NEW YORK STATE | **Office of Alcoholism and Substance Abuse Services**

DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

BUREAU OF STANDARDS COMPLIANCE

Regulatory Compliance Site Review Instrument
Prevention Counseling Programs
QA-3S
(Applicable to Prevention Counseling Programs)

PART I --- PARTICIPANT 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

PARTICIPANT CASE RECORDS INFORMATION SHEET	
Identification Number ►	Enter the Identification Number for each case record reviewed.
First Name ►	Enter the first name of the participant for each case record reviewed.
Last Name Initial ►	Enter the first letter of the last name of the participant for each case record reviewed.
Comments ►	Enter any relevant comments for each case record reviewed.

PARTICIPANT CASE RECORDS SECTION	
Participant Record Number Column ►	Enter a ✓ or an ✕ in the column that corresponds to the Participant Record Number from the **PARTICIPANT CASE RECORDS INFORMATION SHEET**. Enter a ✓ in the column when the program is found to be **in compliance**. ➢ For example: The Participant Services Plan *was* completed within 20 days of admission -- Enter a ✓ in the column. Enter an ✕ in the column when the program is found to be **not in compliance**. ➢ For example: The Participant Services Plan *was not* completed within 20 days of admission -- Enter an ✕ in the column.
TOTAL ►	Enter the total number of ✓'s (**in compliance**) and the total number of ✕'s (**not in compliance**) in the **TOTAL** column.
SCORE ►	Divide the total number of ✓'s (**in compliance**) by the total items scored (sum of ✓'s and ✕'s) and, utilizing the **SCORING TABLE** below, enter the appropriate score in the **SCORE** column. ➢ For example: Ten records were reviewed for Participant Services Plans. Eight records were in compliance. Divide eight by ten, which gives you 80%. Refer to the scoring table, which indicates that 80% - 89% equals a score of 2 -- Enter **2** in the **SCORE** column.

SERVICE MANAGEMENT SECTION	
YES ►	Enter a ✓ in the **YES** column when the program is found to be **in compliance**. ➢ For example: The program *has* submitted a prospective OASAS Workplan -- 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 *has not* submitted a prospective OASAS Workplan -- 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**

PARTICIPANT CASE RECORDS INFORMATION SHEET

ACTIVE RECORDS

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

INACTIVE RECORDS

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

INACTIVE RECORDS (Assessed 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. PARTICIPANT CASE RECORDS (Active)											TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
NOTE: A provider may redesign OASAS forms PAS-64 through PAS-67b to meet its special needs provided all the required data elements of the NYS OASAS forms are included in the proposed equivalent form. The proposed equivalent forms must be approved in writing by OASAS; the approval exists as long as no further modifications are made to the approved forms(s) [§VIII: G.9.]												
A. ADMISSIONS												
NOTE: Dates are located on the form (PAS-64) assessment/admission #1												
Date of 1st Assessment Visit ▶												
Date of 2nd Assessment Visit ▶												
Date of 3rd Assessment Visit ▶												
A.1. Has the individual receiving Prevention Counseling undergone an initial assessment to identify the circumstances contributing to the participant's referral to Prevention Counseling? ***[§VIII: C.]*** ***(Form: PAS-64)***											✓ ____ ✕ ____	
A.2. ➡ *QUALITY INDICATOR* Has a disposition regarding the appropriateness of admission to Prevention Counseling and/or other types of prevention or referral services been made within up to three (3) sessions over a twenty (20) school/work/business day period? ***[§VIII: C.]*** ***(Form: PAS-64, question B3)***											✓ ____ ✕ ____	
A.3. ➡ *QUALITY INDICATOR* Does the admission assessment document at least one of the following admission criteria: • current (within the last 30 days) substance use or gambling; **OR** • consequences related to substance use or gambling; **OR** • family history of substance abuse or problem gambling; **OR** • a high level of risk on **at least two** of the following risk factors: ○ Peers engaged in substance use or gambling; ○ Favorable attitudes toward substance use or gambling; ○ Early initiation of substance use or gambling; ○ Early initiation of the problem behavior (grades K-5); ○ Depressive symptoms; ○ Family management problems; and ○ Family conflict? ***[§VIII: D.]*** ***(Form: PAS-64, question C2 a-d)***											✓ ____ ✕ ____	
										Number of Applicable Questions Subtotal		Case Records Subtotal

I. PARTICIPANT CASE RECORDS (Active)											TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
A. ADMISSIONS (cont'd)												
A.4. If the participant displays the characteristics consistent with the criteria for substance abuse disorders, or gambling disorder, was a referral for an evaluation for treatment made? ***[§VIII: D.]*** ***(Form: PAS-64, question B2 or B3)***											✓ ____ ✕ ____	
Date of admission ▶												
A.5. Is there a notation in the case record that upon admission, the following were reviewed with the participant and that the participant indicated that he/she understood them: • the Prevention Counseling program's rules; • standards for admission, retention, discharge; and • confidentiality regulations (42 CFR Part 2 for substance abuse, HIPAA for problem gambling)? ***[§VIII: F.10.]*** ***(NOTE: Participants must receive written notice informing them of the existence of 42 CFR Part 2 and HIPAA and be advised how the program will use and disclose the information collected about them.)*** ***(NOTE: Examples of evidence include: signature page signed and dated prior to or upon admission; progress note; notation on the form indicating that it was initiated prior to or upon admission. If the boxes are checked that is sufficient; actual copies don't need to be in chart.)*** ***(Form: PAS-64, question C6)***											✓ ____ ✕ ____	
A.6. Are the consents for release of confidential information forms completed properly? ***[§VIII: F.22. & XI & 42 CFR 2.31]***											✓ ____ ✕ ____	
								Number of Applicable Questions Subtotal				Case Records Subtotal

I. PARTICIPANT CASE RECORDS (Active)											TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
B. SERVICE PLANS												
Date of admission ▶												
Date of Participant Services Plan ▶												
B.1. Was a Participant Services Plan ***(Form: PAS-65)***: **a. ➡ *QUALITY INDICATOR*** Developed within twenty (20) school/work/business days of admission? ***[§VIII: F.1.]*** ***(NOTE: The Participant Services Plan is considered completed as of the latest dated staff signature.)*** **(Note: School based programs - use school calendar; community based programs use work/business calendar.)**											✓ ____ ✕ ____	
b. ➡ *QUALITY INDICATOR* Approved by supervisory staff? ***[§VIII: F.1.]*** ***(NOTE: Supervisor not required to be QHP.)***											✓ ____ ✕ ____	
c. ➡ *QUALITY INDICATOR* Signed and dated by the authorized staff person who completed the planning process? ***[§VIII: F.3.]***											✓ ____ ✕ ____	
B.2. Was the Participant Services Plan based on a comprehensive risk and protective factor assessment? ***[§VIII: F.1.]*** ***(Form: PAS-64, question C2 a-d)***											✓ ____ ✕ ____	
								Number of Applicable Questions Subtotal			Case Records Subtotal	

I. PARTICIPANT CASE RECORDS (Active)											TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
B. SERVICE PLANS (cont'd)												
B.3. Does the Participant Services Plan ***(Form PAS-65)***: **a.** establish behavioral indicators which address each identified problem, and/or risk factor and/or protective factor, identified during the comprehensive risk and protective factor assessment? ***[§VIII: F.1.]***											✓ ____ ✕ ____	
b. specify the behavioral results/outcomes to be achieved which shall be used to measure progress toward attainment of the stated behavioral indicators? ***[§VIII: F.1.]***											✓ ____ ✕ ____	
c. indicate the expected time frame for accomplishment of the stated behavioral indicators and results/outcomes? ***[§VIII: F.1.]***											✓ ____ ✕ ____	
d. include evidence that the participant participated in the service planning process? ***[§VIII: F.2.]*** ***(NOTE: Participation can be documented via a progress note or signature. In cases where a signature is used to document participation the participant signature needs to be dated within a reasonable (14 school/work/business days from approval) time period.)***											✓ ____ ✕ ____	
B.4. Does the Participant Services Plan include a record of referral for any ancillary support service to be provided by any other facility, a description of the nature of the service, and the results of the referral? ***[§VIII: F.1. & F.21.]*** ***(Form: PAS-65, question 7)***											✓ ____ ✕ ____	
											Number of Applicable Questions Subtotal	Case Records Subtotal

I. PARTICIPANT CASE RECORDS (Active)											TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
B. SERVICE PLANS (cont'd)												
Date of Participant Services Plan ▶												
Date(s) of Participant Services Plan review(s) ▶												
▶												
▶												
B.5. ➡ *QUALITY INDICATOR* Was the entire Participant Services Plan, once established, thoroughly reviewed and revised at least every ninety (90) calendar days? ***[§VIII: F.6.]*** ***(NOTE: 90 calendar days are counted from the latest dated staff signature on the Participant Services Plan.)*** ***(Form: PAS-65A)***											✓ ____ ✕ ____	
B.6. Was there documentation that the Participant Services Plan review was completed by the responsible Prevention Counseling staff member in consultation with the participant? ***[§VIII: F.6.]*** ***(NOTE: Participation can be documented via a progress note or signature. In cases where a signature is used to document participation the participant signature needs to be dated within a reasonable [14 school/work/business days from approval] time period.)*** ***(Form: PAS-65A)***											✓ ____ ✕ ____	
B.7. If the duration of an individual's participation in counseling has exceeded one hundred and twenty (120) calendar days, is there justification for a longer period? ***[§VIII: F.7.]*** ***(NOTE: If day 120 falls on a weekend or holiday, the documentation must be on the next school/work/business day.)***											✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Case Records Subtotal _____

I. PARTICIPANT CASE RECORDS (Active)											TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes × = no	From Scoring Table
C. DOCUMENTATION												
C.1. Are individual progress notes written, **initialed**, and dated by the responsible Prevention Counseling staff member? ***[§VIII: F.12.]*** ***(Form PAS-66)***											✓ ____ × ____	
C.2. Are group progress notes written, **signed**, and dated by the responsible Prevention Counseling staff member? ***[§VIII: F.12.]*** ***(Form: PAS-67 & PAS-67A)*** ***(NOTE: Form PAS-67B should NOT be used.)***											✓ ____ × ____	
C.3. ➡ ***QUALITY INDICATOR*** Do individual progress notes: • provide a chronology of the participant's progress related to the behavioral indicators established in the Participant Services Plan; • clearly delineate the course and results of service; and • indicate participant's involvement in all significant services that are provided? ***[§VIII: F.12.]*** ***(Form: PAS-66)***											✓ ____ × ____	
C.4. ➡ ***QUALITY INDICATOR*** Do Prevention Counseling staff have face-to-face counseling contact with each participant at least once per week (except for school vacations, holidays, and examination periods)? ***[§VIII: F.13.]*** ***(NOTE: If counseling frequency is determined to be less than weekly, a rationale must be documented in the Participant Services Plan)*** ***(NOTE: Face-to-face contact may be via individual or group sessions. Weekly contact is not once per 7 calendar days but may be scheduled Monday of first week and Friday of second week. Any interruption to the weekly face-to-face contact must be documented in a progress note.)***											✓ ____ × ____	
								Number of Applicable Questions Subtotal			Case Records Subtotal	

I. PARTICIPANT CASE RECORDS (Active)											TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
C. DOCUMENTATION (cont'd)												
C.6. Is the participant responding to counseling, meeting behavioral indicators defined in the individual's Participant Services Plan and not being disruptive to the prevention program? If not: • is this reviewed with supervisory staff; • are any decisions made documented in the participant record; and • is the Participant Service Plan revised accordingly? ***[§VIII: F.11.]*** ***(NOTE: The first part of the question allows for credit to be given if the participant IS responding to counseling. If the participant is NOT responding to counseling, 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 counseling" generally refers to documentation of numerous unexplained absences and continued non-compliance with the prevention counseling program's rules and regulations; however, the results of single or isolated incidents in this regard should not be considered as "not responding" to counseling.)***										✓ ____ ✕ ____	
C.7. ➡ *QUALITY INDICATOR* Are services provided in accordance with the Participant Services Plan? ***[§VIII: F.5.]*** ***(NOTE: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the Participant Services Plan. If there are numerous unexplained absences and a pattern of non-compliance with the service schedule, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered a citation.)***											✓ ____ ✕ ____	
										Number of Applicable Questions Subtotal		Case Records Subtotal

I. PARTICIPANT CASE RECORDS (Inactive)						TOTAL	SCORE
Participant Record Numbers ▶	#1	#2	#3	#4	#5	✓ = yes ✕ = no	From Scoring Table
D. DISCHARGE PLANNING							
NOTE: For the following question, review the participant records of five (5) successfully discharged participants.							
D.1. ➡ ***QUALITY INDICATOR*** Does the participant record contain a discharge record summary ***(Form: PAS-64B)*** which includes a description of the course and results of counseling, within twenty (20) calendar days of discharge? ***[§VIII: F.17.]*** ***(NOTE: The date of discharge should be either the date of the last face-to-face contact at the close of the counseling episode or if no contact has occurred within thirty (30) days, at the end of thirty (30) days from the last face-to-face contact.)***						✓ ____ ✕ ____	
E. ASSESSED BUT NOT ADMITTED							
NOTE: For the following question, review completed assessments of five (5) individuals who were assessed, but not admitted to the Prevention Counseling program.							
E.1. Are completed assessments for individuals NOT admitted into Prevention Counseling maintained in a central file in a secure confidential manner on-site? ***[§VIII: C.]***						✓ ____ ✕ ____	
E.2. If referrals are made for individuals NOT admitted into Prevention Counseling, are those referrals maintained in a central file in a secure confidential manner on-site? ***[§VIII: F.21.b.]***						✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Case Records Subtotal _____

Number of Applicable Questions Total _____ Case Records Total _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES			
A.1. Does the Prevention Counseling program have a written policy manual which includes the following information regarding operations which has been approved by its Governing authority:			
a. organizational chart? ***[§VI: B.]***			
b. organizational purposes/goals? ***[§VI: B.]***			
c. program days/hours of operation? ***[§VI: B.]***			
d. site locations, including hours of operation? ***[§VI: B.]***			
e. description of services provided? ***[§VI: B.]***			
f. description of supervisory process? ***[§VI: B.]***			
g. copies of all forms (internal/external) used by the program (e.g. evaluation tools, data collection forms, etc.)? ***[§VI: B.]***			
h. copies of all curricula being used by the provider? ***[§VI: B.]***			
i. description of confidentiality and/or privacy procedures? ***[§VI: B.] ➡ QUALITY INDICATOR***			
j. approved NYS OASAS Workplan? ***[§VI: B.] ➡ QUALITY INDICATOR (NOTE: OASAS Workplans are approved annually.)***			
A.2. Do the consent for release of confidential information forms contain the following necessary elements as stipulated in the Federal confidentiality regulations: • the name or general designation of the service provider(s) or person authorized to make the disclosure; • the identity of the person or organization that to which the disclosure will be made; • the name of the participant who is the subject of the disclosure; • the purpose or need for the disclosure; • the extent or nature of the information disclosed / released; • a statement that the consent may be revoked at any time, except to the extent that action has been taken in reliance on it (this statement should be eliminated where participation in counseling is a condition of release from a judicial matter and a TRS-4 issued) • a specific description of the date, event or condition upon which the consent will expire, without express revocation; • the date the consent is signed; and • the signature of the participant? ***[42 CFR § 2.31 & §XI: B.1.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".***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES (cont'd)			
A.3. Does the Prevention Counseling provider have written policies, procedures and methods governing the provision of Prevention Counseling services which address at a minimum: a. a description of each activity provided including procedures for making appropriate referrals to and from other services, when necessary? ***[§VIII: A.]***			
b. supervision of Prevention Counseling staff? ***[§VIII: A.]*** ➡ ***QUALITY INDICATOR***			
c. admission, retention, and discharge criteria? ***[§VIII: A.]*** ➡ ***QUALITY INDICATOR***			
d. identification of assessment/screening instruments used? ***[§VIII: A.]***			
e. problem identification and initial screening determination, risk factor assessment, and Participant Services Plan development? ***[§VIII: A.]*** ➡ ***QUALITY INDICATOR***			
f. record-keeping procedures that ensure that documentation is accurate, timely and prepared by appropriate staff, and that the maintenance and/or storage of active and inactive records, the release or disclosure of information and the destruction of records are performed in conformance with the Federal Confidentiality Regulations (42 CFR Part 2)? ***[§VIII: A.]***			
g. the identification of appropriate referral sources applicable for participant needs? ***[§VIII: A.]***			
h. child abuse reporting protocol? ***[§VIII: A.]*** ➡ ***QUALITY INDICATOR***			
i. incident reporting protocol to OASAS Field Office, and/or Justice Center, as applicable? ***[§VIII: A.]***			
A.4. Does the prevention program have policies and procedures in place to ensure that prevention counseling will not exceed 120 days without supervisory approval? ***[§VIII: F. 7.]***			
A.5. Does the prevention program have policies and procedures in place to ensure that that prevention counseling is limited to individuals between five (5) and twenty (20) years of age? ***[§VIII]***			
A.6. ➡ ***QUALITY INDICATOR*** Does the Prevention Counseling program make the following support services available, either directly or through formal written agreements with other appropriately licensed providers: • substance abuse treatment and crisis services; • problem gambling treatment and crisis services; • mental health and developmental disability services; • vocational and/or educational services; • health care services; • education, risk assessment, supportive counseling and referral services concerning HIV and AIDS and other communicable diseases; and • family counseling services. ***[§VIII.E.]*** ***SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".***			
Number of Applicable Questions Subtotal _____	Service Management Subtotal		_____

II. SERVICE MANAGEMENT	YES	NO	SCORE
B. OPERATIONAL REQUIREMENTS			
B.1. Is this site certified for the types of services currently being provided? ***[810.3]*** • Services the site is certified to provide: _____ • Services the site is not certified to provide: _____			
B.2. Is a central admissions log maintained at the provider's administrative office for newly assessed participants which includes at a minimum: • the Participant Identifier Code; • the name of the individual assigned to the Participant Identifier Code; • emergency contact Information; • the admission date; • the program reporting unit (PRU) admitted to; and • the discharge date? ***[§VIII: H.5.]*** ***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".***			
C. CONFIDENTIALITY/RECORD STORAGE			
C.1. ➡ ***QUALITY INDICATOR*** Does the prevention program: • maintain written records in a secure room, locked file cabinet, safe or other similar depository that is separate from other school and/or modality/environment records; ***[§VIII: G.4.& §XI: A. & [814.3(e)(8)]*** • maintain and store the central log of Participant Identifier Codes for each participant admitted to the program, and the alphanumeric cross-reference log in a secure room, locked file cabinet, safe or other similar depository that is separate from other school and/or modality/environment records; and ***[§XI: A.]*** ***(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.)***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
D. STAFFING (Complete Personnel Qualifications Work Sheet)			
D.1. Is there a **designated director/supervisor** whose responsibilities are overseeing day-to-day operations, that include administrative, programmatic and prevention counseling (if provided)? ***[§VI: A. & §VI: K.] (NOTE: Titles may include: Executive Director, Director of Prevention, Supervisor or Manager of Prevention Services (or their equivalent, depending upon the job titles used and division of responsibilities in any given agency).)***			
D.2. ➡ ***QUALITY INDICATOR*** Does the individual who oversees the Prevention Counseling program meet one (1) of the following staffing qualifications: • a Credentialed Prevention Professional (CPP); • a Credentialed Prevention Specialist (CPS) who has an additional year of qualifying prevention work experience (minimum total of 2 years) and has completed an additional 150 hours of OASAS approved education and training (minimum total of 250 hours); or • a prevention professional that is licensed, certified or credentialed in a related discipline, has two (2) years of qualifying prevention work experience and has completed 60 hours of prevention-specific education and training? ***[§VI: K. 1. & 2. a)-c)] (NOTE: Related disciplines include: CASAC; Credentialed Problem Gambling Counselor; Certified Teacher; Certified Health Educator; Certified School Counselor; Certified Rehabilitation Counselor; LMSW; LCSW; LMHC; LMFT; RN; Licensed Physician; LCAT; and National Board Certified Counselor)***			
D.3. If a Prevention Counseling program is staffed by four (4) or more full-time equivalent (FTE) professional staff (*excluding the individual who oversees prevention services described above*), do at least 25 percent of the staff meet the following staffing qualifications: • Credentialed Prevention Professionals (CPP); • Credentialed Prevention Specialists (CPS) who have an additional year of qualifying prevention work experience (minimum total of 2 years) and have completed an additional 150 hours of OASAS approved education and training (minimum total of 250 hours); or • Prevention professionals who are licensed, certified or credentialed in a related discipline∗, have two (2) years of qualifying prevention work experience and have completed 60 hours of prevention-specific education and training? ***[§VI: K. 2. a)-c)]*** ***# of FTE professional staff (excluding Director) _____ ; # of professional staff (excluding Director) who must meet the Prevention Staffing requirement _____*** ***(NOTE: Staff of 1-3 requires 0; staff of 4-7 requires 1; staff of 8-11 requires 2; staff of 12-15 requires 3; staff of 16-19 requires 4; etc.)***			
D.4. ➡ ***QUALITY INDICATOR*** Is there at least one full-time equivalent (1 FTE) counseling staff member for every thirty-five (35) admitted prevention counseling participants who are receiving prevention counseling services? ***[§VIII: G.3.]*** ***(Number of current admitted prevention counseling participants _____ ÷ Number of current FTE prevention counselors _____ = 1: _____)***			
Number of Applicable Questions Subtotal		Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. INCIDENT REPORTING			
E.1. Does the program have an incident management plan which incorporates the following: • 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".***			
E.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)]***			
F. TOBACCO-FREE SERVICES			
F.1. Does the program have written policies and procedures, approved by the governing authority, which: • define the facility, vehicles and grounds which are tobacco-free; • prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the service; • prohibits staff from using tobacco products while at work, during work hours; • establishes treatment modalities for patients who use tobacco; and • indicates that every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services? ***[856.5(a)]*** ***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".***			
F.2. Does the Prevention Counseling program adhere to each of its tobacco-free policies, as identified above? ***[856.5(a)(1-9)]***			
Number of Applicable Questions Subtotal		Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
G. PARTICIPANT RIGHTS POSTINGS			
G.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.)***			
G.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 participant rights and participant 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.)***			
G.3. Are participants informed by a posted notice in each site where services are provided, that participation in the Prevention Counseling program is voluntary? ***[§VIII: G.2.]***			
H. JUSTICE CENTER (For H.1. & H.2., review a sample of 5 applicable program employees)			
H.1. Does the provider have documentation that all employees have read and understand the *Code of Conduct for Custodians of People with Special Needs* 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.)***			
H.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: • an *Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check* (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.)***			
H.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: • a fully executed Qualified Service Organization Agreement (QSOA) with the Justice Center; or • consent for release of confidential information forms with Justice Center communication language (OASAS TRS-AN or equivalent) in each case record? ***[836.2(p)]***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

Number of Applicable Questions Total _____ Service Management Total _____

III. FACILITY REQUIREMENTS and GENERAL SAFETY	YES	NO	SCORE
A. FACILITY REQUIREMENTS			
A.1. Is the facility maintained: ▪ in a state of repair which protects the health and safety of all occupants; and ▪ in a clean and sanitary manner? ***[814.4(a)]*** ***(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.)*** • **Serious Facility Issue – CITATION ISSUED; Provider must submit acceptable CAP to receive Operating Certificate.** o *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.** o *Examples: poor lighting; threadbare carpet; broken outlet covers; holes in wall; inadequate furnishings; etc.* • **Facility Recommendation – RECOMMENDATION NOTE ISSUED; Provider must work with Field Office to address recommendation.** o *Examples: eventual replacement of boiler or roof; construction; etc.*			
A.2. Are current and accurate facility floor plans maintained on site and, upon request, provided to OASAS? ***[814.5(b)]*** ***(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)***			
A.3. Do all spaces where counseling occurs afford privacy for both staff and patients? ***[814.4(c)(1)]*** ***(NOTE: With or without the use of sound generating devices, voices should not be transmitted beyond the counseling space.)*** ***(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)***			
A.4. Are separate bathroom facilities made available to afford privacy for males and females? ***[814.4(c)(2)]*** ***(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)***			
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)]*** ***(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.)*** ***(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)***			
Number of Applicable Questions Subtotal		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: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)***			
B.2. Is a written record maintained on-site indicating: ▪ 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: Part 820 Reintegration Scatter-Site Housing and Part 819 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: Part 820 Reintegration Scatter-Site Housing and Part 819 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; 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.		
I. Participant Case Records			**II. Service Management**		
QUESTION #	**ISSUE**	**SCORE**	**QUESTION #**	**ISSUE**	**SCORE**
1 ► A.2.	disposition in 3 sessions within 20 days		**1 ► A.1.i.**	description of confidentiality/privacy procedures	
2 ► A.3.	admission criteria met		**2 ► A.1.j.**	approved NYS OASAS Workplan	
3 ► B.1.a.	services plan within 20 days		**3 ► A.3.b.**	policy: supervision of counseling staff	
4 ► B.1.b.	services plan approved by supervisory staff		**4 ► A.3.c.**	policy: admission/retention/discharge criteria	
5 ► B.1.c.	services plan signed & dated by authorized staff		**5 ► A.3.e.**	policy: problem ID/service plan development	
6 ► B.5.	services plan reviewed & revised every 90 days		**6 ► A.3.h.**	policy: child abuse reporting	
7 ► C.3.	progress note content		**7 ► A.6.**	support services (direct or agreement)	
8 ► C.4.	face-to-face content at least weekly or rationale		**8 ► C.1.**	security of participant records	
9 ► C.7.	services provided according to services plan		**9 ► D.2.**	overseeing individual meets OASAS qualifications	
10 ► D.1.	discharge summary within 20 days		**10 ► D.4.**	1 FTE counselor per 35 participants	
# 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):

☐ 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 designated director/supervisor. (example: **Roberta Jones – Designated Director/Supervisor; 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. **A** = Counselor Assistant **B** = CASAC Trainee **C** = Provisional QHP **D** = CASAC **E** = CASAC Level 2 **F** = QHP (other than CASAC) **G** = Advanced Counselor **H** = Master Counselor
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 / Employee Title	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 # / Expiration Date	Verified (Office Use Only)
									☐ Code ☐ JC ☐ Credential
									☐ Code ☐ JC ☐ Credential
									☐ Code ☐ JC ☐ Credential
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									☐ Code ☐ JC ☐ Credential
									☐ Code ☐ JC ☐ 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