



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

**Regulatory Compliance Site Review Instrument
Chemical Dependence Residential Rehabilitation Services
for Youth (RRSY)
QA-5CD**

**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 _____ TO _____
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 7 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 7 days of admission -- Enter an ✗ in the column.

TOTAL..... Enter the total number of ✓'s (in compliance) and the total number of ✗'s (not in compliance) in the TOTAL column.

SCORE..... Divide the total number of ✓'s (in compliance) by the sample size (sum of ✓'s and ✗'s) and, utilizing the SCORING TABLE below, enter the appropriate score in the SCORE column.
 ➤ For example: Ten records were reviewed for comprehensive evaluations. Eight records were in compliance. Divide eight by ten, which gives you 80%. Refer to the scoring table, which indicates that 80% - 89% equals a score of 2 -- Enter **2** in the SCORE column.

SERVICE MANAGEMENT SECTION

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

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

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

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. Admission Procedures												
A.1. Has an initial determination been prepared which states that each individual: <ul style="list-style-type: none"> ▪ Is less than 21 years of age and appears to be in need of chemical dependence services; ▪ appears to be free of serious communicable diseases that can be transmitted through ordinary contact; and ▪ appears not to be in need of acute hospital care, acute psychiatric care, Part 816 crisis services or other services which cannot be provided in conjunction with treatment at the facility or would prevent him/her from participating in a chemical dependence service? [817.3(a-b)] 											✓ ____ X ____	
A.2. Does a Qualified Health Professional (QHP), or another clinical staff member under the supervision of a QHP, make and document the initial determination? [817.3(a)]											✓ ____ X ____	
Date of level of care determination ►												
A.3. Do the level of care determinations meet the following criteria: <ul style="list-style-type: none"> ▪ completed no later than one day after the patient's first on site contact with the service; and ▪ signed and dated by a clinical staff member? [817.3(c)] (Note: If patients are referred directly from another OASAS-certified chemical dependence service, or readmitted to the same service within 60 days of discharge, the existing level of care determination may be used to satisfy this requirement, provided that it is reviewed and updated. [817.4(e)])											✓ ____ X ____	
A.4. Are the level of care determinations in accord with the services' policy and procedures and incorporate the use of the OASAS LOCADTR or another Office-approved protocol? [817.3(d)]											✓ ____ X ____	
Number of applicable Questions						Patient Case Records Subtotal						
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.5. → QUALITY INDICATOR													
Do patients meet the admission criteria of being unable to participate in, or comply with, treatment outside of a 24-hour structured treatment setting, based on one or more of the following: <ul style="list-style-type: none"> ▪ the individual has accessed a less intensive level of care and has failed to remain abstinent; ▪ the individual's environment is not conducive to recovery; ▪ the individual has physical or mental complications and co-morbidities requiring medical management which may include, but not be limited to, psychiatric and/or developmental disability conditions; pregnancy; moderate to severe organ damage; or other medical problems that require 24 hour observation and evaluation; ▪ the individual lacks judgment, insights and motivation such as to require 24 hour supervision; or ▪ the individual has substantial deficits in behavioral or functional skills as evidenced by activities of daily living, interpersonal skills, vocational or educational skills, or maladaptive social behavior? [817.3(g)(1-5)] (Note: Infants, young children and others of any age who cannot comprehend the treatment process are not appropriate or eligible for admission.)													
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)												
Medicaid eligible at admission (Y/N) ►												
A.6. ► QUALITY INDICATOR For patients who, at admission, had an active/open Medicaid case, did the pre-admission review team (ART) review the candidate and document that the individual seeking admission is in need of this level of residential treatment for chemical dependence? [817.3(f)] (Note: If a patient is NOT Medicaid eligible; or has a Medicaid case opened/established AFTER admission, the ART review is NOT required.)											✓ ____ X ____	
Date of ART approval (if applicable) ►												
Date of admission ►												
A.7. Do the patient case records contain the appropriate admission date (date of the first overnight stay following the initial determination)? [PAS-44 Instructions-2010]											✓ ____ X ____	
A.8. ► QUALITY INDICATOR Do the patient case records contain the name of the authorized QHP who made the admission decision? [817.3(i)]											✓ ____ X ____	
A.9. As applicable, are individuals under the age of 18 who are admitted without consent of a parent or legal guardian done so in accordance with Mental Hygiene Law Section 22.11? [817.3(l)]											✓ ____ 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.10. Do the patient case records contain documentation that, upon admission, the following information was provided to and discussed with the patients, and a signed statement that the patients indicated understanding of such information: <ul style="list-style-type: none"> ▪ a copy of the service's rules and regulations, including patients' rights; and ▪ a summary of the Federal confidentiality requirements? [817.3(j) & 42 CFR § 2.31] 											✓ ____ x ____		
A.11. Do the patient case records contain documentation that, upon admission, patients are informed that their participation is voluntary? [817.3(k)]											✓ ____ x ____		
Date of comprehensive evaluation ►													
A.12. ► QUALITY INDICATOR Are comprehensive evaluations completed within 7 days of admission? [817.4(a)(4)] <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> <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 60 days of discharge; ▪ if the evaluation is completed by the same service more than 60 days prior to admission.) 											✓ ____ x ____		
A.13. Do the evaluations include the names of the staff members who participated in evaluating patients, and a signature of the QHP responsible for the evaluation? [817.4(a)(5)]											✓ ____ 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.14. Do the comprehensive evaluations contain a written report of findings and conclusions addressing the patient's: a. chemical use, abuse and dependence history? [817.4(a)(4)(i)] ----- b. history of previous attempts to abstain from chemicals and previous treatment experiences? [817.4(a)(4)(ii)] ----- c. family history? [817.4(a)(4)(iii)] ----- d. comprehensive psychosocial history? [817.4(a)(4)(iv)] <i>(Note: A comprehensive psychosocial history includes legal involvements; HIV and AIDS, tuberculosis, hepatitis or other communicable disease risk assessment; relationships with, history of the use of chemicals by, and the impact of the use of chemicals on, significant others; an assessment of the patient's individual, social, vocational and educational strengths and weaknesses, including the patient's literacy level, daily living skills and use of leisure time; medical and mental health history and current status; a specific diagnosis of alcohol related or psychoactive substance related use disorder; the patient's lethality {danger to self and to others} assessment.)</i>											✓ ____ x ____		
												✓ ____ x ____	
												✓ ____ x ____	
												✓ ____ 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. Medical Services													
B.1. ► QUALITY INDICATOR For those patients who <u>do not</u> have available medical histories and physical examinations <u>have not</u> been performed within twelve months, has their medical history been recorded and a physical examination performed within 7 days after admission? [817.4(b)(1)] <i>(Note: The examination may be conducted by a physician, physician's assistant, or a nurse practitioner.)</i>											✓ ____ x ____		
B.2. For those patients who <u>do</u> have available medical histories and physical examinations <u>have</u> been performed within twelve months, or for those patients that are admitted directly to the service from another OASAS-certified service, are the medical histories and physical examinations from such other services or physicians reviewed? [817.4(b)(2)]											✓ ____ x ____		
B.3. Does the physical examination include the following laboratory tests, ordered within 7 days after admission: <ul style="list-style-type: none"> ▪ complete blood count and differential; ▪ routine and microscopic urinalysis; ▪ urine screening for drugs, if medically or clinically indicated; ▪ intradermal PPD, when appropriate; and ▪ any other tests the physician or other medical staff member deems to be necessary (EKG, chest x-ray, pregnancy test, etc.)? [817.4(b)(1)(a-e)] 											✓ ____ 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 Planning												
Date of preliminary treatment plan ►												
C.1. Are preliminary treatment plans developed within three days after admission? [817.4(f)]											✓ ____ X ____	
C.2. Do the preliminary treatment plans address the patient's immediate needs and prescribe a list of scheduled activities? [817.4(f)]											✓ ____ X ____	
Date of comprehensive treatment plan approval ►												
Date of physician signature ►												
C.3. Are the treatment plans: a. ► QUALITY INDICATOR reviewed, signed and dated by the responsible clinical staff member (primary counselor) within 14 days after admission? [817.4(l)]											✓ ____ X ____	
b. ► QUALITY INDICATOR reviewed, certified, signed and dated by a physician who has knowledge of the patient's situation within 14 days of admission? [817.4(l)] <i>(Note: If patients are transferred directly from another chemical dependence service, an updated comprehensive treatment plan is acceptable.)</i> <i>(Note: Evidence of approval must be via signatures and handwritten or typed dates.)</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. Treatment Planning (cont'd)												
C.4. Do the individual treatment plans address <u>identified</u> patient needs in all functional areas, including, but not limited to: ▪ addiction; ▪ physical and mental health; ▪ educational/vocational; ▪ legal; ▪ family; and ▪ social/emotional? [817.4(f)] <i>(Note: If a functional area is not identified as a need in the comprehensive evaluation, the area is not applicable; for those functional areas to be addressed later in treatment, they should be identified as “deferred”, with an explanation.)</i>											✓ _____ X _____	
C.5. → QUALITY INDICATOR Are the treatment plans individualized, based on the comprehensive evaluation and any additional evaluations (i.e., medical, psychiatric) determined to be required? [817.4(f), 817.4(i)(2)] <i>(Note: While the previous question primarily deals with the content (addressed vs. not addressed) of the functional areas, this question focuses on the qualitative aspects of the treatment plan.)</i>											✓ _____ X _____	
C.6. Are the treatment plans developed in collaboration with the patient, as evidenced by the patient's signature? [817.4(i)(1)] <i>(Note: Parental or guardian involvement in the planning process, if any, must be documented. [817.4(g)])</i>											✓ _____ X _____	
C.7. Do the treatment plans specify short and long term goals which can be achieved while the patient is in the service? [817.4(i)(3)]											✓ _____ X _____	
C.8. Do the treatment plans prescribe an integrated service of therapies, activities and interventions designed to meet the goals? [817.4(i)(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
C. Treatment Planning (cont'd)												
C.9. Do the treatment plans specify schedules for the provision of all services prescribed? [817.4(i)(5)]											✓ ____ x ____	
C.10. Do the treatment plans identify the responsible clinical staff member (primary counselor)? [817.4(i)(6)]											✓ ____ x ____	
C.11. Do the treatment plans include each diagnosis for which the patient is in need of treatment? [817.4(i)(7)]											✓ ____ x ____	
C.12. ► QUALITY INDICATOR Where a service is to be provided by any entity other than the Part 817 service (e.g., mental health, medical, vocational/ educational), do the individual treatment plans contain all of the following information: <ul style="list-style-type: none"> ▪ a description of the nature of the service; ▪ a record that referral for such service has been made; and ▪ the results of the referral? [817.4(j)] 											✓ ____ x ____	
Date of first treatment plan review ►												
C.13. ► QUALITY INDICATOR Are individual treatment plans reviewed and revised in consultation with the patient and the multi-disciplinary team at least 30 days from the date of the development of the comprehensive treatment plan and no less often than every 30 days thereafter (from the date of the previous treatment plan review)? [817.4(l)]											✓ ____ x ____	
C.14. Does each individual treatment plan review include: <ul style="list-style-type: none"> ▪ evidence of review and revision by the responsible clinical staff member; ▪ evidence of development in consultation with the patient; ▪ the names of all reviewing individuals; and ▪ brief summaries of the patient's progress in each of the specified goals? [817.4(l)] 											✓ ____ x ____	
C.15. ► QUALITY INDICATOR Does each individual treatment plan review include a signature by a physician who has knowledge of the patient's situation? [817.4(l)]											✓ ____ 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 Planning (cont'd)													
C.16. Do all multi-disciplinary teams include a licensed and registered social worker, registered nurse (RN) or licensed and registered occupational therapist? [817.8(v)]											✓ ____ x ____		
D. Documentation of Service													
<i>Note: For the following documentation questions, review the progress note and/or attendance notes for the previous 60 patient visit days.</i>													
D.1. ► QUALITY INDICATOR Are progress notes: <ul style="list-style-type: none"> ▪ written, signed and dated by the responsible clinical staff member; ▪ written at least once per week; and ▪ written as to provide a chronology of patient's progress in relation to the goals established in the treatment plan and sufficient to delineate the course and results of treatment? [817.4(n)(1-2)] 											✓ ____ x ____		
D.2 ► QUALITY INDICATOR Is the patient responding to treatment, meeting goals defined in the treatment plan and not being disruptive to the service? If not: <ul style="list-style-type: none"> • is this discussed at a case conference by the MDT; and • is the treatment plan revised accordingly? [817.4(m)] <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>										✓ ____ 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.3. → QUALITY INDICATOR Are services provided according to the individual treatment plans? [817.4(k)] (Note: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-compliance with the treatment schedule, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered as citations.)											✓ _____ x _____		
D.4 Are the consent for release of confidential information forms completed properly? [817.5(b) & 42CFR § 2.31]											✓ _____ 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. Are the discharge plans based on the following: <ul style="list-style-type: none"> ▪ an individualized relapse prevention plan; ▪ an assessment of the home and family environment; ▪ vocational/educational/employment status; ▪ criminal justice status; and ▪ relationships with significant others? [817.4(r)] 						✓ _____ x _____	
E.2. Do the discharge plans include the following: <ul style="list-style-type: none"> ▪ identification of continuing chemical dependence services and any other treatment, rehabilitation, self-help, vocational, educational, medical, social and employment services the patient will need; ▪ identification of the type of residence, if any, that the patient will need after discharge; ▪ identification of specific providers of these needed services; and ▪ specific referrals and initial appointments for these needed services? [817.4(r)(1-4)] 						✓ _____ x _____	
E.3. Do the discharge plans include evidence of development in collaboration with the patient and any significant other(s) the patient chooses to involve? [817.4(p)]						✓ _____ x _____	
E.4. ► QUALITY INDICATOR Does the service ensure that no patients are approved for discharge without a discharge plan reviewed by the MDT? [817.4(q)] <i>(Note: This does not apply to patients who leave the service without permission, refuse continuing care planning, otherwise fail to cooperate, or who are referred to a higher level of care.)</i> <i>(Note: This review may be part of a regular treatment plan review.)</i>						✓ _____ x _____	
E.5. Is the portion of the discharge plan, which includes referrals for continuing care, given to the patients upon discharge? [817.4(q)] <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
E. Discharge Planning (cont'd)							
E.6. Do patient case records contain discharge summaries, which include the course and results of care and treatment, within 20 days of the patient's discharge? [817.4(s)]						✓ ____ x ____	
F. Monthly Reporting							
F.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first overnight stay following the initial determination) recorded in the patient case records? [810.14(e)(6)]						✓ ____ 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. Screened But Not Admitted							
G.1. In cases where the service denies admission to an individual, is there a written record containing the reasons for denial and, if applicable, a referral to an appropriate service? [817.3(h)]						✓ ____ 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 and procedures, approved by the governing authority, which address:			
a. admission, retention and discharge, including specific criteria relating thereto, as well as transfer procedures? [817.2(a)(1)]	a.		
b. level of care determinations, comprehensive evaluations, progress notes, treatment plans, and placement services? [817.2(a)(2)] ➔ QUALITY INDICATOR	b.		
c. staffing plans, including the use of volunteers? [817.2(a)(3)]	c.		
d. the provision of medical services, including screening and referral for associated physical or psychiatric conditions? [817.2(a)(4)]	d.		
e. the determination of prices and/or fees for services rendered? [817.2(a)(5)]	e.		
f. infection control? [817.2(a)(6)]	f.		
g. public health education and screening with regard to TB, STD's, hepatitis, and HIV and AIDS prevention and harm reduction? [817.2(a)(7)]	g.		
h. cooperative agreements with other chemical dependence service providers and other providers of services that the patient may need? [817.2(a)(8)]	h.		
i. the use of alcohol and other drug screening tests, such as breath testing, urine screening and/or blood tests? [817.2(a)(11)]	i.		
j. medication? [817.2(a)(12)]	j.		
k. quality improvement and utilization review? [817.2(a)(13)]	k.		
l. clinical supervision and related procedures? [817.2(a)(14)] ➔ QUALITY INDICATOR	l.		
m. procedures for emergencies? [817.2(a)(15)]	m.		
n. incident reporting and review? [817.2(a)(16)] ➔ QUALITY INDICATOR	n.		
o. record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with the Federal confidentiality regulations contained in 42 Code of Federal Regulations Part 2? [817.2(a)(17)]	o.		
p. personnel? [817.2(a)(18)]	q.		
A.2. ➔ QUALITY INDICATOR Does the service have a written policy stating that, except in the following emergency circumstances, prior approval must be obtained from the ART prior to admitting a Medicaid eligible individual: <ul style="list-style-type: none"> ▪ the individual has a demonstrated inability to abstain outside of a structured 24 hour setting; ▪ the individual is unable to access transitional services in the community; or ▪ the individual is without appropriate housing? [817.3(f)(2)] 			
A.3. Does the service have a written policy stating that under no circumstances should an individual be admitted on an emergency basis or otherwise if they are in medical or psychiatric crisis or if they are in need of withdrawal services? [817.3(f)(2)]			

Number of Applicable Questions Subtotal Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. Policies and Procedures / Administration (cont'd)			
<p>A.4. Does the service have a written policy to ensure that individuals are not denied admission for evaluation based solely on any one or combination of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> prior treatment history or referral source; <input type="checkbox"/> maintenance on methadone or other medication prescribed and monitored by a physician, physician's assistant or nurse practitioner familiar with the patient's condition; <input type="checkbox"/> pregnancy; <input type="checkbox"/> history of contact with the criminal justice system; <input type="checkbox"/> HIV and AIDS status; <input type="checkbox"/> physical or mental disability; or <input type="checkbox"/> lack of cooperation by significant others in the treatment process? [817.3(e)(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>			
<p>A.5. Do the consent for release of confidential information forms contain the following necessary elements as stipulated in the Federal confidentiality regulations:</p> <ul style="list-style-type: none"> <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? [817.5(b) & 42 CFR § 2.31] <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>			
B. Quality Improvement and Utilization Review			
<p>B.1. → QUALITY INDICATOR Does the service have a utilization review plan which considers the needs of each patient for all of the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> admissions are appropriate; <input type="checkbox"/> retention and discharge criteria are met; <input type="checkbox"/> services are appropriate; <input type="checkbox"/> the need for continued treatment; <input type="checkbox"/> the extent of the patient's chemical dependence problem; and <input type="checkbox"/> the continued effectiveness of, and progress in, treatment? [817.6(b)] <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>B.2. → QUALITY INDICATOR Does the service have a quality improvement plan which includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a minimum of quarterly self-evaluations, one of which may include an independent peer review process; <input type="checkbox"/> findings of other management activities (e.g., utilization reviews, incident reviews, reviews of staff training); <input type="checkbox"/> surveys of patient satisfaction; and <input type="checkbox"/> analysis of treatment outcome data? [817.6(c)(1)(i-iv)] <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>B.3. Does the service prepare an annual report and submit it to the governing authority? [817.6(c)(2)]</p>			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
B. Quality Improvement and Utilization Review (cont'd)			
B.4. Does the annual report document the effectiveness and efficiency of the service in relation to its goals and indicate any recommendations for improvement in its services to patients, as well as recommended changes in its policies and procedures? [817.6(c)(2)]			
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: _____ <i>(Note: Operating Certificates are site-specific and include, as applicable, identification of specific floors, rooms or other designations. While on-site, review the Operating Certificate and verify that the services are rendered at the correct corresponding locations.)</i>			
C.2. Does the service operate within its certified capacity? If no, did the service obtain prior OASAS approval for such exceptions? [817.2(g)] (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)] <i>(Note: Federal Regulation 42 CFR § 2.16(a) states that records must be kept in a secure room, locked file cabinet, safe or other similar container.)</i>			
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 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. 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: ➤ four years of experience in the human services field; ➤ two years of experience in the provision of alcoholism, substance abuse, and/or chemical dependence services; ➤ two years of administration and supervisory experience prior to appointment as director; and ➤ two years of adolescent services experience? [817.8(d)(1-4)]			
E.2. Does the service have regular and documented training made available to its staff in at least the following areas: <input type="checkbox"/> chemical dependence; <input type="checkbox"/> individual, group and family counseling; <input type="checkbox"/> therapies and other activities supportive of recovery; <input type="checkbox"/> communicable diseases such as TB, STD's, hepatitis, HIV and AIDS; <input type="checkbox"/> infection control procedures; <input type="checkbox"/> the role of clinical supervision; <input type="checkbox"/> quality improvement; and <input type="checkbox"/> child and adolescent development? [817.8(c)(1-8)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".			
Number of Applicable Questions Subtotal _____	Service Management Subtotal _____		

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. Staffing (cont'd) (Complete Personnel Qualifications Work Sheet)			
E.3. → QUALITY INDICATOR Is the medical director of the service a licensed and registered physician? [817.8(e)] <i>(The medical director may also serve as a physician of another chemical dependence service.)</i> [Red Flag Deficiency if no physician on staff.]			
E.4. Are all medical services and medical staff directed and supervised by the medical director? [817.8(e)]			
E.5. → QUALITY INDICATOR Is there a licensed psychiatrist and/or psychologist on staff? [817.8(u)]			
E.6. 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? [817.8(o)]			
E.7. Is there at least one full-time equivalent registered nurse (RN), with additional medical coverage, if applicable? [817.8(h)]			
E.8. Is there an RN, licensed practical nurse (LPN), PA, or NP available on-site or on-call at all times? [817.8(h)]			
E.9. → QUALITY INDICATOR Does the activities therapy staff to patient ratio meet the minimum standard of 1:60 [one FTE activities therapy staff member for every 60 patients]? [817.8(i)] (Number of current active patients _____ ÷ Number of current FTE activities therapy staff _____ = 1: _____)			
E.10. Does each counselor have a caseload of no more than eight (8) patients? [817.8(j)]			
E.11. Are counseling staff (case carrying or qualified to carry a case) scheduled for a minimum of 1.5 shifts, five days per week; plus one shift per day for the remaining two days per week? [817.8(j)]			
E.12. Are clinical staff members available on-site to all patients at all times? [817.8(k)]			
E.13. During the late evening and night shift, are there at least two staff members on duty and awake for up to 100 beds, and for each additional 50 beds, or portion thereof, is there one additional awake staff member? [817.8(k)]			
E.14. Is one of the staff members on duty and awake at night a clinical or medical staff member? [817.8(k)]			
E.15. If volunteers are utilized, are there protocols in place to ensure proper supervision and education/training? [817.8(m)]			
E.16. → QUALITY INDICATOR Are at least 50 percent of all clinical staff members QHPs? [817.8(n)] <i>(Note: CASAC Trainees may be counted towards satisfying this requirement.)</i>			
E.17. Is there a full time equivalent licensed and registered social worker on staff? [817.8(p)] <i>(Note: If qualified, this individual may perform family therapist function)</i>			
E.18. Is there a full time equivalent family therapist who is a licensed and registered social worker on staff? [817.8(q)] <i>(Note: If qualified, this individual may perform social worker function.)</i>			
Number of Applicable Questions Subtotal	_____	Service Management Subtotal	_____

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. Staffing (cont'd) (Complete Personnel Qualifications Work Sheet)			
E.19. ➔ QUALITY INDICATOR Is there at least one Community Support Specialist for every 30 patients, or portion thereof, responsible for coordinating patient care? [817.8(r)] (Number of current active patients _____ ÷ Number of current FTE Community Support Specialist staff _____ = 1: _____)			
E.20. Is there one staff member who is designated to perform an Intake/Admissions Coordinator function? [817.8(s)]			
F. Services			
F.1. Is individual counseling provided at least twice per week, for a minimum aggregate of ninety minutes with no session shorter than thirty minutes duration, by a clinical staff member in a private session which reviews the individual patient's progress in relation to the goals contained in the individualized treatment plan or addresses other clinical issues which may arise during the course of treatment? [817.2(c)(1)(i)(a)]			
F.2. Does the patient's primary counselor provide at least one individual counseling session each week? [817.2(c)(1)(i)(a)]			
F.3. Is group counseling provided at least twice per week? [817.2(c)(1)(i)(b)]			
F.4. ➔ QUALITY INDICATOR Do counseling groups contain no more than twelve (12) patients? [817.2(c)(1)(i)(b)]			
F.5. Does the service provide individual family counseling and multifamily counseling, both as appropriate? [817.2(c)(1)(i)(c)]			
F.6. Are recovery support services provided at least once per week which include: <input type="checkbox"/> chemical dependence awareness and relapse prevention; <input type="checkbox"/> education about, orientation to, and the opportunity for participation in, available and relevant self-help and sober/peer support groups; <input type="checkbox"/> HIV and AIDS, hepatitis C, tuberculosis, and other communicable diseases education, risk assessment, supportive counseling and referral; <input type="checkbox"/> life skills training; <input type="checkbox"/> holistic health approaches; <input type="checkbox"/> socialization skills; <input type="checkbox"/> case management/community support services; or <input type="checkbox"/> activities therapy? [817.2(c)(1)(ii)(a-h)] 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.7. Does the service provide educational assessment and educational services, as appropriate and as required by law, either directly or by arrangement with local school districts? [817.2(c)(2)]			
F.8. Does the service provide vocational assessment and vocational services? [817.2(c)(3)]			
F.9. Does the service provide active and quiet recreational services at least once per week? [817.2(c)(4)]			
F.10. Does the service provide to each patient an aggregate of at least forty (40) hours per week of the required (i.e., counseling, recovery support, educational, vocational, recreational) services? [817.2(d)]			
F.11. If applicable, does the provider make arrangements for, or provide directly, child care services for patients' dependent children residing at the facility? [817.2(h)]			

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
G. Food and Nutrition			
G.1. → QUALITY INDICATOR Does the service provide each patient with three (3) nutritious meals each day which furnish sufficient nutrients and calories to meet normal needs as well as the special needs of persons in recovery, as well as having snacks and beverages available between meals? [817.2(f)(1)]			
G.2. Does the service have a qualified dietician, dietetic technician or other appropriately qualified individual on staff? [817.8(t)] (Note: This function may be performed by a consultant.)			
G.3. Is the qualified dietician, dietetic technician or other appropriately qualified staff responsible for: <input type="checkbox"/> menu planning services; <input type="checkbox"/> the procurement of food supplies; <input type="checkbox"/> the coordination of meal preparation and serving; and <input type="checkbox"/> the training and directing of food preparation and serving personnel? [817.2(f)(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”.			
G.4. Are copies of menus kept on file for a period of one year? [817.2(f)(2)]			
H. Tobacco-Free Services			
H.1. Does the service have written policies and procedures, approved by the governing authority, which: <input type="checkbox"/> define the facility, vehicles and grounds which are tobacco-free; <input type="checkbox"/> prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the service; <input type="checkbox"/> requires all patients, staff, volunteers and visitors be informed of the tobacco-free policy, including posted notices and the provision of copies of the policy; <input type="checkbox"/> prohibits staff from using tobacco products while at work, during work hours; <input type="checkbox"/> establishes a tobacco-free policy for staff while they are on the site of the service; <input type="checkbox"/> establishes treatment modalities for patients who use tobacco; <input type="checkbox"/> describes training on tobacco use and nicotine dependence available to staff including clinical, non-clinical, administrative and volunteers; <input type="checkbox"/> describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers and others; <input type="checkbox"/> establishes procedures, including a policy to address patients who relapse on tobacco products which incorporates the patient discharge criteria contained in the applicable Operating Regulation; <input type="checkbox"/> indicates that every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services; and <input type="checkbox"/> addresses staff violations consistent with the employment procedure of that facility? [856.5(a)(1-9)] SCORING: If all elements are present, enter a score of “4”; if one or two elements are missing, enter a score of “2”; if three or more elements are missing, enter a score of “0”.			
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

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

II. SERVICE MANAGEMENT		YES	NO	SCORE
L. 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.				
L.1. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address priority admissions in the following order: <ul style="list-style-type: none"> ▪ pregnant injecting drug users; ▪ other pregnant substance abusers; ▪ other injecting drug users; and ▪ all other individuals? [45 CFR Part 96] 				
L.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]				
L.3. For an OASAS-funded provider that treats injecting drug abusers , does the program have a written policy to: <ul style="list-style-type: none"> ▪ admit individuals in need of treatment not later than 14 days after making a request; OR ▪ admit individuals within 120 days if interim services are made available within 48 hours? [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.) 				
L.4. For an OASAS-funded provider that treats injecting drug abusers and/or pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> ▪ maintain a wait list and ensure clients are admitted or transferred as soon as possible (unless treatment is refused or they cannot be located); and ▪ maintain contact with individuals on wait list? [45 CFR Part 96] 				
L.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] 				

Number of Applicable Questions Subtotal _____ Service Management Subtotal _____

II. SERVICE MANAGEMENT		YES	NO	SCORE
L. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE) (cont'd)				
L.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] 				
L.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] 				
M. 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.				
M.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			II. Service Management		
<u>QUESTION #</u>	<u>SCORE</u>	<u>ISSUE</u>	<u>QUESTION #</u>	<u>SCORE</u>	<u>ISSUE</u>
1. (A.5.)	_____	(admission criteria)	1. (A.1.b.)	_____	(policies re: tx. plan, eval., etc.)
2. (A.6.)	_____	(ART review & approval)	2. (A.1.l.)	_____	(clinical supervision policy)
3. (A.8.)	_____	(admission signed by QHP)	3. (A.1.n.)	_____	(incident reporting & review policy)
4. (A.12.)	_____	(evaluation w/in 7 days)	4. (A.2.)	_____	(ART policy)
5. (B.1.)	_____	(physical exam w/in 7 days)	5. (B.1.)	_____	(utilization review plan)
6. (C.3.a.)	_____	(tx. plan signed w/in 14 days by staff)	6. (B.2.)	_____	(quality improvement plan)
7. (C.3.b.)	_____	(tx. plan signed w/in 14 days by MD)	7. (C.1.)	_____	(all services are certified)
8. (C.5.)	_____	(tx. plan based on evaluation)	8. (D.1.)	_____	(monthly reporting)
9. (C.12.)	_____	(coordination of care)	9. (E.1.)	_____	(clinical director is a QHP)
10. (C.13.)	_____	(tx. plan reviewed every 30 days)	10. (E.3.)	_____	(physician on staff)
11. (C.15.)	_____	(tx. plan review signed by MD)	11. (E.5.)	_____	(psychiatrist/psychologist on staff)
12. (D.1.)	_____	(progress notes – quality)	12. (E.9.)	_____	(activities staff to patient ratio – 1:60)
13. (D.2.)	_____	(patient not responding to tx.)	13. (E.16.)	_____	(correct QHP percentage)
14. (D.3.)	_____	(svcs. provided according to tx. plan)	14. (E.19.)	_____	(CSS staff to patient ratio – 1:30)
15. (E.4.)	_____	(discharge plan reviewed by MDT)	15. (F.4.)	_____	(group counseling size <= 12 patients)
	_____		16. (G.1.)	_____	(3 nutritious meals/day)
_____ # of questions _____ Quality Indicator Total Score			_____ # 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

I. RESIDENT CASE RECORDS

	SCORE	# OF QUESTIONS	FINAL SCORE
Score from primary Site Review Instrument	_____	_____	_____
+ Score from Acupuncture Addendum (if applicable)	_____	_____	
PATIENT CASE RECORDS TOTAL	_____	÷ _____	= _____

II. SERVICE MANAGEMENT

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

RED FLAG DEFICIENCY

Place a check mark if there is a RED FLAG DEFICIENCY in the following area:

No Physician on staff (Mgmt. E.3.)

LEVEL OF COMPLIANCE DETERMINATION TABLE

0.00 – 1.75	= Noncompliance
1.76 – 2.50	= Minimal Compliance
2.51 – 3.25	= Partial Compliance
3.26 – 4.00	= Substantial Compliance

LEVEL OF COMPLIANCE SCORING DETERMINATION

The Level of Compliance Rating is determined by 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. RESIDENT CASE RECORDS</u>	_____	_____	= _____
<u>II. SERVICE MANAGEMENT</u>	_____	_____	= _____

LOWEST OVERALL OR QUALITY INDICATOR COMPLIANCE FINAL SCORE ►

VERIFICATION

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

Regulatory Compliance Inspector

DATE

Upstate/Downstate Supervisor or Peer Reviewer

DATE

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

- 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 QHP 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 - 09/30/09; CASAC Trainee #123 - 07/15/09; LCSW #321 - 11/15/08; MD #7890 - 06/30/10**)

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.

