



Treatment Data System

a division of the Office of Substance Abuse Data System
OSADS

ORT (OPIOID REPLACEMENT THERAPY) UPDATE FORM INSTRUCTION MANUAL

Office of Substance Abuse
41 Anthony Avenue
#11 State House Station
Augusta, ME 04333-0011

August 2009

**Treatment Data System
ORT FORM USER MANUAL**

Prepared by the Staff of the Office of Substance Abuse

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INTRODUCTION

The Treatment Data System (TDS) was mandated by the State Legislature in P.L. 1983 c. 464. TDS is a vital management tool, used by the Office of Substance Abuse to provide:

- X Documentation that clients were served and that services were delivered by community providers supported by state and federal substance abuse funds, in compliance with the legislatively approved budget and statutory mandates.
- X Data on performance that is being jointly used by state and local agencies to manage services and funding.

TDS will also be used to meet the federal requirements of the Treatment Episode Data Set (TEDS). TEDS was established by the former National Institute on Alcohol Abuse and Alcoholism (NIAAA) now the United States Department of Health and Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) and the National Institute on Drug Abuse (NIDA) to meet requirements specified in the Anti-Drug Abuse Act of 1988.

It is due to the federal requirements of the TEDS that any agency receiving state funds (including Federal Block Grant and MaineCare) must report all substance abuse clients, regardless of the source of funding for individual clients.

Since the inception of the system, requirements on which clients should be reported have been extended to include: all clients served by a licensed substance agency, any clients involved in the Driver Education and Evaluation Program (DEEP), any client for who MaineCare (Medicaid) reimbursement will be sought for their substance abuse treatment, and all clients in treatment at methadone programs.

A TDS registry is maintained for all agencies and programs that receive state funds to perform client services under contract with the State Departments (Department of Corrections and Department of Health and Human Services).

Client information reported to the OSA through TDS is confidential and protected by law (HIPPA and CFR 42 Part 2) and operating computer safeguards. No person or agency other than authorized personnel can gain access to client information in TDS.

COLLECTING OPIOID REPLACEMENT THERAPY UPDATE DATA

The Maine Office of Substance Abuse (OSA) has a need to start collecting National Outcome Measures (NOMs) data (e.g. frequency of use, employment, self-help, etc.) on clients receiving Methadone Maintenance. OSA and the Maine Office of Information Technology (OIT) have developed a new Treatment Data System (TDS) Opioid Replacement Therapy (ORT) Update form in order to collect data once a year for these clients.

As a clinician at a Methadone Clinic you are aware that this model of treatment may be long term and because of the way OSA collects information only at Admission and at Discharge on your clients OSA needs a better way to assess positive strides made during treatment. The goal(s) of collecting these data are to find out what happens during treatment and to prove the efficacy of Methadone Maintenance (e.g. client is now employed or employable, client has their children, no arrests during treatment, etc.). Therefore OSA recommends reporting these data to TDS once a year based on the client's first face to face contact (admission) date.

A word about the Manual . . . The purpose of the TDS ORT Update Form User Manual is to provide current reporting instructions. TDS is a complex data system requiring users to maintain a high level of understanding of its procedures. The manual is most readily used as a reference book, although it is recommended that anyone completing TDS forms first read the manual from cover to cover one time. This manual is designed to accommodate the needs of Methadone Maintenance providers.

For your reference, Page 14 of this manual includes a copy of the ORT Update Form. OSA will supply your facility with ORT Update Forms.

To Contact the TDS Office If You Have Questions or Need More Forms:

287-2595

or

e-mail to:

tds.helpdesk@maine.gov

When you begin running low on forms, call immediately, please do not wait until you are completely out of forms.

TDS Office
Office of Substance Abuse
Department of Health & Human Services
41 Anthony Avenue
#11 State House Station
Augusta, Maine 04333-0011

TDS FORM ORT-1
OPIOID REPLACEMENT THERAPY UPDATE FORM
INSTRUCTIONS

TIMING OF ENTERING ORT UPDATE FORMS

ORT Update forms are to be entered once a year based on the Date of First Face to Face Contact, hereafter referred to as the “yearly date”. There will be an open window of time when the ORT update form is available; this open window is 15 calendar days prior to and 15 calendar days after the yearly date.

For example: John Smith entered treatment on July 22, 2008 therefore an ORT update form would be entered for John Smith on July 22, 2009 or within 15 calendar days before or after the yearly date.

To do an ORT update form, you will search for the client the same way you do when discharging a client (Episode List by Client); enter the DOB and last four SSN’s and execute search.

The screenshot shows a web interface for the Office of Substance Abuse, Department of Health and Human Services. On the left is a blue sidebar with the state seal and the heading "Instructions". The main content area is olive green and titled "Client Search". It contains several input fields: "Date of Birth" with values 06, 22, and 1973; "Last Four SSN" with value 2222; "Gender" with a dropdown arrow; "Admission Date" with an empty text box; "Primary Service" with a dropdown arrow; and "Federal Id" with an empty text box. Below these fields is an "Execute Search" button. At the bottom of the form area, there is a link for "TDS Main Menu" and an email address "Email: Helpdesk".

An “Episode list” screen will appear. Choose the correct client.



Office of Substance Abuse
BIS Development Region

Department of Health and Human Services



Episode List

Date of Birth	Last Four SSN	Gender	Admission Date	Last Face to Face Contact	Primary Service	Federal ID Number	Agency Name	
06/22/1973	2222	01-M	07/22/2008	ADM	40	999905	DEEP	Edit Adm Add Disc Add Adm Add ORT Add S/D

[TDS Main Menu](#), [Client Search](#)

Email: [Helpdesk](#)

Click "Add ORT"

When you click on “add ORT” the following data entry screen will open:

Office of Substance Abuse
BIS Development Region
Department of Health and Human Services

OPIOID REPLACEMENT THERAPY FORM

Client Code: A. Date Of Birth: 06221973 B. Last Four SS#: 2222 C. Gender: 01

D. County Of Residence SC E. Federal Identifier Code 999905
F. Contract Number G. Primary Service Code 40
H. 1st Face To Face Contact 07222008 1. Living Arrangements - Ort
2. Employment Status 3. Employability Factor
4. If Client Has Legal Custody Of Children, Where Are Children While Client Is In Treatment? 5. How Many Psychiatric Admissions To A Hospital Did The Client Have During Treatment?
6-9. Drugs Listed On Admission Form 6. Primary Detail Drugs Used Inappropriately 0604
7. Secondary Detail Drugs Used Inappropriately 0603 8. Tertiary Detail Drugs Used Inappropriately 0607
9. Tobacco Used 10-13. Frequency Of Use Of Drugs By Client
10. Primary Frequency Of Use 11. Secondary Frequency Of Use
12. Tertiary Frequency Of Use 13. Tobacco Frequency Of Use
14. Is Client Currently Attending A Self-Help Group? 15. Arrests In Last Thirty Days

Insert
[User Manual](#)
[TDS Main Menu](#), [Client Search](#)

Certain data elements will be carried over from the admission record. You will need to add new information for the following fields:

1. **LIVING ARRANGEMENTS (check ONE box only/enter one answer only)**

Check the self-reported living arrangements.

- 01 **Independent Living, Alone** - an unsupervised living environment.
- 02 **Independent Living, With Others** - living with friends, family.
- 03 **Dependent Living** - a supervised living environment (e.g., boarding home for mentally retarded, correctional facility).
- 04 **Homeless** - sleeping in places not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings; also, emergency shelters or transitional or supportive housing for homeless persons who originally came from streets or emergency shelters. This includes persons who ordinarily sleep in

one of the above places but are spending a short time (30 consecutive days or less) in a hospital or other institution.

NOTE: A minor child (17 or under) in most cases would be dependent living.

An adult child (18 and over) in most cases would be independent living unless requiring other than "normal" care.

2 **EMPLOYMENT STATUS (check ONE box only)**

Check the self-reported current employment status. Employment refers to work in a paid (salary, wages, tips, etc.) position on a regular basis.

01 **Full Time (35 hours or more)**

- A. A client who is working for pay and normally works at least 35 hours per week. This includes those who work at part-time jobs that total at least 35 hours per week; or
- B. Those persons temporarily absent from their regular jobs because of illness, vacation, industrial disputes (strikes), or similar reasons.

02 **Part Time (17-34 hours)**

- A. A client who is working for pay and normally works at least 17 hours but not more than 34 hours per week.

03 **Irregular (Less than 17 hours)**

- A. A client who is working for pay and normally works fewer than 17 hours per week.

04 **Unemployed (has sought work)**

- A. A client who was not working but had sought work and was available within the preceding 30 days.
- B. A client who was not working, but was not working because they were on layoff, temporarily ill or waiting to start a new job within the next 30 days.

05 **Unemployed (has not sought work)**

- A. A client who is discouraged from seeking work because of personal or job market factors, and is voluntarily idle.

06 Not in Labor Force

This refers to clients who are:

- A. Retired; or
- B. Engaged in their own housekeeping, not working while attending school (including adolescents), unable to work because of long-term illness.
- C. Incarcerated or inmate

THESE NEXT THREE CATEGORIES ARE DESIGNED FOR CLIENTS WHO ARE NOT CAPABLE OF HOLDING A PAYING POSITION SUCH AS A CLIENT WITH CO-OCCURRING MENTAL ILLNESS, LATE STAGE ALCOHOLISM, ETC.

07 Full Time Volunteer

- A. A client who volunteers at least 35 hours a week and does not receive monetary compensation for those hours.

08 Part Time Volunteer

- A. A client who volunteers at least 17 hours but not more than 34 hours a week and who does not receive monetary compensation for those hours.

09 Irregular Volunteer

- A. A client who volunteers less than 17 hours a week and does not receive monetary compensation for those hours.

3. **EMPLOYABILITY FACTOR (check ONE box only)**

Check the appropriate factor listed as it relates to the Employment Status.

- 01 Employable or working now**
- 02 Student** (Including pre-school and Headstart)
- 03 Homemaker**

- 04 **Retired**
- 05 **Unable (to work) for physical or psychological reasons**
(includes clients on SSI or disability)
- 06 **Inmate of Institution**
- 07 **Seasonal Worker**
- 08 **Temporary Layoff**
- 09 **Unable due to skills/resources** (i.e. lack of education,
training, interviewing skills, transportation, child care, etc.)
- 10 **Unable due to program requirements** (i.e. Halfway house
clients are not allowed to seek employment during part of
their treatment)

4. **IF THE CLIENT HAS LEGAL CUSTODY OF CHILDREN, WHERE ARE THE CHILDREN WHILE THE CLIENT IS IN TREATMENT? (check ONE box only)**

- 01 **With the client**
- 02 **Spouse/other parent**
- 03 **Grandparents or other relatives**
- 04 **Friend(s)**
- 05 **Babysitter/care giver**
- 06 **Temporary foster care**
- 99 **Other**

5. **HOW MANY PSYCHIATRIC ADMISSIONS TO A HOSPITAL DID THE CLIENT HAVE DURING THE PAST YEAR?**

INSTRUCTIONS: Enter the number of **psychiatric admissions** the client had during the past year to **any** hospital.

9. **TOBACCO (check ONE box only)**

- 01 **Yes**
- 02 **No**

NOTE: If 01 Yes is selected at admission, it must also be selected on ORT update form. If the client quit smoking while in treatment you can reflect that on question 13-frequency of use. *If the client quit smoking while in treatment answer 01 Yes and reflect they stopped with the frequency code of 09- "Not currently smoking".*

10.-12. **FREQUENCY OF USE OF DRUGS BY CLIENT (IN LAST 30 DAYS)**

INSTRUCTIONS: Enter one of the following codes to indicate the frequency of use in the last 30 days of treatment for **each substance** recorded in Items 6-8.

- 00 **NONE** (No substance listed in item 7-8). **(Cannot be used on #10)**
- 02 **No use past month**
- 03 **Once in the last 30 days**
- 04 **2-3 days per month**
- 05 **Once per week**
- 06 **2-3 days per week**
- 07 **4-6 days per week**
- 08 **Daily**

13. **TOBACCO FREQUENCY OF USE (LAST 30 DAYS)**

INSTRUCTIONS: Enter one of the following codes to indicate the frequency of use of tobacco in the last 30 days.

- 00 **NONE** (Only for someone who did not smoke in treatment)
- 09 **Not currently smoking**
- 10 **About half a pack/can/pouch a day or less**
- 11 **About a pack/can/pouch a day**
- 12 **About a one and a half packs/can/pouches a day**
- 13 **About 2 packs/cans/pouches a day**
- 14 **More than 2 packs/cans/ pouches a day**

NOTE: If client answered **01** (YES) at admission; and upon ORT update client is no longer smoking, you should still enter (01) YES on item 9; to reflect that the client quit smoking enter **09** (NOT currently smoking.) in item 13. If the client **NEVER** smoked, you would use the 00 **NONE**.

14. **IS CLIENT CURRENTLY ATTENDING A SELF-HELP GROUP?**
(check **ONE** box only)

SELF HELP - Any non-therapeutic support that enhances the client's efforts in recovery. AA, NA, and AL Anon are the most common; however, **any group or activity that promotes behavioral change facilitating sobriety/recovery is acceptable**: church groups, retreats, social groups, etc.

- 01 **Yes**
- 02 **No**

15. ARRESTS (ENTER NUMBER OF ARRESTS IN THE PAST 30 DAYS)

Number of times the client has been arrested in the past 30 days.

TREATMENT DATA SYSTEM (TDS)
OPIOID REPLACEMENT THERAPY (ORT) UPDATE FORM
http://portalx.bisoex.state.me.us/pls/osa/tdsdev.main_menu_2.show

ORT-1 (Rev. 7/09)

OPIOID REPLACEMENT UPDATE FORM ORT-1

CLIENT CODE																
A. DATE OF BIRTH - -	B. LAST FOUR SS# 	H. DATE OF FIRST FACE TO FACE CONTACT - -														
1. LIVING ARRANGMENTS <input type="checkbox"/> 01 INDEPENDENT LIVING ALONE <input type="checkbox"/> 02 INDEPENDENT LIVING W/OTHERS <input type="checkbox"/> 03 DEPENDENT LIVING <input type="checkbox"/> 04 HOMELESS	2. EMPLOYMENT STATUS <input type="checkbox"/> 01 FULL-TIME (35 HRS OR MORE) <input type="checkbox"/> 02 PART-TIME (17-34 HRS) <input type="checkbox"/> 03 IRREGULAR <input type="checkbox"/> 04 UNEMPLOYED (HAS SOUGHT WORK) <input type="checkbox"/> 05 UNEMPLOYED (HAS NOT SOUGHT WORK) <input type="checkbox"/> 06 NOT IN LABOR FORCE <input type="checkbox"/> 07 FULL-TIME VOLUNTEER <input type="checkbox"/> 08 PART-TIME VOLUNTEER <input type="checkbox"/> 09 IRREGULAR VOLUNTEER	3. EMPLOYABILITY FACTOR <input type="checkbox"/> 01 EMPLOYABLE OR WORKING NOW <input type="checkbox"/> 02 STUDENT <input type="checkbox"/> 03 HOMEMAKER <input type="checkbox"/> 04 RETIRED <input type="checkbox"/> 05 UNABLE FOR PHYSICAL/PSYCHOLOGICAL REASONS <input type="checkbox"/> 06 INMATE OF INSTITUTION <input type="checkbox"/> 07 SEASONAL WORKER <input type="checkbox"/> 08 TEMPORARY LAYOFF <input type="checkbox"/> 09 UNABLE DUE TO SKILLS/RESOURCES <input type="checkbox"/> 10 UNABLE DUE TO PROGRAM REQUIREMENTS														
4. IF THE CLIENT HAS LEGAL CUSTODY OF CHILDREN, WHERE ARE THE CHILDREN WHILE THE CLIENT IS IN TREATMENT? IF NO DEPENDENTS SKIP <input type="checkbox"/> 01 WITH THE CLIENT <input type="checkbox"/> 02 SPOUSE/OTHER PARENT <input type="checkbox"/> 03 GRANDPARENTS/RELATIVES <input type="checkbox"/> 04 FRIEND(S) <input type="checkbox"/> 05 BABYSITTER/CAREGIVER <input type="checkbox"/> 06 TEMP. FOSTER CARE <input type="checkbox"/> 99 OTHER	5. HOW MANY PSYCHIATRIC ADMISSIONS TO A HOSPITAL HAS THE CLIENT RECEIVED DURING TREATMENT? <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>			6-9. DRUGS LISTED ON ADMISSION FORM (drug codes are pre-filled from the Admission form) _____ 6. PRIMARY _____ 7. SECONDARY _____ 8. TERTIARY TOBACCO <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
10-13. FREQUENCY OF USE OF DRUGS BY CLIENT IN LAST 30 DAYS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 60%;">10. PRIMARY</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td>11. SECONDARY</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td>12. TERTIARY</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td>13. TOBACCO</td> </tr> </table> (Frequency of Use codes are listed below)			10. PRIMARY			11. SECONDARY			12. TERTIARY			13. TOBACCO	14. IS CLIENT CURRENTLY ATTENDING A SELF-HELP GROUP? (Check ONE box only) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	15. ARRESTS IN THE PRIOR 30 DAYS <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>		
		10. PRIMARY														
		11. SECONDARY														
		12. TERTIARY														
		13. TOBACCO														
Answer Codes																
Form Completed By: _____ LAST NAME/FIRST	10-12. Substance Frequency Codes 00 None 02 No Use Past Month 03 Once In Last 30 Days 04 2-3 Days Per Month 05 Once Per Week 06 2-3 Days Per Week 07 4-6 Days Per Week 08 Daily	13. Tobacco Frequency Codes 00 None 09 Not Currently Smoking 10 About ½ Pack/Can/Pouch a Day or Less 11 About 1 Pack/Can/Pouch a Day 12 About 1 ½ Pack/Can/Pouch a Day 13 About 2 Packs/Cans/Pouches a Day 14 More than 2 Packs/Cans/Pouches a Day														

You can also view the information entered at anytime after an ORT update form has been submitted. You can do so by pulling up the client record (Episode List By Client). Once you see the record you can click on “View ORT” to see the most recent data entered. (Retrieve “View ORT” Image)

Office of Substance Abuse
BIS Development Region

Department of Health and Human Services

Episode List

Date of Birth	Last Four SSN	Gender	Admission Date	Last Face to Face Contact	Primary Service	Federal ID Number	Agency Name	
06/22/1973	5555	02-F	06/15/2008	ADM	40	999909	DEEP	Edit Adm Add Disc Add Adm View ORT Add S/D

[TDS Main Menu](#), [Client Search](#)

Email: [Helpdesk](#)

Click on “View ORT”

Retrieve “View ORT” Image

After clicking on “View ORT” you can see the most recent data entered and the date that it was entered.

Error!
CANNOT INSERT OR UPDATE AN ORT FORM AT THIS TIME. THIS IS A VIEW OF THE ORT FORM SUBMITTED 06/18/2009

Office of Substance Abuse
BIS Development Region

Department of Health and Human Services

OPIOID REPLACEMENT THERAPY FORM

Client Code: A. Date Of Birth: 06221973 B. Last Four SS#: 5555 C. Gender: 02

D. County Of Residence	SC	E. Federal Identifier Code	999909
F. Contract Number	<input type="text"/>	F. Contract Number	<input type="text"/>
H. 1st Face To Face Contact	06152008	H. 1st Face To Face Contact	06152008
1. Living Arrangements - Ort	<input type="text" value="01"/>	3. Employability Factor	<input type="text" value="01"/>
3. Employability Factor	<input type="text" value="01"/>	4. If Client Has Legal Custody Of Children, Where Are Children While Client Is In Treatment?	<input type="text"/>
4. If Client Has Legal Custody Of Children, Where Are Children While Client Is In Treatment?	<input type="text"/>	6-9. Drugs Listed On Admission Form	
6. Primary Detail Drugs Used Inappropriately	0604	7. Secondary Detail Drugs Used Inappropriately	0607
8. Tertiary Detail Drugs Used Inappropriately	0000	9. Tobacco Used	<input type="text" value="02"/>
10-13. Frequency Of Use Of Drugs By Client		10. Primary Frequency Of Use	<input type="text" value="02"/>
11. Secondary Frequency Of Use	<input type="text" value="02"/>	12. Tertiary Frequency Of Use	<input type="text" value="00"/>
13. Tobacco Frequency Of Use	<input type="text" value="00"/>	15. Arrests In Last Thirty Days	<input type="text" value="00"/>

[User Manual](#)
[TDS Main Menu](#) , [Client Search](#)

Instructions

When you are keying answers, you MUST key the exact number of spaces on the form. EXAMPLE Units must be keyed with 4 digits. If you provided 58 units, you must enter those units as 0058. The same rule applies to ALL questions. REMEMBER: Do Not Skip Fields Unless Specifically Instructed to Do So



*Department of Health
and Human Services*

*Maine People Living
Safe, Healthy and Productive Lives*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner