



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

**Regulatory Compliance Site Review Instrument
Chemical Dependence Withdrawal and Stabilization Services
QA-1CD**

**(Applicable to Medically Managed, Medically Supervised Inpatient,
Medically Supervised Outpatient and Medically Monitored
Withdrawal and Stabilization 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 evaluation was completed within 24 hours 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 evaluation was not completed within 24 hours 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

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 (Examined 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. Admission Procedures													
A.1. Is the patient admission based upon a documented diagnosis of chemical dependence identified through the substance dependence diagnostic criteria set forth in the Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition (DSM IVR), or the International Classification of Diseases, Ninth Edition (ICD 9), or the most recent editions thereof? [816.5(g)(1)]											✓ ____ X ____		
A.2. → QUALITY INDICATOR In a Medically Managed Service , is there documentation that the patients meet the admission criteria of requiring all of the following services: <ul style="list-style-type: none"> ▪ medical therapy which is supervised by a physician (carried out by the medical team) in order to stabilize the patient’s medical condition is still indicated; ▪ physician attendance is required daily; ▪ vital signs at least every 6 hours or more often are still indicated; and ▪ medication administration (detoxification medications) to prevent or modify withdrawal is still being adjusted and monitored; and at least one of the following is required: <ul style="list-style-type: none"> • CIWA greater than 12; or • seizures, delirium tremens or hallucinations within the past 24 hours; or • acute intervention needed for co-occurring medical or psychiatric disorder; or • severe withdrawal (continued vomiting, continued diarrhea, abnormal vital signs) requiring intravenous medication and/or fluids that cannot be handled at a lower level of care; or • pregnancy? [816.6(d)(3)(i-iv)] 											✓ ____ 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. Admission Procedures (cont'd)													
A.2. (cont'd) → QUALITY INDICATOR													
In a Medically Supervised Inpatient Service , is there documentation that the patients meet one of the following admission criteria: <ul style="list-style-type: none"> ▪ the presence of moderate withdrawal symptoms judged to be treatable at a medically supervised level of care; or ▪ the expectation of moderate level of withdrawal symptoms based on the amount of alcohol and/or other substances used by the patient, history of past withdrawal syndromes and/or medical condition of the patient; or ▪ continued use after withdrawal services at a less intensive level of care; or ▪ the patient is not in need of medically managed level of withdrawal and stabilization services; and/or ▪ the patient is not appropriate for a medically supervised outpatient service? [816.7(d)(1-5)] 												√ _____ X _____	
In a Medically Supervised Outpatient Service , is there documentation that the patients meet all of the following admission criteria: <ul style="list-style-type: none"> ▪ the patient is suffering moderate alcohol or substance withdrawal or both, or mild withdrawal when moderate withdrawal is probable; ▪ there is an expectation of a moderate level of withdrawal symptoms based on the amount of alcohol and/or other substances used by the patient, history of past withdrawal syndromes and/or medical condition of the patient; ▪ the patient does not meet either the admission criteria for medically managed withdrawal and stabilization services, or for medically supervised withdrawal services in an inpatient or residential setting; and ▪ the patient is assessed as having, and responding positively to, emotional support and a living environment able to provide an atmosphere conducive to ambulatory withdrawal and stabilization? [816.8(d)(1-4)] 												√ _____ 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. Admission Procedures (cont'd)												
A.2. (cont'd) → QUALITY INDICATOR In a Medically Monitored Service , is there documentation that the patients meet all of the following admission criteria: <ul style="list-style-type: none"> ▪ the person is intoxicated, experiencing a situational crisis, and/or is suffering or is at risk of suffering mild withdrawal; ▪ the person is unable to abstain without admission to a medically monitored withdrawal and stabilization service; ▪ the person is likely to complete needed withdrawal and enter into continued treatment; and ▪ the person is not otherwise too ill to benefit from the care that can be provided by the medically monitored withdrawal and stabilization service? <i>[816.9(d)(2)(i-iv)]</i> 											✓ _____ X _____	
Date of admission ▶												
A.3. Do the patient case records contain documentation that, upon admission, patients were informed that their participation is voluntary and that they received a summary of the Federal confidentiality requirements? <i>[816.5(g)(7) & 42 CFR § 2.31]</i>											✓ _____ X _____	
B. Evaluations												
Date of evaluation ▶												
B.1. → QUALITY INDICATOR Are evaluations completed within 24 hours of the admission date? <i>[816.5(g)(5)] (Example: Admitted anytime on Monday, evaluation must be completed by midnight on Tuesday) (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> <ul style="list-style-type: none"> ▪ if patients are referred directly from another OASAS-certified chemical dependence service; ▪ if patients are readmitted to the same service within 30 days of discharge; ▪ if the evaluation is completed by the same service more than 30 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. Evaluations (cont'd)													
B.2. Do the evaluations include documentation that the evaluation was conducted by a clinical staff member? [816.5(h)]											√ ____ X ____		
B.3. Do the evaluations contain the following information: <ul style="list-style-type: none"> ▪ patient identification and contact information; ▪ the name, address, and telephone number of a relative or close friend; ▪ withdrawal evaluation (i.e., patient's history, recent use of alcohol and/or substance, addiction treatment history, medical history, high risk behaviors, mental status and psychiatric history, living arrangements, level of self-sufficiency, supports, and barriers to treatment services); and ▪ any information concerning a disability which may affect communication or other functioning? [816.5(h)(1)(i-iv)] 											√ ____ X ____		
C. Recovery Care Plans													
Date of recovery care plan ▶													
C.1. → QUALITY INDICATOR Are recovery care plans developed and approved within 24 hours of the admission date? [816.5(i)] <i>(Example: Admitted anytime on Monday, recovery care plan must be approved by midnight on Tuesday)</i> <i>(Note: Evidence of approval must be via signatures and handwritten or typed dates.)</i> <i>(Note: For patients moving directly from one withdrawal and stabilization service to another withdrawal and stabilization service, the existing recovery care plan shall be acceptable as long as there is documentation that it has been reviewed and updated as necessary; subsequent recovery care plan reviews will be based on the update/transfer date.)</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
C. Recovery Care Plans (cont'd)												
C.2. → QUALITY INDICATOR												
In a Medically Managed Service , are the recovery care plans signed and dated by the:											✓ ____ X ____	
<ul style="list-style-type: none"> ▪ physician, physician's assistant or nurse practitioner; ▪ registered nurse; ▪ counselor; and ▪ patient? [816.5(i)(1)] 												
In a Medically Supervised Inpatient Service and in a Medically Supervised Outpatient Service , are the recovery care plans signed and dated by the:											✓ ____ X ____	
<ul style="list-style-type: none"> ▪ medical staff member (i.e., physician, physician's assistant, nurse practitioner or registered nurse); ▪ counselor; and ▪ patient? [816.5(i)(1)] 												
In a Medically Monitored Service , are the recovery care plans signed and dated by the:											✓ ____ X ____	
<ul style="list-style-type: none"> ▪ medical staff member (i.e., physician, physician's assistant, nurse practitioner or registered nurse); ▪ counselor; and ▪ patient? [816.5(i)(1)] <p><i>(Note: In a Medically Monitored Service only, the medical staff member can approve the recovery care plan by verbal approval via telephone.)</i></p>												
C.3. → QUALITY INDICATOR											✓ ____ X ____	
Do the recovery care plans include evidence that they are based on the admitting evaluation and any ongoing evaluations? [816.5(i)(2)]												
C.4.											✓ ____ X ____	
Do the recovery care plans provide an outline of:												
<ul style="list-style-type: none"> ▪ the intended outcome of the treatment episode; ▪ the protocols to be followed for medical withdrawal; and ▪ the care to be provided? [816.5(i)(3)] 												

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. Recovery Care Plans (cont'd)													
C.5. → QUALITY INDICATOR Do the recovery care plans reflect coordination of medical and/or psychiatric care, and/or the provision of other services, as applicable? [816.5(i)(5)] (Note: These may be provided concurrently either directly through the withdrawal and stabilization service or through a secondary provider.)											√ ____ X ____		
Date of first recovery care plan review ▶													
C.6. → QUALITY INDICATOR Are the recovery care plans reviewed as often as necessary, but no later than seven (7) days from the establishment of the recovery care plan? [816.5(j)(1)]											√ ____ X ____		
C.7. For patients whose stay is extended beyond seven (7) days, are all components of the recovery care plans reviewed and modified accordingly at least every three (3) days during the course of the extended stay? [816.5(j)(1)] [Note: In a Medically Monitored Service only, a patient may be retained for up to twenty-one (21) days after admission only if there is documentation that they are awaiting a scheduled admission into appropriate treatment upon discharge. 816.9(d)(3)]											√ ____ X ____		
C.8. Are revisions to the recovery care plans reflected in the case records and signed and dated by a responsible clinical staff member (i.e., physician, physician's assistant, nurse practitioner, registered nurse and/or counselor)? [816.5(j)(2)]											√ ____ X ____		
D. Documentation of Service													
D.1. → QUALITY INDICATOR Are progress notes: <ul style="list-style-type: none"> ▪ written, signed and dated by a responsible clinical or medical staff member (i.e., counselor, physician, physician's assistant, nurse practitioner, registered nurse and/or licensed practical nurse); ▪ written as to provide a chronology of the patients' progress; and ▪ sufficiently detailed to delineate the course and results of the patients' progress? [816.5(k)] (Note: Clinical and medical notes are both acceptable.)											√ ____ 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)												
D.2. ► QUALITY INDICATOR												
a. In a Medically Managed Service/Observation Bed , are progress notes written at least once per shift? [816.5(k)(1)]											✓ ____ X ____	
b. If applicable, after step-down to a Medically Supervised Inpatient Service , are progress notes written at least once per shift for the first 5 days (after admission) and at least once per day thereafter? [816.5(k)(1)]											✓ ____ X ____	
D.3. ► QUALITY INDICATOR												
In a Medically Supervised Outpatient Service , are progress notes written for each visit? [816.5(k)(1)]											✓ ____ X ____	
D.4. ► QUALITY INDICATOR												
In a Medically Supervised Inpatient Service , and in a Medically Monitored Service , are progress notes written at least once per shift for the first 5 days (after admission) and at least once per day thereafter? [816.5(k)(1)]											✓ ____ X ____	
D.5.												
Are the consent for release of confidential information forms completed properly? [816.5(m)(2) & 42 CFR § 2.31]											✓ ____ X ____	

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. ► QUALITY INDICATOR							
Except for unplanned discharges, does the service ensure that no patients are approved for discharge without a discharge plan that is complete and identifies a staff member who is assigned to follow-up on referrals? [816.5(l)(3)] <i>[Note: For a patient who has an uninterrupted transition from a withdrawal and stabilization service to another service within the same facility, a transfer plan, including information about the patient's immediate needs, medical and psychiatric diagnoses and plan for meeting those needs, may take the place of a discharge plan. 816.5(l)(7)]</i>						✓ ____ 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 (cont'd)							
E.2. Do the discharge plans include evidence of development in collaboration with the patient? [816.5(l)]						✓ ____ X ____	
E.3. Are the discharge plans based on: <ul style="list-style-type: none"> ▪ an evaluation of the patient's living arrangement, level of self-sufficiency and available support systems; ▪ identification of treatment and other services the patient will need after discharge; and ▪ a list of current medications? [816.5(l)(1)(i-iii)] 						✓ ____ X ____	
E.4. Do the discharge plans include: <ul style="list-style-type: none"> ▪ identification of appropriate chemical dependence treatment providers of the services needed as well as alternative medical/psychiatric providers, if necessary; and ▪ specific referrals and linkages to identified providers of services as required by the patient? [816.5(l)(2)(i-ii)] 						✓ ____ X ____	
E.5. In a Medically Managed Service , Medically Supervised Inpatient Service , and Medically Supervised Outpatient Service , are the discharge plans signed and dated by the physician, physician's assistant or nurse practitioner and all clinical and medical staff who participated in its preparation? [816.5(l)(4)]						✓ ____ X ____	
E.6. In a Medically Monitored Service , are the discharge plans signed and dated by all clinical and medical staff who participated in its preparation? [816.5(l)(4)]						✓ ____ X ____	
E.7. Is the discharge plan given to the patient upon discharge? [816.5(l)(5)] <i>(Review Guidance: Documentation may be in the form of a progress note or duplicate form.)</i>						✓ ____ 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 (In a Medically Supervised Outpatient Service , the admission date is the date of the first clinical service provided following the decision to admit; in a Medically Managed Service, Medically Supervised Inpatient Service, and Medically Monitored Service , it is the date of the first overnight stay following the initial determination) 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. Medically Examined But Not Admitted							
G.1. In cases where the medical personnel determine upon examination that a person is incapacitated by alcohol and/or substances to the degree that he or she may endanger himself or herself or other persons, or that there is an acute need for medical or psychiatric intervention, is a referral made to a medically managed withdrawal and stabilization service or other appropriate service (e.g., emergency room, psychiatric hospital)? [816.5(g)(7)(iii)]						✓ ____ 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 clinical policies and procedures, approved by the governing authority, which include:			
a. procedures for the clinical evaluation and management of withdrawal syndromes, including the use of standardized withdrawal evaluation instruments (i.e., CIWA, COWS)? [816.5(c)(1)]	a.		
b. staffing procedures for coverage of the unit? [816.5(c)(2)]	b.		
c. screening and referral for physical conditions and/or mental disabilities? [816.5(c)(3)]	c.		
d. infection control? [816.5(c)(4)]	d.		
e. procedures for public health education and screening with regard to tuberculosis, sexually transmitted diseases, hepatitis, and HIV prevention and harm reduction? [816.5(c)(5)]	e.		
f. procedures for the coordination of care with other service providers? [816.5(c)(6)]	f.		
g. quality assurance and utilization review procedures? [816.5(c)(7)]	g.		
h. procedures for managing or transferring persons incapacitated by alcohol and/or substances? [816.5(c)(8)]	h.		
i. discharge planning procedures? [816.5(c)(9)]	i.		
j. record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with State and Federal confidentiality laws? [816.5(m)(1-4)] (<i>Note: Patient records must be retained for 6 years after the date of discharge or last contact, or three years after the patient reaches the age 18, whichever time period is longer. [814.3(e)(7)]</i>)	j.		
A.2. ➔ QUALITY INDICATOR Does the service have medical and/or nursing policies and procedures, approved by the governing authority (and medical director where appropriate) which include: <input type="checkbox"/> identification of those symptoms and/or syndromes which necessitate a procedure for referral to acute medical and mental hygiene services; <input type="checkbox"/> accomplishing medical and/or mental hygiene referrals which includes but is not limited to transportation of the patient; <input type="checkbox"/> a schedule for taking all patients' vital signs and observation of each patient's condition during withdrawal (<i>Note: All changes in the patient's condition and appropriate actions taken shall be noted in the patient record.</i>); and <input type="checkbox"/> emergency procedures for patients suffering from medical or psychiatric problems? [816.5(d)(1)(i-iv)] (<i>Note: All providers of withdrawal and stabilization services must have procedures for transfer of patients to one or more hospitals that provide emergency medical/psychiatric services in the area.</i>) 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. ➔ QUALITY INDICATOR Does the service have medical care policies and procedures, approved by the governing authority (and medical director where appropriate) which include the provision of pharmacological services, including a requirement that they shall be based on a history, whenever possible, and physical examination and shall be provided only on order by a prescribing professional and in accordance with the terms and conditions of such professional's license? [816.5(d)(2)]			
A.4. Do the medical care policies and procedures regarding the provision of pharmacological services:			
a. clarify that these services may be monitored by a nurse practitioner, physician's assistant, registered nurse, or licensed practical nurse? [816.5(d)(2)(i)]			
b. make clear that procedures for the storing and dispensing of any medication must be developed in accordance with applicable state and federal regulations, and established medical practice? [816.5(d)(2)(ii)]	b.		
c. assure the appropriate continuation of administration of medications which were medically appropriate and lawfully prescribed and taken by the patient prior to admission? [816.5(d)(2)(iii)]	c.		

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT		YES	NO	SCORE
A. Policies and Procedures / Administration (cont'd)				
A.5. → QUALITY INDICATOR				
Does the service have medical care policies and procedures, approved by the governing authority (and medical director where appropriate) which include medical and laboratory tests which must be conducted in accordance with all applicable State and Federal requirements and shall include, but not be limited to:				
<input type="checkbox"/> drug screening; <input type="checkbox"/> blood alcohol content; <input type="checkbox"/> pregnancy tests for women of childbearing age; and <input type="checkbox"/> tests for tuberculosis and other infectious diseases, including, but not limited to, sexually transmitted diseases and hepatitis? [816.5(d)(3)]				
(Note: The procedures shall identify the staff responsible for the provision of such procedures, and the documentation required.)				
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.6.				
Does the service have medical care policies and procedures, approved by the governing authority (and medical director where appropriate) which include:				
a. a requirement that if acupuncture is provided as an adjunct to the services provided by the chemical dependence withdrawal and stabilization service, it must be provided in accordance with Part 830 of this Title? [816.5(d)(4)]		a.		
b. a requirement that when HIV infection education, testing and counseling are provided, such services must be provided in accordance with Article 27-F of the Public Health Law and Parts 309 and 1070 of this Title, or the most recent recodification thereof? [816.5(d)(5)]		b.		
c. a requirement that if methadone or any other approved opioid medication or other opioid services are provided as a component of the chemical dependence withdrawal and stabilization service, they must be provided in accordance with all Federal and State requirements which regulate the use of such medications? [816.5(d)(6)]		c.		
B. Utilization Review and Quality Improvement				
B.1. → QUALITY INDICATOR				
Does the service have a utilization review plan to consider each patient's need for withdrawal and stabilization services in accordance with their chemical dependence problem and the continued effectiveness of withdrawal and stabilization services? [816.5(n)]				
B.2.				
Does the utilization review plan include procedures for ensuring that:				
<input type="checkbox"/> all admissions are appropriate; <input type="checkbox"/> retention criteria are met; and <input type="checkbox"/> discharges occur based upon the discharge criteria? [816.5(n)(1)]				
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 service have a quality improvement plan which includes the following:				
<input type="checkbox"/> periodic self-evaluations to ensure compliance with applicable regulations; <input type="checkbox"/> findings of other management activities (i.e., annual samples of linkage outcomes, utilization reviews, incident reviews, reviews of staff training, development and supervision); and <input type="checkbox"/> surveys of patient and/or referent satisfaction? [816.5(o)(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.4.				
Does the service prepare an annual report and submit it to the governing authority? [816.5(p)]				
B.5.				
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 patients, as well as recommended changes in its policies and procedures? [816.5(p)]				

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
C. Operational Requirements			
C.1. → QUALITY INDICATOR			
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? [816.5(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-46N & 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 Crisis Services Report and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-46N 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.)			
E. Staffing (Complete Personnel Qualifications Work Sheet)			
E.1.			
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? [816.5(q)(3)]			
E.2.			
Does the service make available regular, scheduled and documented training in the following areas: <input type="checkbox"/> chemical dependence; <input type="checkbox"/> signs and symptoms of withdrawal; <input type="checkbox"/> complications of withdrawal; and <input type="checkbox"/> public health education and screening with regard to TB, STD's, hepatitis, and HIV prevention and harm reduction? [816.5(q)(2)] 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".			
MEDICAL DIRECTOR			
E.3.			
In a Medically Managed Service , does the medical director hold: ▪ a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties; ▪ an addiction certification from the American Society of Addiction Medicine, or ▪ a subspecialty board certification in Addiction Medicine from the American Osteopathic Association? [816.6(e)(1)] (Note: Physicians in place as of the date of this regulation are EXEMPT from this requirement. Physicians hired as probationary Medical Directors must obtain certification within (4) years of being hired.)			
E.4.			
In a Medically Managed Service , is the medical director buprenorphine certified? [816.6(e)(1)] (Note: Physicians must obtain buprenorphine certification within four months of employment.)			
E.5. → QUALITY INDICATOR			
In a Medically Managed Service , is the physician on duty or on call at all times and available if needed? [816.6(e)(2)]			
Number of Applicable Questions Subtotal			
Service Management Subtotal			

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. Staffing (cont'd) (Complete Personnel Qualifications Work Sheet)			
SERVICE DIRECTOR			
E.6. ➔ QUALITY INDICATOR			
In a Medically Supervised Inpatient Service and in a Medically Supervised Outpatient Service , is the service director a QHP with at least one year of full-time clinical work experience in the chemical dependence treatment field prior to appointment as service director? [816.7(f)(1); 816.8(f)(1)] (Note: <i>The director may also serve as director of another service provided by the same governing authority.</i>)			
In a Medically Monitored Service of 10 beds or more, is the service director a full-time QHP (if fewer than 10 beds, QHP service director may be part-time) with at least one year of full-time clinical work experience in the chemical dependence treatment field prior to appointment as service director? [816.9(e)(1)]			
MEDICAL/NURSING COVERAGE			
E.7.			
In a Medically Managed Service, Medically Supervised Inpatient Service and Medically Supervised Outpatient Service , is there a physician, nurse practitioner and/or physician assistant on-site sufficient hours to perform the initial medical examination and to prescribe any and all necessary pharmacological medications necessary to secure safe withdrawal? [816.6(e)(3); 816.7(f)(2); 816.8(f)(2)]			
E.8.			
In a Medically Managed Service , are all nursing services under the direction of a registered professional nurse with at least one year of experience in the nursing care and treatment of chemical dependence and related illnesses? [816.6(e)(4)]			
E.9. ➔ QUALITY INDICATOR			
In a Medically Managed Service , are there registered nursing personnel available to all patients at all times? [816.6(e)(4)]			
In a Medically Supervised Inpatient Service and in a Medically Monitored Service , are there registered nursing personnel, licensed practical nurses, nurse practitioners or physicians assistants available to all patients during all hours of operations? [816.7(f)(3); 816.9(e)(2)]			
In a Medically Supervised Outpatient Service , are there physicians, nurse practitioners, registered nurses, licensed practical nurses, or physicians assistants available to all patients on call or available within the facility during all hours of operations? [816.8(f)(3)]			
COUNSELOR TO PATIENT RATIO			
E.10. ➔ QUALITY INDICATOR			
In a Medically Managed Service, Medically Supervised Inpatient Service and Medically Monitored Service , does the counselor to patient bed ratio meet the minimum standard of 1:10 [one FTE counselor for every 10 patient beds]? [816.6(e)(6); 816.7(f)(4); 816.9(e)(2)(iii)]			
(Number of current active patients _____ ÷ Number of current FTE counselors _____ = 1: _____)			
In a Medically Supervised Outpatient Service , does the counselor to patient ratio meet the minimum standard of 1:15 [one FTE counselor for every 15 patients]? [816.8(f)(4)]			
(Number of current active patients _____ ÷ Number of current FTE counselors _____ = 1: _____)			
Number of Applicable Questions Subtotal			
Service Management Subtotal			

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. Staffing (cont'd) (Complete Personnel Qualifications Work Sheet)			
CLINICAL STAFF/COUNSELOR REQUIREMENTS			
E.11. In a Medically Managed Service , Medically Supervised Inpatient Service , and Medically Supervised Outpatient Service , are at least 50 percent of all clinical staff QHPs? [816.6(e)(6); 816.7(f)(4); 816.8(f)(4)]			
E.12. In a Medically Managed Service , Medically Supervised Inpatient Service and Medically Monitored Service , are counseling staff scheduled at least one and one half shifts per day, seven days per week? [816.6(e)(6); 816.7(f)(4); 816.9(e)(2)(iii)]			
E.13. In a Medically Managed Service , Medically Supervised Inpatient Service , and Medically Supervised Outpatient Service , is there at least one QHP designated to provide discharge and recovery planning? [816.6(e)(7); 816.7(f)(5); 816.8(f)(5)]			
E.14. In a Medically Monitored Service , are at least two patient care staff on duty at all times? [816.9(e)(2)(ii)]			
E.15. In a Medically Monitored Service , do all patient care staff have current certification in cardiopulmonary resuscitation from the American Red Cross, the American Heart Association or an equivalent nationally recognized organization within 90 days after hiring and thereafter, to be renewed as needed? [816.9(e)(3)]			
F. Services			
F.1. Does the service include among its goals and objectives: <ul style="list-style-type: none"> <input type="checkbox"/> the safe and effective withdrawal from alcohol and/or substances of persons who are intoxicated or incapacitated therefrom, and the minimization of the multiple impacts of withdrawal on a chemically dependent person; <input type="checkbox"/> the promotion of abstinence from alcohol and all substances, except those lawfully prescribed and monitored by a prescribing professional knowledgeable about the patient's chemical dependence; <input type="checkbox"/> the screening and referral to other appropriate health or mental hygiene service providers, if such services cannot be provided by the chemical dependence withdrawal and stabilization service; and <input type="checkbox"/> linkages with other providers of services; referral sources with other chemical dependence treatment providers as well as with other appropriate health, mental hygiene, and human service providers, and keep updated lists of programs in their areas that can meet treatment needs at various levels of care? [816.5(a-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".			
F.2. Does the service keep individual case records for each patient who is admitted and provided service which include: <ul style="list-style-type: none"> <input type="checkbox"/> evaluation at admission; <input type="checkbox"/> recovery care plan and all revisions; <input type="checkbox"/> progress notes; <input type="checkbox"/> documentation of public health education and screening with regard to tuberculosis, sexually transmitted diseases, hepatitis, and HIV prevention and harm reduction; <input type="checkbox"/> discharge plan; <input type="checkbox"/> medical orders, prescriptions and lab results; <input type="checkbox"/> documentation of contacts with a patients family and/or significant other (s); and <input type="checkbox"/> signed releases of consent for information, if any? [816.5(m)(1)(i-viii)] 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
G. Tobacco-Free Services			
<p>G.1. Does the service have written policies and procedures, approved by the governing authority, which:</p> <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)] <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>			
<p>G.2. Does the service adhere to each of its tobacco-free policies, as identified above? [856.5(a)(1-9)]</p>			
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: <i>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>)</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: <i>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>)</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: <i>Facilities with an on-site pharmacy require a Class 3 Institutional Dispenser license.</i>)</p>			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
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>			
K. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE)			
<p>*** THE FOLLOWING 7 ADDITIONAL QUESTIONS APPLY TO OASAS-FUNDED PROVIDERS ONLY; IF NOT OASAS-FUNDED, ALL QUESTIONS ARE TO BE MARKED "N/A" ***</p>			
<p>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.</p>			
<p>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:</p> <ul style="list-style-type: none"> ▪ pregnant injecting drug users; ▪ other pregnant substance abusers; ▪ other injecting drug users; and ▪ all other individuals? [45 CFR Part 96] 			
<p>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? [45 CFR Part 96]</p>			
<p>K.3. For an OASAS-funded provider that treats injecting drug abusers, does the program have a written policy to:</p> <ul style="list-style-type: none"> ▪ admit individuals in need of treatment not later than 14 days after making a request; OR ▪ admit individuals within 120 days if interim services are made available within 48 hours? [45 CFR Part 96] (Note: Interim services includes counseling and education about HIV, TB, risks of needle sharing, risks of transmission, steps that can be taken to ensure HIV and TB transmission does not occur and referral for HIV and TB services.) 			
<p>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:</p> <ul style="list-style-type: none"> ▪ maintain a wait list and ensure clients are admitted or transferred as soon as possible (unless treatment is refused or they cannot be located); and ▪ maintain contact with individuals on wait list? [45 CFR Part 96] 			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT		YES	NO	SCORE
K. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE) (cont'd)				
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? [45 CFR Part 96] 				
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		
QUESTION #	SCORE	ISSUE
1. (A.2.)	_____	(admission criteria)
2. (B.1.)	_____	(evaluations w/in 24 hrs.-admission)
3. (C.1.)	_____	(recovery care plans w/in 24 hrs.-admission)
4. (C.2.)	_____	(recovery care plan signatures)
5. (C.3.)	_____	(recovery care plan based on evaluation)
6. (C.5.)	_____	(coordination of care)
7. (C.6.)	_____	(recovery care plan reviews)
8. (D.1.)	_____	(progress note requirements)
9. (D.2.a., D.3., D.4.)	_____	(progress note time frames)
10. (E.1.)	_____	(discharge plan approval)
_____ # of questions	_____	Quality Indicator Total Score

II. Service Management		
QUESTION #	SCORE	ISSUE
1. (A.2.)	_____	(medical and/or nursing policies/procedures)
2. (A.3.)	_____	(medical policies re: pharmacological services)
3. (A.5.)	_____	(medical policies re: medical/lab tests)
4. (B.1.)	_____	(utilization review plan)
5. (B.3.)	_____	(quality improvement plan)
6. (C.1.)	_____	(all services are certified)
7. (D.1.)	_____	(monthly reporting)
8. (E.9.)	_____	(medical/nursing coverage)
9. (E.10.)	_____	(counselor to patient bed ratio – 1:10; 1:15)
<i>Additional Quality Indicator – Medically Managed Services</i>		
10. (E.5.)	_____	(physician on duty or on call)
<i>Additional Quality Indicator – Medically Supervised (In/Out) & Medically Monitored Services</i>		
11. (E.6.)	_____	(service director requirements)
_____ # of questions	_____	Quality Indicator Total Score

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

LEVEL OF COMPLIANCE DETERMINATION SCHEDULE

OVERALL COMPLIANCE SCORES

<u>I. PATIENT 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>LEVEL OF COMPLIANCE DETERMINATION TABLE</u>			
	0.00 – 1.75	=	Noncompliance
	1.76 – 2.50	=	Minimal Compliance
	2.51 – 3.25	=	Partial Compliance
	3.26 – 4.00	=	Substantial Compliance

II. SERVICE MANAGEMENT

Score from primary Site Review Instrument	_____	_____	
+ Score from Acupuncture Addendum (if applicable)	_____	_____	
SERVICE MANAGEMENT TOTAL	_____	_____	= _____

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.

QUALITY INDICATOR COMPLIANCE SCORES

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

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

LOWEST OVERALL OR QUALITY INDICATOR COMPLIANCE FINAL SCORE ►

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

- Employee Name -- Employee Title**..... Enter employee name and present title or position, including the Service Director¹ and the Medical Director².
(example: **Jane Doe – Service 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.
(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.
➤ Please identify the clinical staff member designated as the service’s Health Coordinator (**Health**).
➤ Please identify the clinical staff member designated to provide activities therapy (**Activities**).
- License/Credential # -- Expiration Date**..... Enter License and/or Credential number and expiration date, if applicable.
(example: **CASAC #1234 – 09/30/03; CASAC Trainee #123 – 09/15/06; LCSW #321 – 11/15/04; MD #7890 – 06/30/05**)

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

¹ Service Director must be a qualified health professional.

² Medical Director must be buprenorphine certified.

PERSONNEL QUALIFICATIONS WORKSHEET

PROVIDER LEGAL NAME

MEDICAL AND NURSING STAFF

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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PERSONNEL QUALIFICATIONS WORKSHEET

PROVIDER LEGAL NAME

COUNSELING STAFF

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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