

Appendix E – File Layout

PDS/PPSI

Column Name	Description	Data Source
PROVIDER_NAME	Name of the agency that is registered in the Interagency Master File (IAMF). One provider may operate/include many programs.	PDS
PROVIDER_NUMBER	Unique number assigned to the agency that is registered in the IAMF. One provider may operate/ include many programs.	PDS
provider_street	The street of the provider's administrative address.	PDS
provider_city	The city of the provider's administrative address.	PDS
PROVIDER_COUNTY	The county name of the provider's administrative address.	PDS
PROVIDER_STATE	The state of the provider's administrative address.	PDS
provider Zip Code	The zip code of the provider's administrative address.	PDS
provider Zip Code Plus 4	The zip code plus 4 of the provider's administrative address	PDS
Site Flag	Primary Site or additional location	PDS
PROGRAM_NAME	Name for the treatment program at a site.	PDS
PROGRAM_NUMBER	Unique number assigned to the certified treatment service at a site. Combining the Provider number and the Program number will give you a unique identifier.	PDS
PROGRAM_STREET	Street of the program's physical location.	PDS
PROGRAM_CITY	City of the program's physical location.	PDS
PROGRAM_COUNTY	County name of the physical location of a program.	PDS
PROGRAM_STATE	State of the program's physical location.	PDS
PROGRAM_ZIP_CODE	Zip code of the program's physical location.	PDS
PROGRAM_ZIP_CODE_PLUS_4	Zip codes plus 4 of the program's physical location.	PDS
Program_Director_name	Name of the contact at the physical program location.	PDS
PROGRAM_DIRECTOR_CONTACT	Contact's phone at the physical program location.	PDS
PROGRAM_TYPE	The general type of program. Types include Crisis; Inpatient; Opioid Treatment; Residential; and Outpatient. Each program type includes one or more Service Types.	PDS

SERVICE_TYPE_Desc	The specific type of service that a program is certified to provide by regulation.	PDS
Integrated_Desc	Indicates the program is designated to deliver integrated care services licensed by NYS DOH, OMH and/or OASAS in accordance with the provisions of the Part 825 regulation.	PDS
Admission_Contact_name1	Name of the Admission Contact	PDS
ADMISSION_PHONE1	Admission phone number for the program.	PDS
Admission_Contact_name2	Name of the Admission Contact	PDS
ADMISSION_PHONE2	Admission phone number for the program.	PDS
Admission_Contact_name3	Name of the Admission Contact	PDS
ADMISSION_PHONE3	Admission phone number for the program.	PDS
Afterhrs_Clinical_Contact_name1	Name of After hours Contact	PPSI
Afterhrs_Clinical_Contact_phone1	After hours phone number for the program.	PPSI
Afterhrs_Clinical_Contact_name2	Name of After hours Contact	PPSI
Afterhrs_Clinical_Contact_phone2	After hours phone number for the program.	PPSI
Afterhrs_Peer_Contact_name1	Name of after hours peer contact	PPSI
Afterhrs_Peer_Contact_phone1	After hours peer phone number for the program.	PPSI
Afterhrs_Peer_Contact_name2	Name of after hours peer contact	PPSI
Afterhrs_Peer_Contact_phone2	After hours peer phone number for the program.	PPSI
Clinic	Indicates if clinical services are offered in the community	PPSI
clinic_offered	When the Services are offered: Weekdays only, Evenings, Saturday and/or Sunday.	PPSI
Trans	Indicates program offers Transportation	PPSI
transportation_offered	When the Services are offered: Weekdays only, Evenings, Saturday and/or Sunday.	PPSI
URL	Providers Website	PPSI
PROGRAM_USES_PEERS	Indicate whether the program utilizes Peer Advocates	PPSI
PROGRAM_PEER_OUTREACH	Indicate whether the program utilizes Peer services in the community for outreach	PPSI
PROGRAM_OUTREACH_AVLBTY	Indicates if Peer outreach is available outside of Weekdays during normal business hours	PPSI
PROGRAM_OUTREACH_DAY	Indicates what hours outside of normal business hours peer outreach is available	PPSI
PROGRAM_USES_RECOVERY_COACHES	Indicate whether the program utilizes Recovery Coaches	PPSI
Buprenorphine	Indicates program offers Buprenorphine as Medication Assisted Treatment for Opioid Use Disorder either On-site and/or off-site	PPSI
Injectable_Naltrexone	Indicates program offers Injectable Naltrexone as Medication Assisted Treatment for Opioid Use Disorder either On-site and/or off-site	PPSI

Methadone	Indicates program offers Methadone as Medication Assisted Treatment for Opioid Use Disorder either On-site and/or off-site	PPSI
Oral Naltrexone	Indicates program offers Oral Naltrexone as Medication Assisted Treatment for Alcohol Use Disorder either On-site and/or off-site	PPSI
Acamprosate	Indicates program offers Acamprosate as Medication Assisted Treatment for Alcohol Use Disorder either On-site and/or off-site	PPSI
Disulfiram	Indicates program offers Disulfiram as Medication Assisted Treatment for Alcohol Use Disorder either On-site and/or off-site	PPSI
MON1	Indicates Hours of operation and admitting hours on Monday	PPSI
TUE1	Indicates Hours of operation and admitting hours on Tuesday	PPSI
WED1	Indicates Hours of operation and admitting hours on Wednesday	PPSI
THU1	Indicates Hours of operation and admitting hours on Thursday	PPSI
FRI1	Indicates Hours of operation and admitting hours on Friday	PPSI
SAT1	Indicates Hours of operation and admitting hours on Saturday	PPSI
SUN1	Indicates Hours of operation and admitting hours on Sunday	PPSI
ppi_last_update_dt	Date when the PPSI was updated last	PPSI

- Transfer Method (NYS OASAS/ITS to select one or more preferred/acceptable methods for automatic daily transfers from OASAS to Awarded Bidder):
 - Secure Web service
 - SFTP
 - IPsec
 - VPN