

NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
OASAS EXTERNAL USER ACCESS REQUEST

PART A – TO BE COMPLETED BY THE PERSON TO BE GIVEN ACCESS – Please Print Clearly To Avoid Delays in Processing the Form. Accurate Logons are Dependent Upon the Clear Spelling of the User's Name.

1. NAME OF PERSON TO HAVE ACCESS		
Last Name	First	MI
Security I.D. (Mother's Maiden Name)	E-Mail Address	
<p>I understand that OASAS systems contain restricted data and are subject to Federal Confidentiality Regulations found at 42 CFR, Part 2 and agree that I will neither share my access code with any other person nor share with any unauthorized person information obtained from these systems.</p>		
_____	(____) _____	_____
User Signature	Telephone No.	Date
2. AGENCY REQUESTING ACCESS (Select and Complete One Choice Only)		
<input type="checkbox"/> Service Provider Name	OASAS Provider ID No.	
<input type="checkbox"/> LGU Name		County Code
3. ADDRESS (Street, City, State, Zip Code)		
4. SYSTEM TO BE ACCESSED <i>(See Descriptions on Page 2)</i>	5. OPTIONS/LEVELS OF ACCESS	
	Providers	LGU
<input type="checkbox"/> Client Management	On-Line Reporting Options: <input type="checkbox"/> Data Entry <u>or</u> <input type="checkbox"/> File Transfer	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Workscope/Objective Attainment	Level of Access: <input type="checkbox"/> General	
<input type="checkbox"/> Gambling	Level of Access: <input type="checkbox"/> General	
<input type="checkbox"/> Provider Directory System	Level of Access: <input type="checkbox"/> General	
<input type="checkbox"/> Strengthening Treatment Access and Retention – Quality Improvement (STAR-QI)	Level of Access: <input type="checkbox"/> General Program Number:	

PART B – TO BE COMPLETED BY THE AGENCY CONTACT PERSON AND SENT DIRECTLY TO OASAS AS INSTRUCTED ON PAGE 2

NAME OF AGENCY CONTACT PERSON <i>(Print Last, First, MI)</i>	Telephone No. ()	Fax No. ()
E-MAIL ADDRESS		
<p>I hereby authorize the employee identified in Part A to obtain access to the system indicated in conjunction with his/her official duties. I will contact OASAS immediately when the individual no longer requires such access.</p>		
_____	_____	_____
Signature	Date	

FOR USE BY BUREAU OF INFORMATION TECHNOLOGY SERVICES

LOG-ON	USER NO.	SYSTEM ACCOUNT ADDED	APPLICATION ACCESS GRANTED	USER NOTIFIED
		_____ Initials _____ Date	_____ Initials _____ Date	_____ Initials _____ Date

ADDITIONAL COMMENTS/INSTRUCTIONS

REFER ANY QUESTIONS TO OASAS HELP DESK AT (518) 485-2379

INFORMATION AND INSTRUCTIONS

PURPOSE

The purpose of this form is to provide a means for agencies (services providers, Local Governmental Units [LGUs] and other authorized agencies) to arrange for their staff to obtain access to a variety of on-line data systems maintained by OASAS in order to process data associated with these systems electronically.

PROCESSING THE ACCESS REQUESTS

Step 1 - The person for which access is being requested completes Part A (Sections 1-4), including his/her mother's maiden name which will be used for security purposes, and identifying information by which they can be contacted (telephone number, fax number and e-mail address).

The systems to be accessed (described below) should be selected, including the appropriate processing option under which data will be processed and the appropriate level of access, consistent with the tasks to be performed.

The individual signs the form agreeing that he/she will abide by the system's users requirements.

Step 2 - The agency contact person reviews the information completed in Part A verifying that the appropriate access is being requested and completes Part B authorizing such access and providing identifying information by which they can be contacted (telephone number and email address) and mails the form directly to:

NYS OASAS
1450 Western Avenue
Albany, NY, 12203-3526
Attention: HELP DESK

or faxes the form to:

(518) 457-2387 – Attention: HELP DESK

OASAS will contact the individual directly to provide a confidential access code and instructions on establishing an individual password.

DESCRIPTIONS OF SYSTEMS TO BE ACCESSED

Client Management System - enables providers of treatment services to report client demographic and service delivery data on-line. This includes data on admissions, discharges, transfers, service delivery data, including units of service, and waiting list data. The system can accept inquiries and generate operational and statistical reports. The system is accessible by service providers and associated LGU administrators.

Workscope/Objective Attainment System - enables providers of funded treatment services to view quarterly performance data and related reports based on Workscope mandatory objective performance targets identified for various performance indices for their programs.

Gambling System – enables providers of gambling treatment services to report demographic and service delivery data on-line. This includes data on admissions, discharges, service delivery data, including units of service and waiting list data. The system can accept inquiries and generate operational and statistical reports. The system is accessible by service providers and associated LGU administrators.

Provider Directory System – enables providers (treatment, prevention, LGU) to maintain their contact information and limited information regarding their provider and programs.

Strengthening Treatment Access and Retention – Quality Improvement (STAR-QI) – helps treatment providers become more efficient in processing their clients by tracking key indicators from the first request for service through the first month of treatment. STAR-QI is a combination of the Strengthening Treatment Access and Retention – State Infrastructure (STAR – SI) and Network for Improving Addiction Treatment (NIATx) initiatives.

SECURITY FEATURES

If an incorrect login or password is used to access an OASAS system, the account will be disabled after five consecutive attempts. Access rights will only be restored by contacting the OASAS Help Desk. Please note the login and password are case sensitive.

If a user does not access an OASAS system during a consecutive 90 day period, the account will be disabled. Access rights will only be restored by contacting the OASAS Help Desk.

If a user does not access an OASAS system during a consecutive 400 day period, the account will be closed and access rights terminated. Access rights will only be restored by resubmitting a new IRM-15 request.

To assist the user in managing their password, the assignment of a "hint" is provided. The use of the "hint" allows the user to assign a new password if they have forgotten their current one.