

	<h1>Office of Addiction Services and Supports</h1>
STATEWIDE REGIONAL OPERATIONS	

Regulatory Compliance Site Review Instrument
Substance Use Disorder Withdrawal and Stabilization Services
PRU - Recertification + Joint Site Review (QA-1CD)
(Applicable to Medically Managed, Medically Supervised Inpatient/
Outpatient and Medically Monitored Withdrawal & Stabilization Services)

SECTION 1: PATIENT CASE RECORDS
SECTION 2: SERVICE MANAGEMENT
SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY

NOTE: Pursuant to Mental Hygiene Law and the Office of Addiction Services and Supports’ (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 .
	➤ For example: The evaluation was completed within 24 hours 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 evaluation was <i>not</i> completed within 24 hours of admission -- Enter an ✕ in the column.
TOTAL ►	Enter the total number of ✓'s (in compliance) and the total number of ✕'s (not in compliance) in the TOTAL column.
SCORE ►	Divide the total number of ✓'s (in compliance) by the sample size (sum of ✓'s and ✕'s) and, utilizing the SCORING TABLE below, enter the appropriate score in the SCORE column.
	➤ For example: Ten records were reviewed for comprehensive evaluations. Eight records were in compliance. Divide eight by ten, which gives you 80%. Refer to the scoring table, which indicates that 80% - 89% equals a score of 2 -- Enter 2 in the SCORE column.

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

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

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

PATIENT CASE RECORDS INFORMATION SHEET

ACTIVE RECORDS

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

INACTIVE RECORDS

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

INACTIVE RECORDS (Examined But Not Admitted)

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

SECTION 1: 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											✓ ____ x ____	
A.1. Are patient admissions based upon a documented diagnosis of substance use disorder pursuant to the most recent edition of either the Diagnostic and Statistical Manual of the American Psychiatric Association, or the International Classification of Diseases? [816.5(h)(1)]												
A.2. Prior to admission, was an initial determination made and documented by a qualified health professional, or other clinical staff under the supervision of a qualified health professional, which states that: <ul style="list-style-type: none">the individual appears to be in need of withdrawal and stabilization services;the individual appears to be free of serious communicable disease that could be transmitted through ordinary contact; andthe individual appears not to need acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with withdrawal and stabilization services, or which would prevent them from participating in substance use disorder treatment. [816.5 (h)(4)(i-iii)]											✓ ____ x ____	
A.3. ➔ QUALITY INDICATOR Prior to admission, was a level of care determination made utilizing the most current revision of “The OASAS Level of Care for Alcohol and Drug Treatment Referral Protocol” or “LOCADTR”? [816.5(h)(2)] (NOTE: Medical staff is required to complete the crisis decision tree where there is a potential for serious or life-threatening withdrawal to occur. The recommendation for clinical detoxification should always be made by medical staff working within their scope of practice.) [LOCADTR Manual]											✓ ____ x ____	
Number of Applicable Questions Subtotal								Patient Case Records Subtotal				

SECTION 1: 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.4. Does the admission assessment or decision to admit include: <ul style="list-style-type: none">• identification of initial services needed until development of tx/recovery plan• the dated signature (physical or electronic) of the clinical staff member who is a QHP working within their scope of practice• a statement documenting the individual is appropriate for this level of care• assignment of clinical staff member responsible to provide orientation• preliminary schedule of activities, therapies, and interventions? [816.5(h)(3)(6)(ii)(9)]											✓ ____ x ____		
Date of admission ►													
A.5. Do the patient case records contain, upon admission, a notation: <ul style="list-style-type: none">• patient received copy of rules and regulations, including patient's rights, a summary of federal confidentiality requirements and a statement such rules were discussed with patient and patient indicated they understood them;• patients were informed that their participation is voluntary? [816.5(h)(6)(iii)(iv) & 42 CFR § 2.31]											✓ ____ x ____		
As applicable, during the admission process, is there any evidence the client was offered information about MAT (including medications for tobacco-cessation)? (NOTE: Refer to Opinion of Counsel dated 9/7/17) Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO											QUESTION NOT SCORED PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES		
A.6. Are the forms consenting to treatment and for obtaining and releasing confidential information completed properly? [816.5(m)(xvi); 42 CFR § 2.31]											✓ ____ x ____		
Number of Applicable Questions Subtotal												Patient Case Records Subtotal	

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Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
B. ASSESSMENTS												
Date of initial evaluation ►												
B.1. ► QUALITY INDICATOR Is an initial evaluation completed by medical staff 24 hours of the admission date? [816.5(h)(5)] (EXAMPLE: Admitted anytime on Monday, initial evaluation must be completed by midnight on Tuesday)												
											✓ _____ x _____	
Date of initial assessment ►												
B.2. ► QUALITY INDICATOR Are initial assessments completed by clinical staff within 24 hours of the admission date? [816.5(i)(1)(2)] (EXAMPLE: Admitted anytime on Monday, initial assessment must be completed by midnight on Tuesday) (NOTE: In the following situations, the existing assessment may be used to satisfy this requirement, provided that it is reviewed and determined to be current and accurate: • if patients are referred directly from another OASAS-certified SUD program; or • if patients had previously been admitted to the same service within 30 days of current admission)												
Number of Applicable Questions Subtotal										Patient Case Records Subtotal		

SECTION 1: 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. ASSESSMENTS (cont'd)												
Date of initial evaluation ►												
<div><div>B.3.</div><div>Does the initial assessment include the following:</div><div><div>• patient identifying and emergency contact information;</div><div>• relevant information necessary to develop an individualized person-centered interdisciplinary tx/recovery plan;</div><div>• written report of findings and conclusions;</div><div>• names of any staff or other persons participating in the assessment;</div><div>• patient's history, recent use of substances, substance use disorder treatment history, medical history, psychiatric history, high risk behaviors, mental status, living arrangements, level of self-sufficiency, supports, and barriers to treatment services);</div><div>• any information concerning a medical or psychological condition that may affect communication or other functioning;</div><div>• communicable disease risk assessment (HIV, TB, viral hepatitis, sexually transmitted infections & other communicable diseases; and</div><div>• identification of initial withdrawal and stabilization intervention services needed, and schedules of individual and group counseling to address the needed services until the development of the treatment/recovery plan.</div></div><div>[816.5(i)(2(3)(i-iv) and 816.5(j)(i)]</div><div>(NOTE: The initial services shall be based on the withdrawal protocols that may be needed as well as the goals the patient identifies for treatment.)</div></div>												
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

SECTION 1: 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. ASSESSMENTS (cont'd)													
Date of medical history and physical examination►													
B.4. Is a medical history taken, and a physical examination performed by a physician, physician assistant, or nurse practitioner within twenty-four (24) hours of admission? [816.5(i)(6)]													✓ ____ x ____
B.5 Does the physical examination include the investigation of, and if appropriate, screenings for infectious diseases; pulmonary, cardiac, or liver abnormalities; and physical and/or psychological conditions or limitations which may require special services or attention during treatment? [816.5(i)(6)] (NOTE: The physical examination is not limited to these elements)											✓ ____ x ____		
Number of Applicable Questions Subtotal												Patient Case Records Subtotal	

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Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
B. ASSESSMENTS (cont'd)											✓ _____ x _____	
<div>B.6.</div> <div>Does the physical examination also include the following laboratory tests:<ul style="list-style-type: none">complete blood count and differential;routine and microscopic urinalysis, as clinically indicated, and in accordance with guidance from the Office;if medically or clinically indicated, urine toxicology test;blood-based tuberculosis test;pregnancy test for persons of child-bearing potential; orany other tests the examining physician, physician assistant, nurse practitioner or other medical staff member deems to be necessary, including, but not limited to, an ECG or a chest X-ray? [816.5(i)(6)(i)(a-f)]</div> <div>(NOTE: An intradermal PPD may be given in those circumstances when a blood-based tuberculosis test cannot be performed; this test is given and interpreted by the medical staff unless the patient is known to be PPD positive)</div> <div>(NOTE: If a medical history has been taken and a physical examination has been performed within the last twenty-four (24) hours, the existing medical history and physical examination documentation, including the results of laboratory and other diagnostic tests for the patient may be used to comply with the requirements of this Part, provided that such documentation has been reviewed and determined to be current and accurate.)</div> <div>(NOTE: A focused medical history/ and/or physical examination shall be performed and/or laboratory tests and other diagnostic tests shall be ordered if the medical staff determine reevaluation is required based on clinical judgment.)</div>												
Number of Applicable Questions Subtotal									Patient Case Records Subtotal			

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Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
B. ASSESSMENTS (cont'd)												
B.7. If the patient has a physical complaint(s) that was not addressed in the existing medical history and /or physical examination, and/or the patient has a new physical complaint(s) that has developed since the performance of the existing medical history and/or physical examination, was: <ul style="list-style-type: none">a focused medical history and/or physical examination performed; and/orlaboratory, and other diagnostic tests ordered? [816.5(i)(6)(ii)(b)]											✓ ____ x ____	
B.8. Does the patient record include a summary of the results of the physical examination, laboratory test, and other diagnostic tests and demonstrate that appropriate medical care, including psychiatric care, is recommended to any patient whose health status indicates the need for such care? [816.5(i)(6)(iii)]											✓ ____ x ____	
B.9 Is there evidence the program: <ul style="list-style-type: none">maintains the patient on approved medication, including FDA approved medications to treat SUD, if deemed clinically appropriate and;with patient consent, collaborates with the existing program or practitioner prescribing such medications? [816.5(j)(2)(i)]											✓ ____ x ____	
B.10. Is there evidence the program provides FDA approved medications to treat SUD to the existing or prospective patient seeking admission in accordance with all federal and state rules and guidance issued by the Office? [816.5(j)(2)(iii)]											✓ ____ x ____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

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B. ASSESSMENTS (cont'd)												
B.11. Is there evidence the program <ul style="list-style-type: none">provides education to the existing or prospective patient about approved medications for the treatment of SUD if the patient is not already taking such medications, including the benefits and risks and;documents such discussion and the outcome of such discussion, including a patient's preference for or refusal of medication, in the patient's record. [816.5(j)(2)(iv)]											✓ _____ x _____	
C. TREATMENT/RECOVERY PLANNING												
Date of admission ►												
C.1. ► QUALITY INDICATOR Are written person-centered treatment/recovery plans developed by the clinical staff person with primary responsibility for the patient in collaboration with the patient and anyone identified by the patient as supportive to recovery goals, completed within 24 hours of the admission and based on initial assessment conducted? [816.5(k)(1)] <i>(EXAMPLE: Admitted anytime on Monday, recovery care plan must be approved by midnight on Tuesday)</i> <i>(NOTE: Evidence of approval must be via signatures and handwritten or typed dates.)</i> <i>(NOTE: For patients moving directly from one withdrawal and stabilization program to another withdrawal and stabilization program, the existing treatment/recovery plan shall be acceptable as long as there is documentation that it has been reviewed and updated as necessary).</i>											✓ _____ x _____	
Number of Applicable Questions Subtotal												Patient Case Records Subtotal

STANDARDS OF CARE: Patient-Centered Treatment Plans/Service Plans

Exemplary	Adequate	Needs Improvement
<div><input type="checkbox"/> The plan identifies evidence-based methods to address preferences, needs and goals related to family, housing, work, education or other chosen roles, as appropriate</div> <div><input type="checkbox"/> Treatment plans reflect tailored approaches which incorporate: Strength-based, Trauma Informed, Recovery Oriented strategies to assist participant in holistic wellness to support their long-term recovery</div> <div><input type="checkbox"/> The treatment plan objectives and action steps are created and/or updated collaboratively by participant, clinician, and transdisciplinary team, as well as, significant others involved with the participant's recovery</div>	<div><input type="checkbox"/> Treatment plan goals, objectives, and services are clearly linked to the measurement-based assessments, which are individualized and person-centered</div> <div><input type="checkbox"/> Measurable, attainable, timely, realistic and specific steps toward the achievement of goals are identified, with target dates</div> <div><input type="checkbox"/> The plan includes the specific evidenced based interventions, the clinician(s) providing services, and the frequency of services</div> <div><input type="checkbox"/> The treatment plan includes objectives that are updated as needed, and reflect desired accomplishments of the participant (and the family)</div>	<div><input type="checkbox"/> The treatment plan focuses only on deficits</div> <div><input type="checkbox"/> Needs identified in the assessment are not addressed and no explanation is provided</div> <div><input type="checkbox"/> There are no evidenced based interventions identified to assist the participant with meeting the objectives</div> <div><input type="checkbox"/> Interventions are not realistic to attain or do not reflect desired preferences or assessed needs</div> <div><input type="checkbox"/> Treatment plans have minimal or no evidence of addressing strength based, trauma informed, recovery-oriented tenets regarding participants and families</div>

FEEDBACK TO PROVIDER: Utilizing the Standards of Care criteria identified above, please provide specific feedback to the provider regarding whether the treatment/recovery or service plans demonstrate a patient-centered treatment approach.

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Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)												
C.2. ➔ QUALITY INDICATOR Are the recovery care plans signed and dated by the responsible clinical staff member(s); the patient and anyone identified by the patient as supportive to recovery when completed and agreed upon? [816.5(k)(1)(i)]											✓ ____ x ____	
C.3. Do the treatment/recovery plans provide: • goals for the outcome of treatment; • protocols to be followed for medical withdrawal; and • the clinical care services to be provided? [816.5(k)(1)(ii)]											✓ ____ x ____	
C.4. Are the treatment/recovery plans updated as appropriate and as required by the level of care should additional problems requiring immediate treatment be identified? [816.5(k)(1)(iii)]											✓ ____ x ____	
C.5. ➔ QUALITY INDICATOR Do the treatment/recovery plans reflect coordination of medical, psychiatric, substance use care, and/or the provision of other services provided concurrently either directly or through a secondary provider? [816.5(k)(1)(iv)]											✓ ____ x ____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

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Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)												
C.6. Are the treatment/recovery plans incorporated in the patient's case record along with written orders, prescriptions and the provision of withdrawal and stabilization services? [816.5(k)(1)(v)]											✓ ____ x ____	
C.7. Do the treatment/recovery plans include provisions for prenatal care for all patients who are pregnant? [816.5(k)(1)(vi)] (NOTE: If a pregnant patient refuses or does not obtain such care, the provider must have the patient acknowledge in writing that prenatal care was offered, recommended, and refused.)											✓ ____ x ____	
Does the chart reflect collaboration with other providers, family members, collateral contacts? Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO											QUESTION NOT SCORED PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
C.8. ➡ QUALITY INDICATOR Are treatment/recovery plans reviewed through the ongoing assessment process and regular progress notes? [816.5(k)(2)]											✓ ____ x ____	
C.9. Are treatment/recovery plan revisions reflected in the patient's progress notes and signed and dated by the responsible clinical staff member? [816.5(k)(2)]											✓ ____ x ____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

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Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
D. DOCUMENTATION OF SERVICE											✓ _____ x _____	
D.1. ➔ QUALITY INDICATOR Are progress notes: <ul style="list-style-type: none">written, signed (physically or electronically) and dated by clinical or another clinical staff member familiar with the patient’s care;record the relationship to the patient’s developing treatment goals described in the treatment/recovery plan;include as appropriate and relevant any recommendations, communications, or determinations for initial, continued, or revised patient goals and/or treatment; andinclude all individual, medical, psychiatric contacts for the purpose of assessing, diagnosing, or treating the patient? [816.5(k)(3)(i-iv)] (NOTE: Clinical and medical notes are acceptable.)												
Are the individual and group counseling progress notes detailed, unique and person-centered? Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO												
Do progress notes describe evidence-based treatment interventions specific to substance use/recovery? Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO												
Were positive toxicology results addressed in counseling sessions? Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO												
Do the charts reflect any enhanced services (e.g., vocational/educational, financial assessment, psychiatric, peer support, etc.) were provided? Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO												
Number of Applicable Questions Subtotal								Patient Case Records Subtotal				

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Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
D. DOCUMENTATION OF SERVICE (cont'd)											✓ ____ x ____	
D.2. ➡ QUALITY INDICATOR In a Medically Managed Service and Medically Supervised Inpatient Service , are progress notes written at least once per shift for the first 5 days (after admission) and at least once per day thereafter? [816.5(k)(3)(vi)] OR In a Medically Supervised Outpatient Service , are progress notes written for each visit? [816.8(c)(3)] (NOTE: If a patient's condition necessitates more frequent documentation, the appropriate staff must document the provision of those services and/or care in the patient's progress notes.)												
D.3. In a Medically Managed Service and Medically Supervised Inpatient Service , if the patient continues longer than seven (7) days after admission , does the case record document a level of instability requiring continued stay for adjustment of medication or attainment of a level of stability to enable functioning outside a structured setting; and one of the following: <ul style="list-style-type: none">there is medical evidence of moderate to severe organ damage related to [alcohol and/or other] substance use; orthe patient is pregnant and continued stay is necessary to ensure stabilization and/or complete referral to continuing treatment; orthere is evidence of other medical complications warranting continued care in a withdrawal and stabilization service. [816.5(i)(5)(i-iii)]											✓ ____ x ____	
Number of Applicable Questions Subtotal								Patient Case Records Subtotal				

SECTION 1: PATIENT CASE RECORDS (INACTIVE)						TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	✓ = yes x = no	From Scoring Table
E. LEVEL OF CARE TRANSITION (DISCHARGE) PLANNING						✓ _____ x _____	
E.1. ➡ QUALITY INDICATOR Does the program ensure that no patients are approved for discharge without a level of care transition (discharge) plan that is complete and identifies a staff member who is assigned to follow-up on referrals? [816.5(l)(1)] <i>(NOTE: If a patient did not receive a plan, documentation detailing why a discharge or level of care transition plan was not provided to the patient must be placed in the medical record)</i> <i>[NOTE: For a patient who has an uninterrupted transition from a withdrawal and stabilization service to another service within the same facility, a transfer plan, including information about the patient's immediate needs, medical and psychiatric diagnoses, medications, and plan for meeting those needs, may take the place of a discharge plan. 816.5(l)(3)(c)]</i>							
E.2. Do the level of care transition (discharge) plans include evidence of development in collaboration with the patient and anyone identified by the patient as supportive to recovery? [816.5(l)(1)]						✓ _____ x _____	
Number of Applicable Questions Subtotal						Patient Case Records Subtotal	

SECTION 1: PATIENT CASE RECORDS (INACTIVE)						TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	✓ = yes x = no	From Scoring Table
E. LEVEL OF CARE TRANSITION (DISCHARGE) PLANNING (cont'd)							
E.3 Does the case record document the patient and their family/significant received the following prior to leaving the program: <ul style="list-style-type: none">education about the medical consequences of untreated substance(s) withdrawal;instructions for obtaining emergency medical care for substance(s) withdrawal, should such care be necessary;prescriptions for all medications, including MAT for substance use disorder(s);referrals to ensure ongoing access to medications, including MAT for SUD; andoverdose prevention education, naloxone education and training, and a naloxone kit or prescription regardless of substance use disorder diagnosis? [816.5(h)(7)(i-v)] <i>(NOTE: The patient record must document the reasons these services were not offered if the program is unable to provide these services or if the patient declines these services.)</i>						✓ ____ x ____	
E.4 Did the Provider develop a safety plan with the patient, as needed? [(816.5(b)(4)]						✓ ____ x ____	
E.5. Do the level of care transition (discharge) plans include: <ul style="list-style-type: none">an evaluation of the patient's living arrangement, level of self-sufficiency and available support systems;identification of substance use disorder treatment/other services the patient will need after discharge, including alternative medical and mental health providers;a list of current medications andan appointment with a treatment provider or program that can continue access to medications including medication for the treatment of SUD post-discharge? [816.5 (h)(7)(iv);816.5(l)(3)(i-iii);816.5(j)(2)(v)]						✓ ____ x ____	
Number of Applicable Questions Subtotal						Patient Case Records Subtotal	

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Patient Record Numbers ►	#1	#2	#3	#4	#5	✓ = yes x = no	From Scoring Table
E. DISCHARGE PLANNING (cont'd)							
E.6. In a Medically Managed Service, Medically Supervised Inpatient Service, and Medically Supervised Outpatient Service , are the level of care transition (discharge) plans signed and dated by the physician, all clinical and medical staff who participated in its preparation and the patient? [816.5(l)(3)]						✓ _____ x _____	
E.7. Is the level of care transition (discharge) plan discussed with and given to the patient upon discharge and with appropriate patient consent, the plan, including level of care transition planning, forwarded to any subsequent service providers? [816.5(l)(3)(b)] <i>(NOTE: Documentation may be in the form of a progress note or duplicate form.)</i> <i>(NOTE: For a patient transitioning directly from a withdrawal and stabilization service to another service within the same facility, a transfer plan may take the place of a discharge plan. To ensure sufficient information is available to the new service, a transfer plan must include information about the patient's immediate needs, medical and psychiatric diagnoses, medications, and plan for meeting those needs.)</i>						✓ _____ x _____	
Was there a “warm hand off” for the aftercare referral? Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO						QUESTION NOT SCORED PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
Number of Applicable Questions Subtotal					Patient Case Records Subtotal		

STANDARDS OF CARE: Discharge Planning

Exemplary	Adequate	Needs Improvement
<div><input type="checkbox"/> The agency utilizes a system to follow up with participants or other providers post-discharge and, to confirm appointment was kept, and aids in linking to new services as needed</div> <div><input type="checkbox"/> Where a participant is going from a bedded service to another service, a warm hand-off or peer service is utilized</div> <div><input type="checkbox"/> The discharge plan includes goals toward establishing meaningful engagement in community to support long-term recovery and includes- community mental health, primary care physicians, housing, employment and recovery/ wellness supports. Circumstances of discharge and efforts to re-engage if the discharge had not been planned</div>	<div><input type="checkbox"/> Arrangements for appropriate services (appointment dates, contact names and numbers, etc.) are made and discussed with the participant and significant others prior to planned discharge</div> <div><input type="checkbox"/> Discharge summaries identify services provided, the participants response, and progress toward goals</div> <div><input type="checkbox"/> The discharge summary and other relevant information is made available to receiving service providers prior to the participant's arrival</div>	<div><input type="checkbox"/> Participants are discharged with no assessment of needs or plan for follow up services</div> <div><input type="checkbox"/> Discharge summaries are missing or do not summarize the course of treatment</div> <div><input type="checkbox"/> Discharge planning does not reflect participant and staff collaboration</div>

FEEDBACK TO PROVIDER: Utilizing the Standards of Care criteria identified above, please provide specific feedback to the provider regarding whether the discharge planning protocols demonstrate a patient-centered treatment approach.

SECTION 1: 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 <i>(in a Medically Supervised Outpatient Service, the admission date is the date of the first clinical service provided following the decision to admit; in a Medically Managed Service, Medically Supervised Inpatient Service, and Medically Monitored Service, it is the date of the first overnight stay following the initial determination)</i> recorded in the patient case records? [810.14(e)(6)]						✓ ____ x ____	
F.2. Is the discharge disposition reported to OASAS consistent with documentation in the patient case records? [810.14(e)(6)]						✓ ____ x ____	
F.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)(6)]						✓ ____ x ____	
Number of Applicable Questions Subtotal							Patient Case Records Subtotal

SECTION 1: PATIENT CASE RECORDS (EXAMINED BUT NOT ADMITTED)						TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	✓ = yes x = no	From Scoring Table
G. MEDICALLY EXAMINED BUT NOT ADMITTED						✓ _____ x _____	
G.1. If an individual does not meet admission criteria for the withdrawal and stabilization service, was a referral made to a service that can meet the individual's treatment needs, unless the individual is already receiving substance use disorder services from another provider? [816.5(h)(8)]							
G.2. Is there documentation, that the individual who did not meet admission criteria, was informed of the reason? [816.5(h)(8)]							
Number of Applicable Questions Subtotal					Patient Case Records Subtotal		
Number of Applicable Questions Total					Patient Case Records Total		

SECTION 2: SERVICE MANAGEMENT		YES	NO	SCORE
A. POLICIES AND PROCEDURES				
A.1. Does the program have policies and procedures, approved by the program sponsor, which include:				
a.	Procedures and specific criteria for admission, retention, level of care transition(s), referrals, and discharge)? [816.5(c)(1)]	a.		
b.	level of care determinations utilizing a tool approved by OASAS to determine the appropriate level of care, treatment/recovery plans, and placement services? [816.5(c)(2)]	b.		
c.	staffing for sufficient coverage and task designation? [816.5(c)(3)]	c.		
d.	the provision of medical services, including screening and referral for associated physical conditions? [816.5(c)(4)]	d.		
e.	the provision of mental health services, including the use of OASAS approved, validated screening instruments for co-occurring mental health conditions and behavioral health risks, including suicide risk, and referral for associated mental health conditions? [816.5(c)(5)]	e.		
f.	the provision of evidence-based SUD treatment services, including group and individual psychosocial treatment, that are person-centered, strength-based, and trauma-informed? [816.5(c)(6)] [816.5(j)(3)(i)]	f.		
g.	procedures for the coordination of care with other service providers including transfers, emergency care and transport? [816.5(c)(7)]	g.		
h.	a schedule of fees for services rendered? [816.5(c)(8)]	h.		
i.	infection control procedures? [816.5(c)(9)]	i.		
j.	cooperative agreements with other SUD treatment service providers or other providers of services that a patient may need? [816.5(c)(10)]	j.		
k.	compliance with other requirements of applicable local, state, and federal laws and regulations, OASAS guidance documents and standards of care regarding, but not limited to: (i) education, counseling, prevention, and treatment of communicable diseases, including tuberculosis, viral hepatitis, sexually transmitted infections, and HIV; regarding HIV, such education, counseling, prevention, and treatment shall include condom use, testing, pre- and post-exposure prophylaxis, and treatment; (ii) the use toxicology tests consistent with OASAS guidance; (iii) medication and the use of medication for addiction treatment; and (iv) medication policies must ensure the appropriate continuation of medically appropriate and lawfully prescribed medication(s) taken by the patient prior to admission? [816.5(c)(11)]	k.		
l.	record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with state and federal confidentially rules including 42 CFR Part 2? [816.5(c)(12)] (NOTE: Patient records must be retained for ten (10) years after the date of discharge or last contact, or three (3) years after the patient reaches the age 18, whichever time period is longer. [800.5(d)])	l.		
m.	medical and nursing procedures consistent with professional practice? [816.5(c)(14)]	m.		
n.	pharmacological services including storage and dispensing of medication pursuant to applicable state and federal regulations? [816.5(c)(15)] ➡ QUALITY INDICATOR	n.		
o.	laboratory testing protocols, including alcohol screening and toxicology tests, such as breath tests and urine screening? [816.5(c)(16)] ➡ QUALITY INDICATOR	o.		
p.	toxicology policy? [816.5(c)(17)]	p.		
q.	incident reporting and review in accordance with this Title? [816.5(c)(18)]	q.		
r.	screening of patients and visitors and the disposal of any items that create an unsafe environment? [816.5(c)(19)] (NOTE: programs must implement policies and procedures to prevent and address the presence of items that create an unsafe environment in a manner that is trauma-informed, person-centered, respectful of patient and visitor dignity, and that reasonably balances the well-being and the health and safety of all patients in the program.)	r.		
Number of Applicable Questions Subtotal			Service Management Subtotal	

SECTION 2: SERVICE MANAGEMENT				YES	NO	SCORE
A. POLICIES AND PROCEDURES (cont'd)						
A.2. ➡ QUALITY INDICATOR Does the program have medical policies, procedures and ongoing training developed by the medical director for matters such as: <ul style="list-style-type: none">• routine medical care;• specialized services;• specialized medications;• medical and psychiatric emergency care; and• screening for, and reporting of, communicable diseases? [800.3(h)(1)(ii)]						
A.3. Do the consent for release of confidential information forms contain the following necessary elements as stipulated in the Federal confidentiality regulations: <ul style="list-style-type: none">• the name or general designation of the service(s) making the disclosure;• the name of the individual or organization that will receive the disclosure;• the name of the patient who is the subject of the disclosure;• the purpose or need for the disclosure;• how much and what kind of information will be disclosed;• a statement that the patient may revoke the consent at any time, except to the extent that the service has already acted in reliance on it;• the date, event, or condition upon which the consent expires if not previously revoked;• the signature of the patient (and/or other authorized person); and• the date on which the consent is signed? [42 CFR § 2.31]						
B. UTILIZATION REVIEW AND QUALITY IMPROVEMENT						
B.1. ➡ QUALITY INDICATOR Does the program have a: <ul style="list-style-type: none">• utilization review process;• quality improvement process; and• written plan that identifies key performance measures? [816.5(c)(13)] BASIC Joint Review: PRU completes this question ADMINISTRATIVE Joint Review: Corresponds to RO SRI Administrative Section 6 Question 9 - RO completes and informs PRU						
B.2 Are all multi-disciplinary team meetings documented as follows: <ul style="list-style-type: none">• date;• attendance;• cases reviewed; and• recommendations? [816.5(k)(3)(vii)] (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.)						
Number of Applicable Questions Subtotal				Service Management Subtotal		

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
C. OPERATIONAL REQUIREMENTS			
C.1. ➔ QUALITY INDICATOR Is this site certified for the types of services currently being provided? [810.6(a)(3)] • Services the site is certified to provide: _____ • Services the site is not certified to provide: _____			
C.2. Does the program operate within its certified capacity? [816.5(f)] (REVIEW GUIDANCE: Review the last six months.) • Certified Service Capacity: _____ • Current Service Census: _____			
C.3. ➔ QUALITY INDICATOR Does the program maintain an emergency medical kit at each location which includes basic first aid supplies and at least one naloxone emergency overdose prevention kit such that it is available for use during all program hours of operation? [816.5(g); 800.4(l)] Corresponds to RO SRI Program Environment Question 13 - RO completes and informs PRU			
C.4. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(e)(8)] (NOTE: Federal Regulation 42 CFR § 2.16(a) states that records must be kept in a secure room, locked file cabinet, safe or other similar container.)			
C.5 Does the program maintain the command-and-control document, with either the Board Chair or CEO signature, and a log, with Executive Director signature, acknowledging the annual review of Emergency Preparedness protocols? [OASAS Local Service Bulletin 2019-06] (NOTE: the command-and-control document is generated by the respective organization with the signature of either the Board Chair and or CEO affirming review and approval of Emergency Preparedness protocols.)			
C.6 Does the program have a formal agreement with at least one Opioid Treatment Program (OTP) certified by the Office to facilitate patient access to full opioid agonist medication, if clinically appropriate? [816.5(j)(2)(ii)] (NOTE: Such agreements shall address the program and the OTPs responsibilities to facilitate patient access to such medication in accordance with guidance issued by the Office.)			
Number of Applicable Questions Subtotal			Service Management Subtotal

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
D. OASAS REPORTING			
D.1. ➡ QUALITY INDICATOR Have data reports (PAS-46N & PAS-48N) been submitted to OASAS timely and reflect accurate admission and discharge transactions? [810.14(e)(7)] <i>(REVIEW GUIDANCE: Prior to on-site review, obtain a copy of the Client Crisis Services Report and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-46N must be submitted within 30 days of the clinical transaction; PAS-48N must be submitted by the 10th day of the month following the report month) of data submission and overall consistency for the previous six months.)</i>			
E. STAFFING (Complete Personnel Qualifications Work Sheet)			
E.1. Is there a qualified individual on staff designated as the health coordinator , to ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV, TB, viral hepatitis, sexually transmitted infections, and other communicable diseases? [816.5(n)(3)] <i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 8 - RO completes and informs PRU</i>			
E.2. Does the program make available regular, scheduled, and documented training in the following areas: <ul style="list-style-type: none">• diagnosing substance use disorder and other addictive disorders;• signs and symptoms of withdrawal from all classes of substances;• complications of withdrawal from all classes of substances;• public health education and screening with regard to TB, sexually transmitted infections, viral hepatitis, and HIV prevention and harm reduction; and• certification in cardiopulmonary resuscitation from the American Red Cross, the American Heart Association, or an equivalent nationally recognized organization within one year of hire, to be renewed as needed? [816.5(n)(2)(i-v)] 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”.			
► MEDICAL DIRECTOR			
E.3. ➡ QUALITY INDICATOR Is the medical director of the service a physician licensed and currently registered as such by the New York State Education Department and has at least one year of education, training, and/or experience in substance use disorder services? [800.3(h)(1)] ► ► ► RED FLAG DEFICIENCY if no physician on staff. ◀ ◀ ◀			
E.4. 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 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;• 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(h)(1)(i-vi)] (NOTE: Documentation might be found in job description, policies and procedures, supervision minutes, etc.)			
Number of Applicable Questions Subtotal		Service Management Subtotal	

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
E.5. ➔ QUALITY INDICATOR Does the medical director hold: <ul style="list-style-type: none">a board certification in addiction medicine from a certifying entity appropriate to their primary or specialty board certification and;a Federal DATA 2000 waiver (buprenorphine-certified)? [800.3(h)(2)] <i>(NOTE: Physicians may be hired as probationary medical directors if not so board certified but must obtain board certification within four (4) years of being hired.)</i>			
E.6. Do all doctors, physician assistants and nurse practitioners employed hold a Federal DATA 2000 waiver (buprenorphine-certified)? [800.6(d)]			
E.7. In a Medically Managed Service , is the physician on-duty or on-call at all times? [816.6(c)(2)]			
► SERVICE DIRECTOR			
E.8. ➔ QUALITY INDICATOR In a Medically Supervised Inpatient Service and in a Medically Supervised Outpatient Service , is the program director a QHP with at least two years of full-time clinical work experience in the substance use disorder treatment field prior to appointment as service director? [816.7(b); 816.8(c)(1)] <i>(NOTE: The director may also serve as director of another service provided by the same program sponsor.)</i>			

Number of Applicable Questions Subtotal

Service Management Subtotal

STANDARDS OF CARE: Clinical Supervision		
Clinical Supervision should address the following: <ul style="list-style-type: none">Person-Centered CareTrauma Informed practicesStrength Based servicesRecovery Oriented Systems of CareEvidenced Based PracticesDiagnostic assessmentEvaluationInterventionReferralIndividual substance use disorder counselingGroup substance use disorder counselingCrisis management		
Exemplary <ul style="list-style-type: none"><input type="checkbox"/> Clinical Supervision should be provided by staff with appropriate levels of training and education who are strength-based and trauma informed, and possess demonstrated experience in delivering chemical dependency treatment services for each element of care<input type="checkbox"/> Individual and group supervision sessions result in the identification of individual and agency-wide training needs, policy and procedure reviews, etc<input type="checkbox"/> The agency demonstrates an ongoing training program in evidence-based practices (EBPs), and most staff have received training in one or more EBPs<input type="checkbox"/> All clinicians will have completed FIT or equivalent training to address co-occurring needs of the population	Adequate <ul style="list-style-type: none"><input type="checkbox"/> Clinical supervision by appropriate leadership staff on a regular basis for all clinicians is provided and documented<input type="checkbox"/> The frequency of supervision is dependent upon the acuity of service<input type="checkbox"/> The frequency of supervision is increased for new vs. experienced staff.<input type="checkbox"/> Provision is made for prompt supervision in times of crisis or increased need, clinicians demonstrate knowledge of the method to request ad hoc supervision, and there is evidence that this has been used<input type="checkbox"/> Issues or needs identified related to staff performance are addressed in supervision, training, or by other methods<input type="checkbox"/> Regularly scheduled clinical in-service training is provided by the agency and staff attendance is documented	Needs Improvement <ul style="list-style-type: none"><input type="checkbox"/> Clinical supervision is not provided on a regular basis (per policy)<input type="checkbox"/> All clinicians, regardless of experience, have the same level of supervision.<input type="checkbox"/> Supervisory sessions appear to deal more with administrative than clinical matters<input type="checkbox"/> Clinical supervision occurs only in groups, not individually<input type="checkbox"/> There is minimal evidence of staff training<input type="checkbox"/> No performance evaluation system or other methods to assess and evaluate staff performance are evident
FEEDBACK TO PROVIDER: Utilizing the Standards of Care criteria identified above, in conjunction with the clinical supervision policy, supervision minutes, and staff interviews, please provide specific feedback to the provider regarding whether clinical supervision is provided appropriately.		

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
► MEDICAL/NURSING COVERAGE			
E.9. In a Medically Managed Service , is there a physician, nurse practitioner and/or physician assistant under the supervision of a physician, on-site sufficient hours to perform the initial medical history and physical examination of all patients and to prescribe any and all necessary medications necessary to ensure safe withdrawal? [816.6(c)(3)]			
E.10. In a Medically Managed Service , are all nursing services under the direction of a registered professional nurse (or nurse practitioner) with at least one year of experience in the nursing care and treatment of substance use disorders and related medical and psychiatric illnesses? [816.6(c)(4)]			
E.11. ► QUALITY INDICATOR In a Medically Managed Service , are there registered nursing personnel immediately available to all patients at all times? [816.6(c)(4)]			
E.12. In a Medically Managed Service , are there sufficient hours of psychiatric provider time to meet the assessment and treatment needs of those patients with other psychiatric disorders in addition to substance use disorders? [816.6(c)(5)]			
► COUNSELOR-TO-PATIENT RATIO			
E.13. ► QUALITY INDICATOR In a Medically Managed Service , does the counselor to patient bed ratio meet the minimum standard of 1:10 [one FTE counselor for every 10 patient beds]? [816.6(c)(6)] (Number of current active patients _____ ÷ Number of current FTE counselors _____ = 1: _____)			
► CLINICAL STAFF/COUNSELOR REQUIREMENTS			
E.14. Are at least 50 percent of all clinical staff QHPs? [816.5(c)(3)]			
E.15. In a Medically Managed Service are counseling staff scheduled at least one- and one-half shifts per day, seven days per week? [816.6(c)(6)]			
E.16. In a Medically Managed Service , is there at least one FTE QHP designated to provide discharge and treatment/recovery planning? [816.6(c)(7)]			
Number of Applicable Questions Subtotal			Service Management Subtotal

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
F. JUSTICE CENTER (For F.1. & F.2., review a sample of 5 applicable program employees)			
<p>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)]</p> <p>(NOTE: A copy should be maintained in the employee personnel file.) Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 4 - RO completes and informs PRU</p>			
<p>F.2. ➔ QUALITY INDICATOR 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:</p> <ul style="list-style-type: none">• an <i>Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check</i> (TRS-52) signed and dated by the applicant? [805.5(d)(3)]• documentation verifying that the Staff Exclusion List was checked? [702.5(b)]• documentation verifying that the Statewide Child Abuse Registry was checked? [Social Services Law 424-a(b)]• documentation verifying that a criminal background check was completed? [805.7(f)] <p>(NOTE: All hospital-based Article 28 providers are exempt from these requirements.) Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 2 - RO completes and informs PRU</p>			
G. SERVICES			
<p>G.1. Is there documentation that the program provides onsite medical, mental health and substance use disorder services as well as screening, linkages, and referral to other specialized providers of physical and behavioral health services if such services cannot be provided by the withdrawal and stabilization program? [816.5(b)(1)]</p>			
Number of Applicable Questions Subtotal		Service Management Subtotal	

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
G. SERVICES (cont'd)			
G.2. Does the program keep individual case records for each patient who is admitted and provided service which include: <ul style="list-style-type: none">identifying information about the patient and their family;the source of referral, date of commencing service, and names of clinical staff who have primary responsibility for the patient's care;a notation that the patient received a copy of the program's rules and regulations, including patient's rights consistent with Part 815 of this Title and a summary of the federal confidentially requirements, that such rules and regulations were discussed with the patient, including their ability to designate individuals to be notified in case of an emergency, and that the patient indicated they understood them;the admission diagnosis, including substance-related, medical, and psychiatric diagnoses in official nomenclature with associated diagnostic codes in the most recent version of the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD);any clinical and non-clinical documentation or determination applicable to the delivery of withdrawal and stabilization treatment services for a patient and/or supporting the patient's evolving recovery treatment/recovery plan;the individual treatment/recovery plan and all reviews and updates thereto through progress notes;reports of all assessments performed, including findings and conclusions;reports of all examinations performed, including but not limited to X-rays and/or other imaging studies, clinical laboratory tests, clinical psychological tests, electroencephalograms, and psychometric tests;documentation of public health education and screening with regard to tuberculosis, sexually transmitted infections, hepatitis, and HIV prevention and harm reduction;summaries of case conferences, and special consultations held;dated and signed prescriptions or orders for all medications with notation of termination dates;documentation that the patient, and their family/significant other(s), were offered overdose prevention education, naloxone education and training and a naloxone kit or prescription;documentation should include, if applicable, the reasons why overdose prevention education, naloxone education and training, and/or a naloxone kit or prescription were not offered or the reasons why the patient declined overdose prevention, naloxone education and training and/or a naloxone kit or prescription.the discharge plan;any other documents or information regarding the patient's condition, treatment, and results of treatment; andsigned forms consenting to treatment and for obtaining or releasing confidential information in accordance with 42 Code of Federal Regulations Part 2 or other applicable law? [816.5(m)(1)(i-xvi)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if eight or more elements are missing, enter a score of "0".			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT		YES	NO	SCORE
H. TOBACCO-USE IN ADULT SERVICES (TOBACCO-LIMITED or TOBACCO-FREE)				
<p>H.1. Does the tobacco-limited program (if applicable) have written policies and procedures, approved by the program sponsor, which address: defines the parts of the facility and vehicles where tobacco use is not permitted;</p> <ul style="list-style-type: none">• defines designated areas on facility grounds where limited use of certain tobacco products by patients is permitted in accordance with guidance issued by the Office and Public Health Law Section 1399-O;• use of nicotine delivery systems by patients shall not be permitted;• use of tobacco products and/or nicotine delivery devices by family members and other visitors shall not be permitted in the facility, on facility grounds or in facility vehicles;• limits tobacco products that patients can bring, and that family members and other visitors can bring to patients admitted to the program to closed and sealed packages of cigarettes; (inpatient only)• requires all patients, staff, volunteers, and visitors be informed of the tobacco-limited policy including posted notices and the provision of copies of the policy;• establishes a policy prohibiting staff and volunteers from using tobacco products or nicotine delivery systems when they are on the site of the program, from purchasing tobacco products or nicotine delivery systems for, or giving tobacco products or nicotine delivery systems to patients, and from using tobacco products or nicotine delivery systems with patients;• describes employee assistance programs and other programs that will be made available to staff who want to stop using tobacco products, nicotine delivery systems, or other nicotine-containing products;• establishes evidence-based harm reduction and cessation treatment modalities for patients who use tobacco products or nicotine delivery systems, in accordance with guidance from the Office;• establishes a policy prohibiting patients from using tobacco products during program hours except for the limited use of certain tobacco products in designated areas of the facility grounds at designated times, in accordance• with guidance issued by the Office;• describes required annual training for staff, including clinical, non-clinical, administrative and volunteers about tobacco products, nicotine dependence, and tobacco use disorder that is sufficient for the program to operate a holistic approach to tobacco use disorder that is evidenced in progress notes, policies and procedures, perception of care, and outcomes;• describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers, and others;• establishes procedures, including a policy to address patients who continue to use or return to use of tobacco products or nicotine delivery systems. [856.5(a)] <p>NOTE: Tobacco-limited services must submit an attestation form to the Office of the Chief Medical Office attesting that their tobacco-limited policies and procedures meet the criteria outlined in Tobacco-Limited Services guidance.</p> <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”. Corresponds to RO SRI Program Environment Question 2 - RO completes and informs PRU</p>				
Number of Applicable Questions Subtotal			Service Management Subtotal	

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
H. TOBACCO-USE IN ADULT SERVICES (TOBACCO-LIMITED or TOBACCO-FREE) (cont'd)			
<p>H.2. Does the tobacco-free program (if applicable) have written policies and procedures, approved by the program sponsor, which address:</p> <ul style="list-style-type: none">• defines the parts of the facility and vehicles where tobacco use is not permitted;• requires all patients, staff, volunteers, and visitors be informed of the tobacco free policy including posted notices and the provision of copies of the policy;• establishes a policy prohibiting staff and volunteers from using tobacco products or nicotine delivery systems when they are on the site of the program, from purchasing tobacco products or nicotine delivery systems for, or giving tobacco products or nicotine delivery systems to patients, and from using tobacco products or nicotine delivery systems with patients;• describes employee assistance programs and other programs that will be made available to staff who want to stop using tobacco products, nicotine delivery systems, or other nicotine-containing products;• establishes evidence-based harm reduction and cessation treatment modalities for patients who use tobacco products or nicotine delivery systems, in accordance with guidance from the Office• prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the program;• describes required annual training for staff, including clinical, non-clinical, administrative and volunteers about tobacco products, nicotine dependence, and tobacco use disorder that is sufficient for the program to operate a holistic approach to tobacco use disorder that is evidenced in progress notes, policies and procedures, perception of care, and outcomes;• describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers, and others;• establishes procedures, including a policy to address patients who continue to use or return to use of tobacco products or nicotine delivery systems. [856.5(a)] <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”. Corresponds to RO SRI Program Environment Question 2 - RO completes and informs PRU</p>			
<p>H.3. Does the program adhere to each of its tobacco-free policies, as identified above? [856.5(a)] Corresponds to RO SRI Program Environment Question 2 - RO completes and informs PRU</p>			
I. PATIENT RIGHTS POSTINGS			
<p>I.1. Are statements of patient rights and responsibilities, including the toll-free hotline numbers of the Justice Center Vulnerable Persons' Central Register [1-855-373-2122] and the OASAS Patient Advocacy [1-800-553-5790] posted prominently and conspicuously throughout the facility? [815.4(a)(2)]</p> <p>(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.) Corresponds to RO SRI Program Environment Question 12 - RO completes and informs PRU</p>			
<p>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)]</p> <p>(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.) Corresponds to RO SRI Program Environment Question 12 - RO completes and informs PRU</p>			

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
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)] (NOTE: Facilities with an on-site pharmacy require a Class 3 Institutional Dispenser license.) Corresponds to RO SRI Program Environment Question 10 - RO completes and informs PRU			
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". Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 1 - RO completes and informs PRU			
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)] Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 5 - RO completes and informs PRU			
Number of Applicable Questions Subtotal			Service Management Subtotal

SECTION 2: SERVICE MANAGEMENT		YES	NO	SCORE
L. PRIORITY OF ADMISSIONS				
▶ ▶ ▶ THE FOLLOWING QUESTION APPLIES TO ALL PROVIDERS ◀ ◀ ◀				
<p>L.1. Does the program have written policies and procedures, approved by the program sponsor, which establish immediate admission preference in the following order:</p> <ul style="list-style-type: none">• pregnant persons;• people who inject drugs;• parent(s)/guardian(s) of children in or at risk of entering foster care;• individuals recently released from criminal justice settings; and• all other individuals? [800.5(b)] <p><i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i></p>				
M. 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 REGIONAL OFFICE.				
<p>M.1. 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]</p> <p><i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i></p>				
<p>M.2. For an OASAS-funded provider that treats injecting drug abusers, does the program have a written policy to:</p> <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> <p><i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i></p>				
Number of Applicable Questions Subtotal		Service Management Subtotal		

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
M. SAPT BLOCK GRANT REQUIREMENTS (if applicable) (cont'd)			
M.3. 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); andmaintain contact with individuals on wait list? [45 CFR Part 96] <i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i>			
M.4. 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; andwithin 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] <i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i>			
M.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">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 childcare 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; andprovide or arrange for case management and transportation services to ensure women and their children can access treatment services? [45 CFR Part 96] <i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i>			
M.6. 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; andinclude 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] <i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i>			

Number of Applicable Questions Subtotal

Service Management Subtotal

Number of Applicable Questions Total

Service Management Total

SECTION 3: 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; andin 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">Examples: inoperable fire alarm; broken boiler; blocked egress; inoperable toilet; mold or mildew; etc.Minor Facility Issue – REVIEWER’S NOTE ISSUED; Provider must submit acceptable CAP to receive Operating Certificate.<ul style="list-style-type: none">Examples: poor lighting; threadbare carpet; broken outlet covers; holes in wall; inadequate furnishings; etc.Facility Recommendation – RECOMMENDATION NOTE ISSUED; Provider must work with Regional Office to address recommendation.<ul style="list-style-type: none">Examples: eventual replacement of boiler or roof; construction; etc.				
Number of Applicable Questions Subtotal			Facilities Subtotal	

STANDARDS OF CARE: Physical Environment		
<p>Exemplary</p> <ul style="list-style-type: none"><input type="checkbox"/> Premises support a trauma informed environment that promotes emotional and physical safety, openness, and respect. (i.e. consciousness of male to female ratios, quiet space)<input type="checkbox"/> The environment is welcoming and attractive (for example: comfortable furniture, beverages in the waiting area, up to date reading materials, and decorated offices) to the age groups and cultural groups served at the facility<input type="checkbox"/> The premises are decorated and furnished in a welcoming manner specific to the prevalent cultural groups served at the facility<input type="checkbox"/> A waiting area is available for children/families<input type="checkbox"/> The program has materials promoting recovery and sharing success stories available in the waiting area<input type="checkbox"/> Outcomes from Participant Satisfaction surveys, suggestion boxes and complaints are displayed prominently including the actions taken by the provider to improve services based on participant feedback	<p>Adequate</p> <ul style="list-style-type: none"><input type="checkbox"/> The premises are maintained in a clean condition and are welcoming<input type="checkbox"/> Individual counseling space and group rooms ensure confidentiality<input type="checkbox"/> A sufficient number of restrooms are available for use by recipients and staff<input type="checkbox"/> Participant living space - square footage; is responsive to the participants medical, mental health, physical status, and gender identification<input type="checkbox"/> Comfortable temperatures are maintained in all areas of the clinic<input type="checkbox"/> In waiting rooms, offices and throughout the building, literature, photos, reading material and toys are reflective of the populations served. These materials should be up to date, maintained and safe	<p>Needs Improvement</p> <ul style="list-style-type: none"><input type="checkbox"/> The premises need extensive maintenance to ensure a comfortable place to receive services<input type="checkbox"/> Literature, photos, reading material and toys are not reflective of the population served and those using the waiting area<input type="checkbox"/> Negative messages such as “all cell phones will be confiscated” or “no packages can be dropped off for participants in treatment” are posted in the waiting and reception areas<input type="checkbox"/> The physical plant cannot contain the staff and participants in the space allocated. (i.e. insufficient group rooms, lack of privacy, etc.)
<p>FEEDBACK TO PROVIDER: Utilizing the Standards of Care criteria identified above, please provide specific feedback to the provider regarding whether the premises support a trauma informed environment that promotes safety, openness, and respect.</p>		

SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY	YES	NO	SCORE
A. FACILITY REQUIREMENTS (cont'd)			
A.2. Are current and accurate facility floor plans maintained on site and, upon request, provided to OASAS? [814.5(b)] <i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i>			
A.3. Do all spaces where counseling occurs afford privacy for both staff and patients? [814.4(c)(1)] <i>(NOTE: With or without the use of sound generating devices, voices should not be transmitted beyond the counseling space.)</i> <i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i>			
A.4. Are separate bathroom facilities made available to afford privacy for males and females? [814.4(c)(2)] <i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i>			
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)] <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> <i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i>			
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)] <i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i>			
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; andthe length of time for each evacuation? [814.4(b)(1)(i)] <i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i>			
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)] <i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i>			
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)]			
Number of Applicable Questions Subtotal			Facilities Subtotal

SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY		YES	NO	SCORE
B. GENERAL SAFETY (cont'd)				
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)] <i>(NOTE: Such training must be maintained on site for review.)</i>				
Maintenance and testing of hard wired (permanently installed) fire alarm systems, fire extinguishers, and heating systems must be conducted by a certified vendor; documentation must be maintained on-site.				
B.6. Is there documentation maintained of annual inspections and testing of the fire alarm system (including battery operated smoke detectors and sprinklers)? [814.4(b)(4)] ▶▶▶ RED FLAG DEFICIENCY if Fire Alarm System is not operational at the time of the review. ◀◀◀				
B.7. Is there documentation maintained of annual inspections and testing of fire extinguishers? [814.4(b)(4)]				
B.8. Is there documentation maintained of annual inspections and testing of emergency lighting systems? [814.4(b)(4)]				
B.9. Is there documentation maintained of annual inspections and testing of illuminated exit signs? [814.4(b)(4)]				
B.10. Is there documentation maintained of annual inspections and testing of environmental controls (e.g., HEPA filter)? [814.4(b)(4)]				
B.11. Is there documentation maintained of 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.			
Section 1: Patient Case Records				Section 2: Service Management			
QUESTION #	ISSUE		SCORE	QUESTION #	ISSUE		SCORE
1 ► A.3.	level of care determinations			1 ► A.1.n.	medical policies re: pharmacological services		
2 ► B.1.	medical evaluations w/in 24 hrs.-admission			2 ► A.1.o.	medical policies re: laboratory testing protocols		
3 ► B.2.	initial assessments w/in 24 hrs.-admission			3 ► A.2.	medical and/or nursing policies/procedures		
4 ► C.1.	Tx/recovery care plans w/in 24 hrs.-admission			4 ► B.1.	utilization review/quality improvement		
5 ► C.2.	Tx/recovery care plan signatures			5 ► C.1.	all services are certified		
6 ► C.5.	coordination of care			6 ► C.3.	naloxone emergency overdose prevention kit		
7 ► C.8.	Tx/recovery care plan reviewed/progress notes			7 ► D.1.	monthly reporting		
8 ► D.1.	progress note requirements			8 ► E.3.	Medical Director is physician [RED FLAG]		
9 ► D.2.	progress note time frames			9 ► E.5.	Medical Director has DATA 2000 waiver		
10 ► E.1.	discharge plan approval			10 ► F.2.	Justice Center background checks		
# of questions ►		Quality Indicator Total Score ►		Additional Quality Indicator ► Medically Supervised Inpatient and Outpatient Services			
				11 ► E.8.	program director requirements		
				Additional Quality Indicators ► Medically Managed Services			
				12 ► E.11.	nursing personnel available		
				13 ► E.13.	counselor to patient bed ratio – 1:10; 1:15		
				# 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 (Section 2; E.3.)
☐ Fire Alarm not operational (Section 3; 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 medical director. (example: Dr. Carol Granger - Medical Director; Joe Smith - Counselor Assistant)	
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.	
SUD Counselor Scope of Practice ▶	Enter the code for the Career Ladder Counselor Category for each employee.	<div><div>A = Counselor Assistant B = CASAC Trainee C = Provisional QHP D = CASAC</div><div>E = CASAC Level 2 F = QHP (other than CASAC) G = Advanced Counselor H = Master Counselor</div></div>
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 - 09/30/22; CASAC Trainee #123 - 07/15/19; LCSW #321 - 11/15/20; MD #7890 - 06/30/21)	

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	Number of Weekly Hours Dedicated to this Operating Certificate	Work Schedule	Education	Experience	Hire Date	SUD Counselor Scope of Practice (ENTER CODE)	QHP	License/Credential #	Verified (Office Use Only)
Employee Title								Expiration Date	
									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential
									<input type="checkbox"/> Code <input type="checkbox"/> JC <input type="checkbox"/> Credential
									<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 and verify that each staff member meets the requirements for the level they are functioning in. 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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