



Office of Alcoholism and Substance Abuse Services

DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT
BUREAU OF STANDARDS COMPLIANCE

Regulatory Compliance Site Review Instrument Chemical Dependence Withdrawal and Stabilization Services QA-1CD (Applicable to Medically Managed, Medically Supervised Inpatient/ Outpatient and Medically Monitored Withdrawal & Stabilization Services)

PART I --- PATIENT CASE RECORDS

PART II --- SERVICE MANAGEMENT

PART III --- FACILITY REQUIREMENTS AND GENERAL SAFETY

NOTE: Pursuant to Mental Hygiene Law and the Office of Alcoholism and Substance Abuse Services' (OASAS) Regulations, this Site Review Instrument is designed for the express purpose of conducting OASAS regulatory compliance reviews of its certified providers. Use of this Site Review Instrument as a self-assessment tool may be a helpful indicator of a provider's regulatory compliance. However, please note that the Site Review Instrument: (1) is not the sole basis for determining compliance with OASAS' requirements; (2) does not supersede OASAS' official Regulations, and should not be relied upon as a regulatory reference in lieu of the Regulations; and (3) is subject to periodic revision without notice.

REVIEW INFORMATION

PROVIDER LEGAL NAME

PROGRAM SITE ADDRESS

CITY/TOWN/VILLAGE and ZIP

DATES OF REVIEW

REVIEW NUMBER

OPERATING CERTIFICATE NUMBER

PROVIDER NUMBER

PRU NUMBER

LEAD REGULATORY COMPLIANCE INSPECTOR

ADDITIONAL OASAS STAFF MEMBER(S) (if applicable)

SITE REVIEW INSTRUMENT INSTRUCTIONS

PATIENT CASE RECORDS INFORMATION SHEET	
Identification Number ▶	Enter the Identification Number for each case record reviewed.
First Name ▶	Enter the first name of the patient for each case record reviewed.
Last Name Initial ▶	Enter the first letter of the last name of the patient for each case record reviewed.
Primary Counselor ▶	Enter the name of the primary counselor.
Comments ▶	Enter any relevant comments for each case record reviewed.

PATIENT CASE RECORDS SECTION	
Patient Record Number Column ▶	Enter a ✓ or an ✗ in the column that corresponds to the Patient Record Number from the PATIENT CASE RECORDS INFORMATION SHEET . Enter a ✓ in the column when the program is found to be in compliance . Enter an ✗ in the column when the program is found to be not in compliance . > For example: The evaluation was completed within 24 hours of admission -- Enter a ✓ in the column. > For example: The evaluation was <i>not</i> completed within 24 hours of admission -- Enter an ✗ in the column.
TOTAL ▶	Enter the total number of ✓'s (in compliance) and the total number of ✗'s (not in compliance) in the TOTAL column.
SCORE ▶	Divide the total number of ✓'s (in compliance) by the sample size (sum of ✓'s and ✗'s) and, utilizing the SCORING TABLE below, enter the appropriate score in the SCORE column. > For example: Ten records were reviewed for comprehensive evaluations. Eight records were in compliance. Divide eight by ten, which gives you 80%. Refer to the scoring table, which indicates that 80% - 89% equals a score of 2 -- Enter 2 in the SCORE column.

SERVICE MANAGEMENT SECTION	
YES ▶	Enter a ✓ in the YES column when the program is found to be in compliance . > For example: The program <i>has</i> completed an annual report -- Enter a ✓ in the YES column.
NO ▶	Enter an ✗ in the NO column when the program is found to be not in compliance . > For example: The program <i>has not</i> completed an annual report -- Enter an ✗ in the NO column.
SCORE ▶	Enter 4 in the SCORE column when the program is found to be in compliance . Enter 0 in the SCORE column when the program is found to be not in compliance .

NOTE

If any question is not applicable, enter N/A in the **SCORE** column.

SCORING TABLE	
100%	= 4
90% - 99%	= 3
80% - 89%	= 2
60% - 79%	= 1
less than 60%	= 0

PATIENT CASE RECORDS INFORMATION SHEET

ACTIVE RECORDS

Record	Identification Number	First Name	Last Name Initial	Primary Counselor	Comments
#1					
#2					
#3					
#4					
#5					
#6					
#7					
#8					
#9					
#10					

INACTIVE RECORDS

Record	Identification Number	First Name	Last Name Initial	Primary Counselor	Comments
#1					
#2					
#3					
#4					
#5					

INACTIVE RECORDS (Examined But Not Admitted)

Record	Identification Number	First Name	Last Name Initial	Comments
#1	N/A			
#2	N/A			
#3	N/A			
#4	N/A			
#5	N/A			

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE	
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes X = no	From Scoring Table	
A. ADMISSIONS													
A.1. Is the patient admission based upon a documented diagnosis of chemical dependence identified through the substance dependence diagnostic criteria set forth in the Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition (DSM IVR), or the International Classification of Diseases, Ninth Edition (ICD 9), or the most recent editions thereof? [816.5(g)(1)]											✓ ____ X ____		
A.2. → QUALITY INDICATOR In a Medically Managed Service , is there documentation that the patients meet the admission criteria of requiring ALL of the following services: <ul style="list-style-type: none"> • medical therapy which is supervised by a physician (carried out by the medical team) in order to stabilize the patient's medical condition is still indicated; • physician attendance is required daily; • vital signs at least every 6 hours or more often are still indicated; and • medication administration (detoxification medications) to prevent or modify withdrawal is still being adjusted and monitored; and at least one of the following is required: <ul style="list-style-type: none"> ○ CIWA greater than 12; or ○ seizures, delirium tremens or hallucinations within the past 24 hours; or ○ acute intervention needed for co-occurring medical or psychiatric disorder; or ○ severe withdrawal (continued vomiting, continued diarrhea, abnormal vital signs) requiring intravenous medication and/or fluids that cannot be handled at a lower level of care; or ○ pregnancy? [816.6(d)(3)(i-iv)] 											✓ ____ X ____		
Number of Applicable Questions Subtotal									Patient Case Records Subtotal				

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
A. ADMISSIONS (cont'd)												
A.2. (cont'd) → QUALITY INDICATOR												
In a Medically Supervised Inpatient Service , is there documentation that the patients meet ONE of the following admission criteria: <ul style="list-style-type: none"> the presence of moderate withdrawal symptoms judged to be treatable at a medically supervised level of care; or the expectation of moderate level of withdrawal symptoms based on the amount of alcohol and/or other substances used by the patient, history of past withdrawal syndromes and/or medical condition of the patient; or continued use after withdrawal services at a less intensive level of care; or the patient is not in need of medically managed level of withdrawal and stabilization services; and/or the patient is not appropriate for a medically supervised outpatient service? [816.7(d)(1-5)] 												
In a Medically Supervised Outpatient Service , is there documentation that the patients meet ALL of the following admission criteria: <ul style="list-style-type: none"> the patient is suffering moderate alcohol or substance withdrawal or both, or mild withdrawal when moderate withdrawal is probable; there is an expectation of a moderate level of withdrawal symptoms based on the amount of alcohol and/or other substances used by the patient, history of past withdrawal syndromes and/or medical condition of the patient; the patient does not meet either the admission criteria for medically managed withdrawal and stabilization services, or for medically supervised withdrawal services in an inpatient or residential setting; and the patient is assessed as having, and responding positively to, emotional support and a living environment able to provide an atmosphere conducive to ambulatory withdrawal and stabilization? [816.8(d)(1-4)] 												
Number of Applicable Questions Subtotal												
Patient Case Records Subtotal												

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
A. ADMISSIONS (cont'd)												
A.2. (cont'd) → QUALITY INDICATOR In a Medically Monitored Service , is there documentation that the patients meet ALL of the following admission criteria: <ul style="list-style-type: none"> the person is intoxicated, experiencing a situational crisis, and/or is suffering or is at risk of suffering mild withdrawal; the person is unable to abstain without admission to a medically monitored withdrawal and stabilization service; the person is likely to complete needed withdrawal and enter into continued treatment; and the person is not otherwise too ill to benefit from the care that can be provided by the medically monitored withdrawal and stabilization service? [816.9(d)(2)(i-iv)] 											√ ____ X ____	
Date of admission ▶												
A.3. Do the patient case records contain documentation that, upon admission, patients were informed that their participation is voluntary and that they received a summary of the Federal confidentiality requirements? [816.5(g)(7) & 42 CFR § 2.31]											√ ____ X ____	
A.4. Are the consent for release of confidential information forms completed properly? [816.5(m)(2); 42 CFR § 2.31]											√ ____ X ____	
Number of Applicable Questions Subtotal												
Patient Case Records Subtotal												

I. PATIENT CASE RECORDS (Active)										TOTAL	SCORE		
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes X = no	From Scoring Table	
B. EVALUATIONS													
Date of evaluation ▶													
B.1. → QUALITY INDICATOR													
Are evaluations completed within 24 hours of the admission date? [816.5(g)(5)] (Example: Admitted anytime on Monday, evaluation must be completed by midnight on Tuesday) (NOTE: In the following situations, the existing evaluation may be used to satisfy this requirement, provided that it is reviewed and updated as necessary: <ul style="list-style-type: none"> • if patients are referred directly from another OASAS-certified CD program ; • if patients are readmitted to the same program within 30 days of discharge; • if the evaluation is completed by the same program more than 30 days prior to admission.) 												✓ ____ X ____	
B.2.													
Do the evaluations include documentation that the evaluation was conducted by a clinical staff member? [816.5(h)]												✓ ____ X ____	
B.3.													
Do the evaluations contain the following information: <ul style="list-style-type: none"> • patient identification and contact information; • the name, address, and telephone number of a relative or close friend; • withdrawal evaluation (i.e., patient's history, recent use of alcohol and/or substance, addiction treatment history, medical history, high risk behaviors, mental status and psychiatric history, living arrangements, level of self-sufficiency, supports, and barriers to treatment services); and • any information concerning a disability which may affect communication or other functioning? [816.5(h)(1)(i-iv)] 												✓ ____ X ____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal		

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes X = no	From Scoring Table
C. RECOVERY CARE PLANS												
Date of admission ▶												
Date of recovery care plan ▶												
C.1. → QUALITY INDICATOR Are recovery care plans developed and approved within 24 hours of the admission date? [816.5(i)] <i>(EXAMPLE: Admitted anytime on Monday, recovery care plan must be approved by midnight on Tuesday)</i> <i>(NOTE: Evidence of approval must be via signatures and handwritten or typed dates.)</i> <i>(NOTE: For patients moving directly from one withdrawal and stabilization program to another withdrawal and stabilization program, the existing recovery care plan shall be acceptable as long as there is documentation that it has been reviewed and updated as necessary; subsequent recovery care plan reviews will be based on the update/transfer date.)</i>											✓ ____ X ____	
C.2. → QUALITY INDICATOR In a Medically Managed Service , are the recovery care plans signed and dated by the: <ul style="list-style-type: none"> • physician, PA or nurse practitioner; • registered nurse; • counselor; and • patient? [816.5(i)(1)] 											✓ ____ X ____	
In a Medically Supervised Inpatient Service and in a Medically Supervised Outpatient Service , are the recovery care plans signed and dated by the: <ul style="list-style-type: none"> • medical staff member (i.e., physician, PA, nurse practitioner or registered nurse); • counselor; and • patient? [816.5(i)(1)] 											✓ ____ X ____	
In a Medically Monitored Service , are the recovery care plans signed and dated by the: <ul style="list-style-type: none"> • medical staff member (i.e., physician, PA, nurse practitioner or registered nurse); • counselor; and • patient? [816.5(i)(1)] <i>(NOTE: In a Medically Monitored Service only, the medical staff member can approve the recovery care plan by verbal approval via telephone.)</i>											✓ ____ X ____	
Number of Applicable Questions Subtotal												
Patient Case Records Subtotal												

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
C. RECOVERY CARE PLANS (cont'd)												
C.3. → QUALITY INDICATOR Do the recovery care plans include evidence that they are based on the admitting evaluation and any ongoing evaluations? [816.5(i)(2)]											√ ____ X ____	
C.4. Do the recovery care plans provide an outline of: <ul style="list-style-type: none"> the intended outcome of the treatment episode; the protocols to be followed for medical withdrawal; and the care to be provided? [816.5(i)(3)] 											√ ____ X ____	
C.5. → QUALITY INDICATOR Do the recovery care plans reflect coordination of medical and/or psychiatric care, and/or the provision of other services, as applicable? [816.5(i)(5)] (NOTE: These may be provided concurrently either directly through the withdrawal and stabilization program or through a secondary provider.)											√ ____ X ____	
Date of recovery care plan ▶												
Date of first recovery care plan review ▶												
C.6. → QUALITY INDICATOR Are the recovery care plans reviewed as often as necessary, but no later than seven (7) days from the establishment of the recovery care plan? [816.5(j)(1)]											√ ____ X ____	
C.7. For patients whose stay is extended beyond seven (7) days, are all components of the recovery care plans reviewed and modified accordingly at least every three (3) days during the course of the extended stay? [816.5(j)(1)] [NOTE: In a Medically Monitored Service only, a patient may be retained for up to twenty-one (21) days after admission only if there is documentation that they are awaiting a scheduled admission into appropriate treatment upon discharge. 816.9(d)(3)]											√ ____ X ____	
C.8. Are revisions to the recovery care plans reflected in the case records and signed and dated by a responsible clinical staff member (i.e., physician, physician's assistant, nurse practitioner, registered nurse and/or counselor)? [816.5(j)(2)]											√ ____ X ____	
Number of Applicable Questions Subtotal												
Patient Case Records Subtotal												

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
D. DOCUMENTATION												
D.1. → QUALITY INDICATOR Are progress notes: <ul style="list-style-type: none"> written, signed and dated by a responsible clinical or medical staff member (i.e., counselor, physician, physician's assistant, nurse practitioner, registered nurse and/or licensed practical nurse); written as to provide a chronology of the patients' progress; and sufficiently detailed to delineate the course and results of the patients' progress? [816.5(k)] (NOTE: Clinical and medical notes are acceptable.)											√ ____ X ____	
D.2. → QUALITY INDICATOR a. In a Medically Managed Service/Observation Bed , are progress notes written at least once per shift? [816.5(k)(1)]											√ ____ X ____	
b. If applicable, after step-down to a Medically Supervised Inpatient Service , are progress notes written at least once per shift for the first 5 days (after admission) and at least once per day thereafter? [816.5(k)(1)]											√ ____ X ____	
D.3. → QUALITY INDICATOR In a Medically Supervised Outpatient Service , are progress notes written for each visit? [816.5(k)(1)]											√ ____ X ____	
D.4. → QUALITY INDICATOR In a Medically Supervised Inpatient Service , and in a Medically Monitored Service , are progress notes written at least once per shift for the first 5 days (after admission) and at least once per day thereafter? [816.5(k)(1)]											√ ____ X ____	
Number of Applicable Questions Subtotal												
Patient Case Records Subtotal												

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	√ = yes X = no	From Scoring Table
E. DISCHARGE PLANNING							
E.1. → QUALITY INDICATOR Except for unplanned discharges, does the program ensure that no patients are approved for discharge without a discharge plan that is complete and identifies a staff member who is assigned to follow-up on referrals? [816.5(l)(3)] [NOTE: For a patient who has an uninterrupted transition from a withdrawal and stabilization service to another service within the same facility, a transfer plan, including information about the patient's immediate needs, medical and psychiatric diagnoses and plan for meeting those needs, may take the place of a discharge plan. 816.5(l)(7)]						√ ____ X ____	
E.2. Do the discharge plans include evidence of development in collaboration with the patient? [816.5(l)]						√ ____ X ____	
E.3. Are the discharge plans based on: <ul style="list-style-type: none"> an evaluation of the patient's living arrangement, level of self-sufficiency and available support systems; identification of treatment and other services the patient will need after discharge; and a list of current medications? [816.5(l)(1)(i-iii)] 						√ ____ X ____	
E.4. Do the discharge plans include: <ul style="list-style-type: none"> identification of appropriate chemical dependence treatment providers of the services needed as well as alternative medical/psychiatric providers, if necessary; and specific referrals and linkages to identified providers of services as required by the patient? [816.5(l)(2)(i-ii)] 						√ ____ X ____	
Number of Applicable Questions Subtotal							
Patient Case Records Subtotal							

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	✓ = yes X = no	From Scoring Table
E. DISCHARGE PLANNING (cont'd)							
E.5. In a Medically Managed Service, Medically Supervised Inpatient Service, and Medically Supervised Outpatient Service , are the discharge plans signed and dated by the physician, physician's assistant or nurse practitioner and all clinical and medical staff who participated in its preparation? [816.5(l)(4)]						✓ ____ X ____	
E.6. In a Medically Monitored Service , are the discharge plans signed and dated by all clinical and medical staff who participated in its preparation? [816.5(l)(4)]						✓ ____ X ____	
E.7. Is the discharge plan given to the patient upon discharge? [816.5(l)(5)] <i>(NOTE: Documentation may be in the form of a progress note or duplicate form.)</i>						✓ ____ X ____	
F. MONTHLY REPORTING							
F.1. Are the admission dates reported to OASAS consistent with the admission dates <i>(in a Medically Supervised Outpatient Service, the admission date is the date of the first clinical service provided following the decision to admit; in a Medically Managed Service, Medically Supervised Inpatient Service, and Medically Monitored Service, it is the date of the first overnight stay following the initial determination)</i> recorded in the patient case records? [810.14(e)(6)]						✓ ____ X ____	
F.2. Are patient social security numbers, birthdates, genders and maiden names (if applicable) reported to OASAS consistent with those recorded in the patient case records? [810.14(e)(6)]						✓ ____ X ____	
F.3. Is the discharge disposition reported to OASAS consistent with documentation in the patient case records? [810.14(e)(6)]						✓ ____ X ____	
F.4. Are the discharge dates reported to OASAS consistent with the discharge dates (date of last face-to-face contact) recorded in the patient case records? [810.14(e)(6)]						✓ ____ X ____	

Number of Applicable Questions Subtotal _____ Patient Case Records Subtotal _____

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	✓ = yes X = no	From Scoring Table
G. MEDICALLY EXAMINED BUT NOT ADMITTED							
G.1. In cases where the medical personnel determine upon examination that a person is incapacitated by alcohol and/or substances to the degree that he or she may endanger himself or herself or other persons, or that there is an acute need for medical or psychiatric intervention, is a referral made to a medically managed withdrawal and stabilization program or other appropriate service (e.g., emergency room, psychiatric hospital)? [816.5(g)(7)(iii)]						✓ _____ X _____	

Number of Applicable Questions Subtotal Patient Case Records Subtotal

Number of Applicable Questions Total Patient Case Records Total

II. SERVICE MANAGEMENT		YES	NO	SCORE
A. POLICIES AND PROCEDURES				
A.1.				
Does the program have clinical policies and procedures, approved by the governing authority, which include:				
a.	procedures for the clinical evaluation and management of withdrawal syndromes, including the use of standardized withdrawal evaluation instruments (i.e., CIWA, COWS)? [816.5(c)(1)]			
b.	staffing procedures for coverage of the unit? [816.5(c)(2)]			
c.	screening and referral for physical conditions and/or mental disabilities? [816.5(c)(3)]			
d.	infection control? [816.5(c)(4)]			
e.	procedures for public health education and screening with regard to tuberculosis, sexually transmitted diseases, hepatitis, and HIV prevention and harm reduction? [816.5(c)(5)]			
f.	procedures for the coordination of care with other service providers? [816.5(c)(6)]			
g.	quality assurance and utilization review procedures? [816.5(c)(7)]			
h.	procedures for managing or transferring persons incapacitated by alcohol and/or substances? [816.5(c)(8)]			
i.	discharge planning procedures? [816.5(c)(9)]			
j.	record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with State and Federal confidentiality laws? [816.5(m)(1-4)] (NOTE: <i>Patient records must be retained for 6 years after the date of discharge or last contact, or three years after the patient reaches the age 18, whichever time period is longer. [814.3(e)(7)]</i>)			
A.2. ➔ QUALITY INDICATOR				
Does the program have medical and/or nursing policies and procedures, approved by the governing authority (and medical director where appropriate) which include:				
<ul style="list-style-type: none"> • identification of those symptoms and/or syndromes which necessitate a procedure for referral to acute medical and mental hygiene services; • accomplishing medical and/or mental hygiene referrals which includes but is not limited to transportation of the patient; • a schedule for taking all patients' vital signs and observation of each patient's condition during withdrawal (NOTE: <i>All changes in the patient's condition and appropriate actions taken shall be noted in the patient record.</i>); and • emergency procedures for patients suffering from medical or psychiatric problems? [816.5(d)(1)(i-iv)] 				
(NOTE: <i>All withdrawal and stabilization programs must have procedures for transfer of patients to one or more hospitals that provide emergency medical/psychiatric services in the area.</i>)				
SCORING: <i>If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".</i>				
A.3. ➔ QUALITY INDICATOR				
Does the program have medical care policies and procedures, approved by the governing authority (and medical director where appropriate) which include the provision of pharmacological services, including a requirement that they shall be based on a history, whenever possible, and physical examination and shall be provided only on order by a prescribing professional and in accordance with the terms and conditions of such professional's license? [816.5(d)(2)]				
A.4.				
Do the medical care policies and procedures regarding the provision of pharmacological services:				
a.	clarify that these services may be monitored by a nurse practitioner, physician's assistant, registered nurse, or licensed practical nurse? [816.5(d)(2)(i)]			
b.	make clear that procedures for the storing and dispensing of any medication must be developed in accordance with applicable state and federal regulations, and established medical practice? [816.5(d)(2)(ii)]			
c.	assure the appropriate continuation of administration of medications which were medically appropriate and lawfully prescribed and taken by the patient prior to admission? [816.5(d)(2)(iii)]			
Number of Applicable Questions Subtotal			Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE	
A. POLICIES AND PROCEDURES (cont'd)				
<p>A.5. → QUALITY INDICATOR Does the program have medical care policies and procedures, approved by the governing authority (and medical director where appropriate) which include medical and laboratory tests which must be conducted in accordance with all applicable State and Federal requirements and shall include, but not be limited to:</p> <ul style="list-style-type: none"> • drug screening; • blood alcohol content; • pregnancy tests for women of childbearing age; and • tests for tuberculosis and other infectious diseases, including, but not limited to, sexually transmitted diseases and hepatitis? [816.5(d)(3)] <p>(NOTE: The procedures shall identify the staff responsible for the provision of such procedures, and the documentation required.) SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.</p>				
<p>A.6. Does the program have medical care policies and procedures, approved by the governing authority (and medical director where appropriate) which include:</p> <p>a. a requirement that if acupuncture is provided as an adjunct to the services provided by the CD withdrawal and stabilization program, it must be provided in accordance with Part 830 of this Title? [816.5(d)(4)]</p> <p>b. a requirement that when HIV infection education, testing and counseling are provided, such services must be provided in accordance with Article 27-F of the Public Health Law and Parts 309 and 1070 of this Title, or the most recent recodification thereof? [816.5(d)(5)]</p> <p>c. a requirement that if methadone or any other approved opioid medication or other opioid services are provided as a component of the CD withdrawal and stabilization program, they must be provided in accordance with all Federal and State requirements which regulate the use of such medications? [816.5(d)(6)]</p>	a.			
<p>A.7. Do the consent for release of confidential information forms contain the following necessary elements as stipulated in the Federal confidentiality regulations:</p> <ul style="list-style-type: none"> • the name or general designation of the service(s) making the disclosure; • the name of the individual or organization that will receive the disclosure; • the name of the patient who is the subject of the disclosure; • the purpose or need for the disclosure; • how much and what kind of information will be disclosed; • a statement that the patient may revoke the consent at any time, except to the extent that the service has already acted in reliance on it; • the date, event or condition upon which the consent expires if not previously revoked; • the signature of the patient (and/or other authorized person); and • the date on which the consent is signed? [42 CFR § 2.31] 				
B. UTILIZATION REVIEW AND QUALITY IMPROVEMENT				
<p>B.1. → QUALITY INDICATOR Does the program have a utilization review plan to consider each patient’s need for withdrawal and stabilization services in accordance with their chemical dependence problem and the continued effectiveness of withdrawal and stabilization services? [816.5(n)]</p>				
<p>B.2. Does the utilization review plan include procedures for ensuring that:</p> <ul style="list-style-type: none"> • all admissions are appropriate; • retention criteria are met; and • discharges occur based upon the discharge criteria? [816.5(n)(1)] <p>SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.</p>				
Number of Applicable Questions Subtotal		_____	Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
B. UTILIZATION REVIEW AND QUALITY IMPROVEMENT (cont'd)			
B.3. → QUALITY INDICATOR Does the program have a quality improvement plan which includes the following: • periodic self-evaluations to ensure compliance with applicable regulations; • findings of other management activities (i.e., annual samples of linkage outcomes, utilization reviews, incident reviews, reviews of staff training, development and supervision); and • surveys of patient and/or referent satisfaction? [816.5(o)(1-3)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".			
B.4. Does the program prepare an annual report and submit it to the governing authority? [816.5(p)]			
B.5. Does the annual report document the effectiveness and efficiency of the program in relation to its goals and provide recommendations for improvement in its services to patients, as well as recommended changes in its policies and procedures? [816.5(p)]			
C. OPERATIONAL REQUIREMENTS			
C.1. → QUALITY INDICATOR Is this site certified for the types of services currently being provided? [810.6(a)(3)] • Services the site is certified to provide: _____ • Services the site is not certified to provide: _____			
C.2. Does the program operate within its certified capacity? [816.5(f)] (Review Guidance: Review the last six months.) • Certified Service Capacity: _____ • Current Service Census: _____			
C.3. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(e)(8)] (NOTE: Federal Regulation 42 CFR § 2.16(a) states that records must be kept in a secure room, locked file cabinet, safe or other similar container.)			
D. OASAS REPORTING			
D.1. → QUALITY INDICATOR Have data reports (PAS-46N & PAS-48N) been submitted to OASAS timely and reflect accurate admission and discharge transactions? [810.14(e)(7)] (Review Guidance: Prior to on-site review, obtain a copy of the Client Crisis Services Report and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-46N must be submitted by the 5th day of the month following the report; PAS-48N must be submitted by the 10th day of the month following the report) of data submission and overall consistency for the previous six months.)			
E. STAFFING (Complete Personnel Qualifications Work Sheet)			
E.1. Is there a qualified individual on staff designated as the Health Coordinator, to ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV and AIDS, TB, hepatitis, STD's and other communicable diseases? [816.5(q)(3)]			
E.2. Does the program make available regular, scheduled and documented training in the following areas: • chemical dependence; • signs and symptoms of withdrawal; • complications of withdrawal; and • public health education and screening with regard to TB, STD's, hepatitis, and HIV prevention and harm reduction? [816.5(q)(2)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
► MEDICAL DIRECTOR			
E.3. Is the medical director of the service a physician licensed and currently registered as such by the New York State Education Department? [800.3(d)(1)] <div style="text-align: center;">► ► ► RED FLAG DEFICIENCY if no physician on staff. ◀ ◀ ◀</div>			
E.4. Does the medical director hold either: <ul style="list-style-type: none"> • a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties; or • an addiction certification from the American Society of Addiction Medicine; or • a certification by the American Board of Addiction Medicine (ABAM); or • a subspecialty board certification in Addiction Medicine from the American Osteopathic Association? [800.3(d)(2)] <p><i>(NOTE: Physicians may be hired as probationary medical directors if not so certified, but must obtain certification within four years of being hired. Medical directors in place as of 1, 2011 are not subject to this requirement.)</i></p>			
E.5. Does the medical director hold a Federal DATA 2000 waiver (buprenorphine-certified), within six months of employment? [800.3(d)(2)]			
E.6. Does the medical director have overall responsibility for: <ul style="list-style-type: none"> • medical services provided by the program; • oversight of the development and revision of medical policies, procedures and ongoing training; • collaborative supervision with the program director of non-medical staff in the provision of substance use disorder services; • supervision of medical staff in the performance of medical services; • oversight of the development of policies and procedures to ensure the provision of routine services; • oversight of the establishment of policies and procedures for public health education and screening; • assistance in the development of necessary referral and linkage relationships with other institutions and agencies; and • to ensure the program complies with all federal, state and local laws and regulations? [800.3(d)(1)(i-viii)] <p><i>(NOTE: Documentation might be found in job description, policies and procedures, supervision minutes, etc.)</i></p>			
E.7. ► QUALITY INDICATOR In a Medically Managed Service , is the physician on duty or on call at all times and available if needed? [816.6(e)(2)]			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
► SERVICE DIRECTOR			
E.8. ► QUALITY INDICATOR			
In a Medically Supervised Inpatient Service and in a Medically Supervised Outpatient Service , is the program director a QHP with at least one year of full-time clinical work experience in the chemical dependence treatment field prior to appointment as program director? [816.7(f)(1); 816.8(f)(1)] <i>(NOTE: The director may also serve as director of another service provided by the same governing authority.)</i>			
In a Medically Monitored Service of 10 beds or more, is the program director a full-time QHP (if fewer than 10 beds, QHP program director may be part-time) with at least one year of full-time clinical work experience in the chemical dependence treatment field prior to appointment as program director? [816.9(e)(1)]			
► MEDICAL/NURSING COVERAGE			
E.9.			
In a Medically Managed Service, Medically Supervised Inpatient Service and Medically Supervised Outpatient Service , is there a physician, nurse practitioner and/or physician assistant on-site sufficient hours to perform the initial medical examination and to prescribe any and all necessary pharmacological medications necessary to secure safe withdrawal? [816.6(e)(3); 816.7(f)(2); 816.8(f)(2)]			
E.10.			
In a Medically Managed Service , are all nursing services under the direction of a registered professional nurse with at least one year of experience in the nursing care and treatment of chemical dependence and related illnesses? [816.6(e)(4)]			
E.11. ► QUALITY INDICATOR			
In a Medically Managed Service , are there registered nursing personnel available to all patients at all times? [816.6(e)(4)]			
In a Medically Supervised Inpatient Service and in a Medically Monitored Service , are there registered nursing personnel, licensed practical nurses, nurse practitioners or physicians assistants available to all patients during all hours of operations? [816.7(f)(3); 816.9(e)(2)]			
In a Medically Supervised Outpatient Service , are there physicians, nurse practitioners, registered nurses, licensed practical nurses, or physicians assistants available to all patients on call or available within the facility during all hours of operations? [816.8(f)(3)]			
► COUNSELOR-TO-PATIENT RATIO			
E.12. ► QUALITY INDICATOR			
In a Medically Managed Service, Medically Supervised Inpatient Service and Medically Monitored Service , does the counselor to patient bed ratio meet the minimum standard of 1:10 [one FTE counselor for every 10 patient beds]? [816.6(e)(6); 816.7(f)(4); 816.9(e)(2)(iii)]			
(Number of current active patients _____ ÷ Number of current FTE counselors _____ = 1: _____)			
In a Medically Supervised Outpatient Service , does the counselor to patient ratio meet the minimum standard of 1:15 [one FTE counselor for every 15 patients]? [816.8(f)(4)]			
(Number of current active patients _____ ÷ Number of current FTE counselors _____ = 1: _____)			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
► CLINICAL STAFF/COUNSELOR REQUIREMENTS			
E.13. In a Medically Managed Service, Medically Supervised Inpatient Service, and Medically Supervised Outpatient Service , are at least 50 percent of all clinical staff QHPs? [816.6(e)(6); 816.7(f)(4); 816.8(f)(4)]			
E.14. In a Medically Managed Service, Medically Supervised Inpatient Service and Medically Monitored Service , are counseling staff scheduled at least one and one half shifts per day, seven days per week? [816.6(e)(6); 816.7(f)(4); 816.9(e)(2)(iii)]			
E.15. In a Medically Managed Service, Medically Supervised Inpatient Service, and Medically Supervised Outpatient Service , is there at least one QHP designated to provide discharge and recovery planning? [816.6(e)(7); 816.7(f)(5); 816.8(f)(5)]			
E.16. In a Medically Monitored Service , are at least two patient care staff on duty at all times? [816.9(e)(2)(ii)]			
E.17. In a Medically Monitored Service , do all patient care staff have current certification in cardiopulmonary resuscitation from the American Red Cross, the American Heart Association or an equivalent nationally recognized organization within 90 days after hiring and thereafter, to be renewed as needed? [816.9(e)(3)]			
F. JUSTICE CENTER			
F.1. Does the provider have documentation that all employees have read and understand the <i>Code of Conduct for Custodians of People with Special Needs</i> as attested by signature and date at least once each year? [836.5(e)] (NOTE: A copy should be maintained in the employee personnel file.)			
F.2. For all employees hired after July 1, 2013 who have the potential for regular and substantial unrestricted and unsupervised contact with patients/residents, did the provider maintain: <ul style="list-style-type: none"> • an <i>Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check</i> (TRS-52) signed and dated by the applicant? [805.5(d)(3)] • documentation verifying that the Staff Exclusion List was checked? [702.5(b)] • documentation verifying that the Statewide Child Abuse Registry was checked? [Social Services Law 424-a(b)] • documentation verifying that a criminal background check was completed? [805.7(f)] 			
F.3. To enable communication regarding reportable incidents to the NYS Justice Center for the Protection of People with Special Needs (Justice Center), does the program have: <ul style="list-style-type: none"> • a fully executed Qualified Service Organization Agreement (QSOA) with the Justice Center; or • consent for release of confidential information forms with Justice Center communication language (OASAS TRS-AN or equivalent) in each case record? [836.2(p)] 			
Number of Applicable Questions Subtotal	_____	Service Management Subtotal	_____

II. SERVICE MANAGEMENT		YES	NO	SCORE
G. SERVICES				
G.1. Does the program include among its goals and objectives: <ul style="list-style-type: none"> the safe and effective withdrawal from alcohol and/or substances of persons who are intoxicated or incapacitated therefrom, and the minimization of the multiple impacts of withdrawal on a chemically dependent person; the promotion of abstinence from alcohol and all substances, except those lawfully prescribed and monitored by a prescribing professional knowledgeable about the patient's chemical dependence; the screening and referral to other appropriate health or mental hygiene service providers, if such services cannot be provided by the CD withdrawal and stabilization program; and linkages with other providers of services; referral sources with other chemical dependence treatment providers as well as with other appropriate health, mental hygiene, and human service providers, and keep updated lists of programs in their areas that can meet treatment needs at various levels of care? [816.5(a-b)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".				
G.2. Does the program keep individual case records for each patient who is admitted and provided service which include: <ul style="list-style-type: none"> evaluation at admission; recovery care plan and all revisions; progress notes; documentation of public health education and screening with regard to tuberculosis, sexually transmitted diseases, hepatitis, and HIV prevention and harm reduction; discharge plan; medical orders, prescriptions and lab results; documentation of contacts with a patient's family and/or significant other(s); and signed releases of consent for information, if any? [816.5(m)(1)(i-viii)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".				
H. TOBACCO-FREE SERVICES				
H.1. Does the program have written policies and procedures, approved by the governing authority, which: <ul style="list-style-type: none"> define the facility, vehicles and grounds which are tobacco-free; prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the program; prohibits staff from using tobacco products while at work, during work hours; establishes treatment modalities for patients who use tobacco; and indicates that every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services? [856.5(a)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".				
H.2. Does the program adhere to each of its tobacco-free policies, as identified above? [856.5(a)(1-9)]				
		Number of Applicable Questions Subtotal		
		Service Management Subtotal		

II. SERVICE MANAGEMENT		YES	NO	SCORE
I. PATIENT RIGHTS POSTINGS				
I.1. Are statements of patient rights and responsibilities, including the toll-free hotline numbers of the Justice Center Vulnerable Persons' Central Register [1-855-373-2122] and the OASAS Patient Advocacy [1-800-553-5790] posted prominently and conspicuously throughout the facility? [815.4(a)(2)] (NOTE: Part 815 includes statements of patient rights and participant responsibilities based upon Sections 815.5 and 815.6. and must be readily accessible and easily visible to all patients and staff. Justice Center and Patient Advocacy postings that do not stand out or that blend in with other postings do not suffice as prominently posted. For hospital-owned and/or hospital-affiliated programs, these postings can be the same as what hospitals are required to post; however, such postings need to include the Justice Center and OASAS as additional contacts.)				
I.2. Is there at least one prominent posting that includes the name and contact information of the clinic director/program director of the OASAS-certified program? [815.4(a)(2)] (NOTE: This posting can be separate from or together with the statements of patient rights and patient responsibilities and the OASAS 800 phone number in the question immediately above. Unlike the above question, this posting can be in only one place as long as it is prominently posted such as upon immediately entry to a facility or behind a receptionist desk.)				
J. INSTITUTIONAL DISPENSER				
J.1. If the facility takes possession of a patient's prescription for a controlled substance (including "take home" medication for patients who are enrolled in an outside Opioid Treatment Program) for the purpose of safeguarding and administration of the medication, do they possess a current Class 3A Institutional Dispenser Limited license issued by the New York State Department of Health's Bureau of Narcotic Enforcement? [815.9(b) & LSB 2003-03] (NOTE: Facilities with an on-site pharmacy require a Class 3 Institutional Dispenser license.)				
K. INCIDENT REPORTING				
K.1. Does the program have an incident management plan which incorporates the following: <ul style="list-style-type: none"> • identification of staff responsible for administration of the incident management program; • provisions for annual review by the governing authority; • specific internal recording and reporting procedures applicable to all incidents observed, discovered or alleged; • procedures for monitoring overall effectiveness of the incident management program; • minimum standards for investigation of incidents; • procedures for the implementation of corrective action plans; • establishment of an Incident Review Committee; • periodic training in mandated reporting obligations of custodians and the Justice Center code of conduct; and • provision for retention of records, review and release pursuant to Justice center regulations and Section 33.25 of Mental Hygiene Law? [836.5(b)(1-9)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".				
K.2. Does the provider maintain documentation of the required quarterly reports from the Incident Review Committee which compile the total number of incidents by type and its findings and recommendations? [836.5(f)(8)]				
Number of Applicable Questions Subtotal			_____	Service Management Subtotal
			_____	_____

II. SERVICE MANAGEMENT		YES	NO	SCORE
L. SAPT BLOCK GRANT REQUIREMENTS (if applicable)				
▶▶▶ THE FOLLOWING QUESTIONS APPLY TO OASAS-FUNDED PROVIDERS ONLY; IF NOT FUNDED, ALL QUESTIONS ARE TO BE MARKED “N/A” ◀◀◀				
These requirements apply to OASAS-funded providers ONLY. OASAS annually receives Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. To maximize use of this resource, OASAS requires all funded services to address the following SAPT Block Grant service requirements either directly or through arrangement with other appropriate entities. QUESTIONS FROM PROVIDERS SHOULD BE DIRECTED TO THE APPROPRIATE FIELD OFFICE.				
L.1. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address priority admissions in the following order: <ul style="list-style-type: none"> • pregnant injecting drug users; • other pregnant substance abusers; • other injecting drug users; and • all other individuals? [45 CFR Part 96] 				
L.2. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address outreach to pregnant and parenting women and injecting drug users? [45 CFR Part 96]				
L.3. For an OASAS-funded provider that treats injecting drug abusers , does the program have a written policy to: <ul style="list-style-type: none"> • admit individuals in need of treatment not later than 14 days after making a request; OR • admit individuals within 120 days if interim services are made available within 48 hours? [45 CFR Part 96] (NOTE: Interim services includes counseling and education about HIV, TB, risks of needle sharing, risks of transmission, steps that can be taken to ensure HIV and TB transmission does not occur and referral for HIV and TB services.) 				
L.4. For an OASAS-funded provider that treats injecting drug abusers and/or pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> • maintain a wait list and ensure clients are admitted or transferred as soon as possible (unless treatment is refused or they cannot be located); and • maintain contact with individuals on wait list? [45 CFR Part 96] 				
L.5. For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> • refer pregnant women to another provider when there is insufficient capacity to admit; and • within 48 hours, make available interim services (counseling and education about HIV, TB, risks of needle sharing, referral for HIV and TB services if necessary, counseling on the effects of alcohol and other drug use on the fetus and referrals for prenatal care) if a pregnant woman cannot be admitted due to lack of capacity? [45 CFR Part 96] 				

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT		YES	NO	SCORE
L. SAPT BLOCK GRANT REQUIREMENTS (cont'd) (IF APPLICABLE)				
L.6. For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> • admit both women and their children (as appropriate); • provide or arrange for primary medical care, prenatal care, pediatric care (including immunizations); • provide or arrange for child care while the women are receiving services; • provide or arrange for gender-specific treatment and other therapeutic interventions; • provide or arrange for therapeutic interventions for children in custody of women in treatment; and • provide or arrange for case management and transportation services to ensure women and their children can access treatment services? [45 CFR Part 96] 				
L.7. For an OASAS-funded provider which self-identify themselves as a religious organization/faith-based program , does the program have a written policy to: <ul style="list-style-type: none"> • prohibit State Aid funding for activities involving worship, religious instruction or proselytization; and • include outreach activities that does not discriminate based on religion, religious belief, refusal to hold a religious belief or refusal to participate in a religious practice? [45 CFR Part 96] 				
Number of Applicable Questions Subtotal			Service Management Subtotal	
Number of Applicable Questions Total			Service Management Total	

III. FACILITY REQUIREMENTS and GENERAL SAFETY	YES	NO	SCORE
A. FACILITY REQUIREMENTS			
<p>A.1. Is the facility maintained:</p> <ul style="list-style-type: none"> ▪ in a state of repair which protects the health and safety of all occupants; and ▪ in a clean and sanitary manner? [814.4(a)] <p><i>(NOTE: This question refers to the facility's overall condition. The facility should be maintained in a condition that provides a safe environment which is conducive to recovery; however, the results of single or isolated minor facility maintenance issues should not be the basis for a citation.)</i></p> <ul style="list-style-type: none"> • Serious Facility Issue – CITATION ISSUED; Provider must submit acceptable CAP to receive Operating Certificate. <ul style="list-style-type: none"> ○ <i>Examples: inoperable fire alarm; broken boiler; blocked egress; inoperable toilet; mold or mildew; etc.</i> • Minor Facility Issue – REVIEWER'S NOTE ISSUED; Provider must submit acceptable CAP to receive Operating Certificate. <ul style="list-style-type: none"> ○ <i>Examples: poor lighting; threadbare carpet; broken outlet covers; holes in wall; inadequate furnishings; etc.</i> • Facility Recommendation – RECOMMENDATION NOTE ISSUED; Provider must work with Field Office to address recommendation. <ul style="list-style-type: none"> ○ <i>Examples: eventual replacement of boiler or roof; construction; etc.</i> 			
<p>A.2. Are current and accurate facility floor plans maintained on site and, upon request, provided to OASAS? [814.5(b)]</p> <p><i>(NOTE: Supportive Living apartments are exempt from this requirement.)</i></p>			
<p>A.3. Do all spaces where counseling occurs afford privacy for both staff and patients? [814.4(c)(1)]</p> <p><i>(NOTE: With or without the use of sound generating devices, voices should not be transmitted beyond the counseling space.)</i></p> <p><i>(NOTE: Supportive Living apartments are exempt from this requirement.)</i></p>			
<p>A.4. Are separate bathroom facilities made available to afford privacy for males and females? [814.4(c)(2)]</p> <p><i>(NOTE: Supportive Living apartments are exempt from this requirement.)</i></p>			
<p>A.5. Is there a separate area available for the proper storage, preparation and use or dispensing of medications, medical supplies and first aid equipment? [814.4(c)(6)]</p> <p><i>(NOTE: Supportive Living apartments are exempt from this requirement.)</i></p> <p><i>(NOTE: Storage of all medications must be provided for in accordance with the requirements set forth in Title 21 of the Code of Federal Regulations, section 1301.72, and Title 10 NYCRR, section 80.50. Syringes and needles must be properly and securely stored.)</i></p>			
Number of Applicable Questions Subtotal	<input style="width: 100px; height: 20px;" type="text"/>		Facilities Subtotal

III. FACILITY REQUIREMENTS and GENERAL SAFETY	YES	NO	SCORE
B. GENERAL SAFETY			
B.1. Are fire drills conducted at least quarterly for each shift (i.e., three shifts per quarter) at times when the building is occupied OR for programs certified by OASAS and co-located in a general hospital, as defined by Article 28 of the Public Health Law, did they follow a fire drill schedule established and conducted by the hospital? [814.4(b)(1)] (NOTE: Supportive Living apartments are exempt from this requirement.)			
B.2. Is a written record maintained on-site indicating: <ul style="list-style-type: none"> ▪ the time and date of each fire drill; ▪ the number of participants at each drill; and ▪ the length of time for each evacuation? [814.4(b)(1)(i)] (NOTE: Supportive Living apartments are exempt from this requirement.) 			
B.3. Are fire regulations and evacuation routes posted in bold print on contrasting backgrounds and in conspicuous locations and do they display primary and secondary means of egress from the posted location? [814.4(b)(1)(ii)] (NOTE: Supportive Living apartments are exempt from this requirement.)			
B.4. Is there at least one communication device (e.g., telephone, intercom) on each floor of each building accessible to all occupants and identified for emergency use? [814.4(b)(2)]			
B.5. Is there documentation of annual training of all employees in the classification and proper use of fire extinguishers and the means of rapid evacuation of the building? [814.4(b)(3)] (NOTE: Such training must be maintained on site for review.)			
Maintenance and testing of hard wired (permanently installed) fire alarm systems, fire extinguishers, and heating systems must be conducted by a certified vendor and such documentation must be maintained on-site for review.			
B.6. Is a written record maintained indicating annual inspections and testing of the fire alarm system (including battery operated smoke detectors and sprinklers)? [814.4(b)(4)] <div style="text-align: center;">▶▶▶ RED FLAG DEFICIENCY if Fire Alarm System is not operational at the time of the review. ◀◀◀</div>			
B.7. Is a written record maintained indicating annual inspections and testing of fire extinguishers? [814.4(b)(4)]			
B.8. Is a written record maintained indicating annual inspections and testing of emergency lighting systems? [814.4(b)(4)]			
B.9. Is a written record maintained indicating annual inspections and testing of illuminated exit signs? [814.4(b)(4)]			
B.10. Is a written record maintained indicating annual inspections and testing of environmental controls (e.g., HEPA filter)? [814.4(b)(4)]			
B.11. Is a written record maintained indicating annual inspections and testing of heating and cooling systems conducted? [814.4(b)(4)]			

Number of Applicable Questions Subtotal

Facilities Subtotal

Number of Applicable Questions Total

Facilities Total

QUALITY INDICATOR COMPLIANCE SCORE WORKSHEET			Enter Quality Indicator Total Score on the Level of Compliance Determination Schedule.		
I. Patient Case Records			II. Service Management		
QUESTION #	ISSUE	SCORE	QUESTION #	ISSUE	SCORE
1 ▶ A.2.	admission criteria		1 ▶ A.2.	medical and/or nursing policies/procedures	
2 ▶ B.1.	evaluations w/in 24 hrs.-admission		2 ▶ A.3.	medical policies re: pharmacological services	
3 ▶ C.1.	recovery care plans w/in 24 hrs.-admission		3 ▶ A.5.	medical policies re: medical/lab tests	
4 ▶ C.2.	recovery care plan signatures		4 ▶ B.1.	utilization review plan	
5 ▶ C.3.	recovery care plan based on evaluation		5 ▶ B.3.	quality improvement plan	
6 ▶ C.5.	coordination of care		6 ▶ C.1.	all services are certified	
7 ▶ C.6.	recovery care plan reviews		7 ▶ D.1.	monthly reporting	
8 ▶ D.1.	progress note requirements		8 ▶ E.11.	medical/nursing coverage	
9 ▶ D.2 - D.4.	progress note time frames		9 ▶ E.12.	counselor to patient bed ratio – 1:10; 1:15	
10 ▶ E.1.	discharge plan approval		Additional Quality Indicators ▶ Medically Managed Services		
# of questions ▶		Quality Indicator Total Score ▶	10 ▶ E.7.	physician on duty or on call	
			Additional Quality Indicator ▶ Med. Supv. (In/Out) & Med. Mon. Services		
			11 ▶ E.8.	program director requirements	
			# of questions ▶		Quality Indicator Total Score ▶

LEVEL OF COMPLIANCE DETERMINATION SCHEDULE

OVERALL COMPLIANCE SCORES

	SCORE		# OF QUESTIONS		FINAL SCORE
Patient Case Records ▶		÷		=	
Service Management ▶		÷		=	
Facilities/Safety ▶		÷		=	

QUALITY INDICATOR COMPLIANCE SCORES

	SCORE		# OF QUESTIONS		FINAL SCORE
Patient Case Records ▶		÷		=	
Service Management ▶		÷		=	

LOWEST OVERALL or QUALITY INDICATOR COMPLIANCE SCORE ▶

LEVEL OF COMPLIANCE SCORING DETERMINATION

The Level of Compliance Rating is determined by **EITHER** the lowest of the Overall and Quality Indicator Final Scores **OR** a Red Flag Deficiency (automatic six-month conditional Operating Certificate)

LEVEL OF COMPLIANCE DETERMINATION TABLE

0.00 – 1.75 = NONCOMPLIANCE
 1.76 – 2.50 = MINIMAL COMPLIANCE
 2.51 – 3.25 = PARTIAL COMPLIANCE
 3.26 – 4.00 = SUBSTANTIAL COMPLIANCE

RED FLAG DEFICIENCY

Please check if there is a RED FLAG DEFICIENCY in the following area(s):

- No Physician on staff (Part II; E.3.)
- Fire Alarm not operational (Part III; B.6.)

VERIFICATION

Regulatory Compliance Inspector	Date
Supervisor or Peer Reviewer	Date

Regulatory Compliance Inspector signature indicates that all computations in the Instrument and scores on this page have been verified. Supervisor or Peer Reviewer signature indicates verification of all computations on this page.

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

Employee Name -- Employee Title ▶	Enter employee name and present title or position, including the Service Director ¹ and the Medical Director ² . (example: Jane Doe - Program Director; Joe Smith - CD Counselor; Dr. Roberta Jones - Medical Director)
Number of Weekly Hours Dedicated to this Operating Certificate ▶	Enter the number of the employee's weekly hours that are dedicated to this Operating Certificate. (example: 35 hours, 40 hours, 5 hours)
Work Schedule ▶	Enter the employee's typical work schedule. (example: Mon,Wed,Fri 8am-5pm; Thu-Sun 11pm-7am; per diem)
Current Caseload ▶	Enter the current number of patients assigned to each clinical staff member (if applicable).
Education ▶	Enter the highest degree obtained or the highest grade completed. (example: MSW; Associate's; GED)
Experience ▶	List general experience and training in chemical dependence services. (example: 3 yrs. Alcoholism/Substance Abuse Counseling; 14 yrs. in Chemical Dependence field)
Hire Date ▶	Enter the date the employee was hired to work for this provider.
QHP ▶	Enter a check mark (✓) if the employee is a Qualified Health Professional. ➤ Please identify the clinical staff member designated as the program's Health Coordinator (Health). ➤ Please identify the clinical staff member designated to provide activities therapy (Activities).
License/Credential # -- Expiration Date ▶	Enter License and/or Credential number and expiration date, if applicable. (example: CASAC #1234 - 09/30/18; CASAC Trainee #123 - 09/15/19; LCSW #321 - 11/15/19; MD #7890 - 06/30/18)

WHEN COMPLETED, PLEASE REMEMBER TO SIGN AND DATE THE ATTACHED FORM(S)
(MAKE AS MANY COPIES AS NECESSARY)

¹ Program Director must be a qualified health professional.

² Medical Director must be buprenorphine-certified.

PERSONNEL QUALIFICATIONS WORKSHEET

PROVIDER LEGAL NAME

MEDICAL AND NURSING STAFF

Employee Name	Number of Weekly Hours Dedicated to this Operating Certificate	Work Schedule	Current Caseload	Education	Experience	Hire Date	QHP	License/Credential #	Verified (Office Use Only)
Employee Title								Expiration Date	
									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential
									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential
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									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential

I hereby attest to the accuracy of the above stated information. Filing a false instrument may affect the certification status of your program and potentially result in criminal charges.

PROVIDER REPRESENTATIVE	DATE	LEAD REGULATORY COMPLIANCE INSPECTOR	DATE
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PERSONNEL QUALIFICATIONS WORKSHEET

PROVIDER LEGAL NAME

COUNSELING STAFF

Employee Name <small>Employee Title</small>	Number of Weekly Hours Dedicated to this Operating Certificate	Work Schedule	Current Caseload	Education	Experience	Hire Date	QHP	License/Credential # <small>Expiration Date</small>	Verified (Office Use Only)
									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential
									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential
									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential
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PROVIDER REPRESENTATIVE	DATE	LEAD REGULATORY COMPLIANCE INSPECTOR	DATE
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