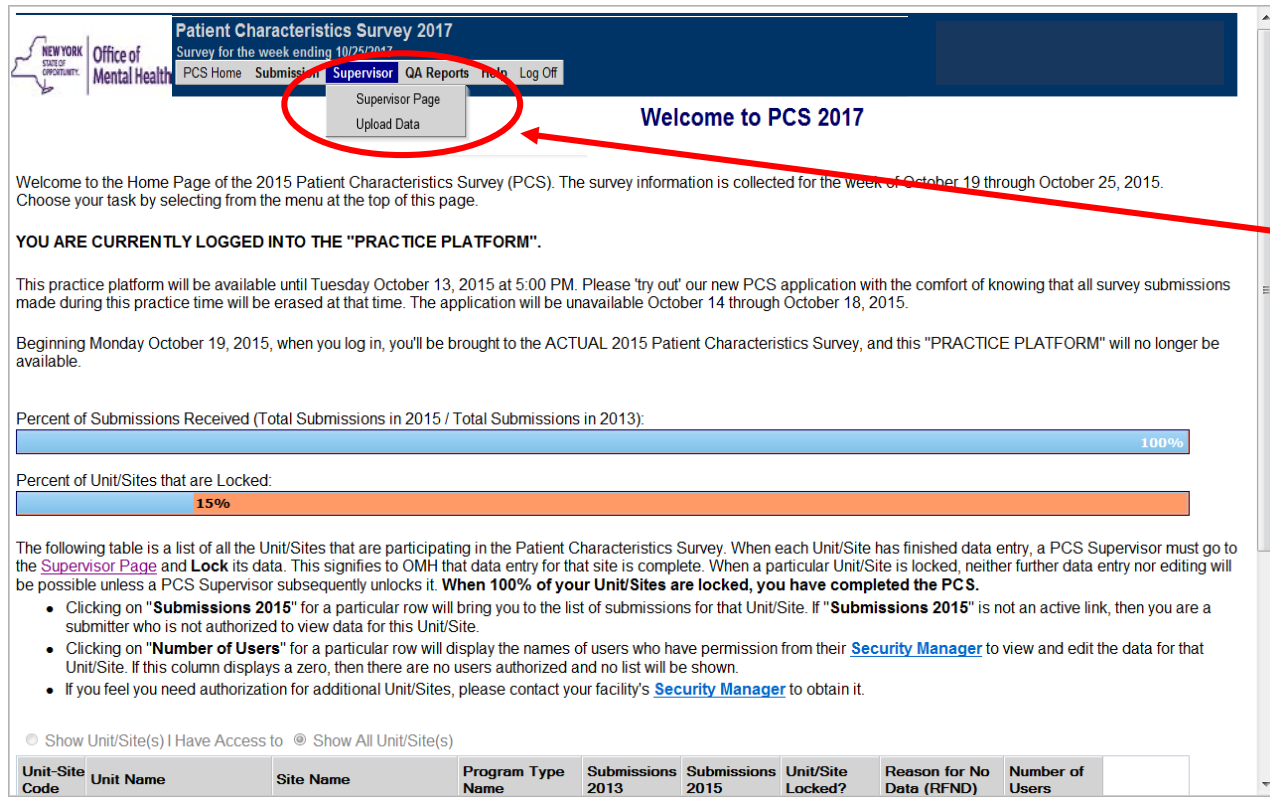
You may find this facility-level report useful for different purposes, but it is designed primarily to facilitate the review of the upload of a data file to identify unexpected values; for example, 100% of persons served are older than 100 years.

PCS Item	Outcome	Count	Percentage
09) Living Situation	01. Private residence (home, apartment, rooming house, ...)	20	9.30%
	02. Inpatient setting or children's RTF	12	5.58%
	03. OMH Residential Care, LICENSED programs, community residence ...	24	11.16%
	04. Adult home (DOH licensed residential program for adults)	22	10.23%
	05. Agency-operated Boarding Home through DSS/ACS (Foster Home)	14	6.51%
	06. Institutional setting for youth: OCFS Juvenile Justice Facility	29	13.49%
	07. Institutional setting for youth: OCFS Residential Treatment Center	17	7.91%
	08. Youth community-based residence (OCFS, DSS)	15	6.98%
	09. Nursing or health-related facility	14	6.51%
	10. Homeless (e.g., shelter, street, transitional living center)	11	5.12%
	11. Incarcerated	21	9.77%
	12. Other	16	7.44%
	99. Unknown	0	0.00%
10a) Household Composition=Not applicable, client is not in a private residence.	[Blank]	0	0.00%
	0. No	19	8.84%
10b) Household Composition=Client lives alone	1. Yes	196	91.16%
	0. No	207	96.28%

Download as Excel file

- It is designed to facilitate the review of the upload of a data file to identify unexpected values.

Supervisor Page



Patient Characteristics Survey 2017
Survey for the week ending 10/25/2015

PCS Home Submissions **Supervisor** QA Reports Help Log Off

Supervisor Page
Upload Data

Welcome to PCS 2017

Welcome to the Home Page of the 2015 Patient Characteristics Survey (PCS). The survey information is collected for the week of October 19 through October 25, 2015. Choose your task by selecting from the menu at the top of this page.

YOU ARE CURRENTLY LOGGED INTO THE "PRACTICE PLATFORM".

This practice platform will be available until Tuesday October 13, 2015 at 5:00 PM. Please "try out" our new PCS application with the comfort of knowing that all survey submissions made during this practice time will be erased at that time. The application will be unavailable October 14 through October 18, 2015.

Beginning Monday October 19, 2015, when you log in, you'll be brought to the ACTUAL 2015 Patient Characteristics Survey, and this "PRACTICE PLATFORM" will no longer be available.

Percent of Submissions Received (Total Submissions in 2015 / Total Submissions in 2013):

100%

Percent of Unit/Sites that are Locked:

15%

The following table is a list of all the Unit/Sites that are participating in the Patient Characteristics Survey. When each Unit/Site has finished data entry, a PCS Supervisor must go to the [Supervisor Page](#) and **Lock** its data. This signifies to OMH that data entry for that site is complete. When a particular Unit/Site is locked, neither further data entry nor editing will be possible unless a PCS Supervisor subsequently unlocks it. **When 100% of your Unit/Sites are locked, you have completed the PCS.**

- Clicking on "**Submissions 2015**" for a particular row will bring you to the list of submissions for that Unit/Site. If "**Submissions 2015**" is not an active link, then you are a submitter who is not authorized to view data for this Unit/Site.
- Clicking on "**Number of Users**" for a particular row will display the names of users who have permission from their [Security Manager](#) to view and edit the data for that Unit/Site. If this column displays a zero, then there are no users authorized and no list will be shown.
- If you feel you need authorization for additional Unit/Sites, please contact your facility's [Security Manager](#) to obtain it.

☐ Show Unit/Site(s) I Have Access to ☒ Show All Unit/Site(s)

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2013	Submissions 2015	Unit/Site Locked?	Reason for No Data (RFND)	Number of Users
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- Click on the menu bar to access the Supervisor Page
- You must be a PCS Supervisor to access this page

Supervisor Page

Supervisor Page

The following table is a list of all the Unit/Sites participating in the 2015 Patient Characteristics Survey.

- To indicate that a Unit/Site has completed its PCS data entry, a Supervisor must "Lock" the Unit/Site. To do so, select the row in the table which contains the Unit/Site and an option will appear below the table allowing you to lock. Note that you may only lock a Unit/Site when all its submissions have a status of "Valid." A Unit/Site with at least one "Invalid" submission will see its number of submissions in red font and marked with an asterisk. When a Unit/Site is Locked, no further data entry or editing is possible. Any Locked Unit/Site may be subsequently Unlocked via the same process.
- When you have no submissions for a particular Unit/Site, a "Reason for No Data" must be entered by clicking on the row and following the subsequent instructions on the screen below the table.

Total Number of Unit/Sites: 9
 Number of Unit/Sites Locked: 3
 Number of Unit/Sites Unlocked or Pending Lock: 6

Percent of Unit/Sites that are Locked: 33%

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2015	Submissions 2017	Unit/Site Locked?	Reason for No Data (RFND)	Last Updated by	Oth Rec
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver		1	No			
003-1000	Blended Case Management	Blended Case Management	Blended Case Management		1	Yes		Helen H. Sacher	
006-1000	Test Unit D	Test Unit D	MICA Network		0	No			
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill		0	No	Other Reason for No Data - Denied	OMH Central Office: Sacher	
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment		0	Yes	Other Reason for No Data - Approved	OMH Central Office: Sacher	
008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	Yes	Unit/Site closed	Helen H. Sacher	
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment		1*	No			
009-1000	Advocacy (test whether added to PCS)	Advocacy (test whether added to PCS)	Advocacy/Support Services		0	No			

Unit/Site 002-1000 "Test Facility - HCBS Waiver, Test Facility - HCBS Waiver" has 1 submissions of which 1 are VALID and 0 are INVALID

This Unit/Site is CURRENTLY UNLOCKED and available for continued data entry.
 Do you wish to LOCK this Unit-site, preventing further data entry and indicating to OMH that you have finished submitting data for this Unit/Site?

- Click anywhere in the row of the Unit/Site you wish to lock, and if all the submissions are valid, the option to lock will appear below the list

If you wish, you may download a copy of your facility's data (in spreadsheet format) by clicking the "Download Facility Data" button below.

NOTE: There are invalid submissions in the facility data.



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Locking and Unlocking

- When unlocked, a site with valid submissions displays the “Lock” button

Unit/Site 002-1000 "Test Facility - HCBS Waiver, Test Facility - HCBS Waiver"
has 1 submissions of which 1 are VALID and 0 are INVALID.

This Unit/Site is CURRENTLY UNLOCKED and available for continued data entry.

Do you wish to LOCK this Unit-site, preventing further data entry and indicating to OMH that you have finished submitting data for this Unit/Site?

Yes, Lock

- When locked, a site with valid submissions displays the “Unlock” button

Unit/Site 003-1000 "Blended Case Management, Blended Case Management"
has 1 submissions of which 1 are VALID and 0 are INVALID.

This Unit/Site is CURRENTLY LOCKED and unavailable for continued data entry.

Do you wish to UNLOCK this Unit/Site, and allow further data entry?

Yes, Unlock

Reason for No Data

008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	No		Helen H. Sacher
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment		1	No		
008-1003	ACME Mohawk Clinic	ACME Mohawk Satellite 3	Clinic Treatment		0	No		

Unit/Site: 008-1001 ACME Mohawk Clinic ACME Mohawk Satellite 1

This Unit/Site has 0 submissions. You must provide a reason for not submitting data. Please choose the appropriate reason from the drop down menu. When finished, click the 'SAVE' button below.

Reason for No Data:

Unit/Site: 008-1001 ACME Mohawk Clinic ACME Mohawk Satellite 1

This Unit/Site has 0 submissions. You must provide a reason for not submitting data. Please choose the appropriate reason from the drop down menu. When finished, click the 'SAVE' button below.

Reason for No Data:

Unit/Site is closed
Unit/Site served no clients during the survey week
Other Reason for No Data - Requested

- When indicating that a unit/site is closed, please also make sure it is closed in MHPD
- Once a reason for not submitting data has been selected, you must click “Save” to submit that reason to OMH

Other Reason for No Data

Unit/Site: 005-1000 AOT for tst AOT for tst

This Unit/Site has 0 submissions. You must provide a reason for not submitting data. Please choose the appropriate reason from the drop down menu. When finished, click the 'SAVE' button below.

Reason for No Data: Other Reason for No Data - Requested

You have selected "Other Reason for No Data – Requested" and your reason must be approved by a PCS Administrator at OMH. In order to receive approval, you must provide a more detailed explanation. Please use the box below to describe:

- The services provided by your Unit/Site, and
- The information you collect about clients, and
- Why you cannot or should not report data to OMH

You will not be allowed to 'SAVE' unless the explanation is provided. Your request will be reviewed and either approved or you will be contacted for further information. You have 1000 characters.

Comment for
'Other Reason':



Save

Cancel

- Once you select "Other Reason for No Data Requested," you must provide more information in the comment box before saving. You must answer in detail the 3 questions listed

Other Reason for No Data – cont'd

Unit/Site: 005-1000 AOT for tst AOT for tst

This Unit/Site has 0 submissions. You must provide a reason for not submitting data. Please choose the appropriate reason from the drop down menu. When finished, click the 'SAVE' button below.

Reason for No Data:

If you have inadvertently entered a reason for no data, and need to remove it so you can enter data, please click the "Remove Reason" button.

Remove Reason

- To remove a Reason for No Data after saving, and thereby, unlock a Unit/Site for data entry, click Remove Reason

OMH Responses to “Reason for No Data–Requested”

Unit-Site Code	Unit Name	Site Name	Program Type Name	Submissions 2015	Submissions 2017	Unit/Site Locked?	Reason for No Data (RFND)	Last Updated by	Other Reason
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver		1	No			^
003-1000	Blended Case Management	Blended Case Management	Blended Case Management		1	Yes		Helen H. Sacher	
005-1000	AOT for tst	AOT for tst	ACT		0	Pending	Other Reason for No Data - Requested	Helen H. Sacher	f
006-1000	Test Unit D	Test Unit D	MICA Network		0	No			
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill		0	No	Other Reason for No Data - Denied	OMH Central Office: Sacher	f
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment		0	Yes	Other Reason for No Data - Approved	OMH Central Office: Sacher	f
008-1001	ACME Mohawk Clinic	ACME Mohawk Satellite 1	Clinic Treatment		0	No		Helen H. Sacher	v
008-1002	ACME Mohawk Clinic	ACME Mohawk Satellite 2	Clinic Treatment		1*	No			

- Pending:** We are reviewing your request, check back to see the results
- Other Reason for No Data – Denied:** Your reason was not acceptable, data must be entered for this Unit/Site
- Other Reason for No Data – Approved:** Your reason is acceptable, this Unit/Site is locked, no further attention is needed



At any point during data entry...

A Supervisor may download your facility's data to an Excel spreadsheet...

If you wish, you may download a copy of your facility's data (in spreadsheet format) by clicking the "Download Facility Data" button below.

NOTE: There are invalid submissions in the facility data.

Download Facility Data

- If there are invalid submissions, it will be noted here, as well as in the last column on the downloaded Excel spreadsheet

SHEET_NUM	FACILITY	UNIT	SITE	DATA_VALID_YN
1	2222: Test Facility (for user manual)	008: ACME Mohawk Clinic	1002: ACME Mohawk Satellite 2	N
2	2222: Test Facility (for user manual)	002: Test Facility - HCBS Waiver	1000: Test Facility - HCBS Waiver	Y
3	2222: Test Facility (for user manual)	003: Blended Case Management	1000: Blended Case Management	Y

Uploading Data to the Web Application

Data Upload

The following table displays all the unit/sites that are participating in the Patient Characteristics Survey. To upload data for a particular unit/site, mark the checkbox in the column "Upload Data?" and then press the "Next" button. You may select and upload more than one unit/site at a time. Uploading data to a unit/site will erase any previously uploaded submissions for the unit/site; it shall **not** affect the manually entered submissions. If selecting multiple unit/sites for simultaneous upload, then at least one submission for each selected unit/sites must be contained in your uploaded file. After a successful upload, submissions will be subjected to the same validity tests as manually entered data, hence, the uploaded submissions must be inspected on the QA Report "[Percent of Valid Submissions](#)" and "[Number/Percent of Responses by Item for Uploaded Data](#)" and edited for quality.

- Clicking on a number in either of the columns "Total No. of Submissions," "No. of Uploaded Submissions," or "No. of Manually Entered Submissions" will bring you to the respective list of submissions for that unit/site.
- The file you intend to upload must end in ".txt"

Note: Check boxes are disabled for unit/sites that have been locked. For OMH housing programs (program codes 4040, 7070, 7080, 8050, 6070, 5070, 6080) you will only see one site code for the listed program unit. If you select that site code then all the unit's data will be loaded to that site code, regardless of the actual site code(s) in your text file.

☐ Select all unit/sites in the facility for data upload.

Unit-Site Code	Unit Name	Site Name	Program Type Name	Total Number of Submissions	Number of Uploaded Submissions	Number of Manually Entered Submissions	Upload Data?
002-1000	Test Facility - HCBS Waiver	Test Facility - HCBS Waiver	Home and Community Based Services (HCBS) Waiver	1	0	1	<input type="checkbox"/>
003-1000	Blended Case Management	Blended Case Management	Blended Case Management	1	0	1	<input type="checkbox"/>
005-1000	AOT for tst	AOT for tst	ACT	0	0	0	<input type="checkbox"/>
006-1000	Test Unit D	Test Unit D	MICA Network	0	0	0	<input type="checkbox"/>
007-1000	Test Facility Licensed Program #1	Test Facility Licensed Program #1	Hospital for Mentally Ill	0	0	0	<input type="checkbox"/>
008-1000	ACME Mohawk Clinic	ACME Mohawk Clinic	Clinic Treatment	0	0	0	<input type="checkbox"/>
Totals:				3	0	3	

Next

- Upload to all Unit/Sites at once by selecting this option
- Or select one or more Unit/Sites here
- A greyed out box indicates that the Unit/Site has been locked



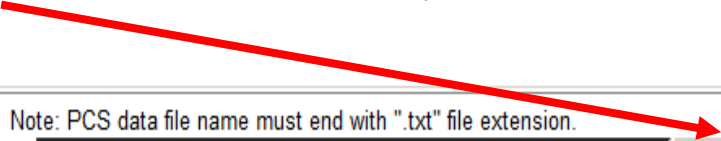
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Uploading Data to the Web Application

- Use the “Browse” button to locate your data file on your computer

Note: PCS data file name must end with ".txt" file extension.

PCS data file to upload:



Uploading Data to the Web Application

- A data file must have a “.txt” file extension and when you open it, it will look like this*. See the PCS homepage for more information about formatting your data

```

upload_data.txt - Notepad
File Edit Format View Help
0201000Albert      Alexander      042119601010000000100100100001000070999990111
0201000Alan        Volvo         052019881910000100410000000000110001122030203
0201000Barry       Steven       052119871101000000100000111010000015142000392
0201000Jimmy       Vile        052219851900000010410000000010000101122120414
0201000Shawn       Bell        052319841011000000310000000000001001122490505
0201000Sally       Myers       052419832100111000510000000000001101122610699
0201000Tommy       Barber      052519821911111100910000000000100933133230711
0201000Nick        Stone       052619811000000011010000000000100162888880802
0201000Mark        Shore       052719801110000001110000000000010905147060993
0201000Michael     Lily        052819792900010001210000000000100001122041014
0201000Samuel      Jacob       042720021000100009900000000110000015130611105
0201000Robert      Farrell    042820011100001000210000000010000003104541205
0201000Mary        Winter     04292000290000001061000000001000018120711305
0201000Tanya       Ivanov     04301999200000010071000000000001031100181405
0201000David       Holmes     063019981100100000810000000010000915130611505
  
```

* Fictional Data

Uploading Data to the Web Application

- Click the “Upload Now” button and your file will be uploaded

Note: PCS data file name must end with ".txt" file extension.

PCS data file to upload:

User Feedback Survey

- When the PCS is completed, the User Feedback Survey helps us make future improvements
- Allows users to identify issues and concerns with the PCS Application
- Link will be made available on the PCS Supervisor Page



QUESTIONS?

If you have any questions, please send them to

pcs@omh.ny.gov

Reference documents

Patient Characteristics Surveys (PCS) Home page

(<https://www.omh.ny.gov/omhweb/pcs/submissions/>)

Security Management System (SMS) Reference Manual

(<https://www.omh.ny.gov/omhweb/sms/>)



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