



Frequently Asked Questions

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Section 1: Getting Access

1. How we do obtain usernames and passwords if we do not have any yet?

Answer: The Security Manager adds users to the Security Management System, and then user IDs and passwords are automatically generated by the system. See [“Preparing for and Getting Access to PCS”](#) for further information and instructions.

2. How do you know who is the security manager?

Answer: On the top menu of the application, you will see a link to the list of Security Managers for your facility. If you cannot access PCS, send us an [email](#) request.

3. My supervisor asked me to help enter data. Can I log-on with his User ID to enter data for clients on his caseload?

Answer: No, User IDs are user specific. Data in the Patient Characteristic Survey (PCS) are Protected Health Information (PHI), and Health Insurance Portability and Accountability Act (HIPAA) rules require tracking users (“User IDs”) who access PHI. In order to do this, Office of Mental Health (OMH) Security requires each user to have his own User ID. If appropriate, the Security Manager at your facility can establish a User ID for you and grant you access to the PCS application.

4. Are people who are going to need access for the Patient Characteristic Surveys as Submitters and Supervisors going to need to provide information for the Assurance Level 2 (driver’s license information, etc.)?

Answer: Yes, they will need to show documents to their security manager so that he or she can certify in the Security Management System that they are who they say they are. However, AL2 authentication for the PCS will not begin until August.

Section 2: Using the Application

1. My unit/site was closed prior to the start of the survey week, but still appears in the drop-down list for my facility. When will it be removed?

Answer: Closed units/sites are retained in the PCS application so that the application does not delete any client data that may have been entered. If no data have been entered for a closed unit/site, the PCS Supervisor should note the site's closure on the application's Supervisor Page. If your unit/site closed after the start of the survey week you are expected to enter data for services delivered during the PCS week when the unit/site was still open.

2. My request to add a unit/site to my facility was approved in Mental Health Provider Data Exchange (MHPD) today, but doesn't appear in the drop-down list for my facility. How do I report data?

Answer: New unit/sites will be added to the PCS application on a daily basis. You will see the unit tomorrow.

3. I tried to edit an existing submission but received the message: "Another user is currently editing this survey. Try again later." I did try again later and received the same message. What can I do to edit the submission?

Answer: When a person is editing a submission, it becomes "locked" for editing by others. Sometimes a record will remain locked even though the original user is no longer editing it because the user was unable to exit from the edit mode. To exit completely from the edit mode, a user must select "Save this record" or "Cancel these changes." When a record is locked from editing by others because of an incomplete exit, the PCS Supervisor can view the locked record, identify the user holding the lock, and "unlock" the record.

4. What would make a submission invalid?

Answer: An invalid submission would be a survey that was not fully completed i.e., items left blank, or 2 inconsistent answers. Please see [validations](#) .

5. Can an entry be printed once completed?

Answer: Yes. At the bottom of the List of Submissions, you will find an option to print a range of surveys. Choose one or several to print at a time. Remember, you should only print surveys if you need to do so for your own purposes. Do not send paper forms to OMH.

6. We have a Targeted Case Management program serving children and youth that is being converted to a Health Home Care Management program. Do we need to report on all the clients, CAIRS clients only, or just the clients previously served in the TCM; i.e., the "legacy" clients?

Answer: Health Home Care Management (HHCM, program 2730) programs will report on child and adolescents previously served in their Targeted Case Management programs (*legacy* clients) in 2015. HHCM programs are not required to report adult clients served. Health Home Non-Medicaid Care Management (program 2620) will

report on adults and children having primary mental illness. For children and youth TCM programs that have not yet converted to HHCM, complete the survey as you have in the past.

7. If one client has separate appointments with a doctor, a nurse and a clinician, do they need three PCS filled out?

Answer: If all three appointments are in the same program, then no, only one survey needs to be filled out, but make sure you indicate all the dates of service.

8. In a residential placement, what happens if a resident is on a trial visit at another site?

Answer: If your facility is holding a bed for the client, report on them as if they were in residence for the survey week.

Section 3: CAIRS-MHARS

1. One of our unit/sites has data imported from Child and Adult Integrated Reporting System (CAIRS) or Mental Health automated Record System (MHARS) and there are a large number of clients on the associated drop-down roster. Should we create a PCS submission for each client that appears on the associated client roster?

Answer: You should create a submission for only those clients who received a service during the survey week, which may or may not include the entire roster.

2. One of our unit/sites has data imported from CAIRS or MHARS. How can I find a particular client on this large list to include in the PCS?

Answer: The drop-down client roster exhibits a column for each of the following variables: Client's First name, Client's Last name, Date of Birth, Gender, and CAIRS (or MHARS) ID. It may be sorted by any of these columns by clicking on the column header. Click any header a second time to sort in reverse order.

Section 4: Uploads

1. Once you upload data, will the data appear on survey forms like other submissions and can the data be edited?

Answer: Yes. Once data is successfully uploaded, it appears in PCS just as any other submission and can be edited and corrected in the same manner.

2. Are the specifications on the layout of the data for uploading affected by new questions that are being asked this year? Will we need to revamp our format from 2013?

Answer: Yes. New questions and new requirements mean that the file layout will be different. Please see "[Using the Electronic Data Upload Feature](#)" for more information.

Section 5: Other Questions

1. May I fill out a paper copy of the survey form and have someone else at my facility enter it into the PCS application?

Answer: Yes. To access a paper copy, click on survey form hyperlink above. Please do not send OMH the paper forms.

2. Is there a phone number/live person that we can speak to?

Answer: Yes, you can call 1-800-HELP-NYS for assistance in accessing PCS. The OMH Service Center can also take a message and direct your call to the proper department if you have more questions.

3. If we are using the client's full name do we need releases to protect confidentiality?

Answer: No release is necessary. State and Federal law permit disclosure of protected health information (PHI) for activities related to oversight of the public mental health system. The Patient Characteristics Survey has always collected PHI, for example, date of birth, gender, date of service and zip code of residence. In 2011, full name replaced initials to help with identifying unique individuals and linkage of the PCS with other OMH data systems. We also protect that data, both with secure servers and personnel who have been fully trained in handling data per Health Insurance Portability and Accountability Act provisions. No PHI is released from OMH, all such data is stripped before any composite PCS data is made available to anyone.

4. We do not track Gender and Sexuality and aren't sure about asking our clients about Transgender identity or Sexual Orientation. What should we do? Is it necessary to collect this information?

Answer: For the purposes of PCS, reporting on Gender Identity and Sexuality allows OMH to identify underserved populations and to plan for and provide better services statewide.

For your facility, asking the questions of your clients may give you a better clinical picture and help you provide better service for your clients, but you need to decide what to ask. For example, what is appropriate for a clinic may not be helpful for a drop-in program. When the questions are asked, however, this information is asked of all clients, heterosexual, lesbian, gay, bisexual, transgender, or other. As with all client data, PCS data are HIPAA protected and kept strictly confidential. It may be helpful to assure your clients about all three of these elements; that this information is asked of everyone, it allows for improved care, and is completely confidential. And, while we recommend that you add this question to your clinical records, if you do not have the information for the 2015 PCS, you may answer "unknown."

The OMH Bureau of Cultural Competency has some fine training videos and webinars available to help your clinicians to feel more comfortable in asking these important questions. One highly recommended webinar is called "[Collecting Sexual Orientation and Gender Identity Information on the OMH 725 Patient Admission Form](#)"

5. If a resident does not want to disclose his/her gender or sexual orientation is that unknown or other?

Answer: Enter "client didn't answer." If the client has not been asked to self-identify, please answer "unknown." Do not guess.

6. How do I respond when a client refuses to answer questions on the survey?

Answer: The PCS is not designed to be completed directly with clients, but rather answered from data stored in your facility's records. In general, your answers will be drawn from data that you have collected previously. Information needs to be updated if not relatively current. If you choose to supplement that data, it may be helpful to assure your clients that this information is asked of all clients, and, as with all client data, is HIPAA protected and kept strictly confidential. However, if a client refuses to answer, please enter "client didn't answer" if that choice is in the response set. Otherwise, answer "unknown."

You need to decide whether asking the questions of your clients helps you provide better service for your clients. For example, what is appropriate for a clinic may not be helpful for a drop-in program.

7. Can the survey be completed over the phone with clients that week or does it need to be face to face?

Answer: The PCS is not designed to be completed directly with clients, but rather answered from data stored in your facility's records. In general, your answers will be drawn from data that you have collected previously. If you are supplementing the data stored in your records, it is best to collect the data through a face to face interview.