NEW YORK STATE | Office of Addiction Services and Supports

STATEWIDE REGIONAL OPERATIONS

Regulatory Compliance Site Review Instrument Substance Use Disorder Residential Rehabilitation Services for Youth (RRSY)

PRU - Recertification + Joint Site Review (QA-5CD)

SECTION 1: PATIENT CASE RECORDS

SECTION 2: SERVICE MANAGEMENT

SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY

NOTE: Pursuant to Mental Hygiene Law and the Office of Addiction Services and Supports' (OASAS) Regulations, this Site Review Instrument is designed for the express purpose of conducting OASAS regulatory compliance reviews of its certified providers. Use of this Site Review Instrument as a self-assessment tool may be a helpful indicator of a provider's regulatory compliance. However, please note that the Site Review Instrument: (1) is not the sole basis for determining compliance with OASAS' requirements; (2) does not supersede OASAS' official Regulations, and should not be relied upon as a regulatory reference in lieu of the Regulations; and (3) is subject to periodic revision without notice.

REVIEW INFORMATION

PROVIDER LEGAL NAME	
PROGRAM SITE ADDRESS	
CITY/TOWN/VILLAGE and ZIP	DATES OF REVIEW
REVIEW NUMBER	OPERATING CERTIFICATE NUMBER
PROVIDER NUMBER	PRU NUMBER
LEAD REGULATORY COMPLIANCE INSPECTOR	
ADDITIONAL OASAS STAFF MEMBER(S) (if applicable)	

SITE REVIEW INSTRUMENT INSTRUCTIONS

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

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

SERVICE MANAGEMENT SECTION	
YES ►	Enter a ✓ in the **YES** column when the program is found to be **in compliance**. ➢ For example: The program *has* maintained an emergency medical kit at each location -- 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* maintained an emergency medical kit at each location -- Enter an ✗ in the NO column.
SCORE ►	Enter **4** in the **SCORE** column when the program is found to be **in compliance**. Enter **0** in the **SCORE** column when the program is found to be **not in compliance**.

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

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

PATIENT RECORDS INFORMATION SHEET

ACTIVE RECORDS

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

INACTIVE RECORDS

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

INACTIVE RECORDS (Screened But Not Admitted)

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

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
A. ADMISSIONS												
A.1. Has an initial determination been prepared which states that each individual: • is less than twenty-one years of age and appears to be in need of substance use disorder services; • appears to be free of serious communicable diseases that can be transmitted through ordinary contact; and • appears not to be in need of acute hospital care, acute psychiatric care, Part 816 crisis services or other services which cannot be provided in conjunction with treatment at the facility or would prevent them from participating in substance use disorder treatment? ***[817.3(a)(1)(i-iii)]***											✓ ____ ✕ ____	
A.2. Does a Qualified Health Professional (QHP), or another clinical staff member under the supervision of a QHP, make and document the initial determination? ***[817.3(a)(1)]***											✓ ____ ✕ ____	
Date of level of care determination ▶												
A.3. Are the level of care determinations completed no later than one day after the patient's first on-site contact with the program? ***[817.3(b)]*** ***(NOTE: If patients are referred directly from another OASAS-certified CD program or readmitted to the same program within 60 days of discharge, the existing level of care determination may be used to satisfy this requirement, provided that it is reviewed and updated. [817.4(e)(2)])***											✓ ____ ✕ ____	
A.4. Are the level of care determinations in accord with the programs' policy and procedures and incorporate the use of the OASAS LOCADTR? ***[817.3(b)]***											✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
A. ADMISSIONS (cont'd)												
Date of admission ▶												
A.5. ➡ ***QUALITY INDICATOR*** Do patients meet the admission criteria of a determination that ambulatory services in the community do not meet the needs of the individual recipient or the individual's environment is not conducive to recovery? ***[817.3(e)(1)]*** ***(NOTE: Infants, young children and others of any age who cannot comprehend the treatment process are not appropriate or eligible for admission.)***											✓ ____ ✕ ____	
Medicaid eligible at admission (Y/N) ▶												
A.6. ➡ ***QUALITY INDICATOR*** For patients who, at admission, had an active/open Medicaid case, did the pre-admission review team (ART) review the candidate and document that the individual seeking admission is in need of this level of residential treatment for substance use disorder? ***[817.3(d)]*** ***(NOTE: If a patient is NOT Medicaid eligible; or has a Medicaid case opened/established AFTER admission, the ART review is NOT required.)***											✓ ____ ✕ ____	
Date of ART approval (if applicable) ▶												
Date of admission ▶												
A.7. ➡ ***QUALITY INDICATOR*** Do the patient records contain the name of the authorized QHP who made the **decision to admit** as documented by their signature and date (physical or electronic)? ***[817.3(e)(3)]***											✓ ____ ✕ ____	
A.8. Do the patient records contain the appropriate admission date (date of the first overnight stay following the initial determination and OASAS LOCADTR) ? ***[PAS-44N Instructions-Revised 2021]***											✓ ____ ✕ ____	
A.9. As applicable, are individuals under the age of 18 who are admitted without consent of a parent or legal guardian done so in accordance with Mental Hygiene Law Section 22.11? ***[817.3(e)(6)]***											✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
A. ADMISSIONS (cont'd)												
A.10. Do the patient records contain documentation that, upon admission, the following information was provided to and discussed with the patients, and a signed statement that the patients indicated understanding of such information: • a copy of the program's rules and regulations, including patients' rights; and • a summary of the Federal confidentiality requirements? ***[817.3(e)(4); 815. 5& 42 CFR § 2.31]***											✓ ____ ✕ ____	
As applicable, during the admission process, is there any evidence the client was offered information about MAT (including medications for smoking-cessation)? ***(NOTE: Refer to Opinion of Counsel dated 9/7/17)*** ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***											**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
A.11. Do the patient records contain documentation that, upon admission, patients are informed that their participation is voluntary? ***[817.3(e)(5)]***											✓ ____ ✕ ____	
A.12 Are the consent for release of confidential information forms completed properly? ***[817.6(a)(2)(xii) & 42CFR § 2.31]***											✓ ____ ✕ ____	
A.13. Do the patient records contain documentation that, as soon as possible after admission, **all** patients were offered: • viral hepatitis testing (testing may be done on site or by referral); and • HIV testing (testing may not be conducted without patient written informed consent except in situations specifically authorized by law; testing may be done on site or by referral; individuals on a regimen of pre- or post-exposure prophylaxis, must be permitted to continue the regimen until consultation with the prescribing professional occurs)? ***[817.4(a)(1)(i-ii)]***											✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
A. ADMISSIONS (cont'd)												
A.14. As soon as possible after admission, **if clinically indicated**, did the program : • conduct an intradermal skin or blood-based Tuberculosis test; (testing may be done on site or by referral) and for patients with a positive test result, refer the patient for further tuberculosis evaluation. • offer testing for other sexually transmitted infections; testing may be done on site or by referral; • provide or recommend any other tests the examining physician or other medical staff member deems to be necessary (e.g. an EKG, a chest X-ray, or pregnancy test.) ***[817.4(a)(2)(i-iii)]*** **[*NOTE: As soon as possible after testing programs must explain any blood and skin test results to the patient. 817.4(a)(3)]***											✓ ____ ✕ ____	
Date of admission ▶												
Date of initial evaluation ▶												
A.15. Is there evidence the program • 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. ***[817.2(d)(4)]***											✓ ____ ✕ ____	
								Number of Applicable Questions Subtotal			Patient Records Subtotal	

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
A. ADMISSIONS (cont'd)												
A.16. ➡ ***QUALITY INDICATOR*** Are initial evaluations, which include a written report of findings and conclusions, completed within 3 days of admission? ***[817.4(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:*** • ***if patients are referred directly from another OASAS-certified CD program;*** • ***if patients are readmitted to the same program within 60 days of discharge;*** • ***if the evaluation is completed by the same program more than 60 days prior to admission.)***											✓ ____ ✕ ____	
A.17. Do the initial evaluations include the names of the staff members who participated in evaluating patients, and a signature of the QHP responsible for the evaluation? ***[817.4(b)(2)]***											✓ ____ ✕ ____	
A.18. Do the initial evaluations include an identification of initial services needed, and schedules of individuals and group counseling to address the needed services until the development of the treatment/recovery plan? ***[817.4(c)]***											✓ ____ ✕ ____	
								Number of Applicable Questions Subtotal			Patient Records Subtotal	

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
B. MEDICAL SERVICES												
B.1. ➡ ***QUALITY INDICATOR*** Prior to development of the treatment/recovery plan, do the case records address **physical health**, as follows: • for those patients who **do not** have available medical histories and physical examinations **have not** been performed within twelve months, have they either been assessed face-to-face by a member of the medical staff to ascertain the need for a physical examination or referred for a physical examination? ***[817.4(d)(1)]*** **OR** • for those patients who **do** have available medical histories and physical examinations **have** been performed within twelve months, or for those patients that are admitted directly to the program from another OASAS-certified program, are the medical histories and physical examinations from such other services or physicians reviewed? ***[817.4(d)(1)]***											✓ ____ ✕ ____	
B.2. Does the patient record include a summary of the results of the physical examination and demonstrate that appropriate medical care is recommended to any patient whose health status indicates the need for such care? ***[817.4(d)(2)]***											✓ ____ ✕ ____	
B.3. 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? ***[817.2(d)(1)]***											✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
C. TREATMENT/RECOVERY PLANS												
Date of admission ▶												
Date of treatment/recovery plan approval ▶												
C.1. ➡ ***QUALITY INDICATOR*** Are treatment/recovery plans developed by the patient and the clinical staff within 10 days after admission? ***[817.5(a)]*** ***(NOTE: For patients moving directly from one program to another, the existing treatment/recovery plan may be used if there is documentation that it has been reviewed and, if necessary, updated within ten (10) days of transfer. [817.5(a)(2)])***											✓ ____ ✕ ____	
C.2. Do the treatment/recovery plans include each diagnosis for which the patient is in need of treatment? ***[817.5(b)(1)]***											✓ ____ ✕ ____	
C.3. ➡ ***QUALITY INDICATOR*** Do the treatment/recovery plans address **patient-identified** problem areas specified in the admission assessment and concerns which may have been identified subsequent to admission? ***[817.5(b)(2)]***											✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

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

Exemplary

- ☐ The plan identifies evidence-based methods to address preferences, needs and goals related to family, housing, work, education or other chosen roles, as appropriate
- ☐ Treatment plans reflect tailored approaches which incorporate: Strength-based, Trauma Informed, Recovery Oriented strategies to assist participant in holistic wellness to support their long-term recovery
- ☐ The treatment plan objectives and action steps are created and/or updated collaboratively by participant, clinician, and transdisciplinary team, as well as, significant others involved with the participant's recovery

Adequate

- ☐ Treatment plan goals, objectives, and services are clearly linked to the measurement-based assessments, which are individualized and person-centered
- ☐ Measurable, attainable, timely, realistic and specific steps toward the achievement of goals are identified, with target dates
- ☐ The plan includes the specific evidenced based interventions, the clinician(s) providing services, and the frequency of services
- ☐ The treatment plan includes objectives that are updated as needed, and reflect desired accomplishments of the participant (and the family)

Needs Improvement

- ☐ The treatment plan focuses only on deficits
- ☐ Needs identified in the assessment are not addressed and no explanation is provided
- ☐ There are no evidenced based interventions identified to assist the participant with meeting the objectives
- ☐ Interventions are not realistic to attain or do not reflect desired preferences or assessed needs
- ☐ Treatment plans have minimal or no evidence of addressing strength based, trauma informed, recovery-oriented tenets regarding participants and families

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

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
C. TREATMENT/RECOVERY PLANS (cont'd)												
Date of admission ▶												
Date of treatment/recovery plan approval ▶												
C.4. Do the treatment/recovery plans identify methods and treatment approaches that will be utilized to achieve the goals developed by the patient and primary counselor? ***[817.5(b)(2)]***											✓ ____ ✕ ____	
C.5. Are treatment/recovery plans approved, signed, and dated (physical or electronic signature) by the responsible clinical staff member? ***[817.5(b)(3)]***											✓ ____ ✕ ____	
C.6. ➡ ***QUALITY INDICATOR*** Are treatment/recovery plans reviewed, approved, signed and dated by the physician within 14 days of admission? ***[817.5(b)(4)]*** ***(NOTE: If patients are transferred directly from another SUD program, an updated comprehensive treatment plan is acceptable.)*** ***(NOTE: Evidence of approval must be via signatures and handwritten or typed dates.)***											✓ ____ ✕ ____	
C.7. ➡ ***QUALITY INDICATOR*** Where a service is to be provided by any entity other than the Part 817 program (e.g., mental health, medical, vocational/ educational), do the treatment/recovery plans contain all of the following information: • a description of the nature of the service; • a record that referral for such service has been made; and • the results of the referral? ***[817.5(b)(5)]***											✓ ____ ✕ ____	
Does the chart reflect collaboration with other providers, family members, collateral contacts? ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***											**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
C. TREATMENT/RECOVERY PLANS (cont'd)												
Date of comprehensive treatment plan approval ▶												
Date of first treatment plan review ▶												
C.8. ➡ *QUALITY INDICATOR* Are individual treatment/recovery plans reviewed and revised at least once within every thirty calendar day window period from the date of admission? ***[817.5(c)(3)]*** ***(NOTE: The window periods are fixed based upon the admission date and reviews may be conducted anytime within the applicable window periods.)*** ***(NOTE: If the patient is not responding to treatment or a significant incident occurs, reviews should be conducted more frequently.)***											✓ ____ ✕ ____	
C.9. ➡ *QUALITY INDICATOR* Does each treatment/recovery plan review include a signature by a physician? ***[817.5(c)(3)]***											✓ ____ ✕ ____	
D. DOCUMENTATION												
NOTE: For the following documentation questions, review the progress note and/or attendance notes for the previous 30 patient visit days.												
D.1. ➡ *QUALITY INDICATOR* Are progress notes: • written, signed and dated by the responsible clinical staff member or another clinical staff member familiar with the patient; • written at least once per week; and • written as to provide a chronology of patient's participation in all significant services provided, progress in relation to the goals established in the treatment/recovery plan; and • sufficient to delineate the course and results of treatment? ***[817.5(d)(1)]***											✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

SECTION 1: PATIENT RECORDS (ACTIVE)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes ✕ = no	From Scoring Table
D. DOCUMENTATION (cont'd)												
Are the individual and group counseling progress notes detailed, unique and person-centered? ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***											**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
Do progress notes describe evidence-based treatment interventions specific to substance use/recovery? ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***											**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
Were positive toxicology results addressed in counseling sessions? ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***											**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
Do the charts reflect any enhanced services (e.g., (vocational/educational, financial assessment, psychiatric, peer support, etc.) were provided? ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***											**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
D.2. ➡ ***QUALITY INDICATOR*** Are services provided according to the individual treatment plans? ***[817.5(c)(1)]*** ***(NOTE: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-compliance with the treatment schedule, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered as citations.)***											✓ ____ ✕ ____	
								Number of Applicable Questions Subtotal			Patient Records Subtotal	

SECTION 1: PATIENT RECORDS (INACTIVE)						TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	✓ = yes ✕ = no	From Scoring Table
E. DISCHARGE PLANNING							
E.1. Are the discharge plans based on the following: • the patient's self-reported confidence in maintaining their health and recovery • the patient's self-reported confidence in following an individualized safety plan • an assessment of the home and family environment; • vocational/educational/employment status; and relationships with significant others? ***[817.5(e)(4)]***						✓ ____ ✕ ____	
E.2. Do the discharge plans include the following: • identification of other treatment, rehabilitation, self-help, vocational, educational, and employment services the patient will need; • identification of the type of residence, if any, that the patient will need after discharge; • identification of specific providers of these needed services; • specific referrals and initial appointments for these needed services; • documentation that the patient, and their family/significant other(s) were offered naloxone education and training and a naloxone kit or prescription; and • an appointment with a community based provider to continue access to medication for addiction treatment? ***[817.5(e)(4)(i-vi)]***						✓ ____ ✕ ____	
E.3. Do the discharge plans include evidence of development in collaboration with the patient and any significant other(s) the patient chooses to involve? ***[817.5(e)(1)]*** ***(NOTE: If the patient is a minor, the plan must also be developed in consultation with the patient's parent or guardian, unless the minor is being treated without parental consent as authorized by Mental Hygiene Law Section 22.11.)***						✓ ____ ✕ ____	
				Number of Applicable Questions Subtotal		Patient Records Subtotal	

SECTION 1: PATIENT RECORDS (INACTIVE)						TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	✓ = yes ✕ = no	From Scoring Table
E. DISCHARGE PLANNING (cont'd)							
E.4. ➡ ***QUALITY INDICATOR*** Does the program ensure that no patients are approved for discharge without a discharge plan reviewed by the MDT? ***[817.5(e)(3)]*** ***(NOTE: This does not apply to patients who leave the program without permission, refuse continuing care planning, otherwise fail to cooperate, or who are referred to a higher level of care.)*** ***(NOTE: This review may be part of a regular treatment/recovery plan review.)***						✓ ____ ✕ ____	
E.5. Is the portion of the discharge plan, which includes referrals for continuing care, given to the patients upon discharge? ***[817.5(e)(3)]*** ***(NOTE: Documentation may be in the form of a progress note or duplicate form.)***						✓ ____ ✕ ____	
Was there a "warm hand off" for the aftercare referral? ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***						**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
E.6. Do patient case records contain discharge summaries, which include the course and results of care and treatment, within twenty days of the patient's discharge? ***[817.5(e)(5)]***						✓ ____ ✕ ____	
Are the circumstances of the patient discharge clearly described in the discharge summary? ***Corresponds to RO SRI Clinical Practices Question 12 - PRU completes and informs RO***						**QUESTION NOT SCORED** PLEASE PROVIDE SPECIFIC FEEDBACK REGARDING ANY RELATED ISSUES	
					Number of Applicable Questions Subtotal	Patient Records Subtotal	

STANDARDS OF CARE: Discharge Planning

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

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

SECTION 1: PATIENT RECORDS (INACTIVE)						TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	✓ = yes ✕ = no	From Scoring Table
F. MONTHLY REPORTING							
F.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first overnight stay following the initial determination) recorded in the patient case records? ***[810.14(e)(6)]***						✓ ____ ✕ ____	
F.2. Is the discharge disposition reported to OASAS consistent with documentation in the patient case records? ***[810.14(e)(6)]***						✓ ____ ✕ ____	
F.3. Are the discharge dates reported to OASAS consistent with the discharge dates (date of last face-to-face contact) recorded in the patient case records? ***[810.14(e)(6)]***						✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

SECTION 1: PATIENT RECORDS (INACTIVE)						TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	✓ = yes ✕ = no	From Scoring Table
G. SCREENED BUT NOT ADMITTED							
NOTE: For the following questions, review completed assessments of five (5) individuals who were assessed, but not admitted to the RRSY program.							
G.1. Do the patient case records contain the name of the QHP who made the **decision to not admit** as documented by their dated signature (physical or electronic)? ***[817.3(e)(3)]***						✓ ____ ✕ ____	
G.2. In cases where the program denies admission to an individual, is there a written record containing the reasons for denial and, if applicable, a referral to an appropriate program? ***[817.3(e)(2)]***						✓ ____ ✕ ____	

Number of Applicable Questions Subtotal _____ Patient Records Subtotal _____

Number of Applicable Questions Total _____ Patient Records Total _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES			
A.1. Does the program have written policies and procedures, approved by the program sponsor, which address: a. procedures and specific criteria for admission, retention, transfer, referrals and discharge? ***[817.2(a)(1)]***	a.		
b. level of care determinations utilizing the OASAS level of care determination protocol, treatment/recovery plans, and placement services? ***[817.2(a)(2)]*** ➡ ***QUALITY INDICATOR***	b.		
c. staffing, including but not limited to, training, supervision, and use of student interns, peers, and volunteers? ***[817.2(a)(3)]***	c.		
d. the provision of medical and psychiatric services, including screening and referral for associated physical or mental health conditions? ***[817.2(a)(4)]***	d.		
e. a schedule of fees for services rendered? ***[817.2(a)(5)]***	e.		
f. infection control procedures? ***[817.2(a)(6)]***	f.		
g. cooperative agreements with other substance use disorder services providers and other providers of services that the patient may need? ***[817.2(a)(7)]***	g.		
h. compliance with other requirements of applicable local, state and federal laws and regulations, OASAS guidance documents and standards of care regarding, but not limited to: • education, counseling, prevention and treatment of communicable diseases, including viral hepatitis, sexually transmitted infections and HIV/AIDS; regarding HIV, such education, counseling, prevention and treatment shall include condom use, testing, pre- and post-exposure prophylaxis and treatment; • the use of toxicology tests as clinically appropriate; and • medication and the use of medication for addiction treatment; • if acupuncture is provided it must be provided in accordance with Part 830 of this Title; • the use of a problem gambling screen approved by OASAS? ***[817.2(a)(8)]***	h.		
i. record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with the federal confidentiality regulations contained in 42 Code of Federal Regulations Part 2? ***[817.2(a)(9)]***	i.		
j. utilization review and quality improvement. All programs must have a utilization review process, a quality improvement committee, and a written plan that identifies key performance measures? ***[817.2(a)(10)]***	j.		
k. compliance with all applicable laws regarding the use of restraint and seclusion? ***[815.5(a)(17)(v)]*** ➡ ***QUALITY INDICATOR***	k.		
A.2. ➡ ***QUALITY INDICATOR*** Does the program have a written policy stating that, except in the following emergency circumstances, prior approval must be obtained from the ART prior to admitting a Medicaid eligible individual: • the individual has a history of recurrent use outside of a structured 24-hour setting; • the individual is unable to access transitional services in the community; or • the individual is without appropriate housing? ***[817.3(d)(2)(i-iii)]***			
A.3. Does the program have a written policy stating that under no circumstances should an individual be admitted on an emergency basis or otherwise if they are in medical or psychiatric crisis or if they are in need of withdrawal services? ***[817.3(d)(3)]***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES (cont'd)			
A.4. Does the program have medical policies, procedures and ongoing training developed by the medical director for matters such as: • routine medical care; • specialized services; • specialized medications; • medical and psychiatric emergency care; • screening for, and reporting of, communicable diseases; and • public health education including prevention and harm reduction [***800.4(h)(1)(ii)]***			
A.5. 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? • 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; • religion; or • age ***[815.5(a)(21)(i-xix)]*** ***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 _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES (cont'd)			
A.6. 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 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? ***[817.6(a) (1) & 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".***			
B. OPERATIONAL REQUIREMENTS			
B.1. ➡ ***QUALITY INDICATOR*** Is this site certified for the types of services currently being provided? ***[810.4(f)]*** • 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.)***			
B.2. Does the program operate within its certified capacity? If no, did the program obtain prior OASAS approval for such exceptions? ***[817.2(g)] (REVIEW GUIDANCE: Review the last six months.)*** • Certified Program Capacity: _____ • Current Program Census: _____			
B.3. ➡ ***QUALITY INDICATOR*** Does the provider maintain an emergency medical kit at each certified location which includes: • basic first aid supplies; and • naloxone emergency overdose prevention kits sufficient to meet the needs of the program? ***[817.2 (e)]*** *Corresponds to RO SRI Program Environment Question 14 - RO completes and informs PRU*			
B.4. Has the provider developed and implemented a plan to have staff 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? ***[817.2(e)]*** *Corresponds to RO SRI Program Environment Question 15 - RO completes and informs PRU*			
B.5 Has the provider notified all staff and patients of the existence of the naloxone emergency overdose prevention kit and the authorized administering staff? ***[817.2(e)(1)]*** *Corresponds to RO SRI Program Environment Question 15 - RO completes and informs PRU*			
B.6. Is there a designated area provided for locked storage and maintenance of patient records? ***[814.4(c)(3)]*** ***(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 _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
B. OPERATIONAL REQUIREMENTS (cont'd)			
B.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? ***[OASAS Local Service Bulletin 2019-06]*** ***(NOTE: the command and control document is generated by the respective organization with the signature of either the Board Chair and or CEO affirming review and approval of Emergency Preparedness protocols.)***			
B.8. **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? [817.2 (d)(2)]** **(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.)**			
C. OASAS REPORTING			
C.1. ➡ ***QUALITY INDICATOR*** Have data reports (*PAS-44N, PAS-45N & PAS-48N*) been submitted to OASAS timely and reflect accurate admission and discharge transactions? ***[810.14(e)(7)]*** ***(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 (Admissions/PAS-44N must be submitted within 30 days of the admission date; Discharges/PAS-45N must be submitted within 30 days of the date last treated; Monthly Service Delivery reports/PAS-48N must be submitted by the 10th day of the month following the report) of data submission and overall consistency for the previous six months. While on-site, compare the total number of active patients, as stated on the Client Roster Report, to the actual number of active patients, as indicated by the program administrator.)***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
D. STAFFING (Complete Personnel Qualifications Work Sheet)			
D.1. ➡ ***QUALITY INDICATOR*** Is the **program director** of the program a QHP who has at least: • four years of experience in the human services field; • two years of experience in the provision of substance use disorder treatment services; • two years of administration and supervisory experience prior to appointment as director; and • two years of adolescent services experience? ***[817.7(d)(1-4)]***			
D.2. Is there documentation that the program provides a plan for staff training based on individual employee needs? ***[817.7(c)]***			
D.3. Is there documentation that the program provides clinical supervision based on individual employee needs? ***[817.7(c)]***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

STANDARDS OF CARE: Clinical Supervision

Clinical Supervision should address the following:

- Person-Centered Care
- Trauma Informed practices
- Strength Based services
- Recovery Oriented Systems of Care
- Evidenced Based Practices
- Diagnostic assessment
- Evaluation
- Intervention
- Referral
- Individual substance use disorder counseling
- Group substance use disorder counseling
- Crisis management

Exemplary

☐ Clinical Supervision should be provided by staff with appropriate levels of training and education who are strength-based and trauma informed, and possess demonstrated experience in delivering chemical dependency treatment services for each element of care
☐ Individual and group supervision sessions result in the identification of individual and agency-wide training needs, policy and procedure reviews, etc
☐ The agency demonstrates an ongoing training program in evidence-based **practices** (EBPs), and most staff have received training in one or more EBPs
☐ All clinicians will have completed FIT or equivalent training to address co-occurring needs of the population

Adequate

☐ Clinical supervision by appropriate leadership staff on a regular basis for all clinicians is provided and documented
☐ The frequency of supervision is dependent upon the acuity of service
☐ The frequency of supervision is increased for new vs. experienced staff.
☐ Provision is made for prompt supervision in times of crisis or increased need, clinicians demonstrate knowledge of the method to request ad hoc supervision, and there is evidence that this has been used
☐ Issues or needs identified related to staff performance are addressed in supervision, training, or by other methods
☐ Regularly scheduled clinical in-service training is provided by the agency and staff attendance is documented

Needs Improvement

☐ Clinical supervision is not provided on a regular basis (per policy)
☐ All clinicians, regardless of experience, have the same level of supervision.
☐ Supervisory sessions appear to deal more with administrative than clinical matters
☐ Clinical supervision occurs only in groups, not individually
☐ There is minimal evidence of staff training
☐ No performance evaluation system or other methods to assess and evaluate staff performance are evident

FEEDBACK TO PROVIDER: Utilizing the Standards of Care criteria identified above, in conjunction with the clinical supervision policy, supervision minutes, and staff interviews, please provide specific feedback to the provider regarding whether clinical supervision is provided appropriately.

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
D. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
D.4. ➡ ***QUALITY INDICATOR*** Is the **medical director** of the program a physician licensed and currently registered as such by the New York State Education Department and has at least one year of education, training, and/or experience in substance use disorder services? ***[800.4(h)(1)]*** **►►►RED FLAG DEFICIENCY if no physician on staff.◄◄◄**			
D.5. Does the **medical director** have overall responsibility for: • medical services provided by the program; • oversight of the development and revision of policies, procedures and ongoing training; • collaborative supervision with the program director of non-medical staff in the provision of substance use disorder services; • supervision of medical staff in the performance of medical services; • assistance in the development of necessary referral and linkage relationships with other institutions and agencies; and • to ensure the program complies with all federal, state and local laws and regulations? ***[800.4(h)(1)(i-vi)]*** ***(NOTE: Documentation might be found in job description, policies and procedures, supervision minutes, etc.)***			
D.6. ➡ ***QUALITY INDICATOR*** Does the **medical director** hold • a board certification in addiction medicine from a certifying entity appropriate to their primary or specialty board certification and; • a Federal DATA 2000 waiver (buprenorphine-certified)? ***[800.4(h)(2)]*** ***(NOTE: Physicians may be hired as probationary medical directors if not so board certified but must obtain board certification within four (4) years of being hired.)***			
D.7. Do **all doctors, physician assistants and nurse practitioners** employed hold a Federal DATA 2000 waiver (buprenorphine-certified)? ***[800.6(d)]***			
D.8. ➡ ***QUALITY INDICATOR*** If the program provides treatment for persons with co-existing medical or psychiatric conditions in addition to their substance use disorder, is there an appropriately qualified physician, physician assistant, nurse practitioner, psychiatrist or psychologist on-site or through telehealth for a sufficient number of hours each week to provide evaluation, treatment and supervision of such other services for these patients? ***[817.7(a)(2)]***			
D.9. Is there a qualified individual on staff designated as the **health coordinator**, to ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV, tuberculosis, hepatitis, sexually transmitted infections and other communicable diseases? ***[817.7(f)(3)]***			
D.10. Is there at least one full-time equivalent registered nurse (or nurse practitioner), with additional medical coverage, if applicable? ***[817.7(a)(3)]***			
D.11. Is there an RN, licensed practical nurse (LPN), PA, or NP available on-site or on-call at all times? ***[817.7(a)(3)]***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
D. STAFFING (cont'd) (Complete Personnel Qualifications Work Sheet)			
D.12. ➡ ***QUALITY INDICATOR*** Is there at least one clinical staff member designated to provide activities therapy? ***[817.7(e)(3)]***			
D.13. Does each counselor have a caseload of no more than eight (8) patients? ***[817.7(e)(4)]***			
D.14. Are at least 50 percent of all counselors QHPs? ***[817.7(e)(4)] (NOTE: CASAC Trainees may be counted towards satisfying this requirement.)***			
D.15. Are counseling staff (case carrying or qualified to carry a case) scheduled for a minimum of 1.5 shifts, five days per week; plus 1 shift per day for the remaining 2 days per week? ***[817.7(e)(4)]***			
D.16. Are clinical staff members available on-site to all patients at all times? ***[817.7(e)(5)]***			
D.17. During the late evening and night shift, are there at least two clinical staff members who are on-duty, awake, and make frequent rounds? ***[817.7(e)(5)]***			
D.18. Is there a full-time equivalent Licensed Mental Health Counselor or Social Worker licensed and currently registered as such by the New York State Education Department experienced in substance use treatment and adolescents? ***[817.7(e)(6)] (NOTE: If qualified, this individual may perform family therapist function below)***			
D.19. Is there a full-time equivalent Family Therapist who is a Social Worker (LMSW; LCSW) licensed and currently registered as such by the New York State Education Department or a Licensed Marriage and Family Therapist (LMFT)? ***[817.7(e)(7)] (NOTE: If qualified, this individual may perform social worker function above)***			
D.20. Does the clinical staff to patient ratio meet the minimum standard of 1:4 [one FTE clinical staff for every 4 patients]? ***[817.7(e)(8)]*** **(Number of current active patients _____ ÷ Number of current FTE clinical staff members _____ = 1: _____)**			
D.21. If volunteers are utilized, are they provided close professional staff supervision and appropriate education from both internal and external sources? ***[817.7(f)(2)]***			
D.22. ➡ ***QUALITY INDICATOR*** Are at least 50 percent of all clinical staff members QHPs? ***[817.7(e)(1)] (NOTE: CASAC Trainees may be counted towards satisfying this requirement.)***			
D.23. ➡ ***QUALITY INDICATOR*** Is there at least one **Community Support Specialist** for every 30 patients, or portion thereof, responsible for coordinating patient care and assisting in discharge planning? ***[817.7(f)(4)]*** **(Number of current active patients _____ ÷ Number of current FTE Community Support Specialist staff _____ = 1: _____)**			
D.24. Is there one staff member who is designated to perform an Intake/Admissions Coordinator function? ***[817.7(f)(5)]***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
E. JUSTICE CENTER (For the following 2 questions, review a sample of 5 applicable program employees)			
E.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 upon hiring and on an annual basis? ***[836.5(e)]*** ***(NOTE: Check all attestations subsequent to the prior recertification review date; a copy should be maintained in the employee personnel file.)*** *Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 4 - RO completes and informs PRU*			
E.2. ➡ ***QUALITY INDICATOR*** For all employees hired after July 1, 2013 who have the potential for regular and substantial unrestricted and unsupervised contact with patients/residents, did the provider maintain: • 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.)*** *Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 2 - RO completes and informs PRU*			
F. SERVICES			
F.1. Does the program provide the following **clinical** services: • trauma-informed person centered individual, group and family counseling as appropriate; • activities therapy; • assessment and referral services for patients and significant others; • Medical and psychiatric consultation; and • HIV and AIDS, hepatitis C, tuberculosis, and other communicable diseases education, risk assessment, supportive counseling and referral? ***[817.2(c)(1)(i-iv)]*** ***(NOTE: Group counseling sessions must be structured in size and duration to maximize therapeutic benefit for each participant. Program policies must include a process for determining group size, group purpose, monitoring patient experience, and assessing group efficacy.)***			
F.2. Does the program provide the following **recovery support** services: • Substance use education. awareness and recurrence prevention; • education about, orientation to, and the opportunity for participation in, available and relevant self-help and peer support groups including Alternative Peer Groups; • holistic health practices; socialization skills? ***[817.2(c)(2)(i-iii)]***			
F.3. Does the program provide the following **educational assessment and educational** services, as appropriate and as required by law: • vocational assessment and vocational services; and • life skills training? ***[817.2(c)(3)(i-ii)]*** ***(NOTE: These educational services can be provided directly or by arrangement with local school districts.)***			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
G. FOOD AND NUTRITION			
G.1. ➡ ***QUALITY INDICATOR*** Does the program provide each patient with three (3) nutritious meals each day which furnish sufficient nutrients and calories to meet normal needs as well as the special needs of persons in recovery, as well as having snacks and beverages available between meals? ***[817.2(f)(1-2)]***			
G.2. Does the program have a qualified dietician, dietetic technician or other appropriately qualified individual on staff? ***[817.2(f)(3)] (NOTE: This function may be performed by a consultant.)***			
G.3. Is the qualified dietician, dietetic technician or other appropriately qualified staff responsible for: • menu planning services; • the procurement of food supplies; • the training and directing of food preparation and serving personnel? ***[817.2(f)(3)]***			
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; • 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 _____

SECTION 2: 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: • defines the parts of the facility and vehicles where tobacco use is not permitted; • requires all patients, staff, volunteers, and visitors be informed of the tobacco free policy including posted notices and the provision of copies of the policy; • establishes a policy prohibiting staff and volunteers from using tobacco products or nicotine delivery systems when they are on the site of the program, from purchasing tobacco products or nicotine delivery systems for, or giving tobacco products or nicotine delivery systems to patients, and from using tobacco products or nicotine delivery systems with patients; • describes employee assistance programs and other programs that will be made available to staff who want to stop using tobacco products, nicotine delivery systems, or other nicotine-containing products; • establishes evidence-based harm reduction and cessation treatment modalities for patients who use tobacco products or nicotine delivery systems, in accordance with guidance from the Office • prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the program; • describes required annual training for staff, including clinical, non-clinical, administrative and volunteers about tobacco products, nicotine dependence, and tobacco use disorder that is sufficient for the program to operate a holistic approach to tobacco use disorder that is evidenced in progress notes, policies and procedures, perception of care, and outcomes; • describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers, and others; • establishes procedures, including a policy to address patients who continue to use or return to use of tobacco products or nicotine delivery systems. ***[856.5(a)]*** ***SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".***			
H.3. Does the program adhere to each of its tobacco-free or tobacco-limited policies, as identified above? ***[856.5(a)(1-9)]***			
I. PATIENT RIGHTS POSTINGS			
I.1. Are statements of patient rights and participant responsibilities, including the toll-free hotline numbers of the Justice Center Vulnerable Persons' Central Register **[1-855-373-2122]** and the OASAS Patient Advocacy **[1-800-553-5790]** posted prominently and conspicuously throughout the facility? ***[815.4(a)(2)]*** ***(NOTE: Part 815 includes statements of patient rights and participant responsibilities based upon Sections 815.5 and 815.6. and must be readily accessible and easily visible to all patients and staff. Justice Center and Patient Advocacy postings that do not stand out or that blend in with other postings do not suffice as prominently posted. For hospital-owned and/or hospital-affiliated programs, these postings can be the same as what hospitals are required to post; however, such postings need to include the Justice Center and OASAS as additional contacts.)*** *Corresponds to RO SRI Program Environment Question 12 - RO completes and informs PRU*			
I.2. Is there at least one prominent posting that includes the name and contact information of the clinic director/program director of the OASAS-certified program? ***[815.4(a)(2)]*** ***(NOTE: This posting can be separate from or together with the statements of patient rights and patient responsibilities and the OASAS 800 phone number in the question immediately above. Unlike the above question, this posting can be in only one place as long as it is prominently posted such as upon immediately entry to a facility or behind a receptionist desk.)*** *Corresponds to RO SRI Program Environment Question 12 - RO completes and informs PRU*			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
J. INSTITUTIONAL DISPENSER			
J.1. If the facility takes possession of a patient's prescription for a controlled substance (including "take home" medication for patients who are enrolled in an outside Opioid Treatment Program) for the purpose of safeguarding and administration of the medication, do they possess a current ***Class 3A Institutional Dispenser Limited license*** issued by the New York State Department of Health's Bureau of Narcotic Enforcement? ***[815.9(b)]*** ***(NOTE: Facilities with an on-site pharmacy require a Class 3 Institutional Dispenser license.)*** *Corresponds to RO SRI Program Environment Question 10 - RO completes and informs PRU*			
K. INCIDENT REPORTING			
K.1. Does the program have an incident management plan which incorporates the following: • identification of staff responsible for administration of the incident management program; • provisions for annual review by the governing authority; • specific internal recording and reporting procedures applicable to all incidents observed, discovered or alleged; • procedures for monitoring overall effectiveness of the incident management program; • minimum standards for investigation of incidents; • procedures for the implementation of corrective action plans; • establishment of an Incident Review Committee; • periodic training in mandated reporting obligations of custodians and the Justice Center code of conduct; and • provision for retention of records, review and release pursuant to Justice center regulations and Section 33.25 of Mental Hygiene Law? ***[836.5(b)(1-9)]*** ***SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".*** *Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 1 - RO completes and informs PRU*			
K.2. Does the provider maintain documentation of the required quarterly reports from the Incident Review Committee which compile the total number of incidents by type and its findings and recommendations? ***[836.5(f)(8)]*** *Corresponds to RO SRI Incident Reporting, Justice Center & Patient Advocacy Question 5 - RO completes and informs PRU*			
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: • 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)]*** *Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU*			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
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 and other OASAS resources, OASAS requires all funded services to address the following SAPT Block Grant service requirements either directly or through arrangement with other appropriate entities. QUESTIONS FROM PROVIDERS SHOULD BE DIRECTED TO THE APPROPRIATE REGIONAL OFFICE.**			
M.1. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address outreach to pregnant and parenting women and injecting drug users? ***[45 CFR Part 96]*** *Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU*			
M.2. For an OASAS-funded provider that treats **injecting drug abusers**, does the program have a written policy to: • 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.)*** *Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU*			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

SECTION 2: SERVICE MANAGEMENT	YES	NO	SCORE
M. SAPT BLOCK GRANT REQUIREMENTS (if applicable) (cont'd)			
M.3. For an OASAS-funded provider that treats **injecting drug abusers** and/or **pregnant women and women with dependent children** (including women attempting to regain custody of their children), does the program have a written policy to: • 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]*** *Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU*			
M.4. For an OASAS-funded provider that treats **pregnant women and women with dependent children** (including women attempting to regain custody of their children), does the program have a written policy to: • 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]*** *Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU*			
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: • admit both women and their children (as appropriate); • provide or arrange for primary medical care, prenatal care, pediatric care (including immunizations); • provide or arrange for child care while the women are receiving services; • provide or arrange for gender-specific treatment and other therapeutic interventions; • provide or arrange for therapeutic interventions for children in custody of women in treatment; and • provide or arrange for case management and transportation services to ensure women and their children can access treatment services? ***[45 CFR Part 96]*** *Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU*			
M.6. For an OASAS-funded provider which self-identify themselves as a **religious organization/faith-based program**, does the program have a written policy to: • 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]*** *Corresponds to RO SRI Initial Intake & Priority Admissions Question 1-7 - RO completes and informs PRU*			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

Number of Applicable Questions Total _____ Service Management Total _____

SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY	YES	NO	SCORE
A. FACILITY REQUIREMENTS			
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.** ○ *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.** ○ *Examples: poor lighting; threadbare carpet; broken outlet covers; holes in wall; inadequate furnishings; etc.* • **Facility Recommendation – RECOMMENDATION NOTE ISSUED; Provider must work with Regional Office to address recommendation.** ○ *Examples: eventual replacement of boiler or roof; construction; etc.*			

Number of Applicable Questions Subtotal _____ Facilities Subtotal _____

STANDARDS OF CARE: Physical Environment

Exemplary	Adequate	Needs Improvement
☐ Premises support a trauma informed environment that promotes emotional and physical safety, openness, and respect. (i.e. consciousness of male to female ratios, quiet space) ☐ The environment is welcoming and attractive (for example: comfortable furniture, beverages in the waiting area, up to date reading materials, and decorated offices) to the age groups and cultural groups served at the facility ☐ The premises are decorated and furnished in a welcoming manner specific to the prevalent cultural groups served at the facility ☐ A waiting area is available for children/families ☐ The program has materials promoting recovery and sharing success stories available in the waiting area ☐ Outcomes from Participant Satisfaction surveys, suggestion boxes and complaints are displayed prominently including the actions taken by the provider to improve services based on participant feedback	☐ The premises are maintained in a clean condition and are welcoming ☐ Individual counseling space and group rooms ensure confidentiality ☐ A sufficient number of restrooms are available for use by recipients and staff ☐ Participant living space - square footage; is responsive to the participants medical, mental health, physical status, and gender identification ☐ Comfortable temperatures are maintained in all areas of the clinic ☐ In waiting rooms, offices and throughout the building, literature, photos, reading material and toys are reflective of the populations served. These materials should be up to date, maintained and safe	☐ The premises need extensive maintenance to ensure a comfortable place to receive services ☐ Literature, photos, reading material and toys are not reflective of the population served and those using the waiting area ☐ Negative messages such as "all cell phones will be confiscated" or "no packages can be dropped off for participants in treatment" are posted in the waiting and reception areas ☐ The physical plant cannot contain the staff and participants in the space allocated. (i.e. insufficient group rooms, lack of privacy, etc.)

FEEDBACK TO PROVIDER: Utilizing the Standards of Care criteria identified above, please provide specific feedback to the provider regarding whether the premises support a trauma informed environment that promotes safety, openness, and respect.

SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY	YES	NO	SCORE
A. FACILITY REQUIREMENTS (cont'd)			
A.2. Are current and accurate facility floor plans maintained on site and, upon request, provided to OASAS? ***[814.5(b)]***			
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.)*** *Corresponds to RO SRI Program Environment Question 6 - RO completes and informs PRU*			
A.4. Are separate bathroom facilities made available to afford privacy for males and females? ***[814.4(c)(2)]***			
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.)***			
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)]***			
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)]***			

Number of Applicable Questions Subtotal _____ Facilities Subtotal _____

SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY	YES	NO	SCORE
B. GENERAL SAFETY (cont'd)			
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)]***			
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.			
Section 1: Patient Case Records				**Section 2: Service Management**			
QUESTION #	**ISSUE**		**SCORE**	**QUESTION #**	**ISSUE**		**SCORE**
1 ► A.5.	admission criteria			**1 ► A.1.b.**	policies re: LOCADTR, treatment plan, eval, etc.		
2 ► A.6.	ART review & approval			**2 ► A.1.k.**	policy re: restraint & seclusion		
3 ► A.7.	name of authorized QHP - admission			**3 ► A.2.**	ART policy		
4 ► A.16.	initial evaluation w/in 3 days			**4 ► B.1.**	all services are certified		
				5 ► B.3.	first-aid kit with naloxone		
5 ► B.1.	physical health information			**6 ► C.1.**	monthly reporting		
6 ► C.1.	treatment plan developed w/in 10 days			**7 ► D.1.**	program director is a QHP		
7 ► C.3.	treatment plan is patient-centered			**8 ► D.4.**	physician on staff **[RED FLAG]**		
8 ► C.6.	treatment plan signed w/in 14 days by MD			**9 ► D.6.**	Medical Director has DATA 2000 waiver		
9 ► C.7.	coordination of care			**10 ► D.8.**	staff for co-existing medical/psychiatric conditions		
10 ► C.8.	treatment plan reviewed every 30 days			**11 ► D.12.**	staff designated to provide activities therapy		
11 ► C.9.	treatment plan review signed by MD			**12 ► D.22.**	50 percent QHPs or CASAC-Ts		
12 ► D.1.	progress notes – quality			**13 ► D.23.**	CSS staff to patient ratio – 1:30		
13 ► D.2.	svcs. provided according to treatment plan			**14 ► E.2.**	Justice Center background checks		
14 ► E.4.	discharge plan reviewed by MDT			**15 ► G.1.**	3 nutritious meals/day		
# of questions ►		**Quality Indicator Total Score ►**		**# of questions ►**		**Quality Indicator Total Score ►**	

LEVEL OF COMPLIANCE DETERMINATION SCHEDULE

OVERALL COMPLIANCE SCORES

	SCORE		# OF QUESTIONS		FINAL SCORE
Patient Case Records ►		÷		=	
Service Management ►		÷		=	
Facilities/Safety ►		÷		=	

QUALITY INDICATOR COMPLIANCE SCORES

	SCORE		# OF QUESTIONS		FINAL SCORE
Patient Case Records ►		÷		=	
Service Management ►		÷		=	

LOWEST OVERALL or QUALITY INDICATOR COMPLIANCE SCORE ►	

LEVEL OF COMPLIANCE SCORING DETERMINATION

The Level of Compliance Rating is determined by **EITHER** the lowest of the Overall and Quality Indicator Final Scores **OR** a Red Flag Deficiency (automatic six-month conditional Operating Certificate)

LEVEL OF COMPLIANCE DETERMINATION TABLE

0.00 – 1.75 = NONCOMPLIANCE
1.76 – 2.50 = MINIMAL COMPLIANCE
2.51 – 3.25 = PARTIAL COMPLIANCE
3.26 – 4.00 = SUBSTANTIAL COMPLIANCE

RED FLAG DEFICIENCY

Please check if there is a RED FLAG DEFICIENCY in the following area(s):

☐ No Physician on staff (Section 2; D.4.)
☐ Fire Alarm not operational (Section 3; B.6.)

VERIFICATION

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

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

Employee Name -- Employee Title ▶	Enter employee name and present title or position, including the director and medical director. (example: **Roberta Jones – Director; Dr. Carol Granger – Medical Director; Joe Smith – Counselor Assistant**)
Number of Weekly Hours Dedicated to this Operating Certificate ▶	Enter the number of the employee's weekly hours that are dedicated to this Operating Certificate. (example: **35 hours, 40 hours, 5 hours**)
Work Schedule ▶	Enter the employee's typical work schedule for this outpatient program. (example: **Mon,Wed,Fri 8am-5pm; Thu-Sun 11pm-7am; per diem**)
Education ▶	Enter the highest degree obtained or the highest grade completed. (example: **MSW; Associate's; GED**)
Experience ▶	List general experience and training in chemical dependence services. (example: **3 yrs. CD Counseling; 14 yrs. in Chemical Dependence field**)
Hire Date ▶	Enter the date the employee was hired to work for this provider.
SUD Counselor Scope of Practice ▶	Enter the code for the Career Ladder Counselor Category for each employee. **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 – 07/15/21; 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
									☐ Code ☐ JC ☐ Credential
									☐ Code ☐ JC ☐ Credential
									☐ Code ☐ JC ☐ Credential
									☐ Code ☐ JC ☐ Credential
									☐ 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