



**Office of Addiction
Services and Supports**

STATEWIDE REGIONAL OPERATIONS

**Regulatory Compliance Site Review Instrument
Substance Use Disorder Residential Services**

**(Applicable to Intensive Residential Rehabilitation Services,
Community Residential Services and Supportive Living Services)**

PART I --- RESIDENT CASE RECORDS

PART II --- SERVICE MANAGEMENT

PART III --- FACILITY REQUIREMENTS AND GENERAL SAFETY

NOTE: Pursuant to Mental Hygiene Law and the Office of Addiction 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

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

RESIDENT CASE RECORDS SECTION	
Resident Record Number Column ▶	<p>Enter a ✓ or an ✗ in the column that corresponds to the Resident Record Number from the RESIDENT CASE RECORDS INFORMATION SHEET.</p> <p>Enter a ✓ in the column when the program is found to be in compliance.</p> <ul style="list-style-type: none"> ➤ For example: The comprehensive evaluation was completed within 14 days of admission -- Enter a ✓ in the column. <p>Enter an ✗ in the column when the program is found to be not in compliance.</p> <ul style="list-style-type: none"> ➤ For example: The comprehensive evaluation <i>was not</i> completed within 14 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 ▶	<p>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.</p> <ul style="list-style-type: none"> ➤ 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 ▶	<p>Enter a ✓ in the YES column when the program is found to be in compliance.</p> <ul style="list-style-type: none"> ➤ For example: The program <i>has</i> completed an annual report -- Enter a ✓ in the YES column.
NO ▶	<p>Enter an ✗ in the NO column when the program is found to be not in compliance.</p> <ul style="list-style-type: none"> ➤ For example: The program <i>has not</i> completed an annual report -- Enter an ✗ in the NO column.
SCORE ▶	<p>Enter 4 in the SCORE column when the program is found to be in compliance.</p> <p>Enter 0 in the SCORE column when the program is found to be not in compliance.</p>

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

RESIDENT CASE RECORDS INFORMATION SHEET

ACTIVE RECORDS

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

INACTIVE RECORDS

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

INACTIVE RECORDS (Screened But Not Admitted)

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

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE	
Resident Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table	
A. ADMISSION PROCEDURES													
A.1. Do patients meet the following admission criteria: <ul style="list-style-type: none"> the individual is determined to have a substance used disorder based on the criteria in the most recent version of the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD)? [819.4(a)(2)] 											✓ ____ X ____		
A.2. ► QUALITY INDICATOR Do the patient case records/documentation of admission: <ul style="list-style-type: none"> include level of care determination; include identification of initial services needed until the development of the treatment/recovery plan; include evidence that the decision to admit the individual was made by a clinical staff member who is a QHP and is documented by the dated signature (physical or electronic)? [819.4(a)] 											✓ ____ X ____		
Date of level of care determination ►													
A.3. Are the level of care determinations made by a clinical staff member who is provided clinical oversight by a QHP signed and dated by clinical staff member and made promptly after the individual's first on site contact with the service? (NOTE: If residents are referred directly from another OASAS-certified CD program or readmitted to the same program within 60 days of discharge, the existing level of care determination may be used to satisfy this requirement, provided that it is reviewed and updated. [819.4(b)])											✓ ____ X ____		
A.4. Are the level of care determinations in accordance with the program' policy and procedures and incorporate the use of the OASAS LOCADTR or another Office-approved protocol? [819.4(c)]											✓ ____ X ____		

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE	
Resident Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table	
A. ADMISSION PROCEDURES (cont'd)													
A.5. → QUALITY INDICATOR Intensive Residential Rehabilitation: Do residents meet the admission criteria of demonstrating an inability to participate in treatment outside of a 24-hour setting as indicated by at least one of the following: <ul style="list-style-type: none"> recent unsuccessful attempts at abstinence; or substantial limitations in functioning skills evidencing the need for extensive habilitation or rehabilitation in order to achieve lasting recovery in an independent setting? [819.9(a)(1)(i-ii)] 													
Community Residential: Do residents meet the following admission criteria: <ul style="list-style-type: none"> must be homeless or must have a living environment not conducive to recovery; and must be determined to need outpatient treatment services and/or other support services such as vocational or educational services, in addition to the residential services provided by the community residence? [819.10(a)(1-2)] 													
Supportive Living: Do residents meet the following admission criteria: <ul style="list-style-type: none"> requires support of a residence that provides a substance-free environment; requires the peer support of fellow residents to maintain abstinence; does not require 24-hour a day on-site supervision by clinical staff; and exhibits the skills and strengths necessary to maintain recovery and readapt to independent living in the community while receiving the minimal clinical and peer support provided by this residential environment? [819.11(a)(1-4)] 											✓ _____ X _____		

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table
A. ADMISSION PROCEDURES (cont'd)												
Date of admission ▶												
A.6. Do the resident records contain the appropriate admission date (date of the first overnight stay following the initial determination)? [PAS-44N Instructions-Revised 2021]											✓ ____ X ____	
A.7. Do the resident records contain documentation that, upon admission, the following information was provided to and discussed with the residents, and that the residents indicated understanding of such information: <ul style="list-style-type: none"> a copy of the program's rules and regulations, including residents' rights; and a summary of the Federal confidentiality requirements? [819.4(gi) & 42 CFR § 2.31] 											✓ ____ X ____	
A.8. Do the resident records contain documentation that, upon admission, residents are informed that their participation is voluntary? [819.4(hj)]											✓ ____ X ____	
A.9. 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. [819.3(c)(4)] 												
A.10. Are the consent for release of confidential information forms completed properly? [819.6(b) & 42 CFR § 2.31]											✓ ____ X ____	

Number of Applicable Questions Subtotal

Resident Case Records Subtotal

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table
B. POST ADMISSION PROCEDURES												
Date of admission ▶												
Date of comprehensive evaluation ▶												
B.1. ➔ QUALITY INDICATOR Are comprehensive evaluations completed within 14 days of admission? [819.5(b)(2)] (NOTE: In the following situations, the existing evaluation may be used to satisfy this requirement, provided that it is reviewed and updated as necessary: <ul style="list-style-type: none"> • if residents are referred directly from another OASAS-certified CD program; • if residents are readmitted to the same program within 60 days of discharge; • if the evaluation is completed by the same program more than 60 days prior to admission.) 											✓ ____ X ____	
B.2. Do the evaluations include the names of the clinical staff members who evaluated the resident, and a dated signature (physically or electronically) of the QHP responsible for the evaluation? [819.5(b)(4)]											✓ ____ X ____	

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table
B. POST ADMISSION PROCEDURES (cont'd)												
B.3. Do the comprehensive evaluations contain a written report of findings and conclusions addressing the resident's: a. – both recent and history of substance use? [819.5(b)(2)(iii)]											✓ ____ X ____	
b. – substance use disorder treatment history? [819.5(b)(2)(iv)]											✓ ____ X ____	
c. - comprehensive psychosocial history? [819.5(b)(2)(iv)] (NOTE: A comprehensive psychosocial history includes legal history; transmissible infection risk assessment (HIV tuberculosis, viral hepatitis, sexually transmitted infections and other transmissible diseases); an assessment of the resident's individual, social and educational strengths and limitations, including, the resident's literacy level, daily living skills and use of leisure time; current medical conditions, current mental health conditions, past medical history, past mental health history and an assessment of the resident's risk of harming self or others.)											✓ ____ X ____	
B.4. Is there evidence the program: • 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? [819.3(c)(1)]											✓ ____ X ____	
B.5. 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? [819.3(c)(3)]												

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table
B. POST ADMISSION PROCEDURES (cont'd)												
B.6. → QUALITY INDICATOR Residents who do not have an available medical history and have not had a physical examination performed within the last twelve months prior to admission, has their medical history been recorded and a physical examination performed and documented in the resident's record by a physician, physician assistant or a nurse practitioner working within their scope of practice within 45 days after admission? [819.5(c)(1)]											✓ ____ X ____	
B.7. For those residents who do have available medical histories and physical examinations have been performed within twelve months prior to admission, or for those residents that are admitted directly to the program from another OASAS-certified program, are the existing medical histories and physical examinations reviewed and determined to be current and accurate? [819.5(c)(2)]											✓ ____ X ____	
B.8. Does the physical examination include the following laboratory tests: <ul style="list-style-type: none"> • complete blood count and differential; • routine and microscopic urinalysis; • urine toxicology test, if medically or clinically indicated; • pregnancy test for persons of childbearing potential; • blood-based tuberculosis test (an intradermal PPD may be placed in those circumstances when a blood-based TB test cannot be performed) when appropriate; and • any other tests the examining physician or other medical staff members working within their scope of practice deem to be necessary (ECG, chest X-ray, or other diagnostic test)? [819.5(c)(1)(i-vii)] 											✓ ____ X ____	

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING												
Date of admission ▶												
Date of initial treatment/recovery plan ▶												
C.1. Are person-centered initial treatment/recovery plans developed within three days of admission or readmission? [819.5(g)]											✓ ____ X ____	
C.2. Is there evidence the person-centered initial treatment/recovery plans: <ul style="list-style-type: none"> are developed by the clinical staff member with primary responsibility for the resident, in collaboration with the resident and anyone identified by the resident as supportive of their recovery goals; include a statement the resident meets admission criteria identifies the assignment of a named clinical staff member with the responsibility to provide orientation to the resident; a preliminary schedule of activities, therapies, and interventions? [819.5(g)] 											✓ ____ X ____	
Date of treatment/recovery plan ▶												
C.3. → QUALITY INDICATOR Are treatment/recovery plans prepared within 30 days of the development of the initial treatment/recovery plans? [819.5(h)] (NOTE: Evidence of approval must be via signatures and handwritten or typed dates.) (NOTE: If residents are moving directly from another SUD service, the existing treatment/recovery plan may be used if there is documentation that it has been reviewed and if necessary updated to reflect the resident's goals as appropriate.)											✓ ____ X ____	
Number of Applicable Questions Subtotal												
Resident Case Records Subtotal												

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident 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.4. Are the treatment/recovery plans:											✓ ____ X ____	
a. developed by the responsible clinical staff member in collaboration with the resident and anyone the identified by the resident as supportive of their recovery goals? [819.5(i)(1)]											✓ ____ X ____	
b. → QUALITY INDICATOR include evidence that it is based on the admitting evaluation and any additional evaluation(s) the resident has received or is determined to be required? [819.5(i)(2)]											✓ ____ X ____	
c. specify measurable treatment goals for each problem identified? [819.5(i)(3)]											✓ ____ X ____	
d. specify the objectives that shall be used to measure progress toward attainment of goals? [819.5(i)(4)]											✓ ____ X ____	
e. include schedules for the provision of all services prescribed (where a service is to be provided by any other service or facility offsite, the treatment/recovery plan must contain a description of the nature of the service, a record that referral for such service has been made, the results of the referral, and procedures for ongoing care coordination and discharge planning)? [819.5(i)(5)]											✓ ____ X ____	
f. identify the responsible clinical staff for coordinating and managing the resident's treatment who shall approve and sign (physically or electronically)? [819.5(i)(6)]											✓ ____ X ____	
g. include each diagnosis for which the resident is being treated? [819.5(i)(8)]											✓ ____ X ____	
Date of supervisor signature ►												
h. → QUALITY INDICATOR reviewed, approved, signed (physically or electronically) and dated by the supervisor of the responsible clinical staff member (or another QHP) within seven days after finalization of the treatment/recovery plan? [819.5(j)(9)]											✓ ____ X ____	

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes X=no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)												
Date of treatment/recovery plan ▶												
Date of 1st treatment/recovery plan review ▶												
C.5. ➔ QUALITY INDICATOR Intensive Residential Rehabilitation Service: Are treatment/recovery plans reviewed and revised in consultation with the resident, and reviewed, signed (physically or electronically) and dated by the supervisor, at least 3 months from the date of the development of the treatment plan and no less often than each 3 months thereafter (from the date of the previous treatment plan review)? [819.9(c)(1)]												
Community Residential Service: Are treatment/recovery plans reviewed and revised in consultation with the resident, and reviewed, signed, and dated by the supervisor, at least 3 months from the date of the development of the treatment/recovery plan and no less often than each 3 months thereafter (from the date of the previous treatment/recovery plan review)? [819.10(c)(1)]												
Supportive Living Service: Are treatment/recovery plans reviewed and signed by the resident and the clinical staff member at least 6 months from the date of the development of the treatment/recovery plan and no less often than each 6 months thereafter (from the date of the previous treatment/recovery plan review)? [819.11(c)]											✓ ____ X ____	
C.6. In an Intensive Residential Rehabilitation Service , does each individual treatment plan review include a summary of the resident's' progress in each of the specified goals? [819.9(c)(2)]											✓ ____ X ____	

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident 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.7. Do the treatment/recovery plans include provisions for prenatal care for all patients who are pregnant? [819.5(i)(10)] <i>(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.)</i>											✓ ____ x ____	
C.8. Do the treatment/recovery plans include provisions for the prevention, care, and treatment of HIV, viral hepatitis, tuberculosis, and/or sexually transmitted infections when present? [819.5(i)(11)] <i>NOTE: If a resident chooses not to obtain such care, the provider must have the patient acknowledge in writing that prenatal care was offered, recommended, and refused.)</i>											✓ ____ x ____	
D. DOCUMENTATION												
<i>NOTE: For the following documentation questions, review the progress note and/or attendance notes for the previous 30 days.</i>												
D.1. → QUALITY INDICATOR Are progress notes: <ul style="list-style-type: none"> written, signed (physically or electronically), and dated by the responsible clinical staff member or another clinical staff member familiar with the resident's care; written at least once every two weeks; and written as to provide a chronology of residents' progress in relation to the goals established in the individual treatment/recovery plan and delineate the course and results of treatment/services? [819.5(k)(1-2)] 											✓ ____ x ____	

Number of Applicable Questions Subtotal Resident Case Records Subtotal

I. RESIDENT CASE RECORDS (Active)											TOTAL	SCORE
Resident Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓=yes x=no	From Scoring Table
D. DOCUMENTATION (cont'd)												
D.2. ➔ QUALITY INDICATOR												
Is the patient responding to treatment, meeting goals defined in the treatment/recovery plan and not being disruptive to the program? If not: <ul style="list-style-type: none"> • is this discussed at a case conference, or by the clinical supervisor and the clinical staff member in a supportive living program; and • is the treatment/service plan revised accordingly? [819.5(j)(1)] (NOTE: The first part of the question allows for credit to be given if the patient IS responding to treatment. If the patient is NOT responding to treatment, the second part of the question outlines steps a provider must take. If the provider follows these guidelines, they are given credit; if not, a citation should be made. The phrase “not responding to treatment” generally refers to documentation of chronic patterns of positive toxicologies, numerous unexplained absences, continued non-compliance with rules and regulations and/or repeated return to use after significant time in treatment; however, the results of single or isolated incidents in this regard should not be considered a citation.)												
D.3. Are services provided according to the treatment/service plans? [819.5(j)] (NOTE: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-adherence with the treatment schedule, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered a citation.)												

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Inactive)						TOTAL	SCORE
Resident Record Numbers ▶	#1	#2	#3	#4	#5	✓=yes X=no	From Scoring Table
E. DISCHARGE (d/c) PLANNING							
E.1. Are the d/c plans based on the following: <ul style="list-style-type: none"> • an individualized recovery support plan; • an assessment of the home environment; • suitability of housing; • vocational/educational/employment; and • relationships with significant others? [819.5(m)(2)]						✓ ____ X ____	
E.2. Do the d/c plans include the following: <ul style="list-style-type: none"> • identification of continuing substance use disorder services, medical and mental health services, rehabilitation, recovery wellness and vocational, educational and employment services the resident will need; • identification of specific providers of these needed services; • specific referrals with appointment dates and times for any needed services; • prescriptions &/or other arrangements to ensure access to medication including MAT; • identification of the type of residence that the resident will need after discharge; • prescriptions and other arrangements to ensure access to medications including medications for addiction treatment for substance use disorders; and • overdose prevention education, naloxone education and training, and a naloxone kit or prescription for the resident & their family/significant other(s)? [819.5(m)(2)(i-vii), 819.3(c)(5)]						✓ ____ X ____	
E.3. Do the d/c plans include evidence of development in collaboration with the resident and anyone the resident identifies as supportive of their recovery? [819.5(m)]						✓ ____ X ____	
E.4. ➔ QUALITY INDICATOR Does the program ensure that no residents are approved for d/c without a d/c plan reviewed and approved by the responsible clinical staff member & the clinical supervisor or designee? [819.5(n)] (NOTE: This does not apply to residents who leave the program without permission or otherwise fail to cooperate.)						✓ ____ X ____	

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

I. RESIDENT CASE RECORDS (Inactive)						TOTAL	SCORE
Resident Record Numbers ►	#1	#2	#3	#4	#5	✓=yes X=no	From Scoring Table
E. DISCHARGE PLANNING (cont'd)							
E.5. Is the portion of the discharge plan, that includes referrals for continuing care, given to the residents upon discharge? [819.5(n)] <i>(NOTE: Documentation may be in the form of a progress note or duplicate form. Documentation detailing why a discharge plan was not provided to the resident prior to discharge must be paced in the resident record if the resident did not receive the plan.)</i>						✓ ____ X ____	
E.6. Do resident case records contain discharge summaries, which include the course and results of treatment, within thirty days of the resident's discharge? [819.5(p)]						✓ ____ X ____	
F. MONTHLY REPORTING							
F.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first overnight stay following the initial determination) recorded in the resident case records? [810.14(e)(6)]						✓ ____ X ____	
F.2. Is the discharge disposition reported to OASAS consistent with documentation in the resident 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 resident case records? [810.14(e)(6)]						✓ ____ X ____	
G. SCREENED BUT NOT ADMITTED							
G.1. In cases where the program denies admission to an individual, is there a written record containing the reasons for denial and, if applicable, a referral to a service that can meet the individual's treatment needs? [819.4(f)]						✓ ____ X ____	

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

Number of Applicable Questions Total _____ Resident Case Records Total _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES			
A.1.			
Does the program have written policies and procedures, approved by the governing authority, which address:			
a. admission, retention, transfers, referrals, and discharge, including specific criteria relating thereto, as well as transfer procedures? [819.3(a)(1)]	a.		
b. level of care determinations utilizing the OASAS level of care determination protocol, comprehensive evaluations, treatment/recovery plans, and placement services? [819.3(a)(2)] ➔ QUALITY INDICATOR	b.		
c. staffing including but limited to: training, the use of students, peers and volunteers, and appropriate criminal history reviews? [819.3(a)(3)]	c.		
d. provision of medical services, including screening and referral procedures for associated physical conditions? [819.3(a)(4)]	d.		
e. provision of psychiatric services including the use of OASAS approved, validated screening instruments for co-occurring mental health conditions and referral procedures for associated mental health conditions? [819.3(a)(5)]	e.		
f. a schedule of fees for services rendered? [819.3(a)(6)]	f.		
g. infection control procedures? [819.3(a)(7)]	g.		
h. cooperative agreements with other substance use disorder treatment providers and other providers of services that the resident may need? [819.3(a)(8)]	h.		
i. education, counseling, prevention and treatment of transmissible diseases including tuberculosis, viral hepatitis, sexually transmitted infections, HIV and other infectious diseases? [819.3(a)(9)(i)]	i.		
j. the use of toxicology tests? [819.3(a)(9)(ii)]	j.		
k. medication and the use of medication for addiction treatment? [819.3(a)(9)(iii)]	k.		
l. procedures for the ordering, procuring, and disposing of medication, as well as the self-administration of medication? [819.3(a)(10)]	l.		
m. quality improvement and utilization review? [819.3(a)(11)]	m.		
n. clinical supervision and related procedures? [819.3(a)(12)] ➔ QUALITY INDICATOR	n.		
o. procedures for emergencies? [819.3(a)(13)]	o.		
p. incident reporting and review? [819.3(a)(14)] ➔ QUALITY INDICATOR	p.		
q. record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with the Federal confidentiality regulations contained in 42 <i>Code of Federal Regulations</i> Part 2? [819.3(a)(15)]	q.		
r. procedures by which required educational services are provided for school age children who are in residence as either an individual who is receiving treatment or as part of a family unit? [819.3(a)(16)]	r.		
s. procurement, storage, and preparation of food? [819.3(a)(17)]	s.		
t. record retention? [819.3(a)(18)]	t.		
u. safety plan development? [819.3(a)(19)]	u.		
v. process for determining group size, group purpose, monitoring resident experience and assessing group efficacy [819.3(e)(1)]	v.		

Number of Applicable Questions Subtotal

Service Management Subtotal

II. SERVICE MANAGEMENT		YES	NO	SCORE
A. POLICIES AND PROCEDURES (cont'd)				
A.2.				
Does the program have a written policy to ensure that individuals are not denied admission based solely on any one or combination of the following?				
<ul style="list-style-type: none"> • prior treatment history • referral source; • pregnancy; • history of contact with the criminal justice system; • HIV status; • physical or mental disability; • lack of cooperation by significant others in the treatment process; • toxicology test results; • use of any substance, including but not limited to, benzodiazepines; • use of medications for substance use disorder prescribed and monitored by an appropriate practitioner; • actual or perceived gender or gender identity; • national origin; • race or ethnicity; • actual or perceived sexual orientation; • marital status; • military status; • familial status; or • religion? [815.5(a)(21)(i-xviii)] 				
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".				
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 program(s) making the disclosure; • the name of the individual or organization that will receive the disclosure; • the name of the patient who is the subject of the disclosure; • the purpose or need for the disclosure; • how much and what kind of information will be disclosed; • a statement that the patient may revoke the consent at any time, except to the extent that the program has already acted in reliance on it; • the date, event, or condition upon which the consent expires if not previously revoked; • the signature of the patient (and/or other authorized person); and the date on which the consent is signed. [819.6(b) & 42 CFR § 2.31] 				
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. UTILIZATION REVIEW AND QUALITY IMPROVEMENT			
B.1. ➔ QUALITY INDICATOR Does the program have a utilization review plan which considers the needs of each resident for all of the following? <ul style="list-style-type: none"> • admissions are based on the program’s admission criteria; • retention and discharge criteria are met; • services are appropriate; • the need for continued treatment; • severity of the resident’s substance use disorder(s); and • the continued effectiveness of, and progress in, treatment. [819.7(b)] SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.			
B.2. ➔ QUALITY INDICATOR Does the program have a quality improvement plan which includes the following: <ul style="list-style-type: none"> • a minimum of quarterly self-evaluations, one of which may include an independent peer review process to ensure compliance with applicable regulations and performance standards; • findings of other management activities (e.g., utilization reviews, incident reviews, reviews of staff training, development and supervision needs); • surveys of resident satisfaction; and • analysis of treatment outcome data? [819.7(c)(1)(i-iv)] SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.			
B.3. Does the program prepare an annual report and submit it to the governing authority? [819.7(c)(2)]			
B.4. Does the annual report document the effectiveness and efficiency of the program in relation to its goals and provide recommendations for improvement in its services to residents, as well as recommended changes in its policies and procedures? [819.7(c)(2)]			
C. OPERATIONAL REQUIREMENTS			
C.1. Is this site certified for the types of services currently being provided? [810.6(a)(3)] <ul style="list-style-type: none"> • Services the site is certified to provide: _____ • Services the site is not certified to provide: _____ (NOTE: Operating Certificates are site-specific and include, as applicable, identification of specific floors, rooms, or other designations. While on-site, review the Operating Certificate and verify that the services are rendered at the correct corresponding locations.)			
C.2. Does the program operate within its certified capacity? If no, did the program obtain prior OASAS approval for such exceptions? [819.3(f)] (REVIEW GUIDANCE: Review the last six months.) <ul style="list-style-type: none"> • Certified Service Capacity: _____ • Current Service Census: _____ 			
C.3. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(e)(8)] (NOTE: Federal Regulation 42 CFR § 2.16(a) states that records must be kept in a secure room, locked file cabinet, safe or other similar container.)			
C.4. ➔ QUALITY INDICATOR Does the provider maintain an emergency medical kit which must include basic first aid items and naloxone emergency overdose prevention kits sufficient to meet the needs of the program at each certified or funded location? [819.3(b)]			
C.5. Has the provider developed and implemented a plan to have staff and residents, where appropriate, trained in the prescribed use of a naloxone emergency overdose prevention kit such that it is available for use during all program hours of operation? [819.3(b)]			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
C. OPERATIONAL REQUIREMENTS (cont'd)			
C.6. Has the provider notified all staff and residents of the existence of the naloxone emergency overdose prevention kit and the authorized administering staff? <i>[OASAS Local Services Bulletin No. 2020-02]</i>			
C.7. 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? <i>[OASAS Local Service Bulletin 2019-06]</i> (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.)			
D. OASAS REPORTING			
D.1. ➔ QUALITY INDICATOR Have data reports (PAS-44N, PAS-45N & PAS-48N) been submitted to OASAS timely and reflect accurate admission and discharge transactions? <i>[810.14(e)(7)]</i> (REVIEW GUIDANCE: Prior to on-site review, obtain a copy of the Client Roster-Admissions, Client Roster-Discharges and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-44N & PAS-45N must be submitted by the 5 th day of the month following the clinical transaction; PAS-48N must be submitted by the 10 th day of the month following the clinical transaction) of data submission and overall consistency for the previous six months. While on-site, compare the total number of active patients, as stated on the Client Roster-Admissions Report, to the actual number of active patients, as indicated by the program administrator.)			
E. STAFFING (Complete Personnel Qualifications Work Sheet)			
E.1. ➔ QUALITY INDICATOR Is the clinical supervisor of the program a QHP who has at least three years of administrative and clinical experience in substance use disorder residential programs? <i>[819.8(d)]</i>			
E.2. 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 residents regarding HIV, tuberculosis, viral hepatitis, sexually transmitted infections, and other transmissible diseases? <i>[819.8(g)]</i>			
E.3. ➔ QUALITY INDICATOR Are at least 25 percent of all clinical staff members QHPs? (NOTE: CASAC Trainees may be counted towards satisfying this requirement.) <i>[819.8(f)]</i>			
E.4. ➔ QUALITY INDICATOR Does the clinical staff to resident ratio meet the minimum standards of 1:15 [one FTE clinical staff member for every 15 residents]? <i>[819.9(d)(3)], [819.10(d)(3)], [819.11(d)(1)]</i> (Number of current active residents _____ ÷ Number of current FTE clinical staff _____ = 1: _____)			
E.5. ➔ QUALITY INDICATOR In an Intensive Residential Rehabilitation Service, is there a full-time on-site director whose duties include overseeing the day-to-day operations of the program? <i>[819.9(d)(1)]</i>			
E.6. ➔ QUALITY INDICATOR In a Community Residential Service, is there a full-time house manager whose duties include overseeing the day-to-day operations of the program? <i>[819.10(d)(1)]</i>			
E.7. In an Intensive Residential Rehabilitation Service and a Community Residential Service, is there staff on duty 24 hours per day, 7 days per week? <i>[819.9(d)(3)], [819.10(d)(2)]</i>			
E.8. In an Intensive Residential Rehabilitation Service, is there at least one staff person during evening and night shifts who is awake and on duty? <i>[819.9(d)(2)]</i>			
E.9. In an Intensive Residential Rehabilitation Service that serves children, is there at least one clinical staff member with training and experience in childcare available? <i>[819.9(d)(4)]</i>			
E.10. In a Supportive Living Service, is there sufficient counseling staff to ensure at least one visit per week to each supportive living service? <i>[819.11(d)(2)]</i>			
E.11. ➔ QUALITY INDICATOR In a Supportive Living Service, is there sufficient counseling staff to ensure that each resident is contacted face-to-face at least once per week? <i>[819.11(d)(3)]</i>			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
F. JUSTICE CENTER (For F.1. & F.2., review a sample of 5 applicable program employees)			
F.1. Does the provider have documentation that all employees have read and understand the <i>Code of Conduct for Custodians of People with Special Needs</i> as attested by signature and date at least once each year? [836.5(e)] (NOTE: A copy should be maintained in the employee personnel file.)			
F.2. For all employees hired after July 1, 2013 who have the potential for regular and substantial unrestricted and unsupervised contact with patients/residents, did the provider maintain: <ul style="list-style-type: none"> • an <i>Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check</i> (TRS-52) signed and dated by the applicant? [805.5(d)(3)] • documentation (e.g., e-mail, letter) verifying that the Staff Exclusion List was checked? [702.5(b)] • documentation (e.g., e-mail, letter) verifying that the Statewide Child Abuse Registry was checked? [Social Services Law 424-a(b)] • documentation (e.g., e-mail, letter) verifying that a criminal background check was completed? [805.7(c)] (NOTE: All hospital-based Article 28 providers are exempt from these requirements.)			
G. SERVICES			
G.1. Does the program ensure that the following services are available either directly or by referral, as clinically indicated? <ul style="list-style-type: none"> • psychosocial treatment (individual, group, and family services as appropriate that are evidenced-based, person-centered, and trauma-informed); • supportive services (legal, medical, mental health, recovery, wellness, social services, vocational assessment and activities as appropriate); • educational and childcare services (for residential programs that provide services to school-age children); • structured activity and recreation (recovery and wellness activities designed to improve leisure time skills, social skills, self-esteem, and responsibility); and • orientation to community services (identifying and obtaining needed recovery and wellness services including housing and other case management services). [819.3(e)(1-5)] 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”.			
G.2. Are all evidence-based, person-centered, trauma-informed individual, group and family counseling services provided by a staff member operating within their scope of practice? [819.3(e)(1)(iii)]			
G.3. ➔ QUALITY INDICATOR Do group counselling sessions contain no more than 15 residents? [819.3(e)1(i)]			
G.4. In an Intensive Residential Rehabilitation Service and a Community Residential Service , does the program ensure that the following rehabilitative services are available either directly or by referral? <ul style="list-style-type: none"> • vocational services such as vocational assessment; • job skills and employment readiness training; • educational remediation; and • life, parenting, and social skills training. [819.9(b)(1)(i)(a-c)], [819.10(b)(3)(iv)(a-d)] SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.			
G.5. ➔ QUALITY INDICATOR In an Intensive Residential Rehabilitation Service , does the program provide at least 40 hours per week of required clinical services within a structured therapeutic environment? [819.9(b)]			
G.6. ➔ QUALITY INDICATOR In an Intensive Residential Rehabilitation Service , does the program ensure the availability of three meals per day to each resident? [819.3(g)(1)] In a Community Residential Service , does the program ensure the availability of two meals per day to each resident? [819.3(g)(1)] In a Supportive Living Service , does the program ensure the availability of adequate food to each resident? [819.3(g)(1)]			
G.7. In an Intensive Residential Rehabilitation Service and a Community Residential Service , is there documentation that residents receive training in personal, social, community and adult living skills as needed, which includes a program of social interaction and leisure activities? [819.9(b)(2)], [819.10(b)(6)]			

Number of Applicable Questions Subtotal

Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
G. SERVICES (cont'd)			
G.8. In a Community Residential Service , does the program have written referral agreements with one or more substance use disorder outpatient services to provide outpatient treatment services, as necessary? [819.10(b)(3)(ii)]			
G.9. 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(6)(i)(2)(i)(ii)] <i>(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.)</i>			
H. TOBACCO-USE IN ADULT SERVICES (TOBACCO-LIMITED or TOBACCO-FREE)			
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; <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; (• 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)] 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. 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			

Number of Applicable Questions Subtotal

Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
H. TOBACCO-USE IN ADULT SERVICES (TOBACCO-LIMITED or TOBACCO-FREE) (cont'd)			
H.2. Does the tobacco-free program (if applicable) have written policies and procedures, approved by the program sponsor, which address: <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 to 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”.</p>			
H.3. Does the program adhere to each of its tobacco-free policies, as identified above? [856.5(a)(1-9)]			
I. PATIENT RIGHTS POSTINGS			
I.1. Are statements of patient rights and participant responsibilities, including the toll-free hotline numbers of the Justice Center Vulnerable Persons’ Central Register [1-855-373-2122] and the OASAS Patient Advocacy [1-800-553-5790] posted prominently and conspicuously throughout the facility? [815.4(a)(2)] <i>(NOTE: Supportive Living apartments are exempt from this requirement.)</i> <i>(NOTE: Part 815 includes statements of patient rights and participant responsibilities based upon Sections 815.5 and 815.6. and must be readily accessible and easily visible to all patients and staff. Justice Center and Patient Advocacy postings that do not stand out or that blend in with other postings do not suffice as prominently posted. For hospital-owned and/or hospital-affiliated programs, these postings can be the same as what hospitals are required to post; however, such postings need to include the Justice Center and OASAS as additional contacts.)</i>			
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)] <i>(NOTE: This posting can be separate from or together with the statements of patient rights and patient responsibilities and the OASAS 800 phone number in the question immediately above. Unlike the above question, this posting can be in only one place as long as it is prominently posted such as upon immediately entry to a facility or behind a receptionist desk.)</i>			
J. INSTITUTIONAL DISPENSER			
J.1. If the facility takes possession of a patient's prescription for a controlled substance (including "take home" medication for patients who are enrolled in an outside Opioid Treatment Program) for the purpose of safeguarding and administration of the medication, do they possess a current Class 3A Institutional Dispenser Limited license issued by the New York State Department of Health's Bureau of Narcotic Enforcement? [815.9(b) & LSB 2012-03] <i>(NOTE: Facilities with an on-site pharmacy require a Class 3 Institutional Dispenser license.)</i>			
Number of Applicable Questions Subtotal _____	Service Management Subtotal _____		

II. SERVICE MANAGEMENT	YES	NO	SCORE	
K. INCIDENT REPORTING				
K.1. Does the program have an incident management plan which incorporates the following: <ul style="list-style-type: none"> • identification of staff responsible for administration of the incident management program; • provisions for annual review by the governing authority; • specific internal recording and reporting procedures applicable to all incidents observed, discovered, or alleged; • procedures for monitoring overall effectiveness of the incident management program; • minimum standards for investigation of incidents; • procedures for the implementation of corrective action plans; • establishment of an Incident Review Committee; • periodic training in mandated reporting obligations of custodians and the Justice Center code of conduct; and • provision for retention of records, review and release pursuant to Justice center regulations and Section 33.25 of Mental Hygiene Law? [836.5(b)(1-9)] SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.				
K.2. Does the provider maintain documentation of the required quarterly reports from the Incident Review Committee which compile the total number of incidents by type and its findings and recommendations? [836.5(f)(8)]				
L. PRIORITY OF ADMISSIONS				
▶▶▶ THE FOLLOWING QUESTION APPLIES TO ALL PROVIDERS ◀◀◀				
L.1. Does the program have written policies and procedures, approved by the program sponsor, which establish immediate admission preference in the following order: <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)] <i>Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU</i>				
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 FIELD OFFICE.				
M.1. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address priority admissions in the following order: <ul style="list-style-type: none"> • pregnant injecting drug users; • other pregnant substance abusers; • other injecting drug users; and • all other individuals? [45 CFR Part 96] 				
M.2. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address outreach to pregnant and parenting women and injecting drug users? [45 CFR Part 96]				
Number of Applicable Questions Subtotal			Service Management Subtotal	

II. 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 , does the program have a written policy to: <ul style="list-style-type: none"> • admit individuals in need of treatment not later than 14 days after making a request; OR • admit individuals within 120 days if interim services are made available within 48 hours? [45 CFR Part 96] (NOTE: Interim services includes counseling and education about HIV, TB, risks of needle sharing, risks of transmission, steps that can be taken to ensure HIV and TB transmission does not occur and referral for HIV and TB services.) 				
M.4. For an OASAS-funded provider that treats injecting drug abusers and/or pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> • maintain a wait list and ensure clients are admitted or transferred as soon as possible (unless treatment is refused, or they cannot be located); and • maintain contact with individuals on wait list? [45 CFR Part 96] 				
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"> • refer pregnant women to another provider when there is insufficient capacity to admit; and • within 48 hours, make available interim services (counseling and education about HIV, TB, risks of needle sharing, referral for HIV and TB services if necessary, counseling on the effects of alcohol and other drug use on the fetus and referrals for prenatal care) if a pregnant woman cannot be admitted due to lack of capacity? [45 CFR Part 96] 				
M.6. For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> • admit both women and their children (as appropriate); • provide or arrange for primary medical care, prenatal care, pediatric care (including immunizations); • provide or arrange for 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; and • provide or arrange for case management and transportation services to ensure women and their children can access treatment services? [45 CFR Part 96] 				
M.7. For an OASAS-funded provider which self-identify themselves as a religious organization/faith-based program , does the program have a written policy to: <ul style="list-style-type: none"> • prohibit State Aid funding for activities involving worship, religious instruction, or proselytization; and • include outreach activities that does not discriminate based on religion, religious belief, refusal to hold a religious belief or refusal to participate in a religious practice? [45 CFR Part 96] 				
Number of Applicable Questions Subtotal		▬	Service Management Subtotal	▬
Number of Applicable Questions Total		▬	Service Management Total	▬

III. FACILITY REQUIREMENTS and GENERAL SAFETY	YES	NO	SCORE
A. FACILITY REQUIREMENTS			
<p>A.1. Is the facility maintained:</p> <ul style="list-style-type: none"> • in a state of repair which protects the health and safety of all occupants; and • in a clean and sanitary manner? [814.4(a)] <p><i>(NOTE: This question refers to the facility’s overall condition. The facility should be maintained in a condition that provides a safe environment which is conducive to recovery; however, the results of single or isolated minor facility maintenance issues should not be the basis for a citation.)</i></p> <ul style="list-style-type: none"> • Serious Facility Issue – CITATION ISSUED; Provider must submit acceptable CAP to receive Operating Certificate. <ul style="list-style-type: none"> ○ <i>Examples: inoperable fire alarm; broken boiler; blocked egress; inoperable toilet; mold or mildew; etc.</i> • Minor Facility Issue – REVIEWER’S NOTE ISSUED; Provider must submit acceptable CAP to receive Operating Certificate. <ul style="list-style-type: none"> ○ <i>Examples: poor lighting; threadbare carpet; broken outlet covers; holes in wall; inadequate furnishings; etc.</i> • Facility Recommendation – RECOMMENDATION NOTE ISSUED; Provider must work with Field Office to address recommendation. <ul style="list-style-type: none"> ○ <i>Examples: eventual replacement of boiler or roof; construction; etc.</i> 			
<p>A.2. Are current and accurate facility floor plans maintained on site and, upon request, provided to OASAS? [814.5(b)]</p> <p><i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i></p>			
<p>A.3. Do all spaces where counseling occurs afford privacy for both staff and patients? [814.4(c)(1)]</p> <p><i>(NOTE: With or without the use of sound generating devices, voices should not be transmitted beyond the counseling space.)</i></p> <p><i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i></p>			
<p>A.4. Are separate bathroom facilities made available to afford privacy for males and females? [814.4(c)(2)]</p> <p><i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i></p>			
<p>A.5. Is there a separate area available for the proper storage, preparation and use or dispensing of medications, medical supplies and first aid equipment? [814.4(c)(6)]</p> <p><i>(NOTE: Storage of all medications must be provided for in accordance with the requirements set forth in Title 21 of the Code of Federal Regulations, section 1301.72, and Title 10 NYCRR, section 80.50. Syringes and needles must be properly and securely stored.)</i></p> <p><i>(NOTE: Part 820 Reintegration Scatter-Site Housing and Part 819 Supportive Living Apartments are exempt from this requirement.)</i></p>			
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)] <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; and • the 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)]			
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)] <div style="text-align: center; background-color: #cccccc; padding: 5px;">▶▶▶ RED FLAG DEFICIENCY if Fire Alarm System is not operational at the time of the review. ◀◀◀</div>			
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. Resident Case Records			II. Service Management		
QUESTION #	ISSUE	SCORE	QUESTION #	ISSUE	SCORE
1 ▶ A.2.	admission documentation		1 ▶ A.1.b.	policies re: evaluation, treatment plan, etc.	
2 ▶ A.5.	admission criteria		2 ▶ A.1.l.	clinical supervision policy	
3 ▶ B.1.	evaluation w/in 14 days		3 ▶ A.1.n.	incident reporting & review policy	
4 ▶ B.6.	physical w/in 45 days		4 ▶ B.1.	utilization review plan	
5 ▶ C.3.	treatment/service plan dev. w/in 30 days		5 ▶ B.2.	quality improvement plan	
6 ▶ C.4.b.	treatment/service plan based on admitting eval.		6 ▶ C.4.	naloxone emergency overdose kit	
7 ▶ C.4.h.	treatment/service plan signed by sup. w/in 7 days		7 ▶ D.1.	monthly reporting	
8 ▶ C.5.	treatment/service plan reviews		8 ▶ E.1.	clinical supervisor is a QHP	
9 ▶ D.1.	progress note requirements		9 ▶ E.3.	25 percent QHPs or CASAC-Ts	
10 ▶ D.2.	resident not responding to treatment		10 ▶ E.4.	clinical staff to resident ratio – 1:15	
11 ▶ E.4.	approved discharge plan		11 ▶ G.3.	group counseling size <= 15 residents	
# of questions ▶		Quality Indicator Total Score ▶	12 ▶ G.6.	meals/food	
			Additional Quality Indicators: Intensive Rehabilitation Services		
			13 ▶ E.5.	full-time on-site director	
			14 ▶ G.5.	40 hours per week-required clinical svcs.	
			Additional Quality Indicator: Community Residential Services		
			15 ▶ E.6.	full-time house manager	
			Additional Quality Indicator: Supportive Living Services		
			16 ▶ E.11.	staff face-to-face contact once per week	
			# 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

Supervisor or Peer Reviewer

Date

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

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

Employee Name -- Employee Title ▶	Enter employee name and present title or position, including the clinical supervisor. (example: Roberta Jones - Clinical 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.	<table style="width: 100%; border: none;"> <tr> <td>A = Counselor Assistant</td> <td>E = CASAC Level 2</td> </tr> <tr> <td>B = CASAC Trainee</td> <td>F = QHP (other than CASAC)</td> </tr> <tr> <td>C = Provisional QHP</td> <td>G = Advanced Counselor</td> </tr> <tr> <td>D = CASAC</td> <td>H = Master Counselor</td> </tr> </table>	A = Counselor Assistant	E = CASAC Level 2	B = CASAC Trainee	F = QHP (other than CASAC)	C = Provisional QHP	G = Advanced Counselor	D = CASAC	H = Master Counselor
A = Counselor Assistant	E = CASAC Level 2									
B = CASAC Trainee	F = QHP (other than CASAC)									
C = Provisional QHP	G = Advanced Counselor									
D = CASAC	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)
									<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
									<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
									<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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