



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 Inpatient Services QA-4CD

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 comprehensive evaluation was completed within three days of admission -- Enter a ✓ in the column. > For example: The comprehensive evaluation was <i>not</i> completed within three 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 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 (Screened 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. Has an initial determination been prepared which states that each individual: <ul style="list-style-type: none"> • appears to be in need of chemical dependence services; • appears to be free of serious communicable disease that can be transmitted through ordinary contact; and • appears to be not in need of acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with inpatient care? [818.3(a)(1-3)] 											✓ ____ X ____		
A.2. Does a Qualified Health Professional (QHP), or another clinical staff member under the supervision of a QHP, make and document the initial determination? [818.3(a)]											✓ ____ X ____		
NOTE: Question A.3. should be marked "N/A" for any individual admitted prior to April 1, 2016, as there were issues with the LOCADTR 3.0 signature and date documentation prior to that date.													
Date of level of care determination ►													
A.3. Are the level of care determinations completed no later than one patient day after the first on-site visit to the program? [818.3(c)] (NOTE: If patients are referred directly from another OASAS-certified CD program, or readmitted to the same program within 60 days of discharge, the existing level of care determination may be used to satisfy this requirement, provided that it is reviewed and updated. [818.4(e)])											✓ ____ X ____		
A.4. Are the level of care determinations in accord with the program's policy and procedures and incorporate the use of the OASAS LOCADTR or another OASAS-approved protocol? [818.3(d)]											✓ ____ 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.5. ► QUALITY INDICATOR Do patients meet the admission criteria of being unable to participate in, or comply with, treatment outside of a 24 hour structured treatment setting, based on one or more of the following factors: <ul style="list-style-type: none"> the individual has accessed a less intensive level of care and has failed to remain abstinent; the individual's environment is not conducive to recovery; the individual has physical or mental complications and co-morbidities requiring medical management; or the individual lacks judgment, insights and motivation such as to require 24 hour supervision? [818.3(f)(1)(i-iv)] 											✓ ____ X ____	
Date of admission ►												
A.6. ► QUALITY INDICATOR Do the patient case records contain the name of the authorized QHP who made the admission decision? [818.3(h)]											✓ ____ X ____	
A.7. Do the patient case records contain the appropriate admission date (date of the first overnight stay following the initial determination)? [PAS-44 Instructions-2010]											✓ ____ X ____	
A.8. Do the patient case records contain documentation that, upon admission, the following information was provided to and discussed with the patients, and that the patients indicated understanding of such information: <ul style="list-style-type: none"> a copy of the program's rules and regulations, including patients' rights; and a summary of the Federal confidentiality requirements? [818.3(i) & 42 CFR § 2.31] 											✓ ____ X ____	
A.9. Do the patient case records contain documentation that, upon admission, patients are informed that their participation is voluntary? [818.3(j)]											✓ ____ X ____	
A.10. Are the consent for release of confidential information forms completed properly? [818.5(b) & 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	
A. ADMISSIONS (cont'd)													
▶▶▶ THE FOLLOWING THREE (3) QUESTIONS APPLY TO OASAS-OPERATED ATCs ONLY ◀◀◀													
Date of admission ►													
Date of TRS-8 patient signature ►													
A.11. Do the patient case records contain documentation that, upon admission, the CONFIDENTIALITY NOTICE form (TRS-8) was provided to and discussed with the patients, and that the patients indicated understanding of such information? <i>[BATC Policy Manual Item #31-page 16]</i> <i>(NOTE: Only the last page of the TRS-8 form, containing the signature of the patient, is required to be in the case record.)</i>											✓ ____ X ____		
A.12. Are the CONSENT FOR RELEASE OF INFORMATION CONCERNING ALCOHOLISM/DRUG ABUSE PATIENT forms (TRS-2 & TRS-3) completed properly? <i>[BATC Policy Manual Item #31-page 4]</i>											✓ ____ X ____		
A.13. In cases where a request was made to inspect or copy the patient case record, did the ATC respond within 30 days of the date of the request (60 days if records are stored off-site)? <i>[BATC Policy Manual Item #31-page 9]</i>											✓ ____ X ____		
Date of comprehensive evaluation ►													
A.14. ► QUALITY INDICATOR Are comprehensive evaluations completed within three days of admission? <i>[818.4(a)(4)]</i> <i>(NOTE: In the following situations, the existing evaluation may be used to satisfy this requirement, provided that it is reviewed and updated as necessary:</i> <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 60 days of discharge; • if the evaluation is completed by the same program more than 60 days prior to admission.) 											✓ ____ 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.15. Do the evaluations include the names of the staff members who participated in evaluating the individual, and a signature of the QHP responsible for the evaluation? [818.4(a)(6)] [REVISED 7/11/12]											✓ ____ X ____	
A.16. Do the comprehensive evaluations contain a written report of findings and conclusions addressing the patient's: a. - chemical use, abuse and dependence history? [818.4(a)(4)(i)]											✓ ____ X ____	
b. - history of previous attempts to abstain from chemicals and previous treatment experiences? [818.4(a)(4)(ii)]											✓ ____ X ____	
c. - comprehensive psychosocial history? [818.4(a)(4)(iii)] (NOTE: A comprehensive psychosocial history includes: legal involvements; HIV and AIDS, TB, hepatitis or other communicable disease risk assessment; relationships with, history of the use of chemicals by, and the impact of the use of chemicals on, significant others; an assessment of the patient's individual, social and educational strengths and weaknesses, including the patient's literacy level, daily living skills and use of leisure time; medical and mental health history and current status; the patient's lethality {danger to self and to others} assessment; and a specific diagnosis of alcohol related or psychoactive substance use related disorder.)											✓ ____ X ____	
A.17. Do the comprehensive evaluations include an identification of initial services needed and schedules of individual and group counseling to address the needed services until development of comprehensive treatment plan? [818.4(a)(5)] [REVISED 7/11/12]											✓ ____ 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. MEDICAL SERVICES												
B.1. → QUALITY INDICATOR For those patients who do not have available medical histories and physical examinations have not been performed within twelve months, has their medical history been recorded and a physical examination performed within three days after admission? [818.4(b)(1)] (NOTE: The examination must be conducted by a physician, physician's assistant, or a nurse practitioner.)											✓ ____ X ____	
B.2. For those patients who do have available medical histories and physical examinations have been performed within twelve months, or for those patients who are admitted directly to the program from another OASAS-certified program, are the medical histories and physical examinations from such other programs or physicians reviewed? [818.4(b)(2)]											✓ ____ X ____	
B.3. Do the physical examinations include the following laboratory tests: <ul style="list-style-type: none"> • complete blood count and differential; • routine and microscopic urinalysis; • urine screening for drugs, if medically or clinically indicated; • intradermal PPD, unless patient is known to be PPD positive; and • any other tests the physician or other medical staff member deems to be necessary (EKG, chest x-ray, pregnancy test, etc.)? [818.4(b)(1)(a-e)] 											✓ ____ 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. TREATMENT PLANS												
Date of admission ▶												
Date of individual treatment plan ▶												
C.1. → QUALITY INDICATOR Are comprehensive individual treatment plans developed and implemented within seven days of admission? [818.4(f)] (NOTE: For patients moving directly from one CD program to another, an updated treatment plan shall be acceptable. [818.4(g)]) (NOTE: Evidence of approval must be via signatures and handwritten or typed dates.)										✓ ____ X ____		
C.2. Do the comprehensive individual treatment plans address identified patient needs in the following functional areas: • addiction; • physical health; and • mental health? [818.4(f)] [REVISED 7/11/12] (NOTE: The treatment plan must also meet identified needs in other functional areas (i.e., social, emotional, familial, educational, vocational, and legal) which are deemed clinically appropriate to address during the patient's inpatient stay.)										✓ ____ 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. TREATMENT PLANS (cont'd)												
C.3. Do the comprehensive individual treatment plans include:											✓ ____ X ____	
a. the patient's signature? [818.4(i)(1)]											✓ ____ X ____	
b. ► QUALITY INDICATOR evidence that they are based on the admitting evaluation and any additional evaluation(s) found to be required? [818.4(i)(2)]											✓ ____ X ____	
c. short term goals which can be achieved while the patient is in the program? [818.4(i)(3)]											✓ ____ X ____	
d. an integrated service of therapies, activities and interventions designed to meet goals? [818.4(i)(4)]											✓ ____ X ____	
e. schedules for the provision of all services prescribed? [818.4(i)(5)]											✓ ____ X ____	
f. the dated signature of the responsible clinical staff member (primary counselor) and the dated signatures of the multidisciplinary team? [818.4(i)(8)] [REVISED 7/11/12]											✓ ____ X ____	
g. the diagnosis for which the patient is being treated? [818.4(i)(7)]											✓ ____ X ____	
Date of admission ►												
Date of physician signature ►												
h. ► QUALITY INDICATOR a signature by the physician within ten (10) days of admission? [818.4(i)(9)] [REVISED 7/11/12]											✓ ____ 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. TREATMENT PLANS (cont'd)													
Date of first treatment plan review ►													
C.4. → QUALITY INDICATOR Are individual treatment plans reviewed and revised by the responsible clinical staff member as clinically necessary? [818.4(l)] [REVISED 7/11/12]											✓ ____ X ____		
C.5. Where a service is to be provided by any other entity or facility off site (mental health, medical, vocational/educational, etc.), do the comprehensive treatment plans contain all of the following information: <ul style="list-style-type: none"> • a description of the nature of the service; • a record that a referral has been made; and • the results of the referral? [818.4(j)] (NOTE: If the off-site service was initiated prior to admission, the individual treatment plan must include a description of the nature of the service only.)											✓ ____ X ____		
D. DOCUMENTATION													
NOTE: For the following documentation questions, review the progress note and/or attendance notes for the previous 30 days.													
D.1. → QUALITY INDICATOR Are progress notes: <ul style="list-style-type: none"> • written, signed and dated by the responsible clinical staff member or another clinical staff member familiar with the patient's care; • written at least once per week; and • written as to provide a chronology of patients' progress in relation to the initial services provided or the goals established in the treatment plan and delineate the course and results of treatment/services? [818.4(n)(1-2)] [REVISED 7/11/12]											✓ ____ 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 (cont'd)												
D.2. → QUALITY INDICATOR												
Is the patient responding to treatment, meeting goals defined in the treatment plan and not being disruptive to the inpatient program? If not:												
<ul style="list-style-type: none"> • is this discussed at a case conference by the multi-disciplinary team; and • is the treatment plan revised accordingly? [818.4(m)] 												
<i>(NOTE: The first part of the question allows for credit to be given if the patient IS responding to treatment. If the patient is NOT responding to treatment, the second part of the question outlines the steps that a provider must take. If the provider follows these guidelines, they are given credit. If they do not follow these guidelines, a citation should be made. The phrase "not responding to treatment" generally refers to documentation of continued non-compliance with the program's rules and regulations; however, the results of single or isolated incidents in this regard should not be considered as "not responding" to treatment.)</i>												
											✓ _____ X _____	
D.3.												
Are services provided according to the comprehensive individual treatment plans? [818.4(k)] <i>(NOTE: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-compliance with the treatment schedule, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered a citation.)</i>												
											✓ _____ 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. Do the discharge plans contain all of the following required elements: <ul style="list-style-type: none"> • identification of continuing chemical dependence services and any other treatment, rehabilitation, self-help and vocational, educational and employment services the patient will need after discharge; • identification of the type of residence, if any, that the patient will need after discharge; • identification of specific providers of these needed services; and • specific referrals and initial appointments for these needed services? [818.4(r)(1-4)] 						✓ ____ X ____	
E.2. Do the discharge plans include evidence of development in collaboration with the patient? [818.4(p)]						✓ ____ X ____	
E.3. → QUALITY INDICATOR Does the program ensure that no patients are approved for discharge without a discharge plan reviewed by the multi-disciplinary team? [818.4(q)] (NOTE: This does not apply to patients who leave the program without permission, refuse continuing care planning or otherwise fail to cooperate.) (NOTE: This review may be part of a regular treatment plan review.)						✓ ____ X ____	
E.4. Is the portion of the discharge plan, which includes referrals for continuing care, given to the patients upon discharge? [818.4(q)] (Review Guidance: Documentation may be in the form of a progress note or duplicate form.)						✓ ____ X ____	
E.5. Do patient case records contain discharge summaries, which include the course and results of treatment, within 20 days of the patient's discharge? [818.4(s)]						✓ ____ 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
F. MONTHLY REPORTING							
F.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first overnight stay following the initial determination) recorded in the patient case records? [818.5(h)]						✓ ____ 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? [818.5(h)]						✓ ____ x ____	
F.3. Is the discharge disposition reported to OASAS consistent with documentation in the patient case records? [818.5(h)]						✓ ____ 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? [818.5(h)]						✓ ____ x ____	
G. SCREENED BUT NOT ADMITTED							
G.1. In cases where the program denies admission to an individual, is there a written record containing the reasons for denial and, if applicable, a referral to an appropriate program? [818.3(g)]						✓ ____ 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 written policies and procedures, approved by the governing authority, which address:				
a.	admission, retention and discharge, including specific criteria relating thereto, as well as transfer procedures? [818.2(a)(1)]	a.		
b.	level of care determinations, comprehensive evaluations, treatment plans, and placement services? [818.2(a)(2)] → QUALITY INDICATOR	b.		
c.	staffing plans, including the use of volunteers? [818.2(a)(3)]	c.		
d.	the provision of medical services, including screening and referral for associated physical or psychiatric conditions? [818.2(a)(4)]	d.		
e.	the determination of prices for services rendered? [818.2(a)(5)]	e.		
f.	infection control? [818.2(a)(6)]	f.		
g.	public health education and screening with regard to TB, STD's, hepatitis, and HIV and AIDS prevention and harm reduction? [818.2(a)(7)]	g.		
h.	cooperative agreements with other chemical dependence service providers and other providers of services that the patient may need? [818.2(a)(8)]	h.		
i.	the use of alcohol and other drug screening tests, such as breath testing, urine screening and/or blood tests? [818.2(a)(11)]	i.		
j.	medication? [818.2(a)(13)]	j.		
k.	quality improvement and utilization review? [818.2(a)(14)]	k.		
l.	clinical supervision and related procedures? [818.2(a)(15)] → QUALITY INDICATOR	l.		
m.	procedures for emergencies? [818.2(a)(16)]	m.		
n.	incident reporting and review? [818.2(a)(17)] → QUALITY INDICATOR	n.		
o.	record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with the Federal confidentiality regulations contained in 42 Code of Federal Regulations Part 2? [818.2(a)(18)] (NOTE: 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)])	o.		
p.	personnel? [818.2(a)(19)]	p.		
A.2.				
For service providers that are not located in a general hospital, does the program maintain written agreements with general hospitals for the immediate transfer of patients or prospective patients in need of acute hospital care? [818.7(b)]				

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES (cont'd)			
<p>A.3. Does the program have a written policy to ensure that individuals are not denied admission based solely on any one or combination of the following?</p> <ul style="list-style-type: none"> • prior treatment history or referral source; • maintenance on methadone or other medication prescribed and monitored by a physician, physician's assistant or nurse practitioner familiar with the patient's condition; • pregnancy; • history of contact with the criminal justice system; • HIV and AIDS status; • physical or mental disability; or • lack of cooperation by significant others in the treatment process. [818.3(e)(1-8)] <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>			
<p>A.4. 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 program (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 program 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. [818.5(b) & 42 CFR § 2.31] <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>			
B. UTILIZATION REVIEW AND QUALITY IMPROVEMENT			
<p>B.1. → QUALITY INDICATOR Does the program have a utilization review plan which considers the needs of each patient for all of the following?</p> <ul style="list-style-type: none"> • admissions are appropriate; • services are appropriate; • the need for continued treatment; • the continued effectiveness of, and progress in, treatment; and • retention and discharge criteria are met? [818.6(b)] <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>			
<p>B.2. → QUALITY INDICATOR Does the program have a quality improvement plan which includes the following:</p> <ul style="list-style-type: none"> • a minimum of quarterly self-evaluations, one of which may include an independent peer review process; • findings of other management activities (e.g., utilization reviews, incident reviews, reviews of staff training); • surveys of patient satisfaction; and • analysis of treatment outcome data? [818.6(c)(1)(i-iv)] <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. Does the program prepare an annual report and submit it to the governing authority? [818.6(c)(2)]			
B.4. 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? [818.6(c)(2)]			
C. OPERATIONAL REQUIREMENTS			
C.1. Is this site certified for the types of services currently being provided? [810.6(a)(3)] <ul style="list-style-type: none"> • 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? [818.2(f)] <i>(Review Guidance: Review the last six months.)</i> <ul style="list-style-type: none"> • Certified Program Capacity: _____ • Current Program Census: _____ 			
C.3. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(e)(8)] <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>			
D. OASAS 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)] <i>(Review Guidance: 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. 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 program administrator.)</i>			
E. STAFFING (Complete Personnel Qualifications Work Sheet)			
E.1. → QUALITY INDICATOR Is the director of the program a QHP who has at least three years of experience in the provision of chemical dependence services? [818.8(d)]			
E.2. Is the medical director of the program 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.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)] <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 July 1, 2011 are not subject to this requirement.)</i>			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
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)] (NOTE: Documentation might be found in job description, policies and procedures, supervision minutes, etc.)			
E.6. Does the program have a qualified dietician or dietetic technician to provide menu planning services? [818.2(e)(3)]			
E.7. 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? [818.8(p)]			
E.8. If the program provides treatment to patients with severe mental disorders or mental illness in addition to their chemical dependence, is there a psychologist or psychiatrist available for a sufficient number of hours each week to provide services to such patients? [818.8(f)]			
E.9. If the program provides treatment to patients with coexisting medical conditions in addition to their chemical dependence, is there an appropriately qualified physician, physician's assistant or nurse practitioner available for a sufficient number of hours each week to provide services to such patients? [818.8(g)]			
E.10. Does the program have at least one full-time registered professional nurse? [818.8(h)]			
E.11. Does the program have additional licensed practical nurses, registered nurses, registered physician's assistants and nurse practitioners who are available to patients at all times to sufficiently provide the services required? [818.8(h)]			
E.12. ➔ QUALITY INDICATOR Does the counselor to patient ratio meet the minimum standard of 1:8 [one FTE counselor for every 8 patients]? [818.8(j)] <div style="text-align: center;"> (Number of current active patients _____ ÷ Number of current FTE counselors _____ = 1: _____) </div>			
E.13. Are at least 50 percent of all counselors QHPs? (NOTE: CASAC Trainees may be counted towards satisfying this requirement.) [818.8(j)] [REVISED 7/11/12]			
E.14. Are counseling staff scheduled at least one and one half shifts five days per week, and one shift per day the other two days? [818.8(j)]			
E.15. Are there at least two clinical staff members on duty during late evening and night shifts? [818.8(k)] (NOTE: The staff shall be awake, make frequent rounds and be available to patients who awaken during the night.)			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
E.16. → QUALITY INDICATOR Are at least 50 percent of all clinical staff QHPs? <i>(NOTE: CASAC Trainees may be counted towards satisfying this requirement.)</i> [818.8(o)] [REVISED 7/11/12]			
E.17. → QUALITY INDICATOR Does the clinical staff to patient ratio meet the following minimum standards: <input type="checkbox"/> if the program has 80 patients or more, 1:4 [one FTE clinical staff member for every four patients]? [818.8(l)(1)] <input type="checkbox"/> if the program has between 31 and 79 patients, 1:3.5 [one FTE clinical staff member for every three and one-half patients]? [818.8(l)(2)] <input type="checkbox"/> if the program has 30 or fewer patients, 1:3 [one FTE clinical staff member for every three patients] [818.8(l)(3)] (Number of current active patients _____ ÷ Number of current FTE clinical staff _____ = 1: _____)			
E.18. Is there a clinical staff member designated to provide activities therapy? [818.8(i)]			
▶▶▶ THE FOLLOWING THREE (3) QUESTIONS APPLY TO OASAS-OPERATED ATCs ONLY ◀◀◀			
E.19. Does the ATC have the OASAS Bureau of Addiction Treatment Center's Policy Manual Item #31, entitled CONFIDENTIALITY OF PATIENT RECORDS AND INFORMATION integrated into their Policy and Procedure Manual? [BATC Policy Manual Item #31]			
E.20. Is there documentation maintained that all new ATC staff members (including volunteers, interns, etc.) have received training on confidentiality (HIPAA, 42 CFR Part 2, HIV related information) as part of their orientation? [BATC Policy Manual Item #31-page 15]			
E.21. Is there documentation maintained that all ATC staff members (including volunteers, interns, etc.) have received annual training on confidentiality (HIPAA, 42 CFR Part 2, HIV related information) as evidenced by their signing an annual attestation? [BATC Policy Manual Item #31-page 15]			
Number of Applicable Questions Subtotal _____	Service Management Subtotal _____		

II. SERVICE MANAGEMENT	YES	NO	SCORE
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 (e.g., e-mail, letter) verifying that the Staff Exclusion List was checked? [702.5(b)] • documentation (e.g., e-mail, letter) verifying that the Statewide Child Abuse Registry was checked? [Social Services Law 424-a(b)] • documentation (e.g., e-mail, letter) verifying that a criminal background check was completed? [805.7(c)] (NOTE: All hospital-based Article 28 providers are exempt from these requirements.)			
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)] 			
G. SERVICES			
G.1. Does the program ensure that the following services are provided as clinically indicated and specified in the treatment plan: <ul style="list-style-type: none"> • individual and group counseling and activities therapy; • chemical dependence awareness and relapse prevention; • education about, orientation to, and opportunity for participation in, available and relevant self-help groups; • assessment and referral services for patients and significant others; • HIV and AIDS education, risk assessment, supportive counseling and referral; ` • vocational and/or educational assessment; and • medical and psychiatric consultation? [818.2(c)(1-7)] 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. ➔ QUALITY INDICATOR Do counseling groups contain no more than fifteen (15) patients? [818.2(c)(1)] [REVISED 7/11/12]			
G.3. Does the program provide each patient three nutritious meals per day? [818.2(e)(1)]			
G.4. Does the program have available snacks and beverages between meals? [818.2(e)(2)]			
G.5. Are copies of menus kept on file for a period of one year? [818.2(e)(3)]			
G.6. If the program provides services to school-age children, are there arrangements to ensure the availability of required basic educational and child care services? [818.2(g)]			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE	
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)]				
I. PATIENT RIGHTS POSTINGS				
I.1. 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)] (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.)				
Number of Applicable Questions Subtotal		_____	Service Management Subtotal	_____

II. SERVICE MANAGEMENT	YES	NO	SCORE
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)]			
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 and other OASAS resources, 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.) 			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
L. SAPT BLOCK GRANT REQUIREMENTS (if applicable) (cont'd)			
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] 			
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. Participant Case Records			II. Service Management		
QUESTION #	ISSUE	SCORE	QUESTION #	ISSUE	SCORE
1 ▶ A.5.	admission criteria		1 ▶ A.1.b.	policies re: evaluation, treatment plan, etc.	
2 ▶ A.6.	name of authorized admitting QHP		2 ▶ A.1.l.	clinical supervision policy	
3 ▶ A.14.	evaluation w/in 3 days		3 ▶ A.1.n.	incident reporting & review policy	
4 ▶ B.1.	physical exam w/in 3 days		4 ▶ B.1.	utilization review plan	
5 ▶ C.1.	treatment plan dev. w/in 7 days		5 ▶ B.2.	quality improvement plan	
6 ▶ C.3.b.	treatment plan based on admitting eval.		6 ▶ D.1.	monthly reporting	
7 ▶ C.3.h.	treatment plan signed by MD w/in 10 days		7 ▶ E.1.	director is a QHP	
8 ▶ C.4.	treatment plan reviewed as clinically necessary		8 ▶ E.12.	counselor to patient ratio – 1:8	
9 ▶ D.1.	progress note requirements		9 ▶ E.16.	50 percent QHPs or CASAC-Ts	
10 ▶ D.2.	patient not responding to treatment		10 ▶ E.17.	clinical staff to patient ratio – 1:4, 1:3.5, or 1:3	
11 ▶ E.3.	approved discharge plan		11 ▶ G.2.	group counseling size <= 15 patients	
# of questions ▶		Quality Indicator Total Score ▶	# 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.2.)
 Fire Alarm not operational (Part III; B.6.)

VERIFICATION		
Regulatory Compliance Inspector	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.
Supervisor or Peer Reviewer	Date	

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

Employee Name -- Employee Title ▶ Enter employee name and present title or position, including the Program Director and the Medical Director.
(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 programs.
(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 - 11/15/18; MD #7890 - 06/30/18**)

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

PERSONNEL QUALIFICATIONS WORKSHEET

PROVIDER LEGAL NAME

Employee Name Employee Title	Number of Weekly Hours Dedicated to this Operating Certificate	Work Schedule	Current Caseload	Education	Experience	Hire Date	QHP	License/Credential # Expiration Date	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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									<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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