



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

**Regulatory Compliance Site Review Instrument
Outpatient Chemical Dependency Services for Youth
Programs and Services
QA-8S**

**PART I
PATIENT CASE RECORDS**

**PART II
SERVICE MANAGEMENT**

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

REVIEW INFORMATION

PROVIDER LEGAL NAME

SERVICE SITE ADDRESS

CITY, TOWN, VILLAGE

ZIP

DATE(S) OF REVIEW

REVIEW NUMBER

OPERATING CERTIFICATE NUMBER

PROVIDER NUMBER

PRU NUMBER

LEAD REGULATORY COMPLIANCE INSPECTOR

ADDITIONAL REGULATORY COMPLIANCE INSPECTOR(S) (if applicable)

SITE REVIEW INSTRUMENT INSTRUCTIONS

PATIENT CASE RECORDS INFORMATION SHEET

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

PATIENT CASE RECORDS SECTION

Patient Record Number Column..... Enter a ✓ or an ✗ in the column that corresponds to the Patient Record Number from the PATIENT CASE RECORDS INFORMATION SHEET.
 Enter a ✓ in the column when the service is found to be in compliance.

➤ For example: The comprehensive evaluation was completed within three 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 three 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

Provider Legal Name: _____ Provider #: _____ PRU #: _____ Operating Certificate #: _____

Lead Regulatory Compliance Inspector: _____ Additional Regulatory Compliance Inspector(s): _____ Review #: _____ Date(s) of Review: _____

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					

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. → QUALITY INDICATOR Did a qualified health professional (QHP) determine, after face-to-face contact with the individual, that: <ul style="list-style-type: none"> ▪ the youth is less than 18 years of age (or up to age 21 if the individual's development indicates that treatment in an OCDY is clinically appropriate); ▪ the youth, family member or significant other needs OCDY services; ▪ there is a reasonable expectation that the application of OCDY services will result in the improvement in the individual's current level of functioning; ▪ the OCDY program is capable of providing the chemical dependency services the individual may require; and ▪ the youth, family member or significant other does not need acute hospital or psychiatric care, residential treatment or emergency services? [823.6(a)(1-5)] 											√ ____ X ____		
Date of admission ▶													
A.2. Was the admission determination made by no later than the second visit? [823.9(a)]											√ ____ X ____		
Date of comprehensive evaluation ▶													
A.3. → QUALITY INDICATOR Are comprehensive evaluations completed within 30 days of admission? [823.10(b)(3)]											√ ____ X ____		
A.4. Do the comprehensive evaluations contain: <ul style="list-style-type: none"> ▪ the names of the staff members who participated in evaluating the youth; and ▪ the signature of the primary counselor responsible for the evaluation? [823.10(b)(2)] (Note: The primary counselor must be a QHP. [823.10(b)(1)]) 											√ ____ 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.5. Do the comprehensive evaluations include a written report of findings and conclusions addressing each of the following areas:											✓ ____ X ____		
a. alcohol and/or drug use and history? [823.10(c)(1)]											✓ ____ X ____		
b. history of previous attempts to abstain from alcohol and/or drugs and previous treatment experiences? [823.10(c)(2)]											✓ ____ X ____		
c. mental status examination? [823.10(c)(3)]											✓ ____ X ____		
d. comprehensive psychosocial history? [823.10(c)(4)] <i>(Note: A comprehensive psychosocial history includes: legal involvements; education and literacy, and employment when applicable; relationships with family members, peers and significant others; history of the use of alcohol and other drugs by family members, significant others and by peer groups; and the impact of chemical dependency on the family and/or significant others.)</i>											✓ ____ X ____		
A.6. Is the information obtained during the comprehensive evaluations reviewed by a multi-disciplinary team composed of the primary counselor (QHP), clinical supervisor, service director or designee and the service physician? [823.10(d)]											✓ ____ X ____		
A.7. Are patients admitted with parental or guardian consent, or, in the absence of parental consent, on the judgment of a physician or service director? [823.8 & Mental Hygiene Law Section 22.11(c)(2)] <i>(NOTE: In the absence of parental consent, the physician or service director must fully document the reasons that the parental consent was not obtained.)</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	
A. Admission Procedures (Cont'd)													
A.8. In cases where a minor is admitted without parental or guardian consent, does the minor sign a form indicating that treatment is being voluntarily sought? [823.8(b)]											✓ ____ X ____		
A.9. For those comprehensive evaluations that indicate needs for services beyond the capacity of the service, is there documentation to identify and justify the need for referral to these services? [823.9(f)]											✓ ____ X ____		
A.10. Do the patient case records contain documentation that the patient was: <ul style="list-style-type: none"> ▪ advised that his/her participation is voluntary; ▪ provided with a copy of the service's rules and regulations; and ▪ provided with a summary of the Federal confidentiality requirements? [823.14(b)(2)(ii & iv) & 42 CFR § 2.31]											✓ ____ X ____		
B. Medical Services													
B.1. → QUALITY INDICATOR Do the comprehensive evaluations include a written report of findings and conclusions addressing a complete physical examination within 30 days of admission? [823.10(c)(5)] <i>(NOTE: If a patient has had a complete physical examination within the last 60 days, results of that physical may be used if available; provided, however, that if the prior physical did not include all required information, or is unavailable, the missing information must be obtained. [823.10(c)(6)])</i>											✓ ____ X ____		
B.2. Do the physical examinations include, but not be limited to: <ul style="list-style-type: none"> ▪ biochemical screen for drugs of abuse; ▪ assessment of prescribed medication; ▪ review of vaccination status; ▪ assessment for trauma; and ▪ screening for sexually transmitted diseases, hepatitis B, and tuberculosis? [823.10(c)(5)(i-v)] 											✓ ____ 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 individual treatment plan ▶													
C.1. → QUALITY INDICATOR Are individual treatment plans developed by the primary counselor (QHP) and reviewed by a multi-disciplinary team composed of the primary counselor (QHP), the clinical supervisor, the program director or designee, the program physician and any other appropriate staff within 30 days of admission? [823.11(b)(1&3)] <i>(Note: Evidence of approval must be via signatures and handwritten or typed dates.)</i>												√ ____ X ____	
C.2. → QUALITY INDICATOR Do the individual treatment plans contain: <ul style="list-style-type: none"> ▪ the names of all clinical staff who participated in preparing or reviewing it; and ▪ the signature of the primary counselor (QHP) and the service physician? [823.11(b)(4)] 												√ ____ X ____	
C.3. If a patient and a significant other, or more than one member of a family, have been admitted to treatment, does the treatment plan contain a mechanism for ensuring the coordination of treatment plans and services for all related patients? [823.11(e)]												√ ____ X ____	
C.4. Where a service is to be provided by any other program or facility off-site (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; and ▪ a record that referral for such service has been made? [823.11(f)] 												√ ____ X ____	
C.5. Do the individual treatment plans specify the following: a. evidence of development in consultation with the patient and his/her parent or guardian or significant other? [823.11(b)(2)] <i>(NOTE: If the patient is not a minor, or is being treated without parental consent, the plan must be developed in consultation with the patient and any significant other the patient chooses to involve.)</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 ✗ = no	From Scoring Table
C. Treatment Planning (cont'd)												
C.5. (cont'd) Do the individual treatment plans specify the following:											✓ _____ ✗ _____	
b. short-term goals and timeframes for achieving them? [823.11(c)(2)]											✓ _____ ✗ _____	
c. long-term goals, including, but not limited to: ▪ alcohol and/or substance abuse abstinence; ▪ marital and/or family relations; ▪ interpersonal relationships and other social functioning; ▪ educational, vocational and/or employment goals; ▪ preventative HIV education; ▪ health and nutrition; and ▪ relapse prevention? [823.11(c)(2)(i-vii)]											✓ _____ ✗ _____	
d. a schedule of therapies, activities and experiences, including individual and group counseling, related to stated goals? [823.11(c)(3)]											✓ _____ ✗ _____	
e. counseling of family or significant others, if appropriate? [823.11(c)(4)]											✓ _____ ✗ _____	
f. discharge planning? [823.11(c)(5)]											✓ _____ ✗ _____	
g. a schedule for reviewing the patient's attainment of treatment goals? [823.11(d)]											✓ _____ ✗ _____	
Date of first individual treatment plan review ►												
C.6. ► QUALITY INDICATOR Are individual treatment plans reviewed and, if necessary, revised at least 90 calendar days from the date of admission and no less often than each 90 calendar days thereafter (from the date of the previous individual treatment plan review)? [823.13(a)(1)]											✓ _____ ✗ _____	
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.7. → QUALITY INDICATOR Are individual treatment plans reviewed by a multi-disciplinary team composed of: <ul style="list-style-type: none"> ▪ the primary counselor (QHP); ▪ the clinical supervisor; ▪ the service director or designee; ▪ the service physician; and ▪ other relevant staff, if applicable? [823.13(a)] 											✓ ____ X ____		
C.8. Are individual treatment plans reviewed whenever an event occurs that, in the opinion of the primary counselor (QHP), will significantly affect the patient's treatment and recovery? [823.13(a)(3)]											✓ ____ X ____		
C.9. → QUALITY INDICATOR Does each individual treatment plan review address, at a minimum, the following: <ul style="list-style-type: none"> ▪ whether the patient is receiving the appropriate level of care or should be referred to a different agency or program for a different type or level of care; and ▪ what adjustments to the plan, if any, may be necessary in light of the patient's progress, changed circumstances, or lack of progress? [823.13(b)(1-2)] 											✓ ____ X ____		
C.10. Are the comprehensive evaluations conducted every fourth treatment plan review? [823.13(a)(2)]											✓ ____ X ____		
D. Documentation of Service													
D.1. During the first 30 days of treatment, did the service schedule at least 4 face-to-face visits with the patient (individual and/or group sessions)? [823.9(d)]											✓ ____ X ____		
D.2. During the first 30 days of treatment, did the service involve youths in orientation, education and therapeutic recreational activities; some combination of individual and/or group counseling; and other clinical services based upon problems and needs identified in the admission assessment? [823.9(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
D. Documentation of Service (cont'd)												
D.3. → QUALITY INDICATOR Are services provided according to the individual treatment plans? [823.14(b)(6)] (Note: This question refers to documentation of attendance at individual and group counseling sessions and other services as scheduled in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-compliance with the treatment schedule, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered a citation.)											✓ ____ X ____	
D.4. Do the progress notes specify the following: a. date, type, nature and length of the counseling session? [823.14(b)(6)]											✓ ____ X ____	
b. → QUALITY INDICATOR progress or regression of the patient in relation to the individual treatment plan? [823.14(b)(6)]											✓ ____ X ____	
D.5. Do the case records contain documentation of: ▪ recommendations, referrals and services provided for the patient's general health or for other special needs, including coordination with other agencies, as included in the individual treatment plan; ▪ notes on the patient's progress with such other agencies, and ▪ other incoming and outgoing correspondence about the patient? [823.14(b)(9)]											✓ ____ X ____	
D.6. Do the case records contain documentation of the results of any urine or breath testing performed? [823.14(b)(10)]											✓ ____ X ____	
D.7. Are the consent for release of confidential information forms completed properly? (NOTE: For minors admitted with parent/guardian consent, the release must be co-signed by the parent/guardian.) [823.14(b)(14) & 42 CFR § 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. Do the discharge plans included in the individual treatment plans include the following: <ul style="list-style-type: none"> ▪ the youth's need for continued services for health or psychiatric problems, and/or other needs which have been identified in the comprehensive evaluation and over the course of treatment; and ▪ the family's need for continued services? [823.12(a)(1-2)]						✓ ____ X ____		
E.2. For those youth who are discharged from, or choose to leave treatment before completion, does the discharge plan include referrals or referral options for continued services? [823.12(b)]						✓ ____ X ____		
E.3. Are the discharge plans prepared in consultation with the patient, his or her parent or guardian or significant other, unless the youth is not a minor or is a minor being treated without parental consent and in compliance with section 823.8 of this Part, and with any significant other the patient chooses to involve? [823.12(c)]						✓ ____ X ____		
Number of Applicable Questions Subtotal							Patient Case Records Subtotal	

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	✓ = yes X = no	From Scoring Table
F. Monthly Reporting							
F.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first treatment or clinical service provided following the decision to admit) 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 ____	

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 a written policy to ensure that individuals are not denied admission or treatment based solely on any one or combination of the following: sponsorship; race; creed; sexual orientation; color; national origin; gender; disability; marital status; HIV status; pregnancy; lack of cooperation by significant others in the treatment process; past criminal or delinquent behavior; or the presence of a co-existing psychiatric disorder? [823.7(a-b)]				
A.2. 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 and referral procedures? [822.2(a)(1)]	a.		
b.	level of care determinations, comprehensive evaluations, treatment plans, and placement services? [822.2(a)(2)] ➔ QUALITY INDICATOR	b.		
c.	staffing plans, including the use of volunteers? [822.2(a)(3)]	c.		
d.	the provision of medical services, including screening and referral for associated physical or psychiatric conditions? [822.2(a)(4)]	d.		
e.	the determination of fees for services rendered? [822.2(a)(5)]	e.		
f.	infection control? [822.2(a)(6)]	f.		
g.	public health education and screening with regard to TB, STD's, hepatitis, and HIV and AIDS prevention and harm reduction? [822.2(a)(7)]	g.		
h.	cooperative agreements with other chemical dependence service providers and other providers of services that the patient may need? [822.2(a)(8)]	h.		
i.	the use of alcohol and other drug screening tests, such as breath testing, urine screening and/or blood tests? [822.2(a)(11)]	i.		
j.	medication? [822.2(a)(13)]	j.		
k.	quality improvement and utilization review? [822.2(a)(14)]	k.		
l.	procedures for emergencies? [822.2(a)(15)]	l.		
m.	incident reporting and review? [822.2(a)(16)] ➔ QUALITY INDICATOR	m.		
n.	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? [822.2(a)(17)] (Note: Patient records must include all progress notes and attendance notes. [822.5(a)(12)])	n.		
o.	personnel including hiring; disciplinary measures; training; duties and qualifications of positions; maintenance of records; and regular review of the performance of staff? [822.2(a)(18)]	o.		
p.	clinical supervision? [822.2(a)(19)] ➔ QUALITY INDICATOR	p.		
q.	each outpatient service shall have separately identifiable staff, space and policies and procedures? [822.2(a)(20)]	q.		
B. Utilization Review and Quality Assurance				
B.1. Does the service have a utilization review plan? [823.18(a)]				
Number of Applicable Questions Subtotal			Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
B. Utilization Review and Quality Assurance (cont'd)			
B.2. Does the service have a utilization review committee composed of ALL of the following: ▪ one physician; ▪ one Certified Social Worker or Registered Nurse; and ▪ one alcohol or substance abuse counselor? [823.18(b)]			
B.3. Does the service ensure that no staff shall participate in deliberations relative to any patient that he or she is treating directly? [823.18(d)]			
B.4. ➔ QUALITY INDICATOR Does the service conduct utilization review on a monthly basis? [823.18(f)]			
B.5. Does the utilization review committee keep detailed minutes that show its decisions and the basis for them? [823.19(a)(4)]			
B.6. Does the service conduct utilization review in accordance with the following: <input type="checkbox"/> a 100 percent sample of patients whose treatment has passed one year from initial admission during the previous month; <input type="checkbox"/> a random sample to be drawn from all cases where a decision to retain in treatment was made during the previous month, but in no event shall less than 25 percent of such cases be reviewed; and <input type="checkbox"/> a random sample to be drawn from all cases which have not been subjected to utilization review over the previous three-month period, but in no event shall less than 25 percent of such cases be reviewed? [823.18(f)(1-3)] SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".			
B.7. Does the service have a documented quality assurance review plan? [823.19(a)]			
B.8. ➔ QUALITY INDICATOR Does the quality assurance review plan include a quality assurance review to determine that the services being rendered are appropriate, and that additional services are not necessary? [823.19(a)(1)]			
B.9. If a quality assurance review indicates that services are inappropriate or insufficient, does the quality assurance plan specify that the utilization review committee and the responsible staff member shall modify that patient's individual treatment plan to the mutual satisfaction of both parties? [823.19(a)(2)]			
B.10. Is the quality assurance review process used to indicate trends that are analyzed for corrective action? [823.19(a)(3)]			
C. Operational Requirements			
C.1. Is this site certified for the types of services currently being provided? [810.3] ➤ Services the site is certified to provide: _____ ➤ Services the site is not certified to provide: _____			
C.2. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(e)(7)] (Note: Federal Regulation 42 CFR § 2.16(a) states that records must be kept in a secure room, locked file cabinet, safe or other similar container.)			
D. Monthly Reporting			
D.1. ➔ QUALITY INDICATOR Have data reports (PAS-44N, PAS-45N & PAS-48N) been submitted to OASAS timely and reflect accurate admission and discharge transactions? [810.14(e)(6)] (Review Guidance: Prior to on-site review, obtain a copy of the Client Roster-Admissions, Client Roster-Discharges and MSD Program History Reports from the OASAS Client Data System. Review these documents to determine timeliness (PAS-48N must be submitted by the 10 th day of the month following the report) of data submission and overall consistency for the previous six months. 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.)			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
E. Staffing (Complete Personnel Qualifications Work Sheet)			
E.1. → QUALITY INDICATOR Does the service have a full-time clinical program director who is a QHP who has at least the following experience: <ul style="list-style-type: none"> ▪ two years of experience in the treatment of alcohol or substance abuse; ▪ one year's experience in the provision of services to adolescents; and ▪ one year's experience in program administration and/or supervision? [823.17(a)(1)] 			
E.2. Does the service employ a physician who is licensed by New York State and board-eligible in psychiatry or other relevant specialty with experience or special training in the treatment of alcohol or substance abuse? [823.17(a)(4)] [Red Flag Deficiency if no physician on staff.]			
E.3. → QUALITY INDICATOR Does the service physician provide a minimum of one hour of weekly on-site coverage for each 10 active patients (or part thereof)? [823.17(a)(4)]			
E.4. → QUALITY INDICATOR Are at least 50 percent of all direct service staff hours provided by QHPs? [823.17(d)]			
E.5. → QUALITY INDICATOR Are at least 50 percent of all direct service staff hours provided by full-time staff? [823.17(e)]			
E.6. Is there a full-time QHP on staff with at least one year's experience in family counseling? [823.17(b)]			
E.7. → QUALITY INDICATOR Does the direct care staff to patient ratio meet the minimum standard of 1:20 [one FTE clinical staff member for every 20 patients]? [823.17(c)] (Number of current active patients _____ ÷ Number of current FTE clinical staff _____ = 1: _____)			
E.8. Is there a full-time CASAC on staff who is trained and experienced in treating adolescents? [823.17(a)(2)]			
E.9. Is there a full-time equivalent QHP direct care staff member who is qualified in a discipline other than alcoholism and substance abuse counseling? [823.17(a)(3)]			
E.10. Is there at least one employee certified in first aid and cardiopulmonary resuscitation? [823.17(f)]			
E.11. Has the service developed and implemented a plan for staff training, development and continuing education which includes the following: <ul style="list-style-type: none"> <input type="checkbox"/> chemical dependency specific intake, assessment, treatment planning, ethics, case supervision, family counseling and relapse prevention; <input type="checkbox"/> adolescent growth and development, including but not limited to social, emotional, family, educational, vocational and physical; <input type="checkbox"/> training and development concerns in case conferences; <input type="checkbox"/> resolution of deficiencies noted in performance evaluations and quality assurance reviews; <input type="checkbox"/> socio/cultural sensitivity; <input type="checkbox"/> orientation, education and periodic re-education of all employees regarding AIDS, HIV-related illness and HIV infection and about universal precautions against exposure to significant risk of contracting or transmitting HIV infection; <input type="checkbox"/> overview of alcoholism and substance abuse; and <input type="checkbox"/> foundations of prevention? [823.16(g)(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
F. Services			
F.1. → QUALITY INDICATOR Has the governing authority established policies and procedures for the internal recording and reporting of any suspected abuse or maltreatment of any child? [823.15(b)(1)]			
F.2. Does the service operate at least five days per week, providing structured treatment and rehabilitation services in accord with individual treatment plans? [823.5(a)]			
F.3. Are evening and weekend hours available for patients, their families and significant others on an as needed basis? [823.5(a)]			
F.4. → QUALITY INDICATOR Does the service directly provide the following required services: <input type="checkbox"/> group and individual counseling supervised by a QHP; <input type="checkbox"/> education about, orientation to, and the opportunity for participation in, available and relevant self-help groups; <input type="checkbox"/> education about alcohol and drugs; <input type="checkbox"/> AIDS education, including notice to parents that confidential HIV testing and counseling will be made available upon request by a patient; <input type="checkbox"/> family services and/or counseling for family members and significant others, supervised by a QHP; <input type="checkbox"/> comprehensive evaluations; and <input type="checkbox"/> individualized treatment planning? [823.5(b)(1-7)] <i>(Note: Individual counseling must be provided with a frequency and intensity consistent with the individual needs of each unique patient, as prescribed in the treatment plan. If, on an exception basis, a patient is absent for a required individual session, there must be appropriate documentation as to the reason and a documented effort to reschedule the session as soon as possible.)</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”.			
F.5. Does the service make the following support services available, either directly or through formal written agreements with other appropriately licensed providers: <input type="checkbox"/> medical/surgical treatment, including but not limited to prenatal, prenatal services and pediatric services; <input type="checkbox"/> emergency services seven days per week, 24 hours per day, including but not limited to detoxification and acute psychiatric services; <input type="checkbox"/> residential services; <input type="checkbox"/> for youth over age 16 who are not appropriate for high school programs, vocational assessment and referral services to vocational and other appropriate programs aimed toward development of independent living skills; <input type="checkbox"/> academic, remedial physical and vocational education; <input type="checkbox"/> routine medical and nursing services, as appropriate, including diagnostic x-ray, laboratory and other diagnostic services; <input type="checkbox"/> HIV testing, if requested by the patient; <input type="checkbox"/> parenting skills training; <input type="checkbox"/> conflict resolution and dispute mediation; <input type="checkbox"/> active and quiet recreation; and <input type="checkbox"/> social services? [823.5(c)(1-11)] 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
<u>G. Tobacco-Free Services</u>					
G.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”.					
G.2. Does the service adhere to each of its tobacco-free policies, as identified above? [856.5(a)(1-9)]					
<u>H. Patients’ Rights Postings</u>					
H.1. Are statements of patient rights and patient responsibilities, including the phone number of OASAS Patient Advocacy [1-800-553-5790] posted prominently and conspicuously throughout a certified facility? [815.4(a)(2)] (Note: Part 815 includes statements of patient rights and patient responsibilities based upon Sections 815.5 and 815.6. However, the posted statements can be, but need not be, exact replicas of Sections 815.5 and 815.6, or the facsimile on the OASAS website under Patient Advocacy. Nevertheless, these statements with the OASAS patient advocacy “800” phone number are to be readily accessible and easily visible to all patients and staff (such as on bulletin boards in public hallways) and clearly visible if near to other postings. Statements and phone number that do not stand out or that blend in with other postings do not suffice as prominently posted. These statements and the phone number also have to be conspicuously posted in different locations throughout a facility. For example, if in only one counselor’s office in a facility with many counselor offices or only on one floor of a facility with more than one floor, then these would not suffice as conspicuously posted. Last, for hospital-based providers that have OASAS certified service(s) located in an acute-care hospital setting and/or in a direct community setting, these statements can be the same as what hospitals are required to post throughout a hospital. However, such posting needs to include OASAS as an additional contact for complaints, via the 800 phone number.)					
H.2. Is there at least one prominent posting that includes the name and contact information of the clinic director/program director of the OASAS certified service? [815.4(a)(2)] (Note: This posting can be separate from or together with the statements of patient rights and patient responsibilities and the OASAS 800 phone number in the question immediately above. Unlike the above question, this posting can be in only one place as long as it is prominently posted such as upon immediately entry to a facility or behind a receptionist desk.)					
Number of Applicable Questions Subtotal				Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
I. Incidents/Incident Reporting			
<p>I.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>			
J. 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>J.1. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address priority admissions in the following order:</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>J.2. For an OASAS-funded provider, does the program have written policies and procedures, approved by the governing authority, which address outreach to pregnant and parenting women and injecting drug users? [45 CFR Part 96]</p>			
<p>J.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>J.4. For an OASAS-funded provider that treats injecting drug abusers and/or pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to:</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
J. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE) (cont'd)				
J.5. For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> ▪ refer pregnant women to another provider when there is insufficient capacity to admit; 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]				
J.6. For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to: <ul style="list-style-type: none"> ▪ admit both women and their children (as appropriate); ▪ provide or arrange for primary medical care, prenatal care, pediatric care (including immunizations); ▪ provide or arrange for child care while the women are receiving services; ▪ provide or arrange for gender-specific treatment and other therapeutic interventions; ▪ provide or arrange for therapeutic interventions for children in custody of women in treatment; and ▪ provide or arrange for case management and transportation services to ensure women and their children can access treatment services? [45 CFR Part 96] 				
J.7. For an OASAS-funded provider which self-identify themselves as a religious organization/faith-based program , does the program have a written policy to: <ul style="list-style-type: none"> ▪ prohibit State Aid funding for activities involving worship, religious instruction or proselytization; 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] 				
K. 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.				
K.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.1.)	_____	(admission criteria)
2. (A.3.)	_____	(evaluation w/in 30 days)
3. (B.1.)	_____	(physical exam w/in 30 days)
4. (C.1.)	_____	(treatment plan developed w/in 30 days)
5. (C.2.)	_____	(treatment plan signed by MD & counselor)
6. (C.6.)	_____	(treatment plan reviewed every 90 days)
7. (C.7.)	_____	(treatment plan reviewed by MDT)
8. (C.9.)	_____	(treatment plan reviewed - progress)
9. (D.3.)	_____	(svcs. provided according to treatment plan)
10. (D.4.b.)	_____	(progress notes related to treatment plan)
_____	# of questions	_____ Quality Indicator Total Score

II. Service Management		
QUESTION #	SCORE	ISSUE
1. (A.2.b.)	_____	(policies re: evaluation, treatment plan, etc.)
2. (A.1.m.)	_____	(incident reporting & review policy)
3. (A.1.p.)	_____	(clinical supervision policy)
4. (B.4.)	_____	(UR conducted monthly)
5. (B.8.)	_____	(QA review plan appropriate)
6. (D.1.)	_____	(monthly reporting)
7. (E.1.)	_____	(director is a QHP)
8. (E.3.)	_____	(MD - 1 hr. weekly per 10 patients)
9. (E.4.)	_____	(50% of direct svc. staff hrs. by QHP)
10. (E.5.)	_____	(50% of direct svc. staff hrs. by full-time staff)
11. (E.7.)	_____	(clinical staff to patient ratio – 1:20)
12. (F.1.)	_____	(policy on child abuse reporting)
13. (F.4.)	_____	(provision of required services)
_____	# 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	_____ ÷ _____		= _____

II. SERVICE MANAGEMENT

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

QUALITY INDICATOR COMPLIANCE SCORES

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

LOWEST OVERALL OR QUALITY INDICATOR COMPLIANCE FINAL SCORE ►

RED FLAG DEFICIENCY

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

No Physician on staff (Mgmt. E.2.)

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.

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 Supervisor¹.
(example: **Jane Doe - Clinical Program Director; Joe Smith - CD Counselor**)
- Number of Weekly Hours Dedicated to this Operating Certificate.....** Enter the number of the employee's weekly hours that are dedicated to this Operating Certificate.
(example: **35 hours, 40 hours, 5 hours**)
- Work Schedule.....** Enter the employee's typical work schedule.
(example: **Mon,Wed,Fri 8am-5pm; Thu-Sun 11pm-7am; per diem**)
- Current Caseload.....** Enter the current number of residents assigned to each clinical staff member (if applicable).
- Education.....** Enter the highest degree obtained or the highest grade completed.
(example: **MSW; Associate's; GED**)
- Experience.....** List general experience and training in chemical dependence services.
(example: **3 yrs. Alcoholism/Substance Abuse Counseling; 14 yrs. in Chemical Dependence field**)
- QHP.....** Enter a check mark (✓) if the employee is a Qualified Health Professional (QHP).
➤ Please identify the clinical staff member designated as the service's Health Coordinator (**Health**).
➤ Please identify the clinical staff member with training and/or experience in child care (**Child**), if applicable.
- License/Credential # -- Expiration Date.....** Enter License and/or Credential number and expiration date, if applicable.
(example: **CASAC #1234 - 09/30/08; CASAC Trainee #123 - 07/15/09; CSW #321 - 11/15/08; MD #7890 - 06/30/07**)

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

¹ Clinical Program Director must be a Qualified Health Professional.

PERSONNEL QUALIFICATIONS WORKSHEET

PROVIDER LEGAL NAME

Employee Name ----- Employee Title	Number of Weekly Hours Dedicated to this Operating Certificate	Work Schedule	Current Caseload	Education	Experience	QHP	License/Credential # ----- Expiration Date	Verified (Office Use Only)

I hereby attest to the accuracy of the above stated information. Filing a false instrument may affect the certification status of your service and potentially result in criminal charges.

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