



**DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT
 BUREAU OF STANDARDS COMPLIANCE**

**Regulatory Compliance Site Review Instrument
 Chemical Dependence Residential Services
 QA-2CD**

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

**PART I
 RESIDENT CASE RECORDS**

**PART II
 SERVICE MANAGEMENT**

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

REVIEW INFORMATION

PROVIDER LEGAL NAME

SERVICE SITE ADDRESS

| | | |
|---------------------|-----|-------------------|
| | to | |
| CITY, TOWN, VILLAGE | ZIP | DATE(S) OF REVIEW |

REVIEW NUMBER

OPERATING CERTIFICATE NUMBER

PROVIDER NUMBER

PRU NUMBER

LEAD REGULATORY COMPLIANCE INSPECTOR

ADDITIONAL REGULATORY COMPLIANCE INSPECTOR(S) (if applicable)

SITE REVIEW INSTRUMENT INSTRUCTIONS

RESIDENT CASE RECORDS INFORMATION SHEET

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

RESIDENT CASE RECORDS SECTION

- Resident Record Number Column**..... Enter a ✓ or an ✗ in the column that corresponds to the Resident Record Number from the RESIDENT CASE RECORDS INFORMATION SHEET.
 Enter a ✓ in the column when the service is found to be in compliance.
 - For example: The comprehensive evaluation was completed within 14 days of admission -- Enter a ✓ in the column.
 Enter an ✗ in the column when the service is found to be not in compliance.
 - For example: The comprehensive evaluation was *not* completed within 14 days of admission -- Enter an ✗ in the column.
- TOTAL**..... Enter the total number of ✓'s (in compliance) and the total number of ✗'s (not in compliance) in the TOTAL column.
- SCORE**..... Divide the total number of ✓'s (in compliance) by the sample size (sum of ✓'s and ✗'s) and, utilizing the SCORING TABLE below, enter the appropriate score in the SCORE column.
 - For example: Ten records were reviewed for comprehensive evaluations. Eight records were in compliance. Divide eight by ten, which gives you 80%. Refer to the scoring table, which indicates that 80% - 89% equals a score of 2 -- Enter **2** in the SCORE column.

SERVICE MANAGEMENT SECTION

- YES**..... Enter a ✓ in the YES column when the service is found to be in compliance.
 - For example: The service *has* completed an annual report -- Enter a ✓ in the YES column.
- NO**..... Enter an ✗ in the NO column when the service is found to be not in compliance.
 - For example: The service *has not* completed an annual report -- Enter an ✗ in the NO column.
- SCORE**..... Enter **4** in the SCORE column when the service is found to be in compliance.
 Enter **0** in the SCORE column when the service is found to be not in compliance.

| NOTE |
|--|
| If any question is not applicable, enter N/A in the <u>SCORE</u> 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

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

INACTIVE RECORDS

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

INACTIVE RECORDS (Screened But Not Admitted)

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

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE |
|---|----|----|----|----|----|----|----|----|----|-----|------------------|--------------------|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table |
| A. Admission Procedures | | | | | | | | | | | | |
| A.1. Has an initial determination been prepared which states that each individual: <ul style="list-style-type: none"> ▪ appears to be in need of chemical dependence services; ▪ appears to be free of serious communicable disease that can be transmitted through ordinary contact; and ▪ appears to be not in need of acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with residential care? [819.3(a)(1-3)] | | | | | | | | | | | ✓ ____ X ____ | |
| A.2. Does a Qualified Health Professional (QHP), or another clinical staff member under the supervision of a QHP, make and document the initial determination? [819.3(a)] | | | | | | | | | | | ✓ ____ X ____ | |
| Date of level of care determination ► | | | | | | | | | | | | |
| A.3. Do the level of care determinations meet the following criteria: <ul style="list-style-type: none"> ▪ completed no later than one day after the resident's first on site contact with the service; and ▪ signed and dated by a clinical staff member? [819.3(c)] (Note: If residents are referred directly from another OASAS-certified chemical dependence service, or readmitted to the same service within 60 days of discharge, the existing level of care determination may be used to satisfy this requirement, provided that it is reviewed and updated. [819.4(e)]) | | | | | | | | | | | ✓ ____ X ____ | |
| A.4. Are the level of care determinations in accord with the services' policy and procedures and incorporate the use of the OASAS LOCADTR or another Office-approved protocol? [819.3(d)] | | | | | | | | | | | ✓ ____ X ____ | |

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE | |
|--|----|----|----|----|----|----|----|----|----|-----|--------------------|--------------------------------|-------|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table | |
| A. Admission Procedures (cont'd) | | | | | | | | | | | | | |
| A.5. → QUALITY INDICATOR In an Intensive Residential Rehabilitation Service , do residents meet the admission criteria of demonstrating an inability to participate in or comply with treatment outside of a 24-hour setting as indicated by one or more of the following: <ul style="list-style-type: none"> ▪ recent unsuccessful attempts at abstinence; or ▪ a history of prior treatment episodes, including a demonstrated inability to complete outpatient treatment; or ▪ substantial deficits in functioning skills evidencing the need for extensive habilitation or rehabilitation? [819.8(a)(1)(i-iii)] | | | | | | | | | | | | | |
| In a Community Residential Service , do residents meet the following admission criteria: <ul style="list-style-type: none"> ▪ the individual must be homeless or must have a living environment not conducive to recovery; and ▪ the individual must be determined to need outpatient treatment services and/or other support services such as vocational or educational services, in addition to the residential services provided by the community residence? [819.9(a)(1-2)] | | | | | | | | | | | | | |
| In a Supportive Living Service , do residents meet the following admission criteria: <ul style="list-style-type: none"> ▪ the individual requires support of a residence that provides an alcohol- and drug-free environment; ▪ the individual requires the peer support of fellow residents to maintain abstinence; ▪ the individual does not require 24-hour a day on-site supervision by clinical staff; and ▪ the individual exhibits the skills and strengths necessary to maintain abstinence and readapt to independent living in the community while receiving the minimal clinical and peer support provided by this residential environment? [819.10(a)(1-4)] | | | | | | | | | | | ✓ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | _____ | Resident Case Records Subtotal | _____ |

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE |
|--|----|----|----|----|----|----|----|--------------------------------|----|-----|------------------|--------------------|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table |
| A. Admission Procedures (cont'd) | | | | | | | | | | | | |
| Date of admission ► | | | | | | | | | | | | |
| A.6. Do the patient case records contain the appropriate admission date (date of the first overnight stay following the initial determination)? [PAS-44 Instructions-2010] | | | | | | | | | | | ✓ ____ X ____ | |
| A.7. ► QUALITY INDICATOR Do the resident case records contain the name of the authorized QHP who made the admission decision? [819.3(h)] | | | | | | | | | | | ✓ ____ X ____ | |
| A.8. Do the resident case records contain documentation that, upon admission, the following information was provided to and discussed with the residents, and that the residents indicated understanding of such information: <ul style="list-style-type: none"> ▪ a copy of the service's rules and regulations, including residents' rights; and ▪ a summary of the Federal confidentiality requirements? [819.3(i) & 42 CFR § 2.31] | | | | | | | | | | | ✓ ____ X ____ | |
| A.9. Do the resident case records contain documentation that, upon admission, residents are informed that their participation is voluntary? [819.3(j)] | | | | | | | | | | | ✓ ____ X ____ | |
| Date of comprehensive evaluation ► | | | | | | | | | | | | |
| A.10. ► QUALITY INDICATOR Are comprehensive evaluations completed within 14 days of admission? [819.4(a)(4)] (Note: In the following situations, the existing evaluation may be used to satisfy this requirement, provided that it is reviewed and updated as necessary: <ul style="list-style-type: none"> ▪ if residents are referred directly from another OASAS-certified chemical dependence service; ▪ if residents are readmitted to the same service within 60 days of discharge; ▪ if the evaluation is completed by the same service more than 60 days prior to admission.) | | | | | | | | | | | ✓ ____ X ____ | |
| Number of Applicable Questions Subtotal | | | | | | | | Resident Case Records Subtotal | | | | |

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE |
|--|----|----|----|----|----|----|----|----|----|-----|------------------|--------------------------------|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | √=yes X=no | From Scoring Table |
| A. Admission Procedures (cont'd) | | | | | | | | | | | | |
| A.11. Do the evaluations include the names of the staff members who participated in evaluating residents, and a signature of the QHP responsible for the evaluation? [819.4(a)(5)] | | | | | | | | | | | √ ____ x ____ | |
| A.12. Do the comprehensive evaluations contain a written report of findings and conclusions addressing the resident's: a. - chemical use, abuse and dependence history? [819.4(a)(4)(i)] | | | | | | | | | | | √ ____ x ____ | |
| b. - history of previous attempts to abstain from chemicals and previous treatment experiences? [819.4(a)(4)(ii)] | | | | | | | | | | | √ ____ x ____ | |
| c. - comprehensive psychosocial history? [819.4(a)(4)(iii)] (Note: A comprehensive psychosocial history includes legal involvements; HIV and AIDS, tuberculosis, hepatitis or other communicable disease risk assessment; relationships with, history of the use of chemicals by, and the impact of the use of chemicals on, significant others; an assessment of the resident's individual, social and educational strengths and weaknesses, including, the resident's literacy level, daily living skills and use of leisure time; medical and mental health history and current status; a specific diagnosis of alcohol related or psychoactive substance related disorder; the resident's lethality {danger to self and to others} assessment.) | | | | | | | | | | | √ ____ x ____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | Resident Case Records Subtotal |

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE | |
|--|----|----|----|----|----|----|----|----|----|-----|---------------|--------------------|--|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table | |
| B. Medical Services | | | | | | | | | | | | | |
| B.1. → QUALITY INDICATOR For those residents who <u>do not</u> have available medical histories and physical examinations <u>have not</u> been performed within twelve months, has their medical history been recorded and a physical examination performed within 45 days after admission? [819.4(b)(1)] (Note: The examination must be conducted by a physician, physician's assistant, or a nurse practitioner.) | | | | | | | | | | | | ✓ _____ X _____ | |
| B.2. For those residents who <u>do</u> have available medical histories and physical examinations <u>have</u> been performed within twelve months, or for those residents that are admitted directly to the service from another OASAS-certified service, are the medical histories and physical examinations from such other services or physicians reviewed? [819.4(b)(2)] | | | | | | | | | | | | ✓ _____ X _____ | |
| B.3. Does the physical examination include the following laboratory tests: <ul style="list-style-type: none"> ▪ complete blood count and differential; ▪ routine and microscopic urinalysis; ▪ urine screening for drugs, if medically or clinically indicated; ▪ intradermal PPD, when appropriate; and ▪ any other tests the physician or other medical staff member deems to be necessary (EKG, chest x-ray, pregnancy test, etc.)? [819.4(b)(1)(a-e)] | | | | | | | | | | | | ✓ _____ X _____ | |

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | TOTAL | SCORE | |
|---|----|----|----|----|----|----|----|----|----|--------------------------------|------------------|--------------------|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | √=yes X=no | From Scoring Table |
| C. Treatment/Service Planning | | | | | | | | | | | | |
| <i>Note: Treatment Planning applies to Intensive Residential Rehabilitation Services; Service Planning applies to Community Residential Services and Supportive Living Services.</i> | | | | | | | | | | | | |
| Date of <u>initial</u> treatment/service plan ► | | | | | | | | | | | | |
| C.1. Are initial treatment/service plans developed within three days of admission or readmission? [819.4(f)] | | | | | | | | | | | √ ____ X ____ | |
| C.2. Do the initial treatment/service plans include the following: <ul style="list-style-type: none"> ▪ the resident's signature; ▪ identification of a responsible clinical staff member; and ▪ a preliminary schedule of activities, therapies and interventions? [819.4(f)] | | | | | | | | | | | √ ____ X ____ | |
| Date of <u>comprehensive</u> treatment/service plan ► | | | | | | | | | | | | |
| C.3. ► QUALITY INDICATOR Are comprehensive treatment/service plans prepared within 30 days of the development of the initial treatment/service plans? [819.4(g)] <i>(Note: Evidence of approval must be via signatures and handwritten or typed dates.)</i> <i>(Note: If residents are referred directly from another chemical dependence service, an updated comprehensive treatment/service plan from that service shall be acceptable.)</i> | | | | | | | | | | | √ ____ X ____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | Resident Case Records Subtotal | | |

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE |
|---|----|----|----|----|----|----|----|----|----|-----|---------------|--------------------|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table |
| C. Treatment/Service Planning (cont'd) | | | | | | | | | | | | |
| C.4. Do the comprehensive treatment/service plans include: | | | | | | | | | | | ✓ ____ | |
| a. the resident's signature? [819.4(h)(1)] | | | | | | | | | | | X ____ | |
| b. ➔ QUALITY INDICATOR evidence that it is based on the admitting evaluation and any additional evaluation(s) found to be required? [819.4(h)(2)] | | | | | | | | | | | ✓ ____ | |
| c. goals for each problem identified? [819.4(h)(3)] | | | | | | | | | | | X ____ | |
| d. the objectives to be achieved while the resident is receiving services, which shall be used to measure progress toward attainment of goals? [819.4(h)(4)] | | | | | | | | | | | ✓ ____ | |
| e. schedules for the provision of all services prescribed? [819.4(h)(5)] | | | | | | | | | | | X ____ | |
| f. the signature of the responsible clinical staff member (primary counselor)? [819.4(h)(6&8)] | | | | | | | | | | | ✓ ____ | |
| g. the diagnosis for which the resident is being treated? [819.4(h)(7)] | | | | | | | | | | | X ____ | |
| Date of supervisor signature ► | | | | | | | | | | | | |
| h. ➔ QUALITY INDICATOR a signature by the responsible clinical staff member's supervisor or another supervising QHP within seven days? [819.4(h)(8)] [REVISED 7/11/12] | | | | | | | | | | | ✓ ____ | |
| | | | | | | | | | | | X ____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | | |
| Resident Case Records Subtotal | | | | | | | | | | | | |

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE |
|---|----|----|----|----|----|----|----|----|----|-----|--------------------|--------------------|
| Resident Record Numbers ▶ | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table |
| C. Treatment/Service Planning (cont'd) | | | | | | | | | | | | |
| Date of first treatment/service plan review ▶ | | | | | | | | | | | | |
| C.5. → QUALITY INDICATOR | | | | | | | | | | | | |
| Intensive Residential Rehabilitation Service: Are treatment plans reviewed and revised in consultation with the resident, and reviewed, signed and dated by the supervisor, at least 3 months from the date of the development of the comprehensive treatment plan and no less often than each 3 months thereafter (from the date of the previous treatment plan review)? [819.8(c)(1)] | | | | | | | | | | | | |
| Community Residential Service: Are service plans reviewed and revised in consultation with the resident, and reviewed, signed and dated by the supervisor, at least 3 months from the date of the development of the comprehensive service plan and no less often than each 3 months thereafter (from the date of the previous service plan review)? [819.9(c)(1)] | | | | | | | | | | | | |
| Supportive Living Service: Are service plans reviewed and signed by the resident and the clinical staff member at least 6 months from the date of the development of the comprehensive service plan and no less often than each 6 months thereafter (from the date of the previous service plan review)? [819.10(c)] | | | | | | | | | | | ✓ _____ X _____ | |
| C.6. In an Intensive Residential Rehabilitation Service , does each individual treatment plan review include a summary of the resident's' progress in each of the specified goals? [819.8(c)(2)] | | | | | | | | | | | ✓ _____ X _____ | |
| C.7. Where a service is to be provided by any other entity or facility off site (mental health, medical, vocational/ educational, etc.), do the comprehensive treatment/service plans contain all of the following information: <ul style="list-style-type: none"> ▪ a description of the nature of the service; ▪ a record that a referral has been made; ▪ the results of the referral; and ▪ procedures for ongoing coordination of care? [819.4(i)] (Note: If the off-site service was initiated prior to admission, the individual treatment plan must include a description of the nature of the service and procedures for ongoing coordination of care only.) | | | | | | | | | | | ✓ _____ X _____ | |

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | TOTAL | SCORE | | |
|---|----|----|----|----|----|----|----|----|----|-------|--------------------------------|--------------------|--|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table | |
| D. Documentation of Service | | | | | | | | | | | | | |
| <i>Note: For the following documentation questions, review the progress note and/or attendance notes for the previous 60 days.</i> | | | | | | | | | | | | | |
| D.1. ► QUALITY INDICATOR | | | | | | | | | | | | | |
| Are progress notes: | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ▪ written, signed and dated by the responsible clinical staff member; ▪ written at least once every two weeks; and ▪ written as to provide a chronology of residents' progress in relation to the goals established in the individual treatment/service plan and delineate the course and results of treatment/services? [819.4(l)(1-2)] (Note: All treatment plan life areas addressed in the two-week period must be documented in the applicable progress note.) [REVISED 7/11/12] | | | | | | | | | | | | | |
| | | | | | | | | | | | | ✓ _____ | |
| | | | | | | | | | | | | X _____ | |
| D.2. ► QUALITY INDICATOR | | | | | | | | | | | | | |
| Is the patient responding to treatment, meeting goals defined in the treatment/service plan and not being disruptive to the residential service? If not: | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ▪ is this discussed at a case conference, or by the clinical supervisor and the clinical staff member in a supportive living service; and ▪ is the treatment/service plan revised accordingly? [819.4(k)] <p><i>(Note: The first part of the question allows for credit to be given if the patient <u>IS</u> responding to treatment. If the patient is <u>NOT</u> responding to treatment, the second part of the question outlines the steps that a provider must take. If the provider follows these guidelines, they are given credit. If they do not follow these guidelines, a citation should be made. The phrase "not responding to treatment" generally refers to documentation of chronic patterns of positive toxicologies, numerous unexplained absences, continued non-compliance with the service's rules and regulations and/or repeated relapses after significant time in treatment; however, the results of single or isolated incidents in this regard should not be considered as "not responding" to treatment.)</i></p> | | | | | | | | | | | | | |
| | | | | | | | | | | | | ✓ _____ | |
| | | | | | | | | | | | | X _____ | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | Resident Case Records Subtotal | | |

| I. RESIDENT CASE RECORDS (Active) | | | | | | | | | | | TOTAL | SCORE | |
|---|----|----|----|----|----|----|----|----|----|-----|--------------------|--------------------------------|-------|
| Resident Record Numbers ► | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | ✓=yes X=no | From Scoring Table | |
| D. Documentation of Service (cont'd) | | | | | | | | | | | | | |
| D.3. Are services provided according to the treatment/service plans? [819.4(j)] (Note: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-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.) | | | | | | | | | | | ✓ _____ X _____ | | |
| D.4. Are the consent for release of confidential information forms completed properly? [819.5(b) & 42 CFR § 2.31] | | | | | | | | | | | ✓ _____ X _____ | | |
| Number of Applicable Questions Subtotal | | | | | | | | | | | _____ | Resident Case Records Subtotal | _____ |

| I. RESIDENT CASE RECORDS (Inactive) | | | | | | TOTAL | SCORE |
|--|----|----|----|----|---------------|--------------------|--------------------------------------|
| Resident Record Numbers ▶ | #2 | #3 | #4 | #5 | ✓=yes X=no | From Scoring Table | |
| E. Discharge Planning | | | | | | | |
| E.1. Are the discharge plans based on the following: ▪ an individualized relapse prevention plan; ▪ an assessment of the home environment; ▪ suitability of housing; ▪ vocational/educational/employment status; and ▪ relationships with significant others? [819.4(m)(1)] | #1 | | | | | ✓ ____ X ____ | |
| E.2. Do the discharge plans include the following: ▪ identification of continuing chemical dependence services and any other treatment, rehabilitation, self-help and vocational, educational and employment services the resident will need; ▪ identification of specific providers of these needed services; and ▪ specific referrals and initial appointments for these needed services? [819.4(m)(1)(i-iii)] | | | | | | ✓ ____ X ____ | |
| E.3. Do the discharge plans include evidence of development in collaboration with the resident and any significant other(s) the resident chooses to involve? [819.4(m)] | | | | | | ✓ ____ X ____ | |
| E.4. → QUALITY INDICATOR Does the service ensure that no residents are approved for discharge without a discharge plan reviewed by the clinical supervisor or designee? [819.4(n)] <i>(Note: This does not apply to residents who leave the service without permission or otherwise fail to cooperate.)</i> | | | | | | ✓ ____ X ____ | |
| E.5. Is the portion of the discharge plan, which includes referrals for continuing care, given to the residents upon discharge? [819.4(n)] <i>(Review Guidance: Documentation may be in the form of a progress note or duplicate form.)</i> | | | | | | ✓ ____ X ____ | |
| E.6. Do resident case records contain discharge summaries, which include the course and results of care, within 30 days of the resident's discharge? [819.4(p)] | | | | | | ✓ ____ X ____ | |
| Number of Applicable Questions Subtotal | | | | | | _____ | Resident Case Records Subtotal _____ |

| I. RESIDENT CASE RECORDS (Inactive) | | | | | | TOTAL | SCORE |
|--|----|----|----|----|------------------|--------------------|-------|
| Resident Record Numbers ▶ | #2 | #3 | #4 | #5 | ✓=yes X=no | From Scoring Table | |
| F. Monthly Reporting | | | | | | | |
| F.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first overnight stay following the initial determination) recorded in the resident case records? [810.14(e)(6)] | | | | | ✓ ____ X ____ | | |
| F.2. Are resident social security numbers, birthdates, genders and maiden names (if applicable) reported to OASAS consistent with those recorded in the resident case records? [810.14(e)(6)] | | | | | ✓ ____ X ____ | | |
| F.3. Is the discharge disposition reported to OASAS consistent with documentation in the resident case records? [810.14(e)(6)] | | | | | ✓ ____ X ____ | | |
| F.4. Are the discharge dates reported to OASAS consistent with the discharge dates (date of last face-to-face contact) recorded in the resident case records? [810.14(e)(6)] | | | | | ✓ ____ X ____ | | |
| G. Screened But Not Admitted | | | | | | | |
| G.1. In cases where the service denies admission to an individual, is there a written record containing the reasons for denial and, if applicable, a referral to an appropriate service? [819.3(g)] | | | | | ✓ ____ X ____ | | |

Number of Applicable Questions Subtotal _____ Resident Case Records Subtotal _____

Number of Applicable Questions Total _____ Resident Case Records Total _____

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|-----------------------------|-------|
| A. Policies and Procedures / Administration | | | |
| A.1. | | | |
| Does the service have written policies and procedures, approved by the governing authority, which address: | | | |
| a. admission, retention and discharge, including specific criteria relating thereto, as well as transfer procedures? [819.2(b)(1)] | a. | | |
| b. level of care determinations, comprehensive evaluations, treatment plans, and placement services? [819.2(b)(2)] ➔ QUALITY INDICATOR | b. | | |
| c. staffing plans, including the use of volunteers? [819.2(b)(3)] | c. | | |
| d. screening and referral procedures for associated physical or psychiatric conditions? [819.2(b)(4)] | d. | | |
| e. the determination of fees for services rendered? [819.2(b)(5)] | e. | | |
| f. infection control? [819.2(b)(6)] | f. | | |
| g. public health education and screening with regard to TB, STD's, hepatitis, and HIV and AIDS prevention and harm reduction? [819.2(b)(7)] | g. | | |
| h. cooperative agreements with other chemical dependence service providers and other providers of services that the resident may need? [819.2(b)(8)] | h. | | |
| i. the use of alcohol and other drug screening tests, such as breath testing, urine screening and/or blood tests? [819.2(b)(11)] | i. | | |
| j. procedures for the ordering, procuring, and disposing of medication, as well as the self-administration of medication? [819.2(b)(12)] | j. | | |
| k. quality improvement and utilization review? [819.2(b)(13)] | k. | | |
| l. clinical supervision and related procedures? [819.2(b)(14)] ➔ QUALITY INDICATOR | l. | | |
| m. procedures for emergencies? [819.2(b)(15)] | m. | | |
| n. incident reporting and review? [819.2(b)(16)] ➔ QUALITY INDICATOR | n. | | |
| o. record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with the Federal confidentiality regulations contained in 42 Code of Federal Regulations Part 2? [819.2(b)(17)] | o. | | |
| p. personnel? [819.2(b)(18)] | p. | | |
| q. procedures by which required educational services are provided for school age children who are in residence as either an individual who is receiving treatment or as part of a family unit? [819.2(b)(19)] | q. | | |
| r. procurement, storage, and preparation of food? [819.2(b)(20)] | r. | | |
| Number of Applicable Questions Subtotal | | Service Management Subtotal | |

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|----|-------|
| A. Policies and Procedures / Administration (cont'd) | | | |
| <p>A.2. Does the service have a written policy to ensure that individuals are not denied admission for evaluation based solely on any one or combination of the following? <input type="checkbox"/> prior treatment history or referral source; <input type="checkbox"/> maintenance on methadone or other medication prescribed and monitored by a physician, physician's assistant or nurse practitioner familiar with the resident's condition; <input type="checkbox"/> pregnancy; <input type="checkbox"/> history of contact with the criminal justice system; <input type="checkbox"/> HIV and AIDS status; <input type="checkbox"/> physical or mental disability; or <input type="checkbox"/> lack of cooperation by significant others in the treatment process. [819.3(e)(1-8)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".</p> | | | |
| <p>A.3. Do the consent for release of confidential information forms contain the following necessary elements as stipulated in the Federal confidentiality regulations? <input type="checkbox"/> the name or general designation of the service(s) making the disclosure; <input type="checkbox"/> the name of the individual or organization that will receive the disclosure; <input type="checkbox"/> the name of the patient who is the subject of the disclosure; <input type="checkbox"/> the purpose or need for the disclosure; <input type="checkbox"/> how much and what kind of information will be disclosed; <input type="checkbox"/> a statement that the patient may revoke the consent at any time, except to the extent that the service has already acted in reliance on it; <input type="checkbox"/> the date, event or condition upon which the consent expires if not previously revoked; <input type="checkbox"/> the signature of the patient (and/or other authorized person); and the date on which the consent is signed. [819.5(b) & 42 CFR § 2.31] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".</p> | | | |
| B. Quality Improvement and Utilization Review | | | |
| <p>B.1. → QUALITY INDICATOR Does the service have a utilization review plan which considers the needs of each resident for all of the following? <input type="checkbox"/> admissions are appropriate; <input type="checkbox"/> the need for continued treatment; <input type="checkbox"/> the continued effectiveness of, and progress in, treatment; and <input type="checkbox"/> discharge criteria are met? [819.6(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".</p> | | | |
| <p>B.2. → QUALITY INDICATOR Does the service have a quality improvement plan which includes the following: <input type="checkbox"/> a minimum of quarterly self-evaluations, one of which may include an independent peer review process; <input type="checkbox"/> findings of other management activities (e.g., utilization reviews, incident reviews, reviews of staff training); <input type="checkbox"/> surveys of patient satisfaction; and <input type="checkbox"/> analysis of treatment outcome data? [819.6(c)(1)(i-iv)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".</p> | | | |
| <p>B.3. Does the service prepare an annual report and submit it to the governing authority? [819.6(c)(2)]</p> | | | |
| <p>B.4. Does the annual report document the effectiveness and efficiency of the service in relation to its goals and provide recommendations for improvement in its services to residents, as well as recommended changes in its policies and procedures? [819.6(c)(2)]</p> | | | |

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|---|-----|-----------------------------------|-------|
| C. Operational Requirements | | | |
| C.1. Is this site certified for the types of services currently being provided? [810.3] > Services the site is certified to provide: _____ > Services the site is not certified to provide: _____ | | | |
| C.2. Does the service operate within its certified capacity? If no, did the service obtain prior OASAS approval for such exceptions? [819.2(f)] (Review Guidance: Review the last six months.) > Certified Service Capacity: _____ > Current Service Census: _____ | | | |
| C.3. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(e)(7)] (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.) | | | |
| D. Monthly Reporting | | | |
| D.1. → QUALITY INDICATOR Have data reports (PAS-44N, PAS-45N & PAS-48N) been submitted to OASAS timely and reflect accurate admission and discharge transactions? [810.14(e)(6)] (Review Guidance: Prior to on-site review, obtain a copy of the Client Roster-Admissions, Client Roster-Discharges and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-44N & PAS-45N must be submitted by the 5th day of the month following the report; PAS-48N must be submitted by the 10th day of the month following the report) of data submission and overall consistency for the previous six months. While on-site, compare the total number of active patients, as stated on the Client Roster-Admissions Report, to the actual number of active patients, as indicated by the service administrator.) | | | |
| E. Staffing (Complete Personnel Qualifications Work Sheet) | | | |
| E.1. → QUALITY INDICATOR Is the clinical supervisor of the service a QHP who has at least three years of administrative and clinical experience in chemical dependence residential services? [819.7(c)] | | | |
| E.2. Is there a qualified individual on staff designated as the Health Coordinator, to ensure the provision of education, risk reduction, counseling and referral services to all residents regarding HIV and AIDS, TB, hepatitis, STD's and other communicable diseases? [819.7(f)] | | | |
| E.3. → QUALITY INDICATOR Are at least 25 percent of all clinical staff members QHPs? (Note: CASAC Trainees may be counted towards satisfying this requirement.) [819.7(e)] | | | |
| QUESTION REGARDING STAFF TRAINING REMOVED DUE TO A REGULATORY REVISION EFFECTIVE 7/11/12 | | | |
| E.4. → QUALITY INDICATOR Does the clinical staff to resident ratio meet the minimum standards of 1:15 [one FTE clinical staff member for every 15 residents]? [819.8(d)(3)], [819.9(d)(3)], [819.10(d)(1)] (Number of current active residents _____ ÷ Number of current FTE clinical staff _____ = 1: _____) | | | |
| E.5. → QUALITY INDICATOR In an Intensive Residential Rehabilitation Service , is there a full-time manager on-site whose duties include overseeing the day-to-day operations of the service? [819.8(d)(1)] | | | |
| E.6. → QUALITY INDICATOR In a Community Residential Service , is there a full-time manager whose duties include overseeing the day-to-day operations of the service? [819.9(d)(1)] | | | |
| Number of Applicable Questions Subtotal _____ | | Service Management Subtotal _____ | |

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|---|-------|-----------------------------|-------|
| E. Staffing (Cont'd) (Complete Personnel Qualifications Work Sheet) | | | |
| E.7. In an Intensive Residential Rehabilitation Service and a Community Residential Service , is there staff on duty 24 hours per day, 7 days per week? [819.8(d)(3)], [819.9(d)(2)] | | | |
| E.8. In an Intensive Residential Rehabilitation Service , is there at least one staff person during evening and night shifts who is awake and on duty? [819.8(d)(2)] | | | |
| E.9. In an Intensive Residential Rehabilitation Service that serves children, is there at least one clinical staff member with training and experience in child care available? [819.8(d)(4)] | | | |
| E.10. In a Supportive Living Service , is there sufficient counseling staff to ensure at least one visit per week to each supportive living service? [819.10(d)(2)] | | | |
| E.11. → QUALITY INDICATOR In a Supportive Living Service , is there sufficient counseling staff to ensure that each resident is contacted face-to-face at least once per week? [819.10(d)(3)] | | | |
| F. Services | | | |
| F.1. Does the service ensure that the following services are available either directly or by referral, as clinically indicated? <input type="checkbox"/> counseling (individual, group and family counseling as appropriate); <input type="checkbox"/> supportive services (legal, mental health, social services, vocational assessment and counseling as appropriate); <input type="checkbox"/> educational and child care services (for residential services that provide services to school-age children); <input type="checkbox"/> structured activity and recreation (activities designed to improve leisure time skills, social skills, self-esteem and responsibility); and <input type="checkbox"/> orientation to community services (identifying and obtaining housing and other case management services). [819.2(e)(1-5)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0". | | | |
| F.2. Are all chemical dependence individual, group and family counseling services provided by a clinical staff member? [819.2(e)(1)(ii)] | | | |
| F.3. → QUALITY INDICATOR Do counseling groups contain no more than fifteen (15) residents? [819.2(e)(1)(i)] [REVISED 7/11/12] | | | |
| F.4. In an Intensive Residential Rehabilitation Service and a Community Residential Service , does the service ensure that the following rehabilitative services are available either directly or by referral? <input type="checkbox"/> vocational services such as vocational assessment; <input type="checkbox"/> job skills and employment readiness training; <input type="checkbox"/> educational remediation; and <input type="checkbox"/> life, parenting and social skills training. [819.8(b)(1)(i)(A-C)], [819.9(b)(3)(iv)(A-D)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0". | | | |
| Number of Applicable Questions Subtotal | _____ | Service Management Subtotal | _____ |

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|-----------------------------|-------|
| F. Services (cont'd) | | | |
| F.5. → QUALITY INDICATOR In an Intensive Residential Rehabilitation Service , does the service provide at least 40 hours per week of required clinical services within a structured therapeutic environment? [819.8(b)] | | | |
| F.6. → QUALITY INDICATOR In an Intensive Residential Rehabilitation Service , does the service ensure the availability of three meals per day to each resident? [819.2(g)(1)] | | | |
| In a Community Residential Service , does the service ensure the availability of two meals per day to each resident? [819.2(g)(1)] | | | |
| In a Supportive Living Service , does the service ensure the availability of adequate food to each resident? [819.2(g)(1)] | | | |
| F.7. In an Intensive Residential Rehabilitation Service and a Community Residential Service , is there documentation that residents receive training in community living skills, personal hygiene and personal care skills, as needed, which includes a program of social interaction and leisure activities? [819.8(b)(2)], [819.9(b)(6)] | | | |
| F.8. In a Community Residential Service , does the service have written referral agreements with one or more chemical dependence outpatient services to provide outpatient treatment services, as necessary? [819.9(b)(3)(ii)] | | | |
| G. Tobacco-Free Services | | | |
| G.1. Does the service have written policies and procedures, approved by the governing authority, which: <ul style="list-style-type: none"> <input type="checkbox"/> define the facility, vehicles and grounds which are tobacco-free; <input type="checkbox"/> prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the service; <input type="checkbox"/> 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; <input type="checkbox"/> prohibits staff from using tobacco products while at work, during work hours; <input type="checkbox"/> establishes a tobacco-free policy for staff while they are on the site of the service; <input type="checkbox"/> establishes treatment modalities for patients who use tobacco; <input type="checkbox"/> describes training on tobacco use and nicotine dependence available to staff including clinical, non-clinical, administrative and volunteers; <input type="checkbox"/> describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers and others; <input type="checkbox"/> establishes procedures, including a policy to address patients who relapse on tobacco products which incorporates the patient discharge criteria contained in the applicable Operating Regulation; <input type="checkbox"/> indicates that every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services; and <input type="checkbox"/> addresses staff violations consistent with the employment procedure of that facility? [856.5(a)(1-9)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0". | | | |
| G.2. Does the service adhere to each of its tobacco-free policies, as identified above? [856.5(a)(1-9)] | | | |
| Number of Applicable Questions Subtotal | | Service Management Subtotal | |

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|---|-----|----|-------|
| H. Patient Rights Postings | | | |
| <p>H.1. Are statements of patient rights and patient responsibilities, including the phone number of OASAS Patient Advocacy [1-800-553-5790] posted prominently and conspicuously throughout a certified facility? [815.4(a)(2)] (Note: Part 815 includes statements of patient rights and patient responsibilities based upon Sections 815.5 and 815.6. However, the posted statements can be, but need not be, exact replicas of Sections 815.5 and 815.6, or the facsimile on the OASAS website under Patient Advocacy. Nevertheless, these statements with the OASAS patient advocacy “800” phone number are to be readily accessible and easily visible to all patients and staff (such as on bulletin boards in public hallways) and clearly visible if near to other postings. Statements and phone number that do not stand out or that blend in with other postings do not suffice as prominently posted. These statements and the phone number also have to be conspicuously posted in different locations throughout a facility. For example, if in only one counselor’s office in a facility with many counselor offices or only on one floor of a facility with more than one floor, then these would not suffice as conspicuously posted. Last, for hospital-based providers that have OASAS certified service(s) located in an acute-care hospital setting and/or in a direct community setting, these statements can be the same as what hospitals are required to post throughout a hospital. However, such posting needs to include OASAS as an additional contact for complaints, via the 800 phone number.)</p> | | | |
| <p>H.2. Is there at least one prominent posting that includes the name and contact information of the clinic director/program director of the OASAS certified service? [815.4(a)(2)] (Note: This posting can be separate from or together with the statements of patient rights and patient responsibilities and the OASAS 800 phone number in the question immediately above. Unlike the above question, this posting can be in only one place as long as it is prominently posted such as upon immediately entry to a facility or behind a receptionist desk.)</p> | | | |
| I. Institutional Dispenser | | | |
| <p>I.1. If the facility takes possession of a patient's prescription for a controlled substance (including "take home" medication for patients who are enrolled in an outside Opioid Treatment Program) for the purpose of safeguarding and administration of the medication, do they possess a current Class 3A Institutional Dispenser Limited license issued by the New York State Department of Health's Bureau of Narcotic Enforcement? [815.9(b) & LSB 2003-03] (Note: Facilities with an on-site pharmacy require a Class 3 Institutional Dispenser license.)</p> | | | |
| J. Incidents/Incident Reporting | | | |
| <p>J.1. Based on the incident reporting log, minutes from the incident review committee, communications log, urinalysis/toxicology, case conference notes and/or any other relevant documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> is there consistency in incident reporting between Incident Reporting Log, Communication Log, Incident Review Team minutes, progress notes or any other type of documentation; <input type="checkbox"/> is a written incident report initiated no later than twenty-four (24) hours after an incident is discovered and completed no later than ten (10) days after the report is initiated; <input type="checkbox"/> are all incidents recorded by the provider and incident reports made available for inspection by the Office; <input type="checkbox"/> are all serious incidents reported directly to the Office and, subject to the provisions of 42 CFR Part 2, to any other state or federal agency as required by law or regulation; <input type="checkbox"/> does the program have written policies and procedures constituting an incident management plan for responding to, reporting, investigating and evaluating incidents which incorporates at a minimum the following: <ul style="list-style-type: none"> ▪ identification of staff responsible for administration of the incident management plan ▪ provisions for annual review by the governing authority; ▪ specific internal recording and reporting procedures applicable to all incidents observed, discovered or alleged; ▪ procedures for monitoring overall effectiveness of the incident management plan; ▪ minimum standards for investigation of incidents observed, discovered or alleged; ▪ procedures for the implementation of corrective actions ▪ establishment of an Incident Review Committee pursuant to section 836.8 of this part; ▪ required periodic staff training in staff reporting responsibilities? [836.5(a) & 836.5(b)(1-8)] <p>SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.</p> | | | |

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

| II. SERVICE MANAGEMENT | YES | NO | SCORE |
|--|-----|-----------------------------|-------|
| K. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE) | | | |
| *** THE FOLLOWING 7 ADDITIONAL QUESTIONS APPLY TO <u>OASAS-FUNDED PROVIDERS ONLY</u> ; IF NOT OASAS-FUNDED, ALL QUESTIONS ARE TO BE MARKED “N/A” *** | | | |
| These requirements apply to OASAS-funded providers ONLY. OASAS annually receives Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. To maximize use of this and other OASAS resources, OASAS requires all funded services to address the following SAPT Block Grant service requirements either directly or through arrangement with other appropriate entities. QUESTIONS FROM PROVIDERS SHOULD BE DIRECTED TO THE APPROPRIATE FIELD OFFICE. | | | |
| K.1. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address priority admissions in the following order: <ul style="list-style-type: none"> ▪ pregnant injecting drug users; ▪ other pregnant substance abusers; ▪ other injecting drug users; and ▪ all other individuals? <i>[45 CFR Part 96]</i> | | | |
| K.2. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address outreach to pregnant and parenting women and injecting drug users? <i>[45 CFR Part 96]</i> | | | |
| K.3. For an OASAS-funded provider that treats injecting drug abusers , does the program have a written policy to: <ul style="list-style-type: none"> ▪ admit individuals in need of treatment not later than 14 days after making a request; OR ▪ admit individuals within 120 days if interim services are made available within 48 hours? <i>[45 CFR Part 96] (Note: Interim services includes counseling and education about HIV, TB, risks of needle sharing, risks of transmission, steps that can be taken to ensure HIV and TB transmission does not occur and referral for HIV and TB services.)</i> | | | |
| K.4. For an OASAS-funded provider that treats injecting drug abusers and/or pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> ▪ maintain a wait list and ensure clients are admitted or transferred as soon as possible (unless treatment is refused or they cannot be located); and ▪ maintain contact with individuals on wait list? <i>[45 CFR Part 96]</i> | | | |
| K.5. For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> ▪ refer pregnant women to another provider when there is insufficient capacity to admit; and ▪ within 48 hours, make available interim services (counseling and education about HIV, TB, risks of needle sharing, referral for HIV and TB services if necessary, counseling on the effects of alcohol and other drug use on the fetus and referrals for prenatal care) if a pregnant woman cannot be admitted due to lack of capacity? <i>[45 CFR Part 96]</i> | | | |
| Number of Applicable Questions Subtotal | | Service Management Subtotal | |

| II. SERVICE MANAGEMENT | | YES | NO | SCORE |
|--|---|-----|----|-------|
| K. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE) (cont'd) | | | | |
| K.6. For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: | | | | |
| <ul style="list-style-type: none"> ▪ admit both women and their children (as appropriate); ▪ provide or arrange for primary medical care, prenatal care, pediatric care (including immunizations); ▪ provide or arrange for child care while the women are receiving services; ▪ provide or arrange for gender-specific treatment and other therapeutic interventions; ▪ provide or arrange for therapeutic interventions for children in custody of women in treatment; and ▪ provide or arrange for case management and transportation services to ensure women and their children can access treatment services? [45 CFR Part 96] | | | | |
| K.7. For an OASAS-funded provider which self-identify themselves as a religious organization/faith-based program , does the program have a written policy to: | | | | |
| <ul style="list-style-type: none"> ▪ prohibit State Aid funding for activities involving worship, religious instruction or proselytization; and ▪ include outreach activities that does not discriminate based on religion, religious belief, refusal to hold a religious belief or refusal to participate in a religious practice? [45 CFR Part 96] | | | | |
| L. ACUPUNCTURE (IF APPLICABLE) [Based on a sample size of up to 5 case records and other documentation please answer the following questions] | | | | |
| a) Is acupuncture therapy included in and administered only as called for by the individual treatment plans? [830.5(b)(1)] | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b) Do patient case records contain documentation of each session with a written notation of the number of needles inserted and removed? [830.4(b)] | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| c) Has the program physician, in consultation with the acupuncturist developed a protocol for decision making regarding whether or not a patient requires a medical evaluation prior to administration of acupuncture therapy? [830.4(b)] | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| d) Are acupuncture services only provided by ONE the following: <ul style="list-style-type: none"> • a person licensed by the State of New York to practice acupuncture, who has had at least one year of experience in the treatment of alcoholism and substance abuse, or has had a training program in the treatment of alcoholism and substance abuse during the first six months of employment; OR • an acupuncture detoxification therapist, who has successfully completed a course of acupuncture training, and who practices acupuncture acting under the supervision of a licensed or certified acupuncturist and the clinical director of the program? [830.6(a)(1-2)] | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| e) Does a licensed or certified acupuncturist provide direct, on-site supervision of acupuncture therapy? [830.6(c)(1)] (Note: This supervision must consist of at least 3 hours per week for any facility providing fewer than 15 hours of scheduled acupuncture clinic time and at least the sum of 10 percent of each acupuncture detoxification therapist's total work hours per week for facilities providing more than 15 hours of scheduled acupuncture clinic time.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Scoring: Each single question should be answered by the majority of the case records Yes or No; total score is determined by majority Yes or No. | | | | |
| L.1. Based on the above adjunct questions, does the program provide acupuncture services in accordance with Part 830 of this Title? [830] | | | | |

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

Number of Applicable Questions Total _____

Service Management Total _____

QUALITY INDICATOR COMPLIANCE SCORE WORKSHEET

I. Patient Case Records

| <u>QUESTION #</u> | <u>SCORE</u> | <u>ISSUE</u> |
|-------------------|--------------|---|
| 1. (A.5.) | _____ | (admission criteria) |
| 2. (A.7.) | _____ | (name of authorized admitting QHP) |
| 3. (A.10.) | _____ | (evaluation w/in 14 days) |
| 4. (B.1.) | _____ | (physical w/in 45 days) |
| 5. (C.3.) | _____ | (tx./svc. plan dev. w/in 30 days) |
| 6. (C.4.b.) | _____ | (tx./svc. plan based on admitting eval.) |
| 7. (C.4.h.) | _____ | (tx./svc. plan signed by supv. w/in 7 days) |
| 8. (C.5.) | _____ | (tx./svc. plan reviews) |
| 9. (D.1.) | _____ | (progress note requirements) |
| 10. (D.2.) | _____ | (resident not responding to treatment) |
| 11. (E.4.) | _____ | (approved discharge plan) |

_____ # of questions _____ **Quality Indicator Total Score**

**Enter Quality Indicator Total Score on the
 Level of Compliance Determination Schedule.**

II. Service Management

| <u>QUESTION #</u> | <u>SCORE</u> | <u>ISSUE</u> |
|-------------------|--------------|---|
| 1. (A.1.b.) | _____ | (policies re: evaluation, treatment plan, etc.) |
| 2. (A.1.l.) | _____ | (clinical supervision policy) |
| 3. (A.1.n.) | _____ | (incident reporting & review policy) |
| 4. (B.1.) | _____ | (utilization review plan) |
| 5. (B.2.) | _____ | (quality improvement plan) |
| 6. (D.1.) | _____ | (monthly reporting) |
| 7. (E.1.) | _____ | (clinical supervisor is a QHP) |
| 8. (E.3.) | _____ | (25 percent QHPs or CASAC-Ts) |
| 9. (E.4.) | _____ | (clinical staff to resident ratio – 1:15) |
| 10. (F.3.) | _____ | (group counseling size <= 15 residents) |
| 11. (F.6.) | _____ | (meals/food) |

Additional Quality Indicators - Intensive Rehabilitation Services

| | | |
|------------|-------|---|
| 12. (E.5.) | _____ | (full-time on-site manager) |
| 13. (F.5.) | _____ | (40 hours per week-required clinical svcs.) |

Additional Quality Indicator - Community Residential Services

| | | |
|------------|-------|---------------------|
| 14. (E.6.) | _____ | (full-time manager) |
|------------|-------|---------------------|

Additional Quality Indicator - Supportive Living Services

| | | |
|-------------|-------|--|
| 15. (E.11.) | _____ | (staff face-to-face contact once per week) |
|-------------|-------|--|

_____ # of questions _____ **Quality Indicator Total Score**

LEVEL OF COMPLIANCE DETERMINATION SCHEDULE

OVERALL COMPLIANCE SCORES

| <u>I. RESIDENT CASE RECORDS</u> | SCORE | # OF QUESTIONS | FINAL SCORE |
|---|-------|----------------|-------------|
| Score from primary Site Review Instrument | _____ | _____ | |
| + Score from Acupuncture Addendum (if applicable) | _____ | _____ | |
| PATIENT CASE RECORDS TOTAL | _____ | _____ | = _____ |

| <u>II. SERVICE MANAGEMENT</u> | SCORE | # OF QUESTIONS | FINAL SCORE |
|---|-------|----------------|-------------|
| Score from primary Site Review Instrument | _____ | _____ | |
| + Score from Acupuncture Addendum (if applicable) | _____ | _____ | |
| SERVICE MANAGEMENT TOTAL | _____ | _____ | = _____ |

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 |

LEVEL OF COMPLIANCE SCORING DETERMINATION

The Level of Compliance Rating is determined by the lowest of the four Overall and Quality Indicator Final Scores.

QUALITY INDICATOR COMPLIANCE SCORES

| <u>I. RESIDENT CASE RECORDS</u> | SCORE | # OF QUESTIONS | FINAL SCORE |
|---------------------------------|-------|----------------|-------------|
| | _____ | _____ | = _____ |
| <u>II. SERVICE MANAGEMENT</u> | SCORE | # OF QUESTIONS | FINAL SCORE |
| | _____ | _____ | = _____ |

LOWEST OVERALL OR QUALITY INDICATOR COMPLIANCE FINAL SCORE ►

VERIFICATION

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

| | |
|---|------|
| | |
| Regulatory Compliance Inspector | DATE |
| | |
| Upstate/Downstate Supervisor or Peer Reviewer | DATE |

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

(Applicable to all Residential Services)

- Employee Name -- Employee Title**..... Enter employee name and present title or position, including the Clinical Supervisor¹.
(example: **Jane Doe - Clinical Supervisor; Joe Smith - CD Counselor**)
- 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.
(example: **Mon,Wed,Fri 8am-5pm; Thu-Sun 11pm-7am; per diem**)
- Current Caseload**..... Enter the current number of residents assigned to each clinical staff member (if applicable).
- 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. Alcoholism/Substance Abuse Counseling; 14 yrs. in Chemical Dependence field**)
- QHP**..... Enter a check mark (✓) if the employee is a Qualified Health Professional (QHP) or a CASAC Trainee (CASAC-T)².
➤ Please identify the clinical staff member designated as the service's Health Coordinator (**Health**).
➤ Please identify the clinical staff member with training and/or experience in child care (**Child**), if applicable.
- License/Credential # -- Expiration Date**..... Enter License and/or Credential number and expiration date, if applicable.
(example: **CASAC #1234 - 09/30/08; CASAC Trainee #123 - 07/15/09; LCSW #321 - 11/15/08; MD #7890 - 06/30/07**)

WHEN COMPLETED, PLEASE REMEMBER TO SIGN AND DATE THE ATTACHED FORM(S)
(MAKE AS MANY COPIES AS NECESSARY)

¹ Clinical Supervisor must be a Qualified Health Professional.

² A CASAC-T is NOT considered a QHP, with the exception of being counted towards the QHP % staffing requirement. The CASAC-T designation does not authorize an individual to be considered a QHP for ANY other purpose.

PERSONNEL QUALIFICATIONS WORKSHEET

| |
|---------------------|
| PROVIDER LEGAL NAME |
|---------------------|

| Employee Name ----- Employee Title | Number of Weekly Hours Dedicated to this Operating Certificate | Work Schedule | Current Caseload | Education | Experience | QHP | License/Credential # ----- Expiration Date | Verified (Office Use Only) |
|--|---|---------------|---------------------|-----------|------------|-----|--|----------------------------------|
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I hereby attest to the accuracy of the above stated information. Filing a false instrument may affect the certification status of your service and potentially result in criminal charges.

Service Representative: _____ Date: _____ Lead Regulatory Compliance Inspector: _____ Date: _____