



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 Outpatient Programs QA-3CD

(Applicable to Outpatient Programs and
Outpatient Rehabilitation Programs)

PART I PATIENT CASE RECORDS

PART II SERVICE MANAGEMENT

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

SERVICE SITE ADDRESS

CITY, TOWN, VILLAGE

ZIP

DATE(S) OF REVIEW

REVIEW NUMBER

OPERATING CERTIFICATE NUMBER

PROVIDER NUMBER

PRU NUMBER

LEAD REGULATORY COMPLIANCE INSPECTOR

ADDITIONAL REGULATORY COMPLIANCE INSPECTOR(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. |
| 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 . ➤ For example: The Treatment/Recovery Plan was completed within 30 days of admission -- Enter a ✓ in the column. Enter an ✗ in the column when the program is found to be not in compliance . ➤ For example: The Treatment/Recovery Plan was <i>not</i> completed within 30 days 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 total items scored (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 Treatment/Recovery Plans. 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: There is a designated area for secure storage of patient case records -- Enter a ✓ in the YES column. |
| NO ▶ | Enter an ✗ in the NO column when the service is found to be not in compliance . ➤ For example: There is <i>not</i> a designated area for secure storage of patient case records -- 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 | Comments |
|--------|-----------------------|------------|-------------------|----------|
| #1 | | | | |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |
| #5 | | | | |
| #6 | | | | |
| #7 | | | | |
| #8 | | | | |
| #9 | | | | |
| #10 | | | | |

INACTIVE RECORDS

| Record | Identification Number | First Name | Last Name Initial | Comments |
|--------|-----------------------|------------|-------------------|----------|
| #1 | | | | |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |
| #5 | | | | |

INACTIVE RECORDS (Seen 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. ADMISSION PROCEDURES | | | | | | | | | | | | |
| A.1. If applicable, does Screening documentation identify: <ul style="list-style-type: none"> the use of a screening tool (e.g., AUDIT, CAGE, CAGEAID, CRAFFT, Simple Screen, GAIN Quick, ASSIST, DAST, RIASI) for the purpose of identifying patients who have alcohol or substance misuse problems; and that the results were shared in a face-to-face session with the patient? [822.5(ae)] | | | | | | | | | | | ✓ _____ X _____ | |
| A.2. If applicable, does Brief Intervention documentation identify: <ul style="list-style-type: none"> that the session was a face-to-face pre-admission service; the at-risk behavior indicated in the screening; and the education provided to the patient regarding their substance use and possible consequences which is intended to motivate them to change their behavior? [822.5(f)] | | | | | | | | | | | ✓ _____ X _____ | |
| Date of Admission ▶ | | | | | | | | | | | | |
| A.3. Prior to admission, did the program conduct a communicable disease risk assessment (HIV/AIDS, tuberculosis, hepatitis, or other communicable diseases)? [822.8(a)(4)(i)] | | | | | | | | | | | ✓ _____ X _____ | |
| A.4. Prior to admission, was an admission assessment conducted in a face-to-face meeting between the prospective patient and a clinical staff person? [822.5(c)] <i>(NOTE: If the patient is referred directly from another service certified by the Office, including an office approved DWI (Impaired Driving) provider/practitioner, or is readmitted to the same CD-OP within 60 days of discharge, any assessment created by such provider may be used, provided documentation is maintained demonstrating a review and update.)</i> | | | | | | | | | | | ✓ _____ X _____ | |

Number of Applicable Questions Subtotal _____

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. ADMISSION PROCEDURES (cont'd) | | | | | | | | | | | | | |
| A.5. ➔ QUALITY INDICATOR Does the admission assessment include the following: <ul style="list-style-type: none"> • a preliminary diagnosis; • determination of appropriateness for service; • initial plan of treatment (i.e., initial services needed until the development of the treatment/recovery plan); • identification of problem areas to be addressed in the treatment/recovery plan; and • the type and level of services needed by the patient? [822.5(c)] | | | | | | | | | | | √ _____ X _____ | | |
| A.6. ➔ QUALITY INDICATOR Do patients meet the following admission criteria: <ul style="list-style-type: none"> • the individual is determined to have a substance use disorder based on the criteria in the most recent version of the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD); or • the individual is a significant other? [822.8(b)(1); 822.8(a)(8)] <p><i>(NOTE: A significant other may be admitted to a program regardless of whether the abusing/dependent individual with whom they are associated is in treatment.)</i></p> | | | | | | | | | | | √ _____ X _____ | | |
| A.7. ➔ QUALITY INDICATOR In an Outpatient Rehabilitation Service , do patients also meet the following additional admission criteria of having an inadequate support system and either: <ul style="list-style-type: none"> • substantial deficits in interpersonal and functional skills, or • health care needs requiring attention or monitoring by health care staff? [822.15(a)] <p><i>(NOTE: A significant other is NOT appropriate for admission to an outpatient rehabilitation service.)</i></p> | | | | | | | | | | | √ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | 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. ADMISSION PROCEDURES (cont'd) | | | | | | | | | | | | |
| Date of Admission ▶ | | | | | | | | | | | | |
| A.8. Do the patient case records document the admission date as being the date of the first treatment visit? [PAS-44N Instructions-2014] | | | | | | | | | | | √ _____ X _____ | |
| A.9. → QUALITY INDICATOR Do the patient case records contain the name of the authorized QHP who made the decision to admit as documented by their signature and date (physical or electronic)? [822.8(b)(2)] | | | | | | | | | | | √ _____ X _____ | |
| A.10. Do the patient case records contain a notation that, prior to the first treatment visit, the following information was given to and discussed with the patient, and that the patient indicated that he/she understood them: <ul style="list-style-type: none"> a copy of the program's rules and regulations, including patient's rights and a summary of the Federal confidentiality requirements (i.e., HIPAA & 42 CFR) [822.10(b)(1)]; and that the patient was informed that admission is on a voluntary basis and that the prospective patient will be free to discharge him/herself from the outpatient program at any time? [822.8(a)(3)] (NOTE: For prospective patients under an external mandate, the potential consequences for premature discharge must be explained, including that the external mandate does not alter the voluntary nature of admission and continued treatment. This provision shall not be construed to preclude or prohibit attempts to persuade a prospective patient to remain in the program in his/her own best interest.) | | | | | | | | | | | √ _____ X _____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | |
| 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. ADMISSION PROCEDURES (cont'd) | | | | | | | | | | | | |
| A.11. → QUALITY INDICATOR Prior to development of the treatment/recovery plan, do the case records address physical health , as follows: | | | | | | | | | | | | |
| <ul style="list-style-type: none"> for those patients who have not had a physical exam within one year prior to admission, have they either been assessed face-to-face by a member of the medical staff (except LPN) to ascertain the need for a physical exam or been referred for a physical exam (NOTE: The referral for a physical exam may be from any clinical staff member.); | | | | | | | | | | | | |
| OR | | | | | | | | | | | | |
| <ul style="list-style-type: none"> for those patients who have had a physical exam within one year prior to admission, or are being admitted directly to the outpatient program from another chemical dependence service authorized by the Office, the existing medical history and physical exam documentation may be used to comply with this requirement provided such documentation has been reviewed by a member of the medical staff (except LPN) and determined to be current? [822.8(a)(6)] | | | | | | | | | | | ✓ _____ X _____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | |
| 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. TREATMENT/RECOVERY PLANNING | | | | | | | | | | | | | |
| <i>NOTE: For patients moving directly from one program to another, the existing treatment/recovery plan may be used if there is documentation that it has been reviewed and, if necessary, updated within 14 days of transfer.</i> | | | | | | | | | | | | | |
| B.1. Are treatment/recovery plans developed by the responsible clinical staff member (primary counselor) and patient? [822.9(a)] <i>(NOTE: If the patient is a minor, the treatment/recovery plan must also be developed in consultation with his/her parent or guardian unless the minor is being treated without parental consent as authorized by Mental Hygiene Law section 22.11.)</i> | | | | | | | | | | | √ _____ X _____ | | |
| Date of Admission ► | | | | | | | | | | | | | |
| Date of Primary Counselor Signature ► | | | | | | | | | | | √ _____ X _____ | | |
| B.2. ► QUALITY INDICATOR Are treatment/recovery plans developed no later than 30 days after admission? [822.9(a)] | | | | | | | | | | | √ _____ X _____ | | |
| B.3. Are treatment/recovery plans approved, signed, and dated (physical or electronic signature) by the responsible clinical staff member? [822.9(b)(3)] | | | | | | | | | | | √ _____ X _____ | | |
| Date of MD/PA/Psych./NP/LCSW Signature ► | | | | | | | | | | | | | |
| B.4. ► QUALITY INDICATOR Are treatment/recovery plans reviewed, approved and signed within 10 days of the development of the treatment plan by one of the following: <ul style="list-style-type: none"> • physician; • physician’s assistant; • licensed psychologist; • nurse practitioner; or • licensed clinical social worker? [822.9(b)(4)] | | | | | | | | | | | √ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | 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. TREATMENT/RECOVERY PLANNING | | | | | | | | | | | | |
| B.5. Do the treatment/recovery plans include each diagnosis for which the patient is being treated (at this program)? [822.9(b)(1)] | | | | | | | | | | | √ _____ X _____ | |
| B.6. → QUALITY INDICATOR Do the treatment/recovery plans address patient identified problem areas and significant medical issues specified in the admission assessment and concerns which may have been identified subsequent to admission? [822.9(b)(2); 822.8(a)(7)] <i>(NOTE: If the patient is pregnant or becomes pregnant, the treatment/recovery plan must include provisions for pre-natal care or if the patient refuses or fails to obtain such care, the patient should acknowledge in writing that pre-natal care was offered but refused.)</i> | | | | | | | | | | | √ _____ X _____ | |
| B.7. Do the treatment/recovery plans identify methods and treatment approaches that will be utilized to achieve the goals? [822.9(b)(2)] | | | | | | | | | | | √ _____ X _____ | |
| Date(s) of Treatment/Recovery Plan review(s) ▶ | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| B.8. → QUALITY INDICATOR Are the treatment/recovery plans reviewed, and revised if necessary, at least once within every 90 calendar day window period from the date of admission for the first year and at least once within every 180 calendar day window period, thereafter? [822.9(c)] <i>(NOTE: The window periods are fixed based upon the admission date and reviews may be conducted anytime within the applicable window periods.)</i> <i>(NOTE: If the patient is not responding to treatment or a significant incident occurs, reviews should be conducted more frequently.)</i> | | | | | | | | | | | √ _____ X _____ | |

Number of Applicable Questions Subtotal

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. TREATMENT/RECOVERY PLANNING (cont'd) | | | | | | | | | | | | |
| B.9. Is each treatment/recovery plan review signed and dated (physical or electronic signature) by one of the following: <ul style="list-style-type: none"> • physician; • physician's assistant; • licensed psychologist; • nurse practitioner; or • licensed clinical social worker? [822.9(c)] | | | | | | | | | | | √ _____ X _____ | |
| C. DOCUMENTATION OF SERVICE | | | | | | | | | | | | |
| NOTE: For the following questions, review the progress notes for the previous 30 patient visit days. | | | | | | | | | | | | |
| C.1. ➔ QUALITY INDICATOR Are services (e.g. individual counseling, group counseling) documented as follows: <ul style="list-style-type: none"> • written and signed (physical or electronic signature) by the staff member providing the service; • include type, content, duration and outcome of each service; • indicate the date the service was delivered; • include the relationship to the patient's developing treatment goals described in the treatment/recovery plan; and • include any recommendations or determinations for initial, continued or revised patient goals and/or treatment? [822.11(a)(1-4)] <p>(NOTE: Outpatient Rehabilitation Services require one note per week and Intensive Outpatient Services require one note for each day of service.)</p> | | | | | | | | | | | √ _____ X _____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | 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. DOCUMENTATION OF SERVICE (cont'd) | | | | | | | | | | | | | |
| C.2. → QUALITY INDICATOR Does the patient case record demonstrate medical and treatment services consistent with the patient's treatment/recovery plan? [822.10(a)] <i>(NOTE: This question refers to documentation of attendance at individual and group counseling sessions and other methods and treatment approaches as identified in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-compliance with the treatment plan, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered a citation.)</i> | | | | | | | | | | | √ _____ X _____ | | |
| COUNSELING SESSIONS | | | | | | | | | | | | | |
| C.3. Does each individual counseling note: <ul style="list-style-type: none"> • document a face to face service; • focus on the needs of the patient; and • document consistency with the treatment/recovery plan or emergent issues? [822.5(p)] <i>(NOTE: This question is N/A for Intensive Outpatient Services and Outpatient Rehabilitation Services.)</i> | | | | | | | | | | | √ _____ X _____ | | |
| C.4. Does each group counseling note: <ul style="list-style-type: none"> • document a face-to-face service between one or more clinical staff and multiple patients at the same time; and • document consistency with patient treatment/recovery plans or emergent issues? [822.5(o)] <i>(NOTE: This question is N/A for Intensive Outpatient Services and Outpatient Rehabilitation Services.)</i> | | | | | | | | | | | √ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | 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. DOCUMENTATION OF SERVICE (cont'd) | | | | | | | | | | | | |
| ADDITIONAL SERVICES | | | | | | | | | | | | |
| C.5. If applicable, does each Brief Treatment note: <ul style="list-style-type: none"> document a face to face service; identify the target behavior the service is intended to address; and identify the evidence-based or clinical practice utilized during the service? [822.5(g)] | | | | | | | | | | | √ _____ X _____ | |
| C.6. If applicable, does each Collateral Visit note: <ul style="list-style-type: none"> identify the clinical staff member and collateral person(s) involved in the face-to-face service; and indicate the purpose of the intervention? [822.5(l)] <p><i>(NOTE: A collateral person is a member of a patient's family or household, significant others, or persons who are directly affected by regular interaction with the patient, or who have the capability to affect both the patient's chemical dependence and recovery.)</i></p> | | | | | | | | | | | √ _____ X _____ | |
| C.7. If applicable, does each Complex Care Coordination note: <ul style="list-style-type: none"> indicate the critical event or condition leading to the need for service; identify the other service providers involved in the coordination service; and indicate the complex care service occurred within five working days of another service? [822.5(m)] | | | | | | | | | | | √ _____ X _____ | |
| C.8. If applicable, does each Medication Administration and Observation note: <ul style="list-style-type: none"> identify the type and dosage of medication administered or dispensed; and identify the condition of patient as observed prior to, and after, administration as appropriate to the medication? [822.5(s)] | | | | | | | | | | | √ _____ X _____ | |

Number of Applicable Questions Subtotal _____

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. DOCUMENTATION OF SERVICE (cont'd) | | | | | | | | | | | | |
| ADDITIONAL SERVICES (cont'd) | | | | | | | | | | | | |
| C.9. If applicable, does each Medication Management note <ul style="list-style-type: none"> • document a face to face meeting with a prescribing professional • identify that the service was provided for one of the following purposes: <ul style="list-style-type: none"> ○ evaluation, monitoring, observation or dosage change to a patient's medication; ○ a comprehensive medication review of a new patient or any patient who requires a more extensive review; or ○ the induction of a patient to a new medication requiring a period of patient observation? [822.5(u)] | | | | | | | | | | | √ _____ X _____ | |
| C.10. If applicable, does each Peer Support note: <ul style="list-style-type: none"> • document a face-to-face meeting with a peer advocate; and • identify the community based recovery supports and/or other peer services consistent with the treatment/recovery plan? [822.5(ad)] <p><i>(NOTE: Peer Advocates must be certified by either the NY Certification Board http://www.asapnys.org/nycb-home or the NY Certification Association http://www.nycertification.org/.)</i></p> | | | | | | | | | | | √ _____ X _____ | |
| C.11. Are consents for the release of confidential information forms completed properly? [822.10(e); HIPAA; 42 CFR Part 2] | | | | | | | | | | | √ _____ X _____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | 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. DOCUMENTATION OF SERVICE (cont'd) | | | | | | | | | | | | | |
| INTENSIVE OUTPATIENT & OUTPATIENT REHABILITATION | | | | | | | | | | | | | |
| C.12. For Intensive Outpatient Services , does the documentation (1x day) include: <ul style="list-style-type: none"> • identification of the discrete service provided; • which of the patient's treatment/recovery plan goals and objectives were addressed; • the patient's progress towards achieving individual treatment/recovery plan goals and objectives; and • identification of any activities or services provided and how these addressed issues of early recovery? [822.11] | | | | | | | | | | | √ _____ X _____ | | |
| C.13. In an Outpatient Rehabilitation Service , does the documentation (1x week) include: <ul style="list-style-type: none"> • a daily attendance note (including duration and identification of the discrete service provided); and • a progress note no less than once per week which: <ul style="list-style-type: none"> ○ provides a chronology and level of patient's participation in all significant services; and ○ delineates the patient's progress towards achieving individual treatment/recovery plan goals? [822.11] | | | | | | | | | | | √ _____ X _____ | | |
| C.14. In an Outpatient Rehabilitation Service , when patients are transferred between outpatient and outpatient rehabilitation services within the same provider, does the patient case record include: <ul style="list-style-type: none"> • clinical justification for the transfer, • the effective date of the transfer, and • a revised treatment/recovery plan, signed (physical or electronic) by the responsible clinical staff member and their supervisor within seven days of the transfer? [822.10(d)] | | | | | | | | | | | √ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | Case Records Subtotal | |

| I. PATIENT CASE RECORDS (Inactive) | | | | | | TOTAL | SCORE | |
|---|----|----|----|----|----|--------------------|-----------------------|--|
| Patient Record Numbers ▶ | #1 | #2 | #3 | #4 | #5 | √ = yes X = no | From Scoring Table | |
| D. DISCHARGE & DISCHARGE PLANNING | | | | | | | | |
| <i>NOTE: For the following questions, review the patient records of five (5) successfully discharged patients.</i> | | | | | | | | |
| D.1. Do discharge plans contain evidence of development in collaboration with the patient and any other collateral person(s) the patient chooses to involve? [822.12(b)] <i>(NOTE: Collaboration can be documented via a signature or progress note.)</i> <i>(NOTE: If the patient is a minor, the discharge plan must also be developed in consultation with his or her parent or guardian, unless the minor is being treated without parental consent as authorized by Mental Hygiene Law section 22.11)</i> | | | | | | √ _____ X _____ | | |
| D.2. Do the discharge plans specify: <ul style="list-style-type: none"> referrals with appointment dates and times, if applicable; all known medications, including frequency and dosage; and recommendations for continued care? [822.12(b)] | | | | | | √ _____ X _____ | | |
| D.3. → QUALITY INDICATOR Was the discharge plan reviewed and approved by the responsible clinical staff member and clinical supervisor prior to discharge? [822.12(c)] <i>(NOTE: This requirement does not apply to patients who stop attending, refuse continuing care planning, or otherwise fail to cooperate.)</i> | | | | | | √ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | Case Records Subtotal | |

| I. PATIENT CASE RECORDS (Inactive) | | | | | | TOTAL | SCORE | |
|---|----|----|----|----|----|--------------------|-----------------------|--|
| Patient Record Numbers ▶ | #1 | #2 | #3 | #4 | #5 | √ = yes X = no | From Scoring Table | |
| D. DISCHARGE & DISCHARGE PLANNING (cont'd) | | | | | | | | |
| D.4. Is the portion of the discharge plan, which includes referrals for continuing care, given to the patient upon discharge? [822.12(c)] <i>(NOTE: Documentation may be in the form of a progress note or duplicate form.)</i> | | | | | | √ _____ X _____ | | |
| D.5. ➔ QUALITY INDICATOR Do the patient case records contain a discharge summary which: <ul style="list-style-type: none"> addresses and measures progress toward attainment of treatment goals; and was completed within 45 days of discharge? [822.12(d)] | | | | | | √ _____ X _____ | | |
| E. MONTHLY REPORTING | | | | | | | | |
| E.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first treatment visit) recorded in the patient case records? [810.14(e)(7)] | | | | | | √ _____ X _____ | | |
| E.2. Is the discharge disposition reported to OASAS consistent with documentation in the patient case records? [810.14(e)(7)] | | | | | | √ _____ X _____ | | |
| E.3. 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)(7)] | | | | | | √ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | Case Records Subtotal | |

| I. PATIENT CASE RECORDS (Seen But Not Admitted) | | | | | | TOTAL | SCORE |
|--|----|----|----|----|----|--------------------|--------------------|
| Patient Record Numbers ► | #1 | #2 | #3 | #4 | #5 | ✓ = yes X = no | From Scoring Table |
| F. SEEN BUT NOT ADMITTED | | | | | | | |
| <i>NOTE: For the following questions, review completed assessments of five (5) individuals who were assessed, but not admitted to the Outpatient program.</i> | | | | | | | |
| F.1. Do the patient case records contain the name of the QHP who made the decision to not admit as documented by their dated signature (physical or electronic)? [822.8(b)(2)] | | | | | | ✓ _____ X _____ | |
| F.2. ► QUALITY INDICATOR In cases where an individual is deemed ineligible for admission, is there: <ul style="list-style-type: none"> documentation that the individual was informed of the reason(s); and if applicable, a referral to an appropriate service? [822.8(a)(1)] | | | | | | ✓ _____ X _____ | |

Number of Applicable Questions Subtotal Case Records Subtotal

Number of Applicable Questions Total Case Records Total

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|----|-------|
| A. POLICIES AND PROCEDURES/ADMINISTRATION | | | |
| A.1. Does the service have written policies, procedures, and methods, approved by the program sponsor, governing the provision of services to patients in compliance with Office regulations including a description of each service provided which address, at a minimum: | | | |
| a. admission and discharge, including specific criteria relating thereto, as well as transfer and referral procedures? [822.7(a)(1)] | a. | | |
| b. treatment/recovery plans? [822.7(a)(2)] | b. | | |
| c. a description of core groups offered and procedures for coordinating group, individual, and family treatment (if offered)? [822.7(a)(3)] | c. | | |
| d. a schedule of fees for services rendered? [822.7(a)(4)] | d. | | |
| e. compliance with other requirements of state and federal laws, regulations and OASAS guidance documents including: <ul style="list-style-type: none"> • HIV/AIDS education, testing and counseling; • the use of alcohol and other drug screening and toxicology tests; • medication and the use of medication supported recovery; and • Standards for Clinical Services Provided to Individuals Arrested for an Impaired Driving Offense, as applicable? [822.7(a)(5)] | e. | | |
| f. infection control procedures? [822.7(a)(6)] | f. | | |
| g. staffing, including but not limited to, training and use of student interns, peers and volunteers? [822.7(a)(7)] | g. | | |
| h. waiting lists? [822.7(a)(8)] | h. | | |
| (NOTE: The program must maintain a waiting list of eligible prospective patients, and, when an opening is available, make at least one good faith attempt to contact the next prospective patient on the waiting list.) | | | |
| A.2. Does the program have medical policies, procedures and ongoing training developed by the medical director for matters such as routine medical care, specialized services, specialized medications and medical and psychiatric emergency care? [800.3(d)(1)(ii)] | | | |
| A.3. Does the program have policies and procedures to ensure the provision of routine services, including but not limited to, means for the prompt detection and referral of health problems through adequate medical surveillance and regular examination as needed, implementation of medical orders regarding treatment of medical conditions and reporting of communicable diseases and infection in accordance with law? [800.3(d)(1)(v)] | | | |
| A.4. Does the program have policies and procedures for public health education and screening for all patients regarding tuberculosis, sexually transmitted diseases, hepatitis, HIV and AIDS prevention and harm reduction? [800.3(d)(1)(vi)] | | | |

Number of Applicable Questions Subtotal

Service Management Subtotal

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|-----------------------------|-------|
| A. POLICIES AND PROCEDURES/ADMINISTRATION (cont'd) | | | |
| <p>A.5. 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] | | | |
| <p>A.6. Does the provider ensure that no individual is denied admission to a program based solely on the individual's:</p> <ul style="list-style-type: none"> • prior treatment history; • referral source; • pregnancy; • history of contact with the criminal justice system; • HIV and AIDS status; • physical or mental disability; • lack of cooperation by significant others in the treatment process; or • medication supported recovery for opioid dependence prescribed and monitored by a physician, physician's assistant or nurse practitioner? [822.8(a)(2)] | | | |
| Number of Applicable Questions Subtotal | | Service Management Subtotal | |

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|----|-------|
| B. QUALITY IMPROVEMENT/UTILIZATION REVIEW | | | |
| B.1. ➔ QUALITY INDICATOR Does the provider have a: <ul style="list-style-type: none"> • utilization review process; • quality improvement committee; and • written plan that identifies key performance measures for that particular program? [822.7(c)] | | | |
| B.2. Are any multi-disciplinary team meetings documented as follows: <ul style="list-style-type: none"> • date; • attendance; • cases reviewed; and • recommendations? [822.9(d)] <p><i>(NOTE: The multi-disciplinary must include one CASAC, one QHP in a discipline other than alcoholism and substance abuse counseling, and one medical staff member.)</i></p> | | | |
| C. OPERATIONAL REQUIREMENTS | | | |
| C.1. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(d)(8)] <p><i>(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.)</i></p> | | | |
| C.2. ➔ QUALITY INDICATOR Does the provider maintain an emergency medical kit at each certified location which includes: <ul style="list-style-type: none"> • basic first aid supplies; and • at least one Narcan emergency overdose prevention kit? [822.7(b)] | | | |
| C.3. Has the provider developed and implemented a plan to have staff trained in the prescribed use of a Narcan kit such that it is available for use during all program hours of operation? [822.7(b)] | | | |
| C.4. Has the provider notified all staff and patients of the existence of the Narcan overdose prevention kit and the authorized administering staff? [822.7(b)(1)] | | | |
| D. MONTHLY REPORTING | | | |
| D.1. ➔ QUALITY INDICATOR Have data reports (PAS-44N, PAS-45N & PAS-48N) been submitted to OASAS timely and reflect accurate admission and discharge transactions? [810.14(e)(7)] <p><i>(NOTE: Prior to on-site review, obtain a copy of the Client Roster-Admissions, Client Roster-Discharges and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-44N & PAS-45N 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. Additional location information should also be included. While on-site, compare the total number of active patients, as stated on the Client Roster-Admissions Report, to the actual number of active patients, as indicated by the service administrator.)</i></p> | | | |

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|----|-------|
| E. STAFFING [Complete Personnel Qualifications Work Sheet] | | | |
| E.1. ➔ QUALITY INDICATOR Is the full-time on-site clinical director of the service who is responsible for the daily activities and supervision of services provided, a QHP who has at least three years of full-time clinical experience in the chemical dependence field, one of which was supervisory, prior to appointment? [822.7(k)(1)] | | | |
| E.2. ➔ QUALITY INDICATOR Is the medical director of the service a physician licensed and currently registered as such by the New York State Education Department? [822.7(k)(2); 800.3(d)(1)] <p style="text-align: center;">[RED FLAG DEFICIENCY if no physician on staff.]</p> | | | |
| E.3. 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)] | | | |
| E.4. Does the medical director hold a Federal DATA 2000 waiver (buprenorphine-certified), within six months of employment? [800.3(d)(2)] | | | |
| E.5. 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>(NOTE: Documentation might be found in job description, policies and procedures, supervision minutes, etc.)</p> | | | |
| E.6. Are medical staff trained in emergency response treatment and have they completed regular refresher courses/drills on handling emergencies? [822.7(k)(3)(i)] | | | |
| E.7. ➔ QUALITY INDICATOR Does a physician, registered physician's assistant or nurse practitioner provide on-site coverage for a minimum of one hour per week for up to 25 active patients and an additional hour for each additional 25 active patients or part thereof? [822.7(k)(3)(ii)] | | | |

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|----|-------|
| E. STAFFING (cont'd) [Complete Personnel Qualifications Work Sheet] | | | |
| E.8. Is there an 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, tuberculosis, hepatitis, sexually transmitted diseases and other communicable diseases? [822.7(k)(4)] | | | |
| E.9. ➔ QUALITY INDICATOR Is there at least one full-time qualified health professional (QHP) on staff who is a Credentialed Alcoholism and Substance Abuse Counselor (CASAC)? [822.7(k)(6)] | | | |
| E.10. ➔ QUALITY INDICATOR Is there at least one full-time qualified health professional (QHP) on staff, qualified in a discipline other than substance use disorder counseling? [822.7(k)(6)] | | | |
| E.11. ➔ QUALITY INDICATOR Are at least 50 percent of all clinical staff qualified health professionals (QHPs)? [822.7(k)(7)] <i>(NOTE: CASAC Trainees (CASAC-T) may be counted towards satisfying the 50 percent requirement however such individuals may not be considered qualified health professionals for any other purpose under this Part.)</i> | | | |
| E.12. Are peer advocates: <ul style="list-style-type: none"> • appropriately certified; and • supervised by a clinical staff member who is a QHP? [822.7(l)(3)] <i>(NOTE: Peer Advocates must be certified by either the NY Certification Board http://www.asapnys.org/ny-certification-board or the NY Certification Association http://www.nycertification.org/.)</i> | | | |

Number of Applicable Questions Subtotal

Service Management Subtotal

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|-----------------------------|-------|
| E. STAFFING (cont'd) [Complete Personnel Qualifications Work Sheet] | | | |
| ▶▶▶ THE FOLLOWING 3 ADDITIONAL STAFFING QUESTIONS APPLY TO OUTPATIENT REHABILITATION SERVICES ONLY ◀◀◀ | | | |
| E.13. ➔ QUALITY INDICATOR In an Outpatient Rehabilitation Service , does the counselor to patient ratio meet the minimum standard of 1:20 [one FTE counselor for every 20 patients]? [822.15(c)] (Number of current active patients _____ ÷ Number of current FTE counselors _____ = 1: _____) | | | |
| E.14. ➔ QUALITY INDICATOR In an Outpatient Rehabilitation Service , is there at least one half-time therapeutic recreation therapist or occupational therapist or vocational specialist, certified as a rehabilitation counselor or QHP with one year of experience and/or training in providing recreation, occupation and/or rehabilitation services? [822.15(c)(1)] | | | |
| E.15. ➔ QUALITY INDICATOR In an Outpatient Rehabilitation Service , is there at least one part-time nurse practitioner, registered physician's assistant, registered nurse, or licensed practical nurse supervised by a registered nurse? [822.15(c)(2)] | | | |
| F. SERVICES | | | |
| F.1. Is there documentation that the program directly provides the following: <ul style="list-style-type: none"> • admission assessment; • treatment/recovery planning and review; • individual counseling; • group counseling; and • toxicology testing? [822.7(g)] (NOTE: Each program must conduct toxicology tests for the presence of benzodiazepines, cocaine, opioids, and a 4th panel to be determined by the provider.) | | | |
| F.2. ➔ QUALITY INDICATOR Do counseling groups contain no more than 15 patients? [822.5(o)] | | | |
| F.3. Does the program operate at least five days per week providing structured treatment services in accordance with treatment/recovery plans? [822.7(m)] | | | |
| F.4. If applicable, is there documentation that each additional location directly provides: <ul style="list-style-type: none"> • assessment; • treatment/recovery planning; and • individual and/or group counseling? [822.14(b)(1-3)] | | | |
| Number of Applicable Questions Subtotal | | Service Management Subtotal | |

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|---|-----|-----------------------------|-------|
| F. SERVICES (cont'd) | | | |
| ▶▶▶ THE FOLLOWING 3 ADDITIONAL SERVICES QUESTIONS APPLY TO OUTPATIENT REHABILITATION SERVICES ONLY ◀◀◀ | | | |
| F.5. ➔ QUALITY INDICATOR In an Outpatient Rehabilitation Service , are patient's typically scheduled for services three to five days per week for a period of at least four hours per day? [822.5(i); 822.15(a)] | | | |
| F.6. ➔ QUALITY INDICATOR In an Outpatient Rehabilitation Service are the following available either directly or through written agreements: <ul style="list-style-type: none"> • socialization development; • skill development in accessing community services; • activity therapies; and • information and education about nutritional requirements, including but not limited to planning, food purchasing, preparation, and clean-up? [822.15(d)(1-4)] | | | |
| F.7. ➔ QUALITY INDICATOR In an Outpatient Rehabilitation Service , does the service ensure the availability of one meal a day to each patient who receives services for at least four hours per day? [822.15(e)] | | | |
| ▶▶▶ THE FOLLOWING 2 ADDITIONAL SERVICES QUESTIONS APPLY TO INTENSIVE OUTPATIENT SERVICES ONLY ◀◀◀ | | | |
| F.8. For Intensive Outpatient Services , are patient's typically scheduled a minimum of 9 service hours per week delivered during the day, evening or weekends? [822.5(r)] | | | |
| F.9. For Intensive Outpatient Services , does the treatment program include, but is not limited by the following: <ul style="list-style-type: none"> • individual, group, and family counseling (when appropriate); • relapse prevention and coping skills training; • motivational enhancement; and • drug refusal skills? [822.5(r)] | | | |
| Number of Applicable Questions Subtotal | | Service Management Subtotal | |

| II. SERVICE MANAGEMENT | YES | NO | SCORE | |
|---|-----|----|-----------------------------|--|
| G. JUSTICE CENTER | | | | |
| G.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)] <i>(NOTE: Check all attestations subsequent to the prior recertification review date; a copy should be maintained in the employee personnel file.)</i> | | | | |
| G.2. ➔ QUALITY INDICATOR For all employees hired after July 1, 2013 OR subsequent to the prior recertification review date 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 Central Register was checked? [Social Services Law 424-a(b)] • documentation verifying that a criminal background check was completed? [805.7(c)] <i>(NOTE: All hospital-based Article 28 providers are exempt from these requirements.)</i> | | | | |
| G.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)] | | | | |
| H. INCIDENTS/INCIDENT REPORTING | | | | |
| H.1. ➔ QUALITY INDICATOR 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)] <i>(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”.)</i> | | | | |
| H.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 | |
|---|-----|----|-----------------------------|--|
| I. TOBACCO-FREE SERVICES | | | | |
| I.1. Does the service 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 service; • 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)] | | | | |
| I.2. Does the service adhere to each of its tobacco-free policies, as identified above? [856.5(a)] | | | | |
| J. PATIENT RIGHTS POSTINGS | | | | |
| J.1. ► QUALITY INDICATOR Are statements of patient rights and participant 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)] <i>(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> | | | | |
| J.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 service? [815.4(a)(2)] <i>(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.)</i> | | | | |
| 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] <p>(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.)</p> | | | |
| 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 | | <u> </u> | Service Management Subtotal | <u> </u> |
| Number of Applicable Questions Total | | <u> </u> | Service Management Total | <u> </u> |

QUALITY INDICATOR COMPLIANCE SCORE WORKSHEET

| I. Patient Case Records | | | II. Service Management | | |
|--|---|---------------------------------|------------------------|--|---------------------------------|
| QUESTION # | ISSUE | SCORE | QUESTION # | ISSUE | SCORE |
| 1 --- A.5. | admission assessment information | | 1 --- B.1. | UR, QI, key performance measures | |
| 2 --- A.6. | admission criteria | | 2 --- C.2. | first-aid kit with Narcan | |
| 3 --- A.9. | name of authorized QHP - admission | | 3 --- D.1. | monthly reporting | |
| 4 --- A.11. | physical health information | | 4 --- E.1. | full-time on-site clinical director | |
| 5 --- B.2. | treatment plan within 30 days | | 5 --- E.2. | Medical Director is physician [RED FLAG] | |
| 6 --- B.4. | treatment plan approved by MD, PA, NP, etc. | | 6 --- E.7. | medical coverage 1 hr./week/25 patients | |
| 7 --- B.6. | treatment plan addresses patient identified areas | | 7 --- E.9. | FT QHP who is a CASAC | |
| 8 --- B.8. | treatment plan reviews within window periods | | 8 --- E.10. | FT QHP other than a CASAC | |
| 9 --- C.1. | progress notes - documentation | | 9 --- E.11. | 50 percent QHPs or CASAC-Ts | |
| 10 --- C.2. | services consistent with treatment plan | | 10 --- F.2. | group counseling size ≤ 15 patients | |
| 11 --- D.3. | discharge plan reviewed and approved | | 11 --- G.2. | Justice Center background checks | |
| 12 --- D.5. | discharge summary within 45 days | | 12 --- H.1. | incident management plan | |
| 13 --- F.2. | ineligible individuals - reason and referral | | 13 --- J.1. | patient rights postings | |
| Additional Quality Indicators --- Outpatient Rehabilitation Services | | | | | |
| 14 --- A.7. | admission criteria for OP Rehab. Svcs. | | 14 --- E.13. | counselor-to-patient ratio = 1:20 | |
| # of questions ► | | Quality Indicator Total Score ► | 15 --- E.14. | half-time recreation therapist, etc. | |
| | | | 16 --- E.15. | part-time nurse practitioner, etc. | |
| | | | 17 --- F.5. | services 3-5 days/week; 4 hrs./day | |
| | | | 18 --- F.6. | additional services for OP Rehab. Svcs. | |
| | | | 19 --- F.7. | one meal per day | |
| | | | # of questions ► | | Quality Indicator Total Score ► |

Enter Quality Indicator Total Score on the Level of Compliance Determination Schedule.

LEVEL OF COMPLIANCE DETERMINATION SCHEDULE

OVERALL COMPLIANCE SCORES

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

| |
|--|
| <p>LEVEL OF COMPLIANCE DETERMINATION TABLE</p> <p>0.00 – 1.75 = NONCOMPLIANCE 1.76 – 2.50 = MINIMAL COMPLIANCE 2.51 – 3.25 = PARTIAL COMPLIANCE 3.26 – 4.00 = SUBSTANTIAL COMPLIANCE</p> |
|--|

QUALITY INDICATOR COMPLIANCE SCORES

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

| |
|---|
| <p>LEVEL OF COMPLIANCE SCORING DETERMINATION</p> <p>The Level of Compliance Rating is determined by EITHER the lowest of the four Overall and Quality Indicator Final Scores OR a Red Flag Deficiency, which will result in a six-month conditional Operating Certificate.</p> |
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| <p>LOWEST OVERALL OR QUALITY INDICATOR COMPLIANCE SCORE ▶</p> | |
|--|--|

| | | |
|--|---|--|
| <p>_____ Regulatory Compliance Inspector</p> <p>_____ Upstate/Downstate Supervisor</p> | <p>_____ Date</p> <p>_____ Date</p> | <p>VERIFICATION</p> <p>Regulatory Compliance Inspector signature below indicates that all computations in the Instrument and scores on this page have been verified. Supervisor or Peer Reviewer signature below indicates verification of all computations on this page.</p> |
|--|---|--|

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

| | |
|---|---|
| Employee Name -- Employee Title ▶ | Enter employee name and present title or position, including the designated director/supervisor. (example: Roberta Jones - Designated Director/Supervisor; Joe Smith - Counselor) |
| 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 for this outpatient program. (example: Mon,Wed,Fri 8am-5pm; Thu-Sun 11pm-7am; per diem) |
| 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. CD 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 (QHP). |
| License/Credential # -- Expiration Date ▶ | Enter License and/or Credential number and expiration date, if applicable. (example: CASAC #1234 - 09/30/18; CASAC Trainee #123 - 07/15/19; LCSW #321 - 11/15/18; MD #7890 - 06/30/17) |

WHEN COMPLETED, PLEASE REMEMBER TO SIGN AND DATE THE ATTACHED FORM(S)

MAKE AS MANY COPIES AS NECESSARY

