



# Office of Addiction Services and Supports

## STATEWIDE REGIONAL OPERATIONS

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

(Applicable to Stabilization, Rehabilitation,  
and Reintegration Residential Programs)

**SECTION 1: RESIDENT 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

- STABILIZATION
- REHABILITATION
- REINTEGRATION

LEAD REGULATORY COMPLIANCE INSPECTOR

ADDITIONAL OASAS STAFF MEMBER(S) (if applicable)

## SITE REVIEW INSTRUMENT INSTRUCTIONS

### RESIDENT CASE RECORDS INFORMATION SHEET

|                              |  |
|------------------------------|--|
| <b>Identification Number</b> | ▶ Enter the Identification Number for each case record reviewed.                         |
| <b>First Name</b>            | ▶ Enter the first name of the resident for each case record reviewed.                    |
| <b>Last Name Initial</b>     | ▶ Enter the first letter of the last name of the resident for each case record reviewed. |
| <b>Primary Counselor</b>     | ▶ Enter the name of the primary counselor.   |
| <b>Comments</b>              | ▶ Enter any relevant comments for each case record reviewed.                             |

### RESIDENT CASE RECORDS SECTION

|                                      |   |
|--------------------------------------|---|
| <b>Resident Record Number Column</b> | ▶ Enter a ✓ or an ✗ in the column that corresponds to the Resident Record Number from the <b>RESIDENT CASE RECORDS INFORMATION SHEET</b> .<br>Enter a ✓ in the column when the program is found to be <b>in compliance</b> .<br>▶ For example: A toxicology screen was conducted prior to admission -- Enter a ✓ in the column.<br>Enter an ✗ in the column when the program is found to be <b>not in compliance</b> .<br>▶ For example: A toxicology screen <i>was not</i> conducted prior to admission -- Enter an ✗ in the column. |
| <b>TOTAL</b>                         | ▶ Enter the total number of ✓'s ( <b>in compliance</b> ) and the total number of ✗'s ( <b>not in compliance</b> ) in the <b>TOTAL</b> column.   |
| <b>SCORE</b>                         | ▶ Divide the total number of ✓'s ( <b>in compliance</b> ) by the sample size (sum of ✓'s and ✗'s) and, utilizing the <b>SCORING TABLE</b> below, enter the appropriate score in the <b>SCORE</b> column.<br>▶ For example: Ten records were reviewed for toxicology screens. 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 <b>2</b> in the <b>SCORE</b> column.   |

### SERVICE MANAGEMENT SECTION

|              |  |
|--------------|--|
| <b>YES</b>   | ▶ Enter a ✓ in the <b>YES</b> column when the program is found to be <b>in compliance</b> .<br>▶ For example: The program <i>has</i> at least two staff per overnight shift -- Enter a ✓ in the <b>YES</b> column.               |
| <b>NO</b>    | ▶ Enter an ✗ in the <b>NO</b> column when the program is found to be <b>not in compliance</b> .<br>▶ For example: The program <i>does not have</i> at least two staff per overnight shift -- Enter an ✗ in the <b>NO</b> column. |
| <b>SCORE</b> | ▶ Enter <b>4</b> in the <b>SCORE</b> column when the program is found to be <b>in compliance</b> .<br>▶ Enter <b>0</b> in the <b>SCORE</b> column when the program is found to be <b>not in compliance</b> .                     |

#### 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**

| Rec | Identification Number | First Name | Last Name Initial | Primary Counselor | Current Element | Comments |
|-----|-----------------------|------------|-------------------|-------------------|-----------------|----------|
| #1  |                       |            |                   |                   |                 |          |
| #2  |                       |            |                   |                   |                 |          |
| #3  |                       |            |                   |                   |                 |          |
| #4  |                       |            |                   |                   |                 |          |
| #5  |                       |            |                   |                   |                 |          |
| #6  |                       |            |                   |                   |                 |          |
| #7  |                       |            |                   |                   |                 |          |
| #8  |                       |            |                   |                   |                 |          |
| #9  |                       |            |                   |                   |                 |          |
| #10 |                       |            |                   |                   |                 |          |

**INACTIVE RECORDS**

| Rec | Identification Number | First Name | Last Name Initial | Primary Counselor | Comments |
|-----|-----------------------|------------|-------------------|-------------------|----------|
| #1  |                       |            |                   |                   |          |
| #2  |                       |            |                   |                   |          |
| #3  |                       |            |                   |                   |          |
| #4  |                       |            |                   |                   |          |
| #5  |                       |            |                   |                   |          |

**INACTIVE RECORDS (Screened But Not Admitted)**

| Rec | 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: RESIDENT CASE RECORDS (ACTIVE)  |    |    |    |    |    |    |    |    |    |                                | TOTAL            | SCORE              |  |
|--|----|----|----|----|----|----|----|----|----|--------------------------------|------------------|--------------------|--|
| Resident Record Numbers ►  | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10                            | √=yes<br>X=no    | From Scoring Table |  |
| <b>A. ADMISSIONS</b>   |    |    |    |    |    |    |    |    |    |                                |                  |                    |  |
| <b>A.1.</b><br>Prior to admission, was a communicable disease risk assessment (e.g., HIV; tuberculosis; viral hepatitis, sexually transmitted infections, and other transmissible infections) conducted? <b>[820.7(b)(1)(i)]</b>   |    |    |    |    |    |    |    |    |    |                                | √ ____<br>X ____ |                    |  |
| <b>A.2.</b><br>Prior to admission, was a toxicology screen conducted as clinically appropriate or required by Federal law? <b>[820.7(b)(1)(ii)]</b>  |    |    |    |    |    |    |    |    |    |                                | √ ____<br>X ____ |                    |  |
| <b>A.3.</b><br>Has an initial determination been prepared which states that each individual:<br><ul style="list-style-type: none"> <li>• appears to be in need of substance use disorder services;</li> <li>• appears to be free of serious transmissible infection which can be transmitted through ordinary contact; and</li> <li>• appears to not need acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with residential services or would prevent the individual from appropriate participation in a residential service? <b>[820.7(a)(1)(i-iii)]</b></li> </ul> |    |    |    |    |    |    |    |    |    |                                | √ ____<br>X ____ |                    |  |
| <b>A.4.</b><br>Does a Qualified Health Professional (QHP), or another clinical staff member under the supervision of a QHP, make and document the initial determination? <b>[820.7(a)(1)]</b>  |    |    |    |    |    |    |    |    |    |                                | √ ____<br>X ____ |                    |  |
| <b>Date of level of care determination ►</b>   |    |    |    |    |    |    |    |    |    |                                |                  |                    |  |
| <b>A.5. ► QUALITY INDICATOR</b><br>Are the level of care determinations completed no later than 24 hours after the resident's first on-site contact with the program? <b>[820.7(a)(2)]</b><br><b>[ADMISSION LOCADTR]</b>   |    |    |    |    |    |    |    |    |    |                                | √ ____<br>X ____ |                    |  |
| Number of Applicable Questions Subtotal  |    |    |    |    |    |    |    |    |    | Resident Case Records Subtotal |                  |                    |  |

| SECTION 1: RESIDENT CASE RECORDS (ACTIVE)  |    |    |    |    |    |    |    |    |    |     | TOTAL            | SCORE                          |
|--|----|----|----|----|----|----|----|----|----|-----|------------------|--------------------------------|
| Resident Record Numbers ►  | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes<br>X=no    | From Scoring Table             |
| <b>A. ADMISSIONS (cont'd)</b>  |    |    |    |    |    |    |    |    |    |     |                  |                                |
| <b>A.6. ► QUALITY INDICATOR</b><br>Do the resident case records contain the name of the authorized QHP who made the <b>decision to admit</b> as documented by their dated signature (electronic or paper)? <b>[820.7(a)(4)(i)]</b>   |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>X ____ |                                |
| <b>A.7. ► QUALITY INDICATOR</b><br>Does the admission assessment or decision to admit:<br><ul style="list-style-type: none"> <li>contain a statement documenting the individual is appropriate for this level of care;</li> <li>identify the assignment of a named clinical staff member with the responsibility to provide orientation to the individual; and</li> <li>include a preliminary schedule of activities, therapies, and interventions?<br/><b>[820.7(a)(4)(v)]</b></li> </ul>   |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>X ____ |                                |
| <b>Date of admission ►</b>   |    |    |    |    |    |    |    |    |    |     |                  |                                |
| <b>A.8.</b><br>Do the patient case records contain the appropriate admission date (date of the first overnight stay following the initial determination)? <b>[PAS-44N Instructions]</b>  |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>X ____ |                                |
| <b>A.9.</b><br>Do the resident patient 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:<br><ul style="list-style-type: none"> <li>a copy of the residential service's rules and regulations, including residents' rights;</li> <li>a summary of the Federal confidentiality requirements; and</li> <li>that their participation is voluntary?<br/><b>[820.7(a)(4)(ii-iii) &amp; 42 CFR § 2.31]</b></li> </ul> |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>X ____ |                                |
| <b>A.10.</b><br>Are the consent for release of confidential information forms completed properly?<br><b>[820.5(g)(1) &amp; 42 CFR § 2.31]</b>  |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>X ____ |                                |
| Number of Applicable Questions Subtotal  |    |    |    |    |    |    |    |    |    |     |                  | Resident Case Records Subtotal |

| SECTION 1: RESIDENT CASE RECORDS (ACTIVE)   |    |    |    |    |    |    |    |    |    |     | TOTAL              | SCORE              |
|---|----|----|----|----|----|----|----|----|----|-----|--------------------|--------------------|
| Resident Record Numbers ▶   | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | √=yes<br>X=no      | From Scoring Table |
| <b>A. ADMISSIONS (cont'd)</b>   |    |    |    |    |    |    |    |    |    |     |                    |                    |
| <b>B. MEDICAL SERVICES</b>  |    |    |    |    |    |    |    |    |    |     |                    |                    |
| <b>B.1. → QUALITY INDICATOR</b>   |    |    |    |    |    |    |    |    |    |     |                    |                    |
| <ul style="list-style-type: none"> <li><b>FOR ALL THREE ELEMENTS:</b> For those residents who <b>do</b> have available medical histories and physical examinations <b>have</b> been performed within twelve months, or for those residents that are admitted directly to the program from another office certified SUD program, are the existing medical histories and physical examinations reviewed and determined to be current and accurate? <b>[820.7(c)(1)]</b></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><b>Stabilization</b> - For those residents who <b>do not</b> have available medical histories and physical examinations <b>have not</b> been performed within twelve months, has a medical assessment been performed within 24 hours after admission <b>AND</b> if necessary, has a full physical examination been performed no later than 7 days after admission? <b>[820.7(c)(2)(ii)]</b></li> </ul> |    |    |    |    |    |    |    |    |    |     | √ _____<br>X _____ |                    |
| <ul style="list-style-type: none"> <li><b>Rehabilitation</b> - For those residents who <b>do not</b> have available medical histories and physical examinations <b>have not</b> been performed within twelve months, has a medical assessment been performed within 7 days after admission <b>AND</b> if necessary, has a full physical examination been performed no later than 45 days after admission? <b>[820.7(d)(3)]</b></li> </ul>   |    |    |    |    |    |    |    |    |    |     | √ _____<br>X _____ |                    |
| <ul style="list-style-type: none"> <li><b>Reintegration</b> - For those residents who <b>do not</b> have available medical histories and physical examinations <b>have not</b> been performed within twelve months, has a full physical examination been performed as stipulated in the policy and procedure manual? <b>[820.7(d)(4)(i)]</b></li> </ul>   |    |    |    |    |    |    |    |    |    |     | √ _____<br>X _____ |                    |
| Number of Applicable Questions Subtotal   |    |    |    |    |    |    |    |    |    |     |                    |                    |
| Resident Case Records Subtotal  |    |    |    |    |    |    |    |    |    |     |                    |                    |

| SECTION 1: RESIDENT CASE RECORDS (ACTIVE)   |    |    |    |    |    |    |    |    |    |     | TOTAL            | SCORE              |
|---|----|----|----|----|----|----|----|----|----|-----|------------------|--------------------|
| Resident Record Numbers ▶   | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes<br>X=no    | From Scoring Table |
| <b>C. CURRENT LEVEL OF CARE</b>   |    |    |    |    |    |    |    |    |    |     |                  |                    |
| <b>C.1. → QUALITY INDICATOR</b><br>Are the level of care determinations (LOCADTR 3.0) completed prior to the resident’s transition to the current element of care, if applicable?<br><b>[820.9(c)(5)]</b><br><b>[TRANSITION LOCADTR]</b><br><b>(NOTE: Only to be utilized when residents transition between elements of care within the same provider.)</b>   |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>x ____ |                    |
| <b>D. TREATMENT/SERVICE PLANNING</b>  |    |    |    |    |    |    |    |    |    |     |                  |                    |
| <b>NOTE: Treatment/Recovery Planning applies to Stabilization and Rehabilitation Programs; Service Planning applies to Reintegration Programs.</b>  |    |    |    |    |    |    |    |    |    |     |                  |                    |
| <b>Date of admission ▶</b>  |    |    |    |    |    |    |    |    |    |     |                  |                    |
| <b>Date of treatment/service plan ▶</b>   |    |    |    |    |    |    |    |    |    |     |                  |                    |
| <b>D.1. → QUALITY INDICATOR</b><br>Are person-centered treatment/recovery or service plans developed within the timeframes stipulated in the policy and procedure manual?<br><b>[820.8(b)(1)]</b><br><b>(NOTE: In the following situations, the existing treatment/recovery or service plan may be used to satisfy this requirement, provided that it is reviewed and if necessary, updated within 14 days of transfer:</b><br><ul style="list-style-type: none"> <li><b>if residents are moving directly from another program; or</b></li> <li><b>if residents are readmitted to the same program within 60 days of discharge.)</b></li> </ul> |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>x ____ |                    |
| <b>D.2.</b><br>Is there evidence the program: <ul style="list-style-type: none"> <li>maintains the patient on approved medication, including FDA approved medications to treat SUD, if deemed clinically appropriate and;</li> <li>with patient consent, in collaboration with the existing program or practitioner prescribing such medications? <b>[820.5 (d)(1)]</b></li> </ul>  |    |    |    |    |    |    |    |    |    |     | ✓ ____<br>x ____ |                    |
| Number of Applicable Questions Subtotal   |    |    |    |    |    |    |    |    |    |     |                  |                    |
| Resident Case Records Subtotal  |    |    |    |    |    |    |    |    |    |     |                  |                    |

| SECTION 1: RESIDENT CASE RECORDS (ACTIVE)  |    |    |    |    |    |    |    |    |    |     | TOTAL            | SCORE              |
|--|----|----|----|----|----|----|----|----|----|-----|------------------|--------------------|
| Resident Record Numbers ▶  | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | √=yes<br>X=no    | From Scoring Table |
| <b>D. TREATMENT/SERVICE PLANNING (cont'd)</b>  |    |    |    |    |    |    |    |    |    |     |                  |                    |
| <b>D.3.</b><br>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?<br><b>[820.5(d)(3)]</b>   |    |    |    |    |    |    |    |    |    |     | √ ____<br>X ____ |                    |
| <b>D.4.</b><br>Is there evidence the program<br><ul style="list-style-type: none"> <li>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;</li> <li>documents such discussion and the outcome of such discussion, including a patient's preference for or refusal of medication, in the patient's record.</li> </ul> <b>[820.5(d)(4)]</b> |    |    |    |    |    |    |    |    |    |     | √ ____<br>X ____ |                    |
| <b>D.5.</b><br>Do the person-centered treatment/recovery plans include problem formulation and short-term, measurable treatment/recovery goals and activities designed to achieve those goals?<br><b>[820.8(a)(1)]</b>   |    |    |    |    |    |    |    |    |    |     | √ ____<br>X ____ |                    |
| <b>D.6.</b><br>Do the person-centered treatment/recovery plans include evidence that they are prepared in collaboration with the residents? <b>[820.8(a)(1)]</b>   |    |    |    |    |    |    |    |    |    |     | √ ____<br>X ____ |                    |
| <b>D.7.</b><br>Do the treatment/recovery plans include each diagnosis for which the resident is being treated? <b>[820.8(b)(2)(i)]</b>   |    |    |    |    |    |    |    |    |    |     | √ ____<br>X ____ |                    |
| Number of Applicable Questions Subtotal  |    |    |    |    |    |    |    |    |    |     |                  |                    |
| Resident Case Records Subtotal   |    |    |    |    |    |    |    |    |    |     |                  |                    |



| SECTION 1: RESIDENT CASE RECORDS (ACTIVE)   |    |    |    |    |    |    |    |    |    | TOTAL | SCORE            |                    |
|---|----|----|----|----|----|----|----|----|----|-------|------------------|--------------------|
| Resident Record Numbers ▶   | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10   | √=yes<br>X=no    | From Scoring Table |
| <b>D. TREATMENT/SERVICE PLANNING (cont'd)</b>   |    |    |    |    |    |    |    |    |    |       |                  |                    |
| <b>Date of supervisor signature ▶</b>   |    |    |    |    |    |    |    |    |    |       |                  |                    |
| <b>D.8. → QUALITY INDICATOR</b><br>Do the person-centered treatment/recovery or service plans address resident identified areas specified in the admission assessment and concerns which may have been identified after admission, and identify methods and treatment approaches that will be utilized to achieve these goals? <b>[820.8(b)(2)(ii)]</b><br><b>(NOTE: Treatment/Recovery plans should reflect strengths, needs, abilities, and preferences of patients.)</b> |    |    |    |    |    |    |    |    |    |       | √ ____<br>X ____ |                    |
| <b>D.9.</b><br>Do the treatment/recovery plans identify a single member of the clinical staff responsible for coordinating and managing the resident's treatment who shall approve and sign (physical or electronic signature) such plan?<br><b>[820.8(b)(2)(iii)]</b>  |    |    |    |    |    |    |    |    |    |       | √ ____<br>X ____ |                    |
| Number of Applicable Questions Subtotal   |    |    |    |    |    |    |    |    |    |       |                  |                    |
| Resident Case Records Subtotal  |    |    |    |    |    |    |    |    |    |       |                  |                    |

| STANDARDS OF CARE: Patient-Centered Treatment Plans  |   |  |
|--|---|--|
| <p style="text-align: center;"><b>Exemplary</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The plan identifies evidence-based methods to address preferences, needs and goals related to family, housing, work, education or other chosen roles, as appropriate</li> <li><input type="checkbox"/> Treatment plans reflect tailored approaches which incorporate: Strength-based, Trauma Informed, Recovery Oriented strategies to assist participant in holistic wellness to support their long-term recovery</li> <li><input type="checkbox"/> The treatment plan objectives and action steps are created and/or updated collaboratively by participant, clinician, and transdisciplinary team, as well as, significant others involved with the participant's recovery</li> </ul> | <p style="text-align: center;"><b>Adequate</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment plan goals, objectives, and services are clearly linked to the measurement-based assessments, which are individualized and person-centered</li> <li><input type="checkbox"/> Measurable, attainable, timely, realistic and specific steps toward the achievement of goals are identified, with target dates</li> <li><input type="checkbox"/> The plan includes the specific evidenced based interventions, the clinician(s) providing services, and the frequency of services</li> <li><input type="checkbox"/> The treatment plan includes objectives that are updated as needed, and reflect desired accomplishments of the participant (and the family)</li> </ul> | <p style="text-align: center;"><b>Needs Improvement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The treatment plan focuses only on deficits</li> <li><input type="checkbox"/> Needs identified in the assessment are not addressed and no explanation is provided</li> <li><input type="checkbox"/> There are no evidenced based interventions identified to assist the participant with meeting the objectives</li> <li><input type="checkbox"/> Interventions are not realistic to attain or do not reflect desired preferences or assessed needs</li> <li><input type="checkbox"/> Treatment plans have minimal or no evidence of addressing strength based, trauma informed, recovery-oriented tenets regarding participants and families</li> </ul> |
| <p><b>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.</b></p>   |   |  |

| SECTION 1: RESIDENT CASE RECORDS (ACTIVE)  |    |    |    |    |    |    |    |    |                                |     | TOTAL            | SCORE              |  |
|--|----|----|----|----|----|----|----|----|--------------------------------|-----|------------------|--------------------|--|
| Resident Record Numbers ▶  | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9                             | #10 | √=yes<br>X=no    | From Scoring Table |  |
| <b>D. TREATMENT/SERVICE PLANNING (cont'd)</b>  |    |    |    |    |    |    |    |    |                                |     |                  |                    |  |
| <b>D.10. → QUALITY INDICATOR</b><br>Are the treatment/recovery plans reviewed and approved by the supervisor of the responsible clinical staff member within 10 days after the finalization of the treatment/recovery or service plan? <b>[820.8(b)(2)(iv)]</b><br><i>(NOTE: If the supervisor of the responsible clinical staff member is not a qualified health professional (QHP), another QHP must be designated to sign (physical or electronic signature) the plan.)</i> |    |    |    |    |    |    |    |    |                                |     | √ ____<br>X ____ |                    |  |
| <b>D.11.</b><br>Do the treatment/recovery plans include schedules for the provision of all services prescribed? <b>[820.8(b)(2)(v)]</b>  |    |    |    |    |    |    |    |    |                                |     | √ ____<br>X ____ |                    |  |
| <b>D.12.</b><br>Where a service is to be provided by any other service or facility off-site, do the treatment/recovery or service plans contain a description of the nature of the service, a record that referral for such service has been made, and procedures for care coordination and discharge planning? <b>[820.8(b)(2)(v)]</b>  |    |    |    |    |    |    |    |    |                                |     | √ ____<br>X ____ |                    |  |
| <b>Date of treatment plan ▶</b>  |    |    |    |    |    |    |    |    |                                |     |                  |                    |  |
| <b>Date of first treatment plan review ▶</b>   |    |    |    |    |    |    |    |    |                                |     |                  |                    |  |
| <b>D.13. → QUALITY INDICATOR</b><br>Are person-centered treatment/recovery plans reviewed in collaboration with the resident and within the following timeframes:<br><ul style="list-style-type: none"> <li>• weekly (stabilization); or</li> <li>• monthly (rehabilitation and reintegration)?</li> </ul> <b>[820.8(a)(2)]</b>  |    |    |    |    |    |    |    |    |                                |     | √ ____<br>X ____ |                    |  |
| Number of Applicable Questions Subtotal  |    |    |    |    |    |    |    |    |                                |     |                  |                    |  |
|  |    |    |    |    |    |    |    |    | Resident Case Records Subtotal |     |                  |                    |  |

| SECTION 1: RESIDENT CASE RECORDS (ACTIVE)   |    |    |    |    |    |    |    |    |                                |     | TOTAL            | SCORE              |
|---|----|----|----|----|----|----|----|----|--------------------------------|-----|------------------|--------------------|
| Resident Record Numbers ▶   | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9                             | #10 | √=yes<br>X=no    | From Scoring Table |
| <b>E. DOCUMENTATION</b>   |    |    |    |    |    |    |    |    |                                |     |                  |                    |
| <i>NOTE: For the following documentation questions, review the progress note and/or attendance notes since “admission” to the current element OR the previous 30 days, whichever is less.</i>   |    |    |    |    |    |    |    |    |                                |     |                  |                    |
| <b>E.1.</b><br>Are services provided according to the treatment/recovery plans? <b>[820.8(c)(1)]</b> ( <b>NOTE: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-compliance with the treatment schedule, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered a citation.</b> )   |    |    |    |    |    |    |    |    |                                |     | ✓ ____<br>X ____ |                    |
| <b>E.2. → QUALITY INDICATOR</b><br>Are progress notes: <ul style="list-style-type: none"> <li>written, signed, and dated by the responsible clinical staff member; and</li> <li>written as to provide a chronology of residents' progress in relation to the goals established in the individual treatment/recovery and delineate the course and results of treatment/recovery? <b>[820.8(c)(2)(i-ii)]</b></li> </ul> <b>(NOTE: Progress notes should capture services that are provided by the trans-disciplinary team. Progress notes should capture the significant services provided through the integration of Medical, Mental Health, Clinical and Supportive staff.)</b> |    |    |    |    |    |    |    |    |                                |     | ✓ ____<br>X ____ |                    |
| Number of Applicable Questions Subtotal   |    |    |    |    |    |    |    |    | Resident Case Records Subtotal |     |                  |                    |

| SECTION 1: RESIDENT CASE RECORDS (INACTIVE)  |    |    |    |    |    | TOTAL                          | SCORE              |  |
|--|----|----|----|----|----|--------------------------------|--------------------|--|
| Resident Record Numbers ▶  | #1 | #2 | #3 | #4 | #5 | ✓=yes<br>X=no                  | From Scoring Table |  |
| <b>F. DISCHARGE PLANNING</b>   |    |    |    |    |    |                                |                    |  |
| <b>F.1.</b><br>Do the discharge plans include a level of care determination completed upon discharge from the program? <b>[820.9(c)(5)]</b><br><b>[DISCHARGE LOCADTR]</b>  |    |    |    |    |    | ✓ ____<br>X ____               |                    |  |
| <b>F.2.</b><br>Is there evidence that patients and their family /significant other(s) were offered overdose prevention/education/training and a naloxone kit or prescription upon discharge? <b>[820.9(a)(3)]</b><br><br><i>(NOTE: The offer to Family/significant other(s) is applicable if they were involved with the patient in their treatment service.)</i>  |    |    |    |    |    | ✓ ____<br>X ____               |                    |  |
| <b>F.3.</b><br>Is there evidence the program developed a safety plan in collaboration with the patient? <b>[820.9(a)(4)]</b>   |    |    |    |    |    | ✓ ____<br>X ____               |                    |  |
| <b>F.4.</b><br>Do the discharge plans include the following:<br><ul style="list-style-type: none"> <li>• specific referrals (e.g., primary care physician; mental health; recovery supports) with appointment dates and times;</li> <li>• all known medications, including frequency and dosage;</li> <li>• recommendations for continued care; and</li> <li>• appointment with a community-based provider to continue approved medications for substance use disorder treatment?</li> </ul> <b>[820.9(c)(1)(2)]</b> |    |    |    |    |    | ✓ ____<br>X ____               |                    |  |
| <b>F.5.</b><br>Do the discharge plans include evidence of development in collaboration with the resident and any collateral person(s) the resident chooses to involve? <b>[820.9(c)(1)]</b>  |    |    |    |    |    | ✓ ____<br>X ____               |                    |  |
| Number of Applicable Questions Subtotal  |    |    |    |    |    | Resident Case Records Subtotal |                    |  |

| SECTION 1: RESIDENT CASE RECORDS (INACTIVE)  |    |    |    |    |                                | TOTAL            | SCORE              |
|--|----|----|----|----|--------------------------------|------------------|--------------------|
| Resident Record Numbers ▶  | #1 | #2 | #3 | #4 | #5                             | ✓=yes<br>X=no    | From Scoring Table |
| <b>F. DISCHARGE PLANNING (cont'd)</b>  |    |    |    |    |                                |                  |                    |
| <b>F.6. → QUALITY INDICATOR</b><br>Does the program ensure that no residents are approved for discharge without a discharge plan reviewed by the responsible clinical staff member and the clinical supervisor prior to discharge? [820.9(c)(4)] (NOTE: This does not apply to residents who leave the program without permission or otherwise fail to cooperate.) |    |    |    |    |                                | ✓ ____<br>X ____ |                    |
| <b>F.7.</b><br>Is the portion of the discharge plan, which includes referrals for continuing care, given to the residents upon discharge? [820.9(c)(4)] (NOTE: Documentation may be in the form of a progress note or duplicate form.)   |    |    |    |    |                                | ✓ ____<br>X ____ |                    |
| <b>F.8.</b><br>Do the patient case records contain a discharge summary which addresses and measures progress toward attainment of treatment goals; and was completed within 30 days after discharge? [820.9(c)(6)]   |    |    |    |    |                                | ✓ ____<br>X ____ |                    |
| Number of Applicable Questions Subtotal  |    |    |    |    |                                |                  |                    |
|  |    |    |    |    | Resident Case Records Subtotal |                  |                    |

### STANDARDS OF CARE: Discharge Planning

| <u>Exemplary</u>   | <u>Adequate</u>   | <u>Needs Improvement</u>  |
|--|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> The agency utilizes a system to follow up with participants or other providers post-discharge and, to confirm appointment was kept, and aids in linking to new services as needed</li> <li><input type="checkbox"/> Where a participant is going from a bedded service to another service, a warm hand-off or peer service is utilized</li> <li><input type="checkbox"/> The discharge plan includes goals toward establishing meaningful engagement in community to support long-term recovery and includes community mental health, primary care physicians, housing, employment and recovery/ wellness supports. Circumstances of discharge and efforts to re-engage if the discharge had not been planned</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Arrangements for appropriate services (appointment dates, contact names and numbers, etc.) are made and discussed with the participant and significant others prior to planned discharge</li> <li><input type="checkbox"/> Discharge summaries identify services provided, the participants response, and progress toward goals</li> <li><input type="checkbox"/> The discharge summary and other relevant information is made available to receiving service providers prior to the participant's arrival</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Participants are discharged with no assessment of needs or plan for follow up services</li> <li><input type="checkbox"/> Discharge summaries are missing or do not summarize the course of treatment</li> <li><input type="checkbox"/> Discharge planning does not reflect participant and staff collaboration</li> </ul> |

**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: RESIDENT CASE RECORDS (INACTIVE)  |    |    |    |    |    | TOTAL            | SCORE              |
|--|----|----|----|----|----|------------------|--------------------|
| Resident Record Numbers ▶  | #1 | #2 | #3 | #4 | #5 | √=yes<br>X=no    | From Scoring Table |
| <b>G. MONTHLY REPORTING</b>  |    |    |    |    |    |                  |                    |
| <b>G.1.</b><br>Are the admission dates reported to OASAS consistent with the admission dates (date of the first overnight stay following the level of care determination) recorded in the resident case records? <b>[810.14(e)(6)]</b>                                     |    |    |    |    |    | √ ____<br>X ____ |                    |
| <b>G.2.</b><br>Is the discharge disposition reported to OASAS consistent with documentation in the resident case records? <b>[810.14(e)(6)]</b>  |    |    |    |    |    | √ ____<br>X ____ |                    |
| <b>G.3.</b><br>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? <b>[810.14(e)(6)]</b>  |    |    |    |    |    | √ ____<br>X ____ |                    |
| <b>H. SEEN BUT NOT ADMITTED</b>  |    |    |    |    |    |                  |                    |
| <b>H.1. ➔ QUALITY INDICATOR</b><br>Do the resident case records contain the name of the authorized QHP who made the <b>decision to not admit</b> as documented by their dated signature (electronic or paper)? <b>[820.7(a)(4)(i)]</b>                                     |    |    |    |    |    | √ ____<br>X ____ |                    |
| <b>H.2.</b><br>In cases where the presenting individual is determined to be inappropriate for admission to the residential service, is there documentation of the reason for denial and, if applicable, a referral to a more appropriate service? <b>[820.7(a)(4)(iv)]</b> |    |    |    |    |    | √ ____<br>X ____ |                    |

Number of Applicable Questions Subtotal

Resident Case Records Subtotal

Number of Applicable Questions Total

Resident Case Records Total

| SECTION 2: SERVICE MANAGEMENT  | YES | NO | SCORE |
|--|-----|----|-------|
| <b>A. POLICIES AND PROCEDURES</b>  |     |    |       |
| <b>A.1.</b><br>Does the program have written policies, procedures, and methods approved by the program sponsor, which address:   |     |    |       |
| a. admission and discharge, including transfer and referral procedures? <b>[820.5(a)(1)]</b>   |     |    |       |
| b. treatment/recovery plans, including service plans where appropriate? <b>[820.5(a)(2)]</b>   |     |    |       |
| c. staffing including, but not limited to, training and use of student interns, peers and volunteers, and compliance with Part 805 of this Title? <b>[820.5(a)(3)]</b>   |     |    |       |
| d. screening and referral procedures for associated physical or psychiatric conditions? <b>[820.5(a)(4)]</b>   |     |    |       |
| e. a schedule of fees for services rendered? <b>[820.5(a)(5)]</b>  |     |    |       |
| f. infection control procedures? <b>[820.5(a)(6)]</b>  |     |    |       |
| g. cooperative agreements with other substance use disorder service providers and other providers of services a resident may need? <b>[820.5(a)(7)]</b>  |     |    |       |
| h. compliance with other requirements of applicable local, state, and federal laws and regulations, OASAS guidance documents and standards of care regarding education, counseling, prevention, and treatment of communicable diseases, including viral hepatitis, sexually transmitted infections, and HIV; regarding HIV, such education, counseling, prevention, and treatment shall include condom use, testing, pre-and post-exposure prophylaxis, and treatment? <b>[820.5(a)(8)(i)]</b> |     |    |       |
| i. compliance with other requirements of applicable local, state, and federal laws and regulations, OASAS guidance documents and standards of care regarding medication for addiction treatment? <b>[820.5(a)(8)(ii)]</b>  |     |    |       |
| j. the use of alcohol and other drug screening tests, such as breath testing and urine screening? <b>[820.5(a)(9)]</b>   |     |    |       |
| k. procedures for the ordering, procuring, and disposing of medication, as well as the self-administration of medication? <b>[820.5(a)(10)] [OASAS Local Service Bulletin 2022-01]</b>   |     |    |       |
| l. quality improvement and utilization review? <b>[820.5(a)(11)]</b>   |     |    |       |
| m. procedures for emergencies? <b>[820.5(a)(12)]</b>   |     |    |       |
| n. incident reporting and review in accordance with Part 836 of this Title? <b>[820.5(a)(13)] ➔ QUALITY INDICATOR</b>  |     |    |       |
| o. record keeping? <b>[820.5(a)(14)]</b>   |     |    |       |
| p. procedures whereby 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? <b>[820.5(a)(15)]</b>  |     |    |       |
| q. procurement, storage, preparation of food and nutritional planning? <b>[820.5(a)(16)]</b>   |     |    |       |
| r. records retention? <b>[820.5(a)(17)]</b><br><b>(NOTE: Case records must be retained for 10 years after the date of discharge or last contact, or 3 years after the patient reaches the age of 18, whichever is longer.)</b>   |     |    |       |

Number of Applicable Questions Subtotal \_\_\_\_\_ Service Management Subtotal \_\_\_\_\_

| SECTION 2: SERVICE MANAGEMENT  | YES | NO | SCORE |                             |  |
|--|-----|----|-------|-----------------------------|--|
| <b>A. POLICIES AND PROCEDURES (cont'd)</b>   |     |    |       |                             |  |
| <b>A.2.</b><br>Does the program have medical policies, procedures and ongoing training developed by the medical director for matters such as: <ul style="list-style-type: none"> <li>• routine medical care;</li> <li>• specialized services;</li> <li>• specialized medications;</li> <li>• medical and psychiatric emergency care; and</li> <li>• screening for, and reporting of, communicable diseases? <b>[800.4(h)(1)(ii)]</b></li> </ul>  |     |    |       |                             |  |
| <b>A.3.</b><br>Does the program have a written policy to ensure that individuals are not denied admission for evaluation consistent with Part 815 of this Title? <b>[820.7(a)(3); 815.5(a)(21)]</b><br><b>SCORING: If all elements are present, enter a score of "4"; if 1 or 2 elements are missing, enter a score of "2"; if 3 or more elements are missing, enter a score of "0".</b>   |     |    |       |                             |  |
| <b>A.4.</b><br>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"> <li>• the name or general designation of the program(s) making the disclosure;</li> <li>• the name of the individual or organization that will receive the disclosure;</li> <li>• the name of the patient who is the subject of the disclosure;</li> <li>• the purpose or need for the disclosure;</li> <li>• how much and what kind of information will be disclosed;</li> <li>• 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;</li> <li>• the date, event or condition upon which the consent expires if not previously revoked;</li> <li>• the signature of the patient (and/or other authorized person); and the date on which the consent is signed. <b>[820.5(g)(1) &amp; 42 CFR § 2.31]</b></li> </ul> <b>SCORING: If all elements are present, enter a score of "4"; if 1 or 2 elements are missing, enter a score of "2"; if 3 or more elements are missing, enter a score of "0".</b> |     |    |       |                             |  |
| <b>B. UTILIZATION REVIEW AND QUALITY IMPROVEMENT</b>   |     |    |       |                             |  |
| <b>B.1. ➔ QUALITY INDICATOR</b><br>Does the program have a: <ul style="list-style-type: none"> <li>• utilization review process;</li> <li>• quality improvement committee; and</li> <li>• written plan that identifies key performance measures? <b>[820.5(c)]</b></li> </ul>  |     |    |       |                             |  |
| Number of Applicable Questions Subtotal  |     |    |       | Service Management Subtotal |  |



| SECTION 2: SERVICE MANAGEMENT   | YES | NO | SCORE |
|---|-----|----|-------|
| <b>C. OPERATIONAL REQUIREMENTS</b>  |     |    |       |
| <b>C.1.</b><br>Is this site certified for the types of services currently being provided? <b>[810.6(a)(3)]</b><br><br>• Services the site is certified to provide: _____<br>• Services the site is not certified to provide: _____  |     |    |       |
| <b>C.2.</b><br>Is there a designated area provided for locked storage and maintenance of patient case records? <b>[814.3(e)(8)]</b><br><i>(NOTE: Federal Regulation 42 CFR § 2.16(a) states that records must be kept in a secure room, locked file cabinet, safe or other similar container.)</i>  |     |    |       |
| <b>C.3. → QUALITY INDICATOR</b><br>Does the provider maintain an emergency medical kit at each certified location which includes:<br>• basic first aid supplies; and<br>• naloxone emergency overdose prevention kits sufficient to meet needs of the program? <b>[820.5(b)]</b>  |     |    |       |
| <b>C.4.</b><br>Has the provider developed and implemented a plan to have staff trained in the prescribed use of naloxone which shall be available for use during all program hours of operation?<br><b>[820.5(b)]</b>   |     |    |       |
| <b>C.5.</b><br>Has the provider notified all staff and patients of the existence of the naloxone overdose prevention kit and the authorized administering staff? <b>[820.5(b)(1)]</b>   |     |    |       |
| <b>C.6.</b><br>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? <b>[OASAS Local Service Bulletin 2019-06]</b><br><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.)</i>   |     |    |       |
| <b>C.7</b><br>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? <b>[820.5(d)(2)]</b><br><br><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>   |     |    |       |
| <b>D. OASAS REPORTING</b>   |     |    |       |
| <b>D.1. → QUALITY INDICATOR</b><br>Have data reports (PAS-44N, PAS-45N & PAS-48N) been submitted to OASAS timely and reflect accurate admission and discharge transactions? <b>[810.14(e)(7)]</b><br><br><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 (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 10<sup>th</sup> 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.)</i> |     |    |       |

Number of Applicable Questions Subtotal

Service Management Subtotal

**SECTION 2: SERVICE MANAGEMENT**

|   | YES | NO                          | SCORE |
|---|-----|-----------------------------|-------|
| <b>E. STAFFING (Complete Personnel Qualifications Work Sheet)</b>   |     |                             |       |
| <b>E.1. → QUALITY INDICATOR</b><br>For Part 820 programs of 10 beds or more, is there a full-time <b>Program Director</b> who is a QHP and has at least five years of work experience in SUD, or related treatment field, prior to appointment? <b>[820.6(a)] (NOTE: For Part 820 programs with fewer than 10 beds, the Program Director may be part-time.)</b> |     |                             |       |
| <b>E.2. → QUALITY INDICATOR</b><br>Is there a <b>Clinical Supervisor</b> who is a QHP and has at least three years of clinical experience in substance use disorder treatment who is responsible for the day-to-day operation of each residence and who provides routine supervision for the staff? <b>[820.6(c)(2)]</b>  |     |                             |       |
| <b>E.3.</b><br>Is there documentation that the <b>Clinical Supervisor</b> provides regularly scheduled clinical supervision, including a plan for staff training based on individual employee needs? <b>[820.6(c)(1)]</b>   |     |                             |       |
| 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 |
|--|-----|----|-------|
| <b>E. STAFFING (Cont'd) (Complete Personnel Qualifications Work Sheet)</b>   |     |    |       |
| <b>E.4. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Is the <b>medical director</b> 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? <b>[800.4(h)(1)]</b><br><br><p style="text-align: center;"><b>▶▶▶ RED FLAG DEFICIENCY if no physician on staff. ◀◀◀</b></p>  |     |    |       |
| <b>E.5.</b><br><b>Stabilization &amp; Rehabilitation</b> – Does the <b>medical director</b> have overall responsibility for: <ul style="list-style-type: none"> <li>• medical services provided by the program;</li> <li>• oversight of the development and revision of policies, procedures, and ongoing training;</li> <li>• collaborative supervision with the program director of non-medical staff in the provision of substance use disorder services;</li> <li>• supervision of medical staff in the performance of medical services;</li> <li>• assistance in the development of necessary referral and linkage relationships with other institutions and agencies; and</li> <li>• to ensure the program complies with all federal, state, and local laws and regulations? <b>[800.4(h)(1)(i-vi)]</b></li> </ul> <p><i>(NOTE: Documentation might be found in job description, policies and procedures, supervision minutes, etc.)</i></p> |     |    |       |
| <b>E.6. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Does the <b>medical director</b> hold <ul style="list-style-type: none"> <li>• a board certification in addiction medicine from a certifying entity appropriate to their primary or specialty board certification and;</li> <li>• a Federal DATA 2000 waiver (buprenorphine-certified)? <b>[800.4(h)(2)]</b></li> </ul> <p><i>(NOTE: Physicians may be hired as probationary medical directors if not so board certified but must obtain board certification within four (4) years of being hired.)</i></p>   |     |    |       |
| <b>E.7.</b><br>Do all doctors, physician assistants and nurse practitioners employed hold a Federal DATA 2000 waiver (buprenorphine-certified)? <b>[800.6(d)]</b>  |     |    |       |
| <b>E.8. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Is there a psychiatrist and/or psychiatric nurse practitioner on staff? <b>[820.6(b)(2)(iv)]</b>  |     |    |       |
| <b>E.9. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Is there a registered nurse (or nurse practitioner) on-site daily? <b>[820.6(b)(2)(i)]</b><br><br><p><i>(NOTE: There must be a registered nurse (or nurse practitioner) on-site for at least one shift seven days per week to assess for admission.)</i></p>  |     |    |       |
| <b>E.10. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Is there a licensed practical nurse on-site daily? <b>[820.6(b)(2)(ii)]</b><br><br><p><i>(NOTE: A licensed practical nurse must under the direction of a supervising practitioner (e.g., registered nurse; nurse practitioner) – the supervising practitioner must be either present on the premises or within a reasonable distance (15 minutes away) and immediately available by telephone.)</i></p>  |     |    |       |
| <b>E.11. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Is there an LMSW, LCSW, LMHC, and/or a family therapist on staff? <b>[820.6(b)(2)(v)]</b>  |     |    |       |
| <b>E.12. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Is there at least one CASAC available at all times? <b>[820.6(b)(2)(vii)]</b>  |     |    |       |
| <b>E.13. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Are there at least two staff per overnight shift, one of which must be a clinical staff member? <b>[820.6(b)(2)(ix)]</b>   |     |    |       |
| <b>E.14. ➔ QUALITY INDICATOR</b><br><b>Stabilization &amp; Rehabilitation</b> – Is there at least one vocational counselor on staff? <b>[820.6(b)(2)(x)]</b>   |     |    |       |

Number of Applicable Questions Subtotal

Service Management Subtotal

| SECTION 2: SERVICE MANAGEMENT   | YES | NO                          | SCORE |
|---|-----|-----------------------------|-------|
| <b>E. STAFFING (Cont'd) (Complete Personnel Qualifications Work Sheet)</b>  |     |                             |       |
| <b>E.15.</b><br>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, TB, hepatitis, sexually transmitted infections, and other communicable diseases? <b>[820.6(d)]</b>   |     |                             |       |
| <b>E.16.</b><br>Is there documentation maintained that all volunteers, peers, students, or trainees are provided close professional staff supervision and necessary didactic education from both internal and external sources? <b>[820.6(e)]</b>   |     |                             |       |
| <b>E.17. → QUALITY INDICATOR</b><br><b>Reintegration</b> – In a congregate setting, is there staff on-site twenty-four hours per day, seven days per week? <b>[820.12(e)(2)]</b><br><br><b>OR</b><br><br>In a scattered-site setting, are there sufficient clinical staff members to ensure at least one visit to each resident per week? <b>[820.12(e)(4)]</b>   |     |                             |       |
| <b>F. JUSTICE CENTER (For F.1. &amp; F.2., review a sample of 5 applicable program employees)</b>   |     |                             |       |
| <b>F.1.</b><br>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? <b>[836.5(e)] (NOTE: A copy should be maintained in the employee personnel file.)</b>   |     |                             |       |
| <b>F.2. → QUALITY INDICATOR</b><br>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:<br><ul style="list-style-type: none"> <li>• an <i>Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check</i> (TRS-52) signed and dated by the applicant? <b>[805.5(d)(3)]</b></li> <li>• documentation (e.g., e-mail, letter) verifying that the Staff Exclusion List was checked? <b>[702.5(b)]</b></li> <li>• documentation (e.g., e-mail, letter) verifying that the Statewide Child Abuse Registry was checked? <b>[Social Services Law 424-a(b)]</b></li> <li>• documentation (e.g., e-mail, letter) verifying that a criminal background check was completed? <b>[805.7(c)]</b></li> </ul> <b>(NOTE: All hospital-based Article 28 providers are exempt from these requirements.)</b>   |     |                             |       |
| <b>G. SERVICES</b>  |     |                             |       |
| <b>G.1.</b><br>Does the program ensure that the following services are available either directly or by referral, as clinically and programmatically indicated?<br><ul style="list-style-type: none"> <li>• supportive services (e.g., legal, mental health, social services, vocational assessment; counseling);</li> <li>• educational and childcare services (for residential programs that provide services to school-age children);</li> <li>• structured activity and recreation (e.g., activities designed to improve leisure time skills, social skills, self-esteem, and personal responsibility);</li> <li>• orientation to community services (e.g., identifying and obtaining housing and other case management services);</li> <li>• medication for addiction treatment, consistent with this Part and guidance issued by the Office; and</li> <li>• overdose prevention education and naloxone education and training and a naloxone kit or prescription, consistent with guidance issued by the Office. <b>[820.5(e)(1-6)]</b></li> </ul> <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> |     |                             |       |
| <b>G.2.</b><br><b>Rehabilitation</b> – Does the program provide individual, group and family counseling as appropriate to patient needs? <b>[820.11(c)(1)]</b>  |     |                             |       |
| 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)**

**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; **(stabilization and rehabilitation only)**
- requires all patients, staff, volunteers, and visitors be informed of the tobacco-limited policy including posted notices and the provision of copies of the policy;
- establishes a policy prohibiting staff and volunteers from using tobacco products or nicotine delivery systems when they are on the site of the program, from purchasing tobacco products or nicotine delivery systems for, or giving tobacco products or nicotine delivery systems to patients, and from using tobacco products or nicotine delivery systems with patients;
- describes employee assistance programs and other programs that will be made available to staff who want to stop using tobacco products, nicotine delivery systems, or other nicotine-containing products;
- establishes evidence-based harm reduction and cessation treatment modalities for patients who use tobacco products or nicotine delivery systems, in accordance with guidance from the Office;
- establishes a policy prohibiting patients from using tobacco products during program hours except for the limited use of certain tobacco products in designated areas of the facility grounds at designated times, in accordance with guidance issued by the Office;
- describes required annual training for staff, including clinical, non-clinical, administrative and volunteers about tobacco products, nicotine dependence, and tobacco use disorder that is sufficient for the program to operate a holistic approach to tobacco use disorder that is evidenced in progress notes, policies and procedures, perception of care, and outcomes;
- describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers, and others;
- establishes procedures, including a policy to address patients who continue to use or return to use of tobacco products or nicotine delivery systems. **[856.5(a)]**

**NOTE: Tobacco-limited services must submit an attestation form to the Office of the Chief Medical Officer 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 |
|---|-----|-----------------------------|-------|
| <b>H. TOBACCO-USE IN ADULT SERVICES (TOBACCO-LIMITED or TOBACCO-FREE) (cont'd)</b>  |     |                             |       |
| <p><b>H.2.</b><br/>                     Does the <b>tobacco-free</b> program (if applicable) have written policies and procedures, approved by the program sponsor, which address:</p> <ul style="list-style-type: none"> <li>• defines the parts of the facility and vehicles where tobacco use is not permitted;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> <li>• prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the program;</li> <li>• 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;</li> <li>• describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers, and others;</li> </ul> <p>establishes procedures, including a policy to address patients who continue to use or return to use of tobacco products or nicotine delivery systems. <b>[856.5(a)]</b></p> <p><i>Corresponds to RO SRI Program Environment Question 2 - RO completes and informs PRU</i></p> |     |                             |       |
| <p><b>H.3.</b><br/>                     Does the program adhere to each of its tobacco-limited or tobacco-free policies, as identified above? <b>[856.5(a)]</b></p> <p><i>Corresponds to RO SRI Program Environment Question 2 - RO completes and informs PRU</i></p>   |     |                             |       |
| <b>I. PATIENT RIGHTS POSTINGS</b>   |     |                             |       |
| <p><b>I.1.</b><br/>                     Are statements of patient rights and participant responsibilities, including the toll-free hotline numbers of the Justice Center Vulnerable Persons' Central Register <b>[1-855-373-2122]</b> and the OASAS Patient Advocacy <b>[1-800-553-5790]</b> posted prominently and conspicuously throughout the facility? <b>[815.4(a)(2)]</b></p> <p><b>(NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</b><br/> <b>(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.)</b></p>   |     |                             |       |
| <p><b>I.2.</b><br/>                     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? <b>[815.4(a)(2)]</b> <b>(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.)</b></p>  |     |                             |       |
| <b>J. INSTITUTIONAL DISPENSER</b>   |     |                             |       |
| <p><b>J.1.</b><br/>                     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 <b>Class 3A Institutional Dispenser Limited license</b> issued by the New York State Department of Health's Bureau of Narcotic Enforcement? <b>[815.9(b) &amp; OASAS Local Service Bulletin 2022-01]</b></p> <p><b>(NOTE: Facilities with an on-site pharmacy require a Class 3 Institutional Dispenser license.)</b><br/> <b>(NOTE: Facilities not qualifying for Class 3A Institutional Dispenser Limited Licenses must establish a procedure whereby patients have access to prescribed controlled substances. These facilities must have policies and procedures for secure storage, staff and patient training for management and accountability and disposal if necessary.)</b></p>   |     |                             |       |
| Number of Applicable Questions Subtotal   |     | Service Management Subtotal |       |



| SECTION 2: SERVICE MANAGEMENT  | YES | NO | SCORE |
|--|-----|----|-------|
| <b>K. INCIDENT REPORTING</b>   |     |    |       |
| <b>K.1.</b><br>Does the program have an incident management plan which incorporates the following: <ul style="list-style-type: none"> <li>• identification of staff responsible for administration of the incident management program;</li> <li>• provisions for annual review by the governing authority;</li> <li>• specific internal recording and reporting procedures applicable to all incidents observed, discovered, or alleged;</li> <li>• procedures for monitoring overall effectiveness of the incident management program;</li> <li>• minimum standards for investigation of incidents;</li> <li>• procedures for the implementation of corrective action plans;</li> <li>• establishment of an Incident Review Committee;</li> <li>• periodic training in mandated reporting obligations of custodians and the Justice Center code of conduct; and</li> <li>• provision for retention of records, review and release pursuant to Justice center regulations and Section 33.25 of Mental Hygiene Law? <b>[836.5(b)(1-9)]</b></li> </ul> <b>SCORING: If all elements are present, enter a score of "4"; if 1 or 2 elements are missing, enter a score of "2"; if 3 or more elements are missing, enter a score of "0".</b> |     |    |       |
| <b>K.2.</b><br>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? <b>[836.5(f)(8)]</b>  |     |    |       |
| <b>L. PRIORITY OF ADMISSIONS</b>   |     |    |       |
| <b>▶▶▶ THE FOLLOWING QUESTION APPLIES TO ALL PROVIDERS ◀◀◀</b>   |     |    |       |
| <b>L.1.</b><br>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"> <li>• pregnant persons;</li> <li>• people who inject drugs;</li> <li>• parent(s)/guardian(s) of children in or at risk of entering foster care;</li> <li>• individuals recently released from criminal justice settings; and</li> <li>• all other individuals? <b>[800.5(b)]</b></li> </ul> <i>Corresponds to RO SRI Initial Intake &amp; Priority Admissions Question 1-7 - RO completes and informs PRU</i>   |     |    |       |
| <b>M. SAPT BLOCK GRANT REQUIREMENTS (if applicable)</b>  |     |    |       |
| <b>▶▶ THE FOLLOWING QUESTIONS APPLY TO OASAS-FUNDED PROVIDERS ONLY; IF NOT FUNDED, ALL QUESTIONS ARE TO BE MARKED "N/A" ◀◀</b>   |     |    |       |
| <b>These requirements apply to OASAS-funded providers ONLY. OASAS annually receives Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. To maximize use of this resource, OASAS requires all funded services to address the following SAPT Block Grant service requirements either directly or through arrangement with other appropriate entities. QUESTIONS FROM PROVIDERS SHOULD BE DIRECTED TO THE APPROPRIATE REGIONAL OFFICE.</b>   |     |    |       |
| <b>M.1.</b><br>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? <b>[45 CFR Part 96]</b>  |     |    |       |
| Number of Applicable Questions Subtotal  |     |    |       |
| Service Management Subtotal  |     |    |       |

| SECTION 2: SERVICE MANAGEMENT   | YES | NO | SCORE |
|---|-----|----|-------|
| <b>M. SAPT BLOCK GRANT REQUIREMENTS (if applicable) (cont'd)</b>  |     |    |       |
| <b>M.2.</b><br>For an OASAS-funded provider that treats <b>injecting drug abusers</b> , does the program have a written policy to: <ul style="list-style-type: none"> <li>• admit individuals in need of treatment not later than 14 days after making a request; <b>OR</b></li> <li>• admit individuals within 120 days if interim services are made available within 48 hours? <b>[45 CFR Part 96]</b></li> </ul> <b>(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.)</b>   |     |    |       |
| <b>M.3.</b><br>For an OASAS-funded provider that treats <b>injecting drug abusers</b> and/or <b>pregnant women and women with dependent children</b> (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> <li>• 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</li> <li>• maintain contact with individuals on wait list? <b>[45 CFR Part 96]</b></li> </ul>  |     |    |       |
| <b>M.4.</b><br>For an OASAS-funded provider that treats <b>pregnant women and women with dependent children</b> (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> <li>• refer pregnant women to another provider when there is insufficient capacity to admit; and</li> <li>• 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? <b>[45 CFR Part 96]</b></li> </ul>  |     |    |       |
| <b>M.5.</b><br>For an OASAS-funded provider that treats <b>pregnant women and women with dependent children</b> (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> <li>• admit both women and their children (as appropriate);</li> <li>• provide or arrange for primary medical care, prenatal care, pediatric care (including immunizations);</li> <li>• provide or arrange for childcare while the women are receiving services;</li> <li>• provide or arrange for gender-specific treatment and other therapeutic interventions;</li> <li>• provide or arrange for therapeutic interventions for children in custody of women in treatment; and</li> <li>• provide or arrange for case management and transportation services to ensure women and their children can access treatment services? <b>[45 CFR Part 96]</b></li> </ul> |     |    |       |
| <b>M.6.</b><br>For an OASAS-funded provider which self-identify themselves as a <b>religious organization/faith-based program</b> , does the program have a written policy to: <ul style="list-style-type: none"> <li>• prohibit State Aid funding for activities involving worship, religious instruction, or proselytization; and</li> <li>• 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? <b>[45 CFR Part 96]</b></li> </ul>   |     |    |       |

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               |  |
|---|--|-----|----|---------------------|--|
| <b>A. FACILITY REQUIREMENTS</b>   |  |     |    |                     |  |
| <p><b>A.1.</b><br/>                     Is the facility maintained:</p> <ul style="list-style-type: none"> <li>• in a state of repair which protects the health and safety of all occupants; and</li> <li>• in a clean and sanitary manner? <b>[814.4(a)]</b></li> </ul> <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"> <li>• <b>Serious Facility Issue – CITATION ISSUED; Provider must submit acceptable CAP to receive Operating Certificate.</b> <ul style="list-style-type: none"> <li>○ <i>Examples: inoperable fire alarm; broken boiler; blocked egress; inoperable toilet; mold or mildew; etc.</i></li> </ul> </li> <li>• <b>Minor Facility Issue – REVIEWER'S NOTE ISSUED; Provider must submit acceptable CAP to receive Operating Certificate.</b> <ul style="list-style-type: none"> <li>○ <i>Examples: poor lighting; threadbare carpet; broken outlet covers; holes in wall; inadequate furnishings; etc.</i></li> </ul> </li> <li>• <b>Facility Recommendation – RECOMMENDATION NOTE ISSUED; Provider must work with Regional Office to address recommendation.</b> <ul style="list-style-type: none"> <li>○ <i>Examples: eventual replacement of boiler or roof; construction; etc.</i></li> </ul> </li> </ul> |  |     |    |                     |  |
| Number of Applicable Questions Subtotal   |  |     |    |                     |  |
|   |  |     |    | Facilities Subtotal |  |

### STANDARDS OF CARE: Physical Environment

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

**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 |
|--|-----|---------------------|-------|
| <b>A. FACILITY REQUIREMENTS (Cont'd)</b>   |     |                     |       |
| <b>A.2.</b><br>Are current and accurate facility floor plans maintained on site and, upon request, provided to OASAS? <b>[814.5(b)]</b><br><br><i>(NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</i>   |     |                     |       |
| <b>A.3.</b><br>Do all spaces where counseling occurs afford privacy for both staff and patients? <b>[814.4(c)(1)]</b><br><br><i>(NOTE: With or without the use of sound generating devices, voices should not be transmitted beyond the counseling space.)</i><br><br><i>(NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</i>  |     |                     |       |
| <b>A.4.</b><br>Are separate bathroom facilities made available to afford privacy for males and females? <b>[814.4(c)(2)]</b><br><br><i>(NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</i>  |     |                     |       |
| <b>A.5.</b><br>Is there a separate area available for the proper storage, preparation and use or dispensing of medications, medical supplies and first aid equipment? <b>[814.4(c)(6)]</b><br><br><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><br><br><i>(NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</i> |     |                     |       |
| Number of Applicable Questions Subtotal  |     | Facilities Subtotal |       |

| SECTION 3: FACILITY REQUIREMENTS AND GENERAL SAFETY  | YES | NO                  | SCORE |
|--|-----|---------------------|-------|
| <b>B. GENERAL SAFETY</b>   |     |                     |       |
| <b>B.1.</b><br>Are fire drills conducted at least quarterly for each shift (i.e., three shifts per quarter) at times when the building is occupied <b>OR</b> 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? <b>[814.4(b)(1)] (NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</b> |     |                     |       |
| <b>B.2.</b><br>Is a written record maintained on-site indicating:<br><ul style="list-style-type: none"> <li>• the time and date of each fire drill;</li> <li>• the number of participants at each drill; and</li> <li>• the length of time for each evacuation? <b>[814.4(b)(1)(i)] (NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</b></li> </ul>  |     |                     |       |
| <b>B.3.</b><br>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? <b>[814.4(b)(1)(ii)] (NOTE: Reintegration services in a scatter-site setting are exempt from this requirement.)</b>   |     |                     |       |
| <b>B.4.</b><br>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? <b>[814.4(b)(2)]</b>  |     |                     |       |
| <b>B.5.</b><br>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? <b>[814.4(b)(3)]</b><br><br><b>(NOTE: Such training must be maintained on site for review.)</b>  |     |                     |       |
| <b>B.6.</b><br>Is a written record maintained indicating annual inspections and testing of the fire alarm system (including battery operated smoke detectors and sprinklers)? <b>[814.4(b)(4)]</b><br><br><b>▶▶▶ RED FLAG DEFICIENCY if Fire Alarm System is not operational at the time of the review. ◀◀◀</b><br><br><b>(NOTE: Maintenance and testing of hard-wired (permanently installed) fire alarm systems must be conducted by a certified vendor.)</b>                        |     |                     |       |
| <b>B.7.</b><br>Is a written record maintained indicating annual inspections and testing of fire extinguishers? <b>[814.4(b)(4)]</b><br><br><b>(NOTE: Maintenance and testing of fire extinguishers must be conducted by a certified vendor.)</b>   |     |                     |       |
| <b>B.8.</b><br>Is a written record maintained indicating annual inspections and testing of emergency lighting systems? <b>[814.4(b)(4)]</b>  |     |                     |       |
| <b>B.9.</b><br>Is a written record maintained indicating annual inspections and testing of illuminated exit signs? <b>[814.4(b)(4)]</b>  |     |                     |       |
| <b>B.10.</b><br>Is a written record maintained indicating annual inspections and testing of environmental controls (e.g., HEPA filter)? <b>[814.4(b)(4)]</b>   |     |                     |       |
| <b>B.11.</b><br>Is a written record maintained indicating annual inspections and testing of heating and cooling systems conducted? <b>[814.4(b)(4)]</b><br><br><b>(NOTE: Maintenance and testing of heating systems must be conducted by a certified vendor.)</b>  |     |                     |       |
| 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: Resident Case Records             |   |  | Section 2: Service Management  |   |       |
| QUESTION #                                   | ISSUE   | SCORE                                  | QUESTION #   | ISSUE   | SCORE |
| 1 ▶ A.5.                                     | level of care w/in 1 day of on-site contact                     |  | 1 ▶ A.1.n.   | policies re: incident reporting (Part 836)              |       |
| 2 ▶ A.6.                                     | name of authorized QHP - admission                              |  | 2 ▶ B.1.   | utilization review; quality improvement; measures       |       |
| 3 ▶ A.7.                                     | admission assessment elements                                   |  | 3 ▶ C.3.   | first-aid kit with Narcan                               |       |
| 4 ▶ B.1.                                     | medical services  |  | 4 ▶ D.1.   | monthly reporting                                       |       |
| 5 ▶ C.1.                                     | level of care prior to current element, if applicable           |  | 5 ▶ E.1.   | QHP Program Director                                    |       |
| 6 ▶ D.1.                                     | treatment plan developed per policy manual                      |  | 6 ▶ E.2.   | QHP Clinical Supervisor                                 |       |
| 7 ▶ D.8.                                     | treatment plan addresses identified areas                       |  | 7 ▶ F.2.   | Justice Center background checks                        |       |
| 8 ▶ D.10.                                    | treatment plan signed by supervisor w/in 10 days                |  | <b>Additional Quality Indicators: Stabilization &amp; Rehabilitation</b>               |   |       |
| 9 ▶ D.13.                                    | tx. plan reviews (weekly-stab.; monthly-rehab. & reintegration) |  | 8 ▶ E.4.   | Medical Director is physician [RED FLAG]                |       |
| 10 ▶ E.2.                                    | progress note requirements                                      |  | 9 ▶ E.6.   | Medical Director has DATA 2000 waiver                   |       |
| 11 ▶ F.6.                                    | approved discharge plan   |  | 10 ▶ E.8.  | psychiatrist/psychiatric nurse practitioner on staff    |       |
| 12 ▶ H.1.                                    | name of authorized QHP - no admission                           |  | 11 ▶ E.9.  | RN on-site daily  |       |
| # of questions ▶                             |   | <b>Quality Indicator Total Score ▶</b> | 12 ▶ E.10.   | LPN on-site daily                                       |       |
|  |   |  | 13 ▶ E.11.   | LMSW, LCSW, LMHC, or family therapist on staff          |       |
|  |   |  | 14 ▶ E.12.   | CASAC available at all times                            |       |
|  |   |  | 15 ▶ E.13.   | 2 staff per overnight shift, including 1 clinical staff |       |
|  |   |  | 16 ▶ E.14.   | vocational counselor on staff                           |       |
|  |   |  |  |   |       |
| 17 ▶ E.17.                                   | appropriate staffing based on setting                           |  |  |   |       |
| # of questions ▶                             |   | <b>Quality Indicator Total Score ▶</b> |  |   |       |

## LEVEL OF COMPLIANCE DETERMINATION SCHEDULE

### OVERALL COMPLIANCE SCORES

|                        | SCORE |   | # OF QUESTIONS |   | FINAL SCORE |
|------------------------|-------|---|----------------|---|-------------|
| Patient Case Records ▶ |       | ÷ |                | = |             |
| Service Management ▶   |       | ÷ |                | = |             |
| Facilities/Safety ▶    |       | ÷ |                | = |             |

### 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)

### QUALITY INDICATOR COMPLIANCE SCORES

|                        | SCORE |   | # OF QUESTIONS |   | FINAL SCORE |
|------------------------|-------|---|----------------|---|-------------|
| Patient Case Records ▶ |       | ÷ |                | = |             |
| Service Management ▶   |       | ÷ |                | = |             |

### 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**

**LOWEST OVERALL or QUALITY INDICATOR SCORE ▶**

### RED FLAG DEFICIENCY

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

- No physician on staff (Section 2; E.3.)
- Fire Alarm not operational (Section 3; B.6.)

### VERIFICATION

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

### **INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET**

**Employee Name--Employee Title ▶** Enter employee name and present title or position, including the program director and medical director.  
(example: *Roberta Jones - Program 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.

|                                |                                   |
|--------------------------------|-----------------------------------|
| <b>A</b> = Counselor Assistant | <b>E</b> = CASAC Level 2          |
| <b>B</b> = CASAC Trainee       | <b>F</b> = QHP (other than CASAC) |
| <b>C</b> = Provisional QHP     | <b>G</b> = Advanced Counselor     |
| <b>D</b> = CASAC               | <b>H</b> = 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 - 07/15/20; LCSW #321 - 11/15/22; MD #7890 - 06/30/21*)

**WHEN COMPLETED, PLEASE REMEMBER TO SIGN AND DATE THE ATTACHED FORM(S)**

**MAKE AS MANY COPIES AS NECESSARY**

|   |                     |
|---|---------------------|
| <b>PERSONNEL QUALIFICATIONS WORKSHEET</b> | PROVIDER LEGAL NAME |
|---|---------------------|

| Employee Name<br>Employee Title | Number of Weekly Hours Dedicated to this OC | Work Schedule | Education | Experience | Hire Date | SUD Counselor Scope of Practice (ENTER CODE) | QHP | License/Credential #<br>Expiration Date | VERIFIED<br>(OASAS use only)  |
|---------------------------------|---|---------------|-----------|------------|-----------|--|-----|---|---|
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><input type="checkbox"/> Credential |
|                                 |   |               |           |            |           |  |     |   | <input type="checkbox"/> Code<br><input type="checkbox"/> Justice Ctr.<br><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 |
|-------------------------|------|--------------------------------------|------|