



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

**Regulatory Compliance Site Review Instrument
Chemical Dependence Outpatient Services
QA-3CD**

**(Applicable to Medically Supervised Outpatient Services
and Outpatient Rehabilitation Services)**

**PART I
PATIENT 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

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

PATIENT CASE RECORDS INFORMATION SHEET

Identification Number..... Enter the Identification Number for each case record reviewed.

First Name..... Enter the first name of the patient for each case record reviewed.

Last Name Initial..... Enter the first letter of the last name of the patient for each case record reviewed.

Primary Counselor..... Enter the name of the primary counselor.

Comments..... Enter any relevant comments for each case record reviewed.

PATIENT CASE RECORDS SECTION

Patient Record Number Column..... Enter a ✓ or an ✕ in the column that corresponds to the Patient Record Number from the PATIENT CASE RECORDS INFORMATION SHEET.
Enter a ✓ in the column when the service is found to be in compliance.
➤ For example: The comprehensive evaluation was completed within 45 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 45 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 SCORE column.

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

PATIENT CASE RECORDS INFORMATION SHEET

ACTIVE RECORDS

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

INACTIVE RECORDS

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

INACTIVE RECORDS (Screened But Not Admitted)

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

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
A. PRE-ADMISSION/ADMISSION PROCEDURES												
SCREENING/BRIEF INTERVENTION DOCUMENTATION (if applicable)												
A.1. Does each screening visit note: ▪ document which approved screening tool (i.e., AUDIT; CAGE; CAGEAID; SIMPLE SCREEN; MAST; GAIN QUICK; CRAFFT; DAST; RIAZI) was used; and ▪ include a summary of any feedback provided to the patient based on the results during a face to face meeting? [822-2.1(ab), 822-2.5(b)(14)]												
											✓ _____ x _____	
A.2. Does each brief intervention note: ▪ document the at-risk behavior the service is intended to address; and ▪ identify the intervention utilized during the service? [(822-2.5(b)(2)(i-ii)]											✓ _____ x _____	
Number of Applicable Questions Subtotal												Patient Case Records Subtotal

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
A. PRE-ADMISSION/ADMISSION PROCEDURES (cont'd)												
ADMISSION ASSESSMENT												
A.3. Does each admission assessment note: ▪ describe the data evaluated during the assessment; and ▪ indicate any determination as to recommended level of care and planned next steps? [(822-2.5(b)(1)(i-ii))]											✓ _____ x _____	
A.4. Does the admission assessment include the following: ▪ a clinical assessment of the individual's presenting problem(s); ▪ the individual's chemical use, abuse, dependence (including tobacco); and previous treatment history; ▪ a brief mental health screening; ▪ patient identified priority/emergency issues; ▪ an assessment of the individual's functioning (i.e., OASAS LOCADTR, ASAM, or a documented summary of patient functioning) to support the level of care placement; (Note: A documented summary of patient functioning should address patient-specific behavior and/or patient-specific external influences (e.g., court orders) that substantiate the placement in the outpatient level of care.); and ▪ an identification of initial services needed (based on patient-identified goals and other priority issues identified in the admission assessment) and schedules of individual and group counseling to address the needed services until the development of the treatment/recovery plan? [822-4.3(d)(1-6)] (Note: If the patient is referred from an Office approved DWI provider/practitioner, the assessment from such a provider may be used to satisfy this requirement provided that the information is reviewed and updated to meet all of the requirements of this section.)											✓ _____ x _____	
Number of Applicable Questions Subtotal												Patient Case Records Subtotal

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
A. PRE-ADMISSION/ADMISSION PROCEDURES (cont'd)												
ADMISSION PROCEDURES												
<div>A.5. ➡ QUALITY INDICATOR Do patients meet all of the following admission criteria:<ul style="list-style-type: none">the individual is determined to have a substance use disorder based on the most recent DSM or ICD;the patient reports no known or suspected infectious disease that can be a danger to others and that is spread through casual contact; andthe individual appears not to be in need of acute hospital care, acute psychiatric care, a higher level of chemical dependence treatment services or other intensive services that cannot be provided in conjunction with outpatient care or would prevent him/her from participating in a chemical dependence outpatient program? [822-4.3(a)(1-3)]OR<ul style="list-style-type: none">the individual is a significant other that has been determined to be able to actively participate in and benefit from the treatment process? [822-4.3(c)](Note: A significant other is NOT appropriate for admission to an outpatient rehabilitation service.)</div>											✓ _____ x _____	
<div>A.6. ➡ QUALITY INDICATOR In an Outpatient Rehabilitation Service, do patients also meet the following additional admission criteria:<ul style="list-style-type: none">an inadequate social support system; andeither substantial deficits in functional skills or health care needs requiring attention or monitoring by health care staff? [822-4.3(b), 822-4.10(c)](Note: A significant other is NOT appropriate for admission to an outpatient rehabilitation service.)</div>											✓ _____ x _____	
Date of admission ►												
<div>A.7. Do the patient case records document the admission date as being the date of the first treatment visit? [822-4.3(e) & PAS-44 Instructions-2009]</div>											✓ _____ x _____	
Number of Applicable Questions Subtotal												Patient Case Records Subtotal

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
A. PRE-ADMISSION/ADMISSION PROCEDURES (cont'd)												
ADMISSION PROCEDURES												
A.8. ➡ QUALITY INDICATOR Do the patient case records contain the name of the authorized QHP who made the decision to admit as documented by their signature and date? [822-4.3(e)]											✓ ____ x ____	
A.9. Do the patient case records contain a notation that, prior to the first treatment visit, the patient received the following and that the patient indicated that he/she understood them: ▪ a copy of the program's rules and regulations, including patient's rights; ▪ a summary of the Federal confidentiality requirements; and ▪ information that admission is on a voluntary basis and that the patient will be free to discharge himself or herself from the outpatient program at any time? [822-2.2(b)(1) & 822-2.3(a)(1)]											✓ ____ x ____	
B. COMPREHENSIVE EVALUATION												
Date of comprehensive evaluation ►												
B.1. ➡ QUALITY INDICATOR Are comprehensive evaluations completed by staff within 45 days of admission? [822-4.4(a), 822-4.4(e)] <i>(Note: The comprehensive evaluation may be completed as part of the pre-admission assessment process, providing that the regulatory elements of both procedures are met.)</i> <i>(Note: In the following situations, the existing evaluation may be used to satisfy this requirement, provided that it is reviewed and updated as necessary:</i> ▪ if patients are referred directly from another OASAS-certified chemical dependence service, including an approved DWI provider/practitioner; ▪ if patients are readmitted to the same service within 60 days of discharge; or ▪ if the evaluation is completed by the same service more than 60 days prior to admission.)											✓ ____ x ____	
Number of Applicable Questions Subtotal												Patient Case Records Subtotal

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
B. COMPREHENSIVE EVALUATION (cont'd)											✓ ____ x ____	
B.2. Do the comprehensive evaluations include the dated signature of the Qualified Health Professional (QHP) responsible for the evaluation? [822-4.4(c)] (Note: Evaluation must be signed & dated after ALL components are completed.)												
B.3. Do the comprehensive evaluations update the information included in the admissions assessment and include a written report of findings and conclusions addressing chemical dependence/abuse , including the following: <ul style="list-style-type: none">the impact of use of chemicals, including tobacco, on self and significant others;a specific diagnosis of alcohol related or psychoactive substance related disorder in accordance with the current version of the DSM or ICD; andprior periods of sustained recovery and how that recovery was supported? [822-4.4(b)(1)(i-iii)]											✓ ____ x ____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
B. COMPREHENSIVE EVALUATION (cont'd)												
B.4. ➡ QUALITY INDICATOR Do the comprehensive evaluations update the information included in the admissions assessment and include a written report of findings and conclusions addressing physical health , including the following: <ul style="list-style-type: none">for those patients who have not had a physical exam within one year prior to admission, have they either been assessed face-to-face by a member of the medical staff to ascertain the need for a physical exam or been referred for a physical exam (<i>Note: The referral for a physical exam may be from any clinical staff member.</i>); OR <ul style="list-style-type: none">for those patients who have had a physical exam within one year prior to admission, or are being admitted directly to the outpatient program from another chemical dependence service authorized by the Office, the existing medical history and physical exam documentation may be used to comply with this requirement provided such documentation has been reviewed by a medical staff member and determined to be current? [822-4.4(b)(2)(i-ii)]												
B.5. Do the patient case records: <ul style="list-style-type: none">demonstrate that appropriate medical care is recommended to any patient whose health status indicates the need for such care and that these significant medical issues are addressed in the treatment/recovery plan; andinclude a physical health history including: HIV/AIDS, tuberculosis, hepatitis, or other communicable disease risk assessment? [822-4.4(b)(2)(iii-iv)]												
Number of Applicable Questions Subtotal									Patient Case Records Subtotal			

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE	
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table	
B. COMPREHENSIVE EVALUATION (cont'd)													
<div>B.6. Do the comprehensive evaluations update the information included in the admissions assessment and include a written report of findings and conclusions addressing additional functional areas, including the following:<ul style="list-style-type: none">▪ mental health [a mental health history, including a brief mental status exam focusing on current functioning and current lethality (danger to self and/or others)];▪ vocational/educational/employment [an assessment of the patient's vocational and educational strengths and weaknesses, including but not limited to, approximate literacy level and education and employment history];▪ social/leisure [an assessment of the patient's social strengths and weaknesses including, but not limited to, community recovery supports and the activities of daily living];▪ family [an assessment of the patient's family history and potential for participation in treatment];▪ legal [an assessment of the patient's legal issues, if applicable]; and▪ problem gambling [an assessment of the patient's current gambling behavior and any history of problem gambling]? [822-4.4(b)(3-8)]</div>											✓ _____ x _____		
Number of Applicable Questions Subtotal												Patient Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING												
C.1. Are the comprehensive treatment/recovery plans: a. developed and signed (w/in 45 days after admission) by the responsible clinical staff member (primary counselor)? [822-4.5(a) & 822-4.5(c)(11)]											✓ _____ x _____	
b. reviewed in a case conference (w/in 45 days after admission) by clinical staff? [822-4.5(c)(9)]											✓ _____ x _____	
Date of individual treatment/recovery plan ►												
c. ➡ QUALITY INDICATOR signed and dated by all members of the multidisciplinary team (MDT) at or sometime following the case conference, but in no event more than 45 days after admission? [822-4.5(c)(10)] (Note: A LPN cannot be considered as the medical staff member of the MDT.)											✓ _____ x _____	
Date of physician signature ►												
d. approved signed and dated by the Medical Director or other physician employed by the outpatient program within 10 days after review and approval by the MDT? [822-4.5(c)(11)] (Note: If the physician is a member and signatory of the MDT, this regulatory requirement is satisfied.)											✓ _____ x _____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)											✓ _____ x _____	
C.2. Do the individual treatment/recovery plans address identified needs of the patient in all relevant functional areas, including, but not limited to: ▪ chemical dependence/abuse (including tobacco); ▪ physical health; ▪ mental health; ▪ vocational/educational/employment; ▪ social/leisure, including but not limited to community recovery supports and the activities of daily living; ▪ family; ▪ legal; and ▪ problem gambling? [822-4.5(b)(1-8)] <i>(Note: If a functional area is not identified as a need in the comprehensive evaluation, the area is not applicable and should be noted as such; for those functional areas to be addressed later in treatment, they should be identified as “deferred”, with a clinical rationale including the time frame and/or conditions limiting the deferral.)</i>												
C.3. ➔ QUALITY INDICATOR Are the treatment/recovery plans based on the comprehensive evaluation specified above and any additional evaluations (e.g., medical, psychiatric) determined to be required? [822-4.5(c)(2)]												
C.4. Are the treatment/recovery plans developed in collaboration with the patient and does the patient actively participates in the treatment/recovery planning process? [822-4.5(c)(1)] (Note: If the patient is a minor, the plan must also be developed in consultation with a parent or guardian, unless the minor is being treated without parental consent as authorized by Mental Hygiene Law Section 22.11 as stated in [822-4.5(a)(2)]) (Note: Collaboration can be documented via a signature or progress note. In cases where a signature is used to document collaboration the patient signature needs to be dated within in a reasonable (2 week time period from the MDT.)												
Number of Applicable Questions Subtotal									Patient Case Records Subtotal			

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)												
C.5. Do the treatment plans specify the treatment goals for problem areas identified in the evaluation (unless they are not applicable or deferred)? [822-4.5(c)(3)]											✓ ____ x ____	
C.6. Do the treatment plans specify the objectives with target dates for achieving completion while patient is receiving services that will be used to measure progress towards attaining treatment goals? [822-4.5(c)(4)]											✓ ____ x ____	
C.7. Do the treatment plans identify schedules of individual and group counseling? [822-4.5(c)(5)] (Note: Counseling schedules may not identify sessions as “PRN” or “as needed”).											✓ ____ x ____	
C.8. Do the treatment plans include each diagnosis for which the patient is being treated (at this program)? [822-4.5(c)(7)] (Note: This requirement refers ONLY to each diagnosis for which the patient is being treated at this program.)											✓ ____ x ____	
Number of Applicable Questions Subtotal									Patient Case Records Subtotal			

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE	
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table	
C. TREATMENT/RECOVERY PLANNING (cont'd)													
<div>C.9. ➡ QUALITY INDICATOR</div> <div>Where a service is to be provided by any other entity or facility off-site (e.g., mental health, medical, vocational/ educational), do the individual treatment/recovery plans contain all of the following information:</div> <div><div><div>▪ a description of the nature of the service;</div><div>▪ a record that referral for such service has been made;</div><div>▪ the results of the referral; and</div><div>▪ procedures for ongoing coordination of care?</div></div><div>[822-4.5(d)]</div><div>(Note: Parole, Probation and other mandated entities are not considered “services” and therefore, procedures for the coordination of care are not required to be documented on the treatment/recovery plan.)</div><div>(Note: If the off-site service was initiated prior to admission, the individual treatment/recovery plan must include a description of the nature of the service and procedures for ongoing coordination of care only.)</div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>✓ _____ x _____</div> <div></div>													
Date(s) of treatment/recovery plan review(s) ►	►												
	►												
	►												
	►												
	►												
<div>C.10. ➡ QUALITY INDICATOR</div> <div>Is the entire treatment/recovery plan thoroughly reviewed and revised at least every 90 calendar days for the first year and at least every 180 calendar days thereafter (from the date of the previous treatment/recovery plan review)? [822-4.5(g)]</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>✓ _____ x _____</div> <div></div>													
Number of Applicable Questions Subtotal										Patient Case Records Subtotal			

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes X = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)												
C.11. Does each individual treatment/recovery plan review include: ▪ evidence of review by the responsible clinical staff member; ▪ evidence of development in consultation with the patient; ▪ the names of all reviewing individuals; ▪ signed and dated by a member of the multi-disciplinary team; and ▪ a summary of the patient's progress in each of the specified treatment/recovery plan goals? [822-4.5(g)] (Note: A member of the MDT cannot be the MDT signatory on a treatment plan review that he or she prepared)											✓ ____ X ____	
C.12. Are the comprehensive evaluations updated annually as part of the treatment/recovery plan review? [822-4.5(g)] (Note: This "one-year" update may be conducted up to one month before or one month after the anniversary of the original comprehensive evaluation date.)											✓ ____ X ____	
D. DOCUMENTATION OF SERVICE												
Note: For the following question, review the progress notes for the previous 60 patient visit days.												
D.1. ➡ QUALITY INDICATOR Are all services (e.g., pre-admission assessment, comprehensive evaluation, individual counseling, group counseling, etc.) documented as follows: ▪ written and signed by the staff member providing the service; ▪ indicate the date the service was delivered; ▪ record of results, including any recommendations or determinations for initial, continued or revised treatment for the patient; ▪ duration of service; and ▪ included in patient's case record? [822-2.5(a)(1-5)] (Note: Outpatient Rehabilitation Services require one note per week and Intensive Outpatient Services require one note for each day of service.)											✓ ____ X ____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
D. DOCUMENTATION OF SERVICE (cont'd)												
COUNSELING SESSIONS												
D.2. Does each individual counseling note: ▪ indicate which of the patient's treatment/recovery plan goals and objectives were addressed; and ▪ delineate the patient's progress towards achieving individual treatment/recovery plan goals and objectives? [822-2.5(b)(7)(i-ii)] (Note: This question is N/A for Intensive Outpatient Services and Outpatient Rehabilitation Services.)											✓ ____ x ____	
D.3. Does each group counseling note: ▪ summarize the focus of the group; and ▪ document the attendance and individual participation of each patient as it relates to the therapeutic goal(s) of the group? [822-2.5(b)(6)(i-ii)] (Note: This question is N/A for Intensive Outpatient Services and Outpatient Rehabilitation Services.)											✓ ____ x ____	
ADDITIONAL APG SERVICES												
D.4. Does each brief treatment note: ▪ identify the target behavior the service is intended to address; and ▪ identify the evidence-based or clinical practice utilized during the service? [822-2.5(b)(3)(i-ii)]											✓ ____ x ____	
D.5. Does each collateral visit note: ▪ summarize the purpose of the visit; ▪ indicate the nature of collateral person's relationship with the patient; and ▪ indicate how collateral contact will support patient's treatment/recovery goals? [822-2.5(b)(4)(i-iii)] (Note: A collateral person is a NON-ADMITTED individual who is seen WITHOUT the patient present for the purpose of supporting that patient.)											✓ ____ x ____	
Number of Applicable Questions Subtotal									Patient Case Records Subtotal			

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
D. DOCUMENTATION OF SERVICE (cont'd)											✓ ____ x ____	
ADDITIONAL APG SERVICES												
D.6. Does each complex care coordination note: ▪ indicate the critical event or condition leading to the need for service; and ▪ summarize the purpose of coordination? [822-2.5(b)(5)(i-ii)]												
D.7. Does each medication administration and observation note: ▪ record and/or initial the type and dosage of medication administered or dispensed; and ▪ chart any adverse effects or other medical problems and actions taken and/or planned? [822-2.5(b)(9)(i-ii)] (Note: This is a face-to-face service provided by medical staff.)												
D.8. Does each medication management note: ▪ summarize the assessment, monitoring and induction/follow-up, where applicable; and ▪ reflect any patient symptoms, side effects or other medical concerns noted during observation of the patient and actions taken and/or planned? [822-2.5(b)(10)(i-ii)] (Note: This is a face-to-face service provided by a prescribing professional.) (Note: There are three levels of medication management services: ➤ Routine = at least 10 minutes face-to-face; ➤ Complex = at least 15 minutes face-to-face; Addiction Medication Induction = at least 30 minutes face-to-face.)												
D.9. Does each peer support note: ▪ indicate the intended purpose of or clinical need for service; and ▪ summarize patient's participation in the service and delineate patient's progress towards achieving individual treatment/recovery goals and objectives? [822-2.5(b)(13)(i-ii)]	This question is N/A until such time as OASAS determines the appropriate credential from another certifying authority that can provide peer support services.										✓ ____ x ____	N/A

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
D. DOCUMENTATION OF SERVICE (cont'd)												
INTENSIVE OUTPATIENT & OUTPATIENT REHABILITATION												
D.10. For Intensive Outpatient Services , does the documentation (1x day) include : <ul style="list-style-type: none">▪ identification of the discrete service provided;▪ which of the patient's treatment/recovery plan goals and objectives were addressed;▪ the patient's progress towards achieving individual treatment/recovery plan goals and objectives; and▪ identification of any activities or services provided and how these addressed issues of early recovery? [822-2.5(b)(8)(i-iii) & APG Clinical Guidance Document]												
D.11. For Outpatient Rehabilitation Services , does the documentation (1x week) include: <ul style="list-style-type: none">▪ a daily attendance note (including duration and identification of the discrete service provided); and▪ a progress note no less than once per week which:<ul style="list-style-type: none">○ provides a chronology and level of patient's participation in all significant services; and○ delineates the patient's progress towards achieving individual treatment/recovery plan goals? [822-2.5(b)(11)(i-ii) & APG Clinical Guidance Document]											✓ _____ x _____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
D. DOCUMENTATION OF SERVICE (cont'd)												
ADDITIONAL DOCUMENTATION REQUIREMENTS												
D.12. ➡ QUALITY INDICATOR Is the patient responding to treatment, meeting goals defined in the treatment plan and not being disruptive to the outpatient service? If not: <ul style="list-style-type: none">• is this discussed at a case conference including the MDT and the responsible clinical staff member;• are any decisions made documented in the patient record; and• is the treatment plan revised accordingly? [822-4.5(f)] <i>(Note: The first part of the question allows for credit to be given if the patient IS responding to treatment. If the patient is NOT responding to treatment, the second part of the question outlines 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>												
D.13. ➡ QUALITY INDICATOR Are services provided according to the individual treatment plans? [822-4.5(e)] <i>(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.)</i>											✓ _____ x _____	
Number of Applicable Questions Subtotal											Patient Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes x = no	From Scoring Table
D. DOCUMENTATION OF SERVICE (cont'd)												
ADDITIONAL DOCUMENTATION REQUIREMENTS												
D.14. Are the consents for release of confidential information forms completed properly? [822-2.2(d) & 42 CFR 2.31]											✓ ____ x ____	
D.15. Was a utilization review conducted for all active cases within the twelfth month after admission and every 90 days thereafter? [822-4.7(c)] (Note: This “one-year” utilization review may be conducted up to one month before or one month after the anniversary of the admission date.)											✓ ____ x ____	
D.16. In an <u>Outpatient Rehabilitation Service</u> , when patients are transferred between outpatient and outpatient rehabilitation services within the same provider, does the patient case record include: ▪ clinical justification for the transfer, including identification that the admission criteria to the new service is met; ▪ notes that includes the effective date of transfer to the new service; and ▪ a revised treatment/recovery plan, signed by the patient, responsible clinical staff member and their supervisor within seven days of the transfer? [822-2.3(b)(1-3)]											✓ ____ x ____	
Number of Applicable Questions Subtotal												Patient Case Records Subtotal

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	✓ = yes x = no	From Scoring Table
E. DISCHARGE PLANNING							
E.1. Do the discharge plans contain all of the following: <ul style="list-style-type: none">▪ an individualized relapse prevention plan;▪ continued services, peer supports/mutual assistance, that have been identified in the comprehensive evaluation and during the course of treatment;▪ identification of living arrangements;▪ the need for continued services by significant others and/or family;▪ vocational/employment/educational status; and▪ specific referrals and initial appointments with identified providers of service(s)? [822-4.6(d)(1-6)]						✓ _____ x _____	
E.2. Do the discharge plans include evidence of development in collaboration with the patient? [822-4.6(b)] (<i>Note: If the patient is a minor, the discharge plan must also be developed in consultation with his or her parent/guardian, unless being treated without parental consent as authorized by Mental Hygiene Law section 22.11.</i>)						✓ _____ x _____	
E.3. ➡ QUALITY INDICATOR Does the service ensure that no patients are approved for discharge without a discharge plan reviewed and approved by the assigned counselor and supervisor? [822-4.6(c)] (<i>Note: This does not apply to patients who stop attending or otherwise fail to cooperate.</i>)						✓ _____ x _____	
E.4. Is the portion of the discharge plan, which includes referrals for continuing care, given to the patient upon discharge? [822-4.6(c)] (<i>Note: Documentation may be in the form of a progress note or duplicate form.</i>)						✓ _____ x _____	
E.5. Do the patient case records contain a Discharge Summary which addresses and measures progress toward attainment of treatment goals; and completed within 45 days of discharge? [822-4.6(e)]						✓ _____ x _____	
Number of Applicable Questions Subtotal							
Patient Case Records Subtotal							

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE
Patient Record Numbers ►	#1	#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 treatment visit) recorded in the patient case records? [810.14(e)(6)]						✓ ____ x ____	
F.2. Are patient social security numbers, birthdates, genders and maiden names (if applicable) reported to OASAS consistent with those recorded in the patient case records? [810.14(e)(6)]						✓ ____ x ____	
F.3. Is the discharge disposition reported to OASAS consistent with documentation in the patient 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 patient case records? [810.14(e)(6)]						✓ ____ x ____	
G. Seen But Not Admitted							
G.1. ➔ QUALITY INDICATOR Do the patient case records contain the name of the authorized QHP who made the decision to not admit as documented by their signature and date? [822-4.3(e)]						✓ ____ x ____	
G.2. 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? [822-4.3(a)]						✓ ____ x ____	
Number of Applicable Questions Subtotal						Patient Case Records Subtotal	
Number of Applicable Questions Total						Patient Case Records Total	

II. SERVICE MANAGEMENT		YES	NO	SCORE
A. POLICIES AND PROCEDURES/ADMINISTRATION				
A.1. Does the service have written policies, procedures, and methods, approved by the governing authority, which address:				
a. admission, retention and discharge, including specific criteria relating thereto, as well as transfer and referral procedures? <i>[822-4.2(a)(1)]</i>	a.			
b. comprehensive evaluations, treatment/recovery plans, and placement services? <i>[822-4.2(a)(2)] ➔ QUALITY INDICATOR</i>	b.			
c. continuity of care, including case conferences, in-service training, and staff meetings? <i>[822-4.2(a)(5)]</i>	c.			
d. the outpatient program's treatment philosophy and approach including: view of the chemical dependence problem and the overall treatment approach to promoting recovery; description of core groups offered and procedures for coordinating group, individual, and family treatment (if offered); and strategies to provide for diverse needs of patients including, but not limited to, mental health, criminal justice, specific cultural needs, and medical needs? <i>[822-4.2(a)(6)(i-iii)]</i>	d.			
e. the provision of medical services, including screening and referral for associated physical or psychiatric conditions? <i>[822-4.2(a)(7)]</i>	e.			
f. the determination of fees for services rendered? <i>[822-4.2(a)(8)]</i>	f.			
g. infection control? <i>[822-4.2(a)(9)]</i>	g.			
h. public health education and screening with regard to TB, STD's, hepatitis, and HIV and AIDS prevention and harm reduction? <i>[822-4.2(a)(10)]</i>	h.			
i. cooperative agreements with other chemical dependence service providers and other providers of services that the patient may need? <i>[822-4.2(a)(11)]</i>	i.			
j. the use of alcohol and other drug screening tests, such as breath testing, urine screening and/or blood tests and that they are performed in accordance with Public Health Laws and DOH guidelines? <i>[822-4.2(15)]</i>	j.			
k. medication and the use of medication assisted treatment? <i>[822-4.2(a)(16)]</i>	k.			
l. quality improvement processes and systems; utilization review? <i>[822-4.2(a)(17, 18)]</i>	l.			
m. procedures for emergencies? <i>[822-4.2(a)(19)]</i>	m.			
n. incident reporting and review? <i>[822-4.2(a)(20)] ➔ QUALITY INDICATOR</i>	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? <i>[822-4.2(a)(21)] (Note: Patient records must include all progress notes and attendance notes.)</i>	o.			
p. human resources management including hiring; disciplinary measures; training; duties and qualifications of positions; maintenance of records; regular review of performance of staff; and staffing plans including the use of volunteers? <i>[822-4.2(a)(22)]</i>	p.			
q. clinical supervision? <i>[822-4.2(a)(23)] ➔ QUALITY INDICATOR</i>	q.			
r. patient rights? <i>[815.4(a), 815.4(a)(1)] (Note: Policy may include but is not limited to staff conduct, rights and responsibilities of and to patients, grievance and resolution process.)</i>	r.			
s. patient and family member satisfaction and participation in the design, development and implementation of policies? <i>[822-4.2(a)(24, 25)] (Note: Policy may include but is not limited to: seats on governing authority reserved for current/past patients or family members; governing authority has an advisory group which involves current/past patients or family members; and/or a policy that patient/family member participation is included in the development of non-policy level procedures/practices and the review and revision of such procedures/policies.)</i>	s.			
Number of Applicable Questions Subtotal			Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES/ADMINISTRATION (cont'd)			
A.2. Does the service have a written policy to ensure that individuals are not denied admission for evaluation based solely on the individual's: <div><input type="checkbox"/> prior treatment history or referral source; <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; <input type="checkbox"/> lack of cooperation by significant others in the treatment process; or <input type="checkbox"/> medication assisted treatment for opioid dependence prescribed and monitored by a physician, physician's assistant or nurse practitioner? [822-4.3(g)(1-8)]</div> SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".			
A.3. Does the service have written policies and procedures identifying specific providers and methods of coordination for the following: <div><input type="checkbox"/> emergency services seven days per week, 24 hours per day, including, but not limited to, detoxification, withdrawal and acute psychiatric services; <input type="checkbox"/> inpatient and residential chemical dependence services; <input type="checkbox"/> mental health and developmental disability services; <input type="checkbox"/> vocational and/or educational services intended to support the goal of economic self sufficiency; <input type="checkbox"/> health care services; <input type="checkbox"/> education, risk assessment, supportive counseling and referral concerning HIV, AIDS and other communicable diseases; <input type="checkbox"/> housing; <input type="checkbox"/> other recovery support services; and <input type="checkbox"/> family treatment? [822-4.2(a)(4)(i-ix)]]</div> (Note: Linkage agreements within the same provider are not necessary provided that the policies and procedures clearly identify the in-house referral.) SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".			
A.4. Do the consent for release of confidential information forms contain the following necessary elements as stipulated in the Federal confidentiality regulations: <div><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 <input type="checkbox"/> the date on which the consent is signed? [42 CFR § 2.31]</div> SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".			
Number of Applicable Questions Subtotal			Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
B. QUALITY IMPROVEMENT/UTILIZATION REVIEW			
B.1. ➔ QUALITY INDICATOR Does the provider maintain documentation of the utilization review providing evidence that the deliberations: <input type="checkbox"/> were based on current progress in treatment relative to the applicable functional areas identified in the patient's comprehensive treatment/recovery plan; <input type="checkbox"/> determined the appropriateness of continued stay at the outpatient level of care and intensity of services, as well as whether co-occurring disorder(s), require referral to outside services; <input type="checkbox"/> determined the reasonable expectation of progress towards the accomplishment of the goals and objectives articulated in the patient's treatment/recovery plan, based on continued treatment at this level of care and intensity of services; and <input type="checkbox"/> resulted in a recommendation regarding continuing stay, intensity of care and/or referral of this case? [822-4.7(d)(1-4)] SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.			
B.2. Does the provider have a Quality Improvement Team that: <input type="checkbox"/> consists of at least three program staff, including at least one QHP and at least one responsible clinical staff member (Note: Providers with multiple locations do NOT need a Quality Improvement Team for each location.) ; <input type="checkbox"/> meets at least quarterly and keeps records of the meeting activities and recommendations; <input type="checkbox"/> collects and utilizes patient satisfaction surveys and performance and treatment outcome data in order to assess program performance and treatment outcomes; <input type="checkbox"/> annually reviews and updates, if necessary, the written quality improvement plan? [822-4.7(f)(1-3)] SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.			
B.3. ➔ QUALITY INDICATOR Does the written quality improvement plan identify: <input type="checkbox"/> the mission and goals of the certified provider; <input type="checkbox"/> methods for collection and review of performance and outcome data; <input type="checkbox"/> specific measures to be tracked in given time period; <input type="checkbox"/> a process for considering findings of utilization review, incident reviews, staffing needs assessments, compliance reviews, external/internal audits and other management activities; and <input type="checkbox"/> recommended actions needed to improve program performance and patient outcomes? [822-4.7(f)(3)(i-v)] 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.4. Does the certified provider prepare an annual report and submit it to the governing authority? [822-4.7(g)]			
B.5. Does the annual report document the effectiveness and efficiency of the service in relation to its goals and quality improvement plan; and indicate any recommendations and plans for improvement in its services to patients, as well as recommended changes in its policies and procedures? [822-4.7(g)]			
C. OPERATIONAL REQUIREMENTS			
C.1. ➔ QUALITY INDICATOR Are the services currently being provided at this site <i>exactly</i> as described on the Operating Certificate, including: <input type="checkbox"/> types/levels of service; and <input type="checkbox"/> locations, including each additional location, if applicable? [\$32.05(d) MHL, 810.3] Scoring: If both applicable items are present score “4”, if applicable items are missing score “0”.			
C.2. 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.)			
Number of Applicable Questions Subtotal		Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
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)] (Note: Prior to on-site review, obtain a copy of the Client Roster-Admissions, Client Roster-Discharges and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-44N & PAS-45N must be submitted by the 5 th day of the month following the report; PAS-48N must be submitted by the 10 th day of the month following the report) of data submission and overall consistency for the previous six months. Additional location information should also be included. 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 director of the service a QHP who has at least three years of full-time clinical experience in the chemical dependence field, one of which was supervisory and who is responsible for the daily activities and supervision of services provided? [822-4.8(a)]			
E.2. ➔ QUALITY INDICATOR Is the medical director of the service a physician? [822-2.1(p); 822-4.8(b)] [RED FLAG DEFICIENCY if no physician on staff.]			
E.3. Does the medical director hold: ▪ a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties; or ▪ an addiction certification from the American Society of Addiction Medicine; or ▪ a certification by the American Board of Addiction Medicine (ABAM); or ▪ a subspecialty board certification in Addiction Medicine from the American Osteopathic Association? [822-2.1(p)] (Note: Physicians may be hired as probationary medical directors if not so certified but must obtain certification within four years of being hired. Medical directors in place as of July 1, 2011 are not subject to this requirement.)			
E.4. Does the medical director hold a Federal DATA 2000 waiver (buprenorphine-certified)? [822-2.1(p)] (Note: The medical director must obtain a federal DATA 2000 waiver (buprenorphine-certified) within four months of employment or within four months of July 1, 2011 if currently employed.)			
E.5. ➔ QUALITY INDICATOR Does the service have a physician, registered physician's assistant or nurse practitioner must provide onsite coverage for a minimum of one hour per week for up to 25 active patients and an additional hour for each additional 25 active patients or part thereof? [(822-4.8(c)]			
E.6. If family counseling services are directly provided by the service, is there at least one QHP with training and/or experience in providing family counseling; or if family counseling services are not provided directly by the service, are there written referral agreements for the provision of such services? [822-4.8(h)(1)]			
E.7. Is there a qualified individual on staff designated as the Health Coordinator, to ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV and AIDS, TB, hepatitis, STD's and other communicable diseases? [822-4.8(d)]			
Number of Applicable Questions Subtotal			Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. STAFFING (Cont'd) (Complete Personnel Qualifications Work Sheet)			
E.8. ➡ QUALITY INDICATOR Are at least 50 percent of all clinical staff members QHPs? [822-4.8(g)] (Note: CASAC Trainees may be counted towards satisfying this requirement.)			
E.9. ➡ QUALITY INDICATOR Is there a full-time QHP on staff who is a CASAC? [822-4.8(f)]			
E.10. ➡ QUALITY INDICATOR Is there a full-time QHP on staff who is qualified in a discipline other than alcoholism and substance abuse counseling? [822-4.8(f)]			
E.11. ➡ QUALITY INDICATOR Does the counselor to patient ratio meet the minimum standard of 1:35 [one FTE primary counselor for every 35 patients]? [822-4.8(e)] (Number of current active patients _____ ÷ Number of current FTE primary counselors _____ = 1: _____)			
*** THE FOLLOWING 3 ADDITIONAL QUESTIONS APPLY TO AN OUTPATIENT REHABILITATION SERVICE ONLY. ***			
E.12. ➡ QUALITY INDICATOR In an <u>Outpatient Rehabilitation Service</u> , does the counselor to patient ratio meet the minimum standard of 1:20 [one FTE primary counselor for every 20 patients]? [822-4.10(d)] (Number of current active patients _____ ÷ Number of current FTE primary counselors _____ = 1: _____)			
E.13. ➡ QUALITY INDICATOR In an <u>Outpatient Rehabilitation Service</u> , is there at least one half-time therapeutic recreation therapist or occupational therapist or vocational specialist, certified as a rehabilitation counselor or QHP with one year of experience and/or training in providing recreation, occupation and/or rehabilitation services? [822-4.10(d)(1)]			
E.14. ➡ QUALITY INDICATOR In an <u>Outpatient Rehabilitation Service</u> , is there at least one part-time nurse practitioner, registered physician's assistant, registered nurse, or licensed practical nurse supervised by a registered nurse? [822-4.10(d)(2)]			
F. SERVICES			
F.1. Is there documentation that the service directly provides the following: <input type="checkbox"/> admission assessment and comprehensive evaluation; <input type="checkbox"/> individual and group counseling; <input type="checkbox"/> education about, orientation to, and the opportunity for participation in, available and relevant peer support and mutual assistance groups; and <input type="checkbox"/> chemical abuse and dependence awareness and relapse prevention? [822-4.2(c)(1-5)] (Note: Individual counseling must be provided with a frequency and intensity consistent with the individual needs of each unique patient, as prescribed in the treatment plan.) 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 "0".			
F.2. ➡ QUALITY INDICATOR Do counseling groups contain no more than 15 patients? [822-4.2(c)(3)]			
Number of Applicable Questions Subtotal		Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
F. SERVICES (cont'd)			
*** THE FOLLOWING 4 ADDITIONAL QUESTIONS APPLY TO OUTPATIENT REHABILITATION SERVICES ONLY. ***			
F.3. ➔ QUALITY INDICATOR In an <u>Outpatient Rehabilitation Service</u> , are patient's typically scheduled for services three to five days per week for a period of at least four hours per day? [822-2.1(d)] (Note: Where clinically appropriate or necessary, services may be provided in segments lasting between two and four hours [822-4.10(a)].)			
F.4. ➔ QUALITY INDICATOR In an <u>Outpatient Rehabilitation Service</u> does the provider emphasize development of basic: <ul style="list-style-type: none">▪ pre-vocational/vocational competencies;▪ personal care;▪ nutrition; and▪ community competency? [822-4.10(a)]			
F.5. In an <u>Outpatient Rehabilitation Service</u> are the following available either directly or through written agreements: <ul style="list-style-type: none">▪ socialization development;▪ skill development in accessing community services;▪ activity therapies; and▪ information and education about nutritional requirements, including but not limited to planning, food purchasing, preparation, and clean-up? [822-4.10(e)(1-4)]			
F.6. ➔ QUALITY INDICATOR In an <u>Outpatient Rehabilitation Service</u> , does the service ensure the availability of one meal a day to each patient who receives services for at least four hours per day? [822-4.10(f)]			
*** THE FOLLOWING 2 ADDITIONAL QUESTIONS APPLY TO INTENSIVE OUTPATIENT SERVICES ONLY. ***			
F.7. For <u>Intensive Outpatient Services</u> , are patient's typically scheduled a minimum of 9 service hours per week delivered during the day, evening or weekends provided in increments of at least 3 hours per day? [822-2.1(o), 822-3.1(h)(8)]			
F.8. For <u>Intensive Outpatient Services</u> , does the treatment program include, but is not limited by the following: <ul style="list-style-type: none">▪ individual, group, and family counseling;▪ relapse prevention and coping skills training;▪ motivational enhancement; and▪ drug refusal skills? [822-2.1(o)]			
Number of Applicable Questions Subtotal			Service Management Subtotal

II. SERVICE MANAGEMENT		YES	NO	SCORE
G. INCIDENTS/INCIDENT REPORTING				
G.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: <div><div><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;</div><div><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;</div><div><input type="checkbox"/> are all incidents recorded by the provider and incident reports made available for inspection by the Office;</div><div><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;</div><div><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:<div><div>▪ identification of staff responsible for administration of the incident management plan</div><div>▪ provisions for annual review by the governing authority;</div><div>▪ specific internal recording and reporting procedures applicable to all incidents observed, discovered or alleged;</div><div>▪ procedures for monitoring overall effectiveness of the incident management plan;</div><div>▪ minimum standards for investigation of incidents observed, discovered or alleged;</div><div>▪ procedures for the implementation of corrective actions</div><div>▪ establishment of an Incident Review Committee pursuant to section 836.8 of this part;</div><div>▪ required periodic staff training in staff reporting responsibilities? [836.5(a) & 836.5(b)(1-8)]</div></div></div></div> <div>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”.</div>				
H. TOBACCO-FREE SERVICES				
H.1. Does the service have written policies and procedures, approved by the governing authority, which: <div><div><input type="checkbox"/> define the facility, vehicles and grounds which are tobacco-free;</div><div><input type="checkbox"/> prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the service;</div><div><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;</div><div><input type="checkbox"/> prohibits staff from using tobacco products while at work, during work hours;</div><div><input type="checkbox"/> establishes a tobacco-free policy for staff while they are on the site of the service;</div><div><input type="checkbox"/> establishes treatment modalities for patients who use tobacco;</div><div><input type="checkbox"/> describes training on tobacco use and nicotine dependence available to staff including clinical, non-clinical, administrative and volunteers;</div><div><input type="checkbox"/> describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers and others;</div><div><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;</div><div><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</div><div><input type="checkbox"/> addresses staff violations consistent with the employment procedure of that facility? [856.5(a)(1-9)]</div></div>				
H.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	

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”.

II. SERVICE MANAGEMENT	YES	NO	SCORE
I. PATIENT RIGHTS POSTINGS			
I.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? <i>[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.)</i>			
I.2. Is there at least one prominent posting that includes the name and contact information of the clinic director/program director of the OASAS certified service? <i>[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.)</i>			
J. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE)			
*** THE FOLLOWING 7 ADDITIONAL QUESTIONS APPLY TO OASAS-FUNDED PROVIDERS ONLY; 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.			
J.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; andall other individuals? <i>[822-4.2(a)(4)(x) & 45 CFR Part 96]</i>			
J.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>[822-4.2(a)(4)(x) & 45 CFR Part 96]</i>			
J.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; ORadmit individuals within 120 days if interim services are made available within 48 hours? <i>[822-4.2(a)(4)(x) & 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>			
Number of Applicable Questions Subtotal		Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
J. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE) (cont'd)			
J.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); andmaintain contact with individuals on wait list? [822-4.2(a)(4)(x) & 45 CFR Part 96]			
J.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; andwithin 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? [822-4.2(a)(4)(x) & 45 CFR Part 96]			
J.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; andprovide or arrange for case management and transportation services to ensure women and their children can access treatment services? [822-4.2(a)(4)(x) & 45 CFR Part 96]			
J.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; andinclude 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? [822-4.2(a)(4)(x) & 45 CFR Part 96]			
Number of Applicable Questions Subtotal			Service Management Subtotal

II. SERVICE MANAGEMENT		YES	NO	SCORE
K. ADDITIONAL LOCATIONS (IF APPLICABLE)				
K.1. Do all additional locations have sufficient staff to meet the requirements of this subpart for the proposed type and volume of services, including the regular on-site presence of a QHP? [822-4.9(c)(3)]				
K.2. Has the service developed policies and procedures which: a. describe each additional location’s subordinate relationship to the main location? [822-4.9(d)]				
b. ensure that all operating regulations are met? [822-4.9(d)]				
c. ensure that each person served primarily at an additional location has access to the same character and quality of service available to patients served at any other location? [822-4.9(d)]				
K.3. Does each additional location directly provide (or make available) assessment/comprehensive evaluation; treatment/recovery planning; and individual and/or group counseling? [822-4.2(d)(1)(i-iii)]				
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; ORan 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? [822-4.2(a)(12)]				
Number of Applicable Questions Subtotal			Service Management Subtotal	

II. SERVICE MANAGEMENT			YES	NO	SCORE
M. PROBLEM GAMBLING (IF APPLICABLE) [Based on a sample size of up to 5 case records and other documentation please answer the following questions]					
a) Do the problem gambling treatment plans include financial goals and planning; mental health issues including suicidal issues; and other issues relating to problem gambling? <i>[822.4-11(b)(1)]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
b) Does the program provide individual, group, and family counseling as well as educational information related to the impact of problem gambling to problem gamblers and their families as applicable? <i>[822.4-11(b)(2-5)]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
c) Is problem gambling treatment administered by a problem gambling counselor? <i>[822.4-11(c)](Note: problem gambling counselors require either a CASAC with Gambling Specialty or be a Credentialed Problem Gambling Counselor)</i>	<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.					
M.1. Based on the above adjunct questions, does the program provide problem gambling services in accordance with Part 857 of this Title? <i>[822-4.2(a)(13); 822.4-11]</i>					
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			II. Service Management		
QUESTION #	ISSUE	SCORE	QUESTION #	ISSUE	SCORE
1. (A.5.)	admission criteria		1. (A.1.b.)	policies re: evaluation, tx. plan, etc.	
2. (A.8.)	name of authorized QHP - admission		2. (A.1.n.)	policies re: incident reporting & review	
3. (B.1.)	evaluation w/in 45 days		3. (A.1.q.)	policies re: clinical supervision	
4. (B.3.)	evaluation addresses physical health		4. (B.1.)	utilization review documentation	
5. (C.1.c.)	tx. plan approved by MDT w/in 45 days		5. (B.3.)	quality improvement plan	
6. (C.3.)	tx. plan based on evaluation		6. (C.1.)	all services are certified	
7. (C.9.)	coordination of care		7. (D.1.)	monthly reporting	
8. (C.10.)	tx. plan reviewed every 90 days (1 st yr.), then 180 days		8. (E.1.)	clinical director is a QHP	
9. (D.1.)	progress notes - documentation		9. (E.2.)	physician on staff [RED FLAG]	
10. (D.12.)	patient not responding to tx.		10. (E.5.)	medical staff available 1 hr./25 patients	
11. (D.13.)	svcs. provided according to tx. plan		11. (E.8.)	50 percent QHPs or CASAC-Ts	
12. (E.3.)	approved discharge plan		12. (E.9.)	FT QHP who is a CASAC	
13. (G.1.)	name of authorized QHP - no admission		13. (E.10.)	FT QHP other than a CASAC	
Additional Quality Indicator – Outpatient Rehabilitation Services			14. (E.11.)	primary counselor to patient ratio – 1:35	
13. (A.6.)	admission criteria for rehab. svcs.		15. (F.2.)	group counseling size <= 15 patients	
# of questions ►		Quality Indicator Total Score ►	Additional Quality Indicators – Outpatient Rehabilitation Services		
<div>Enter Quality Indicator Total Score on the Level of Compliance Determination Schedule.</div>			16. (E.12.)	primary counselor to patient ratio – 1:20	
			17. (E.13.)	half-time recreation specialist, etc.	
			18. (E.14.)	part-time nurse practitioner, etc.	
			19. (F.3.)	services 3-5 days/wk. – 4 hrs./day	
			20. (F.4.)	additional services for rehab.	
			21. (F.6.)	one meal per day	
			# of questions ►		Quality Indicator Total Score ►

LEVEL OF COMPLIANCE DETERMINATION SCHEDULE

OVERALL COMPLIANCE SCORES

	_____	# 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

QUALITY INDICATOR COMPLIANCE SCORES

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

LEVEL OF COMPLIANCE SCORING DETERMINATION

The Level of Compliance Rating is determined by EITHER the lowest of the four Overall and Quality Indicator Final Scores OR a Red Flag Deficiency, which will result in a six-month conditional Operating Certificate.

LOWEST OVERALL OR QUALITY INDICATOR COMPLIANCE SCORE ►

SCORE

RED FLAG DEFICIENCY ►►►

☐ Check here if no Physician on staff (Service Management E.2.)

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

Date

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

(Applicable to Medically Supervised Outpatient Services and Outpatient Rehabilitation Services)

- Employee Name -- Employee Title..... Enter employee name and present title or position, including the Clinical Director¹ and the Medical Director².
(example: Jane Doe – Clinical Director; Joe Smith – CD Counselor; Dr. Roberta Jones – Medical Director)
- 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 service.
(example: Mon,Wed,Fri 8am–5pm; Thu–Sun 11pm–7am; per diem)
- Current Caseload..... Enter the current number of patients 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)³.
➤ Please identify the qualified individual designated as the service’s Health Coordinator (Health).
➤ Please identify the QHP with training and/or experience in family counseling (Family), if applicable.
- License/Credential # -- Expiration Date..... Enter License and/or Credential number and expiration date, if applicable.
(example: CASAC #1234 – 09/30/12; CASAC Trainee #123 – 07/15/13; LCSW #321 – 11/15/12; MD #7890 – 06/30/13)

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

¹ Clinical Director must be a Qualified Health Professional.
² Medical Director must be a physician.
³ 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.

QA-3CD (12/7/11)

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)

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.

PROVIDER REPRESENTATIVE	DATE	LEAD REGULATORY COMPLIANCE INSPECTOR	DATE
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