



Office of Alcoholism and Substance Abuse Services

DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT
BUREAU OF STANDARDS COMPLIANCE

Regulatory Compliance Site Review Instrument Opioid Treatment Programs QA-6CD

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.
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 program is found to be in compliance . > For example: The Treatment/Recovery Plan was completed within 30 days of admission -- Enter a ✓ in the column. Enter an ✗ in the column when the program is found to be not in compliance . > For example: The Treatment/Recovery Plan was <i>not</i> completed within 30 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 total items scored (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 Treatment/Recovery Plans. 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 program is found to be in compliance . > For example: There <i>is</i> a designated area for secure storage of patient case records -- 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: There <i>is not</i> a designated area for secure storage of patient case records -- Enter an ✗ in the NO column.
SCORE ▶	Enter 4 in the SCORE column when the program is found to be in compliance . Enter 0 in the SCORE column when the program is found to be not in compliance .

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

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

PATIENT CASE RECORDS INFORMATION SHEET

ACTIVE RECORDS

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

INACTIVE RECORDS (Discharged Involuntarily)

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

INACTIVE RECORDS (Discharged Successfully)

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

INACTIVE RECORDS (Seen But Not Admitted)

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

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	✓ = yes X = no	From Scoring Table
A. PRE-ADMISSION PROCEDURES												
A.1. If applicable, does Screening documentation identify: <ul style="list-style-type: none"> the use of a screening tool (e.g., AUDIT, CAGE, CAGEAID, CRAFFT, Simple Screen, GAIN Quick, ASSIST, DAST, RIASI) for the purpose of identifying patients who have alcohol or substance misuse problems; and that the results were shared in a face-to-face session with the patient? [822.5(ae)] 											✓ _____ X _____	
A.2. If applicable, does Brief Intervention documentation identify: <ul style="list-style-type: none"> that the session was a face-to-face pre-admission service; the at-risk behavior indicated in the screening; and the education provided to the patient regarding their substance use and possible consequences which is intended to motivate them to change their behavior? [822.5(f)] 											✓ _____ X _____	
Date of Admission ▶												
A.3. Prior to admission, does the program verify with the central registry system that the prospective patient is not presently enrolled in another OTP, and is this verification document in the clinical record? [822.16(a)(3)]											✓ _____ X _____	
A.4. ➔ QUALITY INDICATOR Prior to admission (first medication dose), does a physician within 72 hours of first on-site visit: <ul style="list-style-type: none"> make an in person evaluation of the prospective patient to determine if the patient has had a physiological dependence on opioids for at least the previous 12-month period; diagnose and document an addiction or dependence; and determine the approved initial medication dose? [822.8(d)(1)(2); 822.16(b)(1)] 											✓ _____ X _____	
Number of Applicable Questions Subtotal												Case Records Subtotal

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE	
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table	
A. PRE-ADMISSION PROCEDURES (cont'd)													
A.5. Does a physician ensure that prior to treatment being initiated (first dose), that the prospective patient is provided and signs (physical or electronic signature) an informed written consent to participate in opioid treatment and does such consent include notice of the risks and benefits of a prescribed medicine? [822.8(e)(2)]											√ _____ X _____		
A.6. Prior to admission, was an admission assessment conducted in a face-to-face meeting between the prospective patient and a clinical staff person? [822.5(c)] <i>(NOTE: If the patient is referred directly from another service certified by the Office, including an office approved DWI (Impaired Driving) provider/practitioner, or is readmitted to the same CD-OP within 60 days of discharge, any assessment created by such provider may be used, provided documentation is maintained demonstrating a review and update.)</i>											√ _____ X _____		
Date of Birth ►													
A.7. For prospective patients less than 18 years of age, does the program document: <ul style="list-style-type: none"> ▪ at least two prior and unsuccessful treatment experiences at a chemical dependence withdrawal and stabilization service or inpatient service within a 12-month period; and ▪ current physiological dependence on opioids for a minimum period of two years; and ▪ Additionally, for prospective patients less than 16 years of age, does the program document prior Office approval? [822.8(d)(2)(ii) 822.8(d)(1)]											√ _____ X _____		
A.8. Prior to admission, did the program conduct a communicable disease risk assessment (HIV/AIDS, tuberculosis, hepatitis, or other communicable diseases)? [822.8(a)(4)(i)]											√ _____ X _____		
Number of Applicable Questions Subtotal												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. ADMISSION PROCEDURES												
B.1. Do the patient case records contain a notation that, prior to the first treatment visit, the following information was given to and discussed with the patient, and that the patient indicated that he/she understood them: <ul style="list-style-type: none"> a copy of the program’s rules and regulations, including patient’s rights and a summary of the Federal confidentiality requirements (i.e., HIPAA & 42 CFR) [822.10(b)(1)]; and that the patient was informed that admission is on a voluntary basis and that the prospective patient will be free to discharge him/herself from the outpatient program at any time? [822.8(a)(3)] <p><i>(NOTE: For prospective patients under an external mandate, the potential consequences for premature discharge must be explained, including that the external mandate does not alter the voluntary nature of admission and continued treatment. This provision shall not be construed to preclude or prohibit attempts to persuade a prospective patient to remain in the program in his/her own best interest.)</i></p>												
Date of Admission ►												
B.2. ► QUALITY INDICATOR Do the patient case records contain the name of the physician (authorized QHP) who made the decision to admit as documented by their signature and date (physical or electronic)? [822.8(b)(2);822.8(d)(1-2); 822.16(b)(1)]												
Number of Applicable Questions Subtotal												
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. ADMISSION PROCEDURES (cont'd)													
B.3. Is there evidence that the program orients patients, within one week after admission, by providing education and information to support patient rehabilitation including: <ul style="list-style-type: none"> • pharmacology of approved medications (methadone and buprenorphine must be included in this review); • available services; • operating and medicating hours; • alternative medicating procedures for emergencies; • treatment expectations; • hepatitis B and C (incidence, detection and treatment options); and • key OTP procedures and guidelines? [822.8(e)(2)]											√ _____ X _____		
B.4. ➔ QUALITY INDICATOR During the first week after admission, does the prescribing professional conduct a full physical examination, including required laboratory tests or screens, and any other test as clinically indicated or as may be required by the Office, to determine the patient's overall health? [822.8(e)(1)]											√ _____ X _____		
B.5. ➔ QUALITY INDICATOR If applicable, are physical examinations (same as required at admission) repeated annually by a prescribing professional? [822.8(e)] <i>(NOTE: Patients may have an outside licensed practitioner complete the physical examination, however clinical staff must record all required results, including ordered tests, in the patient case record. Physical exams are deemed timely if completed within 14 months of the previous exam.)</i>											√ _____ X _____		
Number of Applicable Questions Subtotal												Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING												
<i>NOTE: For patients moving directly from one program to another, the existing treatment/recovery plan may be used if there is documentation that it has been reviewed and, if necessary, updated within 14 days of transfer.</i>												
C.1. Are treatment/recovery plans: <ul style="list-style-type: none"> developed by the responsible clinical staff member (primary counselor) and patient? [822.9(a)] <i>(NOTE: If the patient is a minor, the treatment/recovery plan must also be developed in consultation with his/her parent or guardian unless the minor is being treated without parental consent as authorized by Mental Hygiene Law section 22.11.)</i>											√ _____ X _____	
Date of Primary Counselor Signature ►											√ _____ X _____	
C.2. ► QUALITY INDICATOR Are treatment/recovery plans developed no later than 30 days after admission? [822.9(a)]											√ _____ X _____	
C.3. Are treatment/recovery plans approved, signed, and dated (physical or electronic signature) by the responsible clinical staff member? [822.9(b)(3)]											√ _____ X _____	
Date of MD/PA/Psych./NP/LCSW Signature ►											√ _____ X _____	
C.4. ► QUALITY INDICATOR Are treatment/recovery plans reviewed, approved and signed within 10 days of the development of the treatment plan by one of the following: <ul style="list-style-type: none"> physician; physician's assistant; licensed psychologist; nurse practitioner; or licensed clinical social worker? [822.9(b)(4)]											√ _____ X _____	
Number of Applicable Questions Subtotal												
Case Records Subtotal												

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)												
C.5. Do the treatment/recovery plans include each diagnosis for which the patient is being treated (at this program)? [822.9(b)(1)]											√ _____ X _____	
C.6. → QUALITY INDICATOR Do the treatment/recovery plans address patient identified problem areas and significant medical issues specified in the admission assessment and concerns which may have been identified subsequent to admission? [822.9(b)(2); 822.8(a)(7)] <i>(NOTE: If the patient is pregnant or becomes pregnant, the treatment/recovery plan must include provisions for pre-natal care or if the patient refuses or fails to obtain such care, the patient should acknowledge in writing that pre-natal care was offered but refused.)</i>											√ _____ X _____	
C.7. Do the treatment/recovery plans identify methods and treatment approaches that will be utilized to achieve the goals? [822.9(b)(2)]											√ _____ X _____	
Date(s) of Treatment/Recovery Plan review(s) ▶ ▶ ▶ ▶												
C.8. → QUALITY INDICATOR Are the treatment/recovery plans reviewed, and revised if necessary, at least once within every 90 calendar day window period from the date of admission for the first year and at least once within every 180 calendar day window period, thereafter? [822.9(c)] <i>(NOTE: The window periods are fixed based upon the admission date and reviews may be conducted anytime within the applicable window periods.)</i> <i>(NOTE: If the patient is not responding to treatment or a significant incident occurs, reviews should be conducted more frequently.)</i>											√ _____ X _____	

Number of Applicable Questions Subtotal

Case Records Subtotal

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
C. TREATMENT/RECOVERY PLANNING (cont'd)												
C.4. Is each treatment/recovery plan review signed and dated (physical or electronic signature) by one of the following: <ul style="list-style-type: none"> • physician; • physician's assistant; • licensed psychologist; • nurse practitioner; or • licensed clinical social worker? [822.9(c)] 											✓ _____ X _____	
D. DOCUMENTATION OF SERVICE												
<i>NOTE: For the following questions, review the progress notes for the previous 30 patient visit days.</i>												
D.1. ► QUALITY INDICATOR Are services (e.g. individual counseling, group counseling) documented as follows: <ul style="list-style-type: none"> • written and signed (physical or electronic signature) by the staff member providing the service; • include type, content, duration and outcome of each service; • indicate the date the service was delivered; • include the relationship to the patient's developing treatment goals described in the treatment/recovery plan; and • include any recommendations or determinations for initial, continued or revised patient goals and/or treatment? [822.11(a)(1-4)] 											✓ _____ X _____	
Number of Applicable Questions Subtotal											Case Records Subtotal	

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table
D. DOCUMENTATION OF SERVICE (cont'd)												
D.2. → QUALITY INDICATOR Does the patient case record demonstrate medical and treatment services consistent with the patient's treatment/recovery plan? [822.10(a)] <i>(NOTE: This question refers to documentation of attendance at individual and group counseling sessions and other methods and treatment approaches as identified in the individual treatment plan. If there are numerous unexplained absences and a pattern of non-compliance with the treatment plan, a citation should be made; however, the results of single or isolated incidents in this regard should not be considered a citation.)</i>											√ _____ X _____	
COUNSELING SESSIONS												
D.3. Does each individual counseling note: <ul style="list-style-type: none"> • document a face to face service; • focus on the needs of the patient; and • document consistency with the treatment/recovery plan or emergent issues? [822.5(p)] 											√ _____ X _____	
D.4. Does each group counseling note: <ul style="list-style-type: none"> • document a face-to-face service between one or more clinical staff and multiple patients at the same time; and • document consistency with patient treatment/recovery plans or emergent issues? [822.5(o)] 											√ _____ X _____	
Number of Applicable Questions Subtotal											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. DOCUMENTATION OF SERVICE (cont'd)												
ADDITIONAL SERVICES												
D.5. If applicable, does each Brief Treatment note: <ul style="list-style-type: none"> document a face to face service; identify the target behavior the service is intended to address; and identify the evidence-based or clinical practice utilized during the service? [822.5(g)] 											√ _____ X _____	
D.6. If applicable, does each Collateral Visit note: <ul style="list-style-type: none"> identify the clinical staff member and collateral person(s) involved in the face-to-face service; and indicate the purpose of the intervention? [822.5(l)] <p><i>(NOTE: A collateral person is a member of a patient's family or household, significant others, or persons who are directly affected by regular interaction with the patient, or who have the capability to affect both the patient's chemical dependence and recovery.)</i></p>											√ _____ X _____	
D.7. If applicable, does each Complex Care Coordination note: <ul style="list-style-type: none"> indicate the critical event or condition leading to the need for service; identify the other service providers involved in the coordination service; and indicate the complex care service occurred within five working days of another service? [822.5(m)] 											√ _____ X _____	
D.8. Does each Medication Administration and Observation note: <ul style="list-style-type: none"> identify the type and dosage of medication administered or dispensed; and identify the condition of patient as observed prior to, and after, administration as appropriate to the medication? [822.5(s)] <p><i>(NOTE: Methadone/Buprenorphine dispensing log can be used to satisfy this requirement.)</i></p>											√ _____ X _____	

Number of Applicable Questions Subtotal

Case Records Subtotal

I. PATIENT CASE RECORDS (Active)											TOTAL	SCORE	
Patient Record Numbers ▶	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	√ = yes X = no	From Scoring Table	
D. DOCUMENTATION OF SERVICE (cont'd)													
ADDITIONAL SERVICES (cont'd)													
D.9. If applicable, does each Medication Management note <ul style="list-style-type: none"> • document a face to face meeting with a prescribing professional • identify that the service was provided for one of the following purposes: <ul style="list-style-type: none"> ○ evaluation, monitoring, observation or dosage change to a patient's medication; ○ a comprehensive medication review of a new patient or any patient who requires a more extensive review; or ○ the induction of a patient to a new medication requiring a period of patient observation? [822.5(u)] 											√ _____ X _____		
D.10. If applicable, does each Peer Support note: <ul style="list-style-type: none"> • document a face-to-face meeting with a peer advocate; and • identify the community based recovery supports and/or other peer services consistent with the treatment/recovery plan? [822.5(ad)] <p><i>(NOTE: Peer Advocates must be certified by either the NY Certification Board http://www.asapnys.org/nycb-home or the NY Certification Association http://www.nycertification.org/.)</i></p>											√ _____ X _____		
D.11. Are consents for the release of confidential information forms completed properly? [822.10(e); HIPAA; 42 CFR Part 2]											√ _____ X _____		
Number of Applicable Questions Subtotal											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
E. TAKE-HOME MEDICATION												
E.1. ➔ QUALITY INDICATOR												
Does the program document that the following criteria have been considered for patients that are granted take-home medication:												
<ul style="list-style-type: none"> • absence of recent abuse of drugs (opioid or non-narcotic), including alcohol; • regularity of clinic attendance; • absence of serious behavioral problems at the clinic; • absence of known recent criminal activity (e.g., drug dealing); • stability of the patient's home environment and social relationships; • length of time in comprehensive maintenance treatment; • assurance that take-home medication can be safely stored within the patient's home; and • whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion. [822.16(c)(3)(i-viii)] 												
<i>(NOTE: When determining take-home schedules, the program must document sound clinical judgment that the patient is appropriate for the amount of medication dispensed. After a review and consideration of the above-listed criteria, the total clinical judgment of a patient's progress, coupled with their determination of what the best schedule is for a patient, is what actually determines the patient's schedule.)</i>												
Number of Applicable Questions Subtotal										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
E. TAKE-HOME MEDICATION (cont'd)												
E.2. ➔ QUALITY INDICATOR If it is determined that a patient is responsible in handling methadone, beyond the 1-day dose for clinic closure, are the following restrictions applied: <ul style="list-style-type: none"> during the first 90 days of treatment, the take-home supply is limited to one dose per week; in the second 90 days of treatment, the take-home supply is two doses per week; in the third 90 days of treatment, the take-home supply is three doses per week; in the remaining months of the first year, a patient may be given a maximum 6-day supply of take-home medication; after 1 year of continuous treatment, a patient may be given a maximum 2-week supply of take-home medication; after 2 years of continuous treatment, a patient may be given a maximum 1-month supply of take-home medication, but must make monthly visits? [822.16(c)(4)(i-vi)] <i>(NOTE: The above requirements pertain only to the use of methadone; take-home considerations for buprenorphine are not dependent on the time-in-treatment requirements. However, when determining take-home schedules for patients treated with buprenorphine, OTPs must document sound clinical judgment that the patient is appropriate for the amount of buprenorphine dispensed.)</i>												
E.3. ➔ QUALITY INDICATOR Does a physician review and confirm the above-noted appropriateness for take-home medication? [822.16 (c)(3)]												
Number of Applicable Questions Subtotal												
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
F. TOXICOLOGY												
F.1. ► QUALITY INDICATOR During a three month period, if toxicology testing indicates the use of illicit drugs, was the patient's take home schedule and treatment/recovery plan assessed accordingly as clinically indicated? [822.7(g)(5)(i)]											✓ _____ X _____	
F.2. Did the program inform, review and discuss with the patient each positive toxicology result for illicit drugs or negative toxicology results for approved medications? [822.7(g)(5)(ii)(iii)]											✓ _____ X _____	
G. MEDICATION ADMINISTRATION												
G.1. Is the initial medication dosage and schedule of administration determined by a physician and documented in the patient's record? [822.16(b)(1)]											✓ _____ X _____	
G.2. Is the initial dose of methadone no greater than 30 milligrams OR is the initial dose of buprenorphine no greater than 12 milligrams? [822.16(b)(4-5)] <i>(NOTE: In both instances, additional amounts may be given if the physician determines and immediately documents in the patient record that the initial dose is insufficient to relieve opioid withdrawal symptoms.)</i>											✓ _____ X _____	
Number of Applicable Questions Subtotal											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
G. MEDICATION ADMINISTRATION (cont'd)												
G.3. For patients missing more than two consecutive scheduled medication visits, was a medical assessment made upon the patient's next attendance by the prescribing professional to determine whether a change in dose is indicated and was an appropriate order written? [822.16(b)(9)]											√ _____ X _____	
G.4. For transfer patients, does the program continue the patient's approved medication dosage and take-home schedule unless new medical or clinical information requires medical staff to review and subsequently order a change? [822.8(g)(v)] <i>(NOTE: Any such changes must be explained to the patient prior to implementation and documented in the case record.)</i>											√ _____ X _____	

Number of Applicable Questions Subtotal _____

Case Records Subtotal _____

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE	
Patient Record Numbers ►	#1	#2	#3	#4	#5	√ = yes X = no	From Scoring Table	
H. INVOLUNTARY DISCHARGE								
<i>NOTE: For the following questions, review the patient records of five (5) patients who were discharged involuntarily.</i>								
H.1. In cases of involuntary discharge, does the program director (or designee) implement the recommendation for discharge only after he or she: <ul style="list-style-type: none"> a) reviews the recommendation to discharge to ensure that the reason(s) is fair, not arbitrary or capricious, and is serious enough to warrant discharge; b) reviews and evaluates the patient's total response to treatment, in light of the recommendation to discharge; c) confers with staff at a multidisciplinary meeting to discuss the patient's response to treatment and the recommendation to discharge; d) confirms that, within reasonable clinical judgment, all incremental interventions have been tried and failed, including consideration of transfer to another provider; and e) provides a written notice to the patient that indicates the reason(s) for the recommended discharge as well as required information on how to appeal? [815.7(a)(1-5)] 						✓ _____ X _____		
Number of Applicable Questions Subtotal							Case Records Subtotal	

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	√ = yes X = no	From Scoring Table
H. INVOLUNTARY DISCHARGE (cont'd)							
H.2. In cases of involuntary discharge, if the patient appeals, does the program: <ul style="list-style-type: none"> • meet with the patient to conduct the appeal no sooner than 24 hours after provision of the notice, to allow the patient time to seek the advice of others, if desired; • discuss with the patient the reasons to implement or rescind the recommendation to discharge; and • informs the patient in writing of the appeal decision to implement or rescind the recommendation to discharge no later than 72 hours after the appeal is made: <ul style="list-style-type: none"> ○ if discharge is decided after the appeal, assures that the patient receives information about treatment and referral options; ○ if rescission of the discharge is decided after the appeal, assure the patient full opportunity to continue treatment anew? [815.7(a)(6-7)] 						√ _____ X _____	
H.3. In cases of involuntary discharge, does the program ensure that no methadone dose taper shall begin until after completion of the aforesaid process? [815.7(b)]						√ _____ X _____	
Number of Applicable Questions Subtotal							
Case Records Subtotal							

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE	
Patient Record Numbers ▶	#1	#2	#3	#4	#5	√ = yes X = no	From Scoring Table	
I. DISCHARGE & DISCHARGE PLANNING								
<i>NOTE: For the following questions, review the patient records of five (5) successfully discharged patients.</i>								
I.1. Are at least 8 random toxicology tests for the presence of benzodiazepines, cocaine, opioids, and a 4 th panel to be determined by the provider conducted per year? [822.7(g)(5)(i)] <i>(NOTE: Check for the last full year prior to the discharge date.)</i>						√ _____ X _____		
I.2. Do discharge plans contain evidence of development in collaboration with the patient and any other collateral person(s) the patient chooses to involve? [822.12(b)] <i>(NOTE: Collaboration can be documented via a signature or progress note.)</i> <i>(NOTE: If the patient is a minor, the discharge plan must also be developed in consultation with his or her parent or guardian, unless the minor is being treated without parental consent as authorized by Mental Hygiene Law section 22.11)</i>						√ _____ X _____		
I.3. Do the discharge plans specify: <ul style="list-style-type: none"> • referrals with appointment dates and times, if applicable; • all known medications, including frequency and dosage; and • recommendations for continued care? [822.12(b)] 						√ _____ X _____		
Number of Applicable Questions Subtotal							Case Records Subtotal	

I. PATIENT CASE RECORDS (Inactive)						TOTAL	SCORE	
Patient Record Numbers ►	#1	#2	#3	#4	#5	✓ = yes X = no	From Scoring Table	
I. DISCHARGE & DISCHARGE PLANNING (cont'd)								
I.4. Was the discharge plan reviewed and approved by the responsible clinical staff member and clinical supervisor prior to discharge? [822.12(c)] <i>(NOTE: This requirement does not apply to patients who stop attending, refuse continuing care planning, or otherwise fail to cooperate.)</i>						✓ _____ X _____		
I.5. Is the portion of the discharge plan, which includes referrals for continuing care, given to the patient upon discharge? [822.12(c)] <i>(NOTE: Documentation may be in the form of a progress note or duplicate form.)</i>						✓ _____ X _____		
I.6. Do the patient case records contain a discharge summary which: <ul style="list-style-type: none"> addresses and measures progress toward attainment of treatment goals; and was completed within 45 days of discharge? [822.12(d)] 						✓ _____ X _____		
J. MONTHLY REPORTING								
J.1. Are the admission dates reported to OASAS consistent with the admission dates (date of the first medication dose) recorded in the patient case records? [810.14(e)(7)]						✓ _____ X _____		
J.2. Is the discharge disposition reported to OASAS consistent with documentation in the patient case records? [810.14(e)(7)]						✓ _____ X _____		
J.3. 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)(7)]						✓ _____ X _____		
Number of Applicable Questions Subtotal							Case Records Subtotal	

I. PATIENT CASE RECORDS (Seen But Not Admitted)						TOTAL	SCORE
Patient Record Numbers ►	#1	#2	#3	#4	#5	√ = yes X = no	From Scoring Table
K. SEEN BUT NOT ADMITTED							
<i>NOTE: For the following questions, review completed assessments of five (5) individuals who were assessed, but not admitted to the Opioid Treatment Program.</i>							
K.1. Do the patient case records contain the name of the physician (authorized QHP) who made the decision to not admit as documented by their dated signature (physical or electronic)? [822.8(b)(2);822.8(d)(1-2); 822.16(b)(1)]						√ ____ X ____	
K.2. ► QUALITY INDICATOR In cases where an individual is deemed ineligible for admission, is there: <ul style="list-style-type: none"> documentation that the individual was informed of the reason(s); and if applicable, a referral to an appropriate service? [822.8(a)(1)] 					√ ____ X ____		

Number of Applicable Questions Subtotal Case Records Subtotal

Number of Applicable Questions Total Case Records Total

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES/ADMINISTRATION			
A.1. Does the program register with the Drug Enforcement Agency (DEA), do they have certification by the Center for Substance Abuse Treatment (CSAT) and are they accredited by a federally approved accrediting body (TJC; CARF)? [822.3(a)] <i>(NOTE: Copies of registration, certification and accreditation are required by OASAS.)</i>			
A.2. Does the service have written policies, procedures, and methods, approved by the program sponsor, governing the provision of services to patients in compliance with Office regulations including a description of each service provided which address, at a minimum:			
a. admission and discharge, including specific criteria relating thereto, as well as transfer and referral procedures? [822.7(a)(1)]	a.		
b. treatment/recovery plans? [822.7(a)(2)]	b.		
c. a description of core groups offered and procedures for coordinating group, individual, and family treatment (if offered)? [822.7(a)(3)]	c.		
d. a schedule of fees for services rendered? [822.7(a)(4)]	d.		
e. compliance with other requirements of state and federal laws, regulations and OASAS guidance documents including: <ul style="list-style-type: none"> • HIV/AIDS education, testing and counseling; • the use of alcohol and other drug screening and toxicology tests; • medication and the use of medication supported recovery; and • Standards for Clinical Services Provided to Individuals Arrested for an Impaired Driving Offense, as applicable? [822.7(a)(5)] 	e.		
f. infection control procedures? [822.7(a)(6)]	f.		
g. staffing, including but not limited to, training and use of student interns, peers and volunteers? [822.7(a)(7)]	g.		
h. waiting lists? [822.7(a)(8)] <i>(NOTE: The program must maintain a waiting list of eligible prospective patients, and, when an opening is available, make at least one good faith attempt to contact the next prospective patient on the waiting list.)</i>	h.		
A.3. Does the program have medical policies, procedures and ongoing training developed by the medical director for matters such as routine medical care, specialized services, specialized medications and medical and psychiatric emergency care? [800.3(d)(1)(ii)]			
A.4. Does the program have policies and procedures to ensure the provision of routine services, including but not limited to, means for the prompt detection and referral of health problems through adequate medical surveillance and regular examination as needed, implementation of medical orders regarding treatment of medical conditions and reporting of communicable diseases and infection in accordance with law? [800.3(d)(1)(v)]			
A.5. Does the program have policies and procedures for public health education and screening for all patients regarding tuberculosis, sexually transmitted diseases, hepatitis, HIV and AIDS prevention and harm reduction? [800.3(d)(1)(vi)]			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
A. POLICIES AND PROCEDURES/ADMINISTRATION (cont'd)			
<p>A.6. 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"> • the name or general designation of the service(s) making the disclosure; • the name of the individual or organization that will receive the disclosure; • the name of the patient who is the subject of the disclosure; • the purpose or need for the disclosure; • how much and what kind of information will be disclosed; • 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; • the date, event or condition upon which the consent expires if not previously revoked; • the signature of the patient (and/or other authorized person); and • the date on which the consent is signed? [42 CFR § 2.31] 			
<p>A.7. Does the provider ensure that no individual is denied admission to a program based solely on the individual's:</p> <ul style="list-style-type: none"> • prior treatment history; • referral source; • pregnancy; • history of contact with the criminal justice system; • HIV and AIDS status; • physical or mental disability; • lack of cooperation by significant others in the treatment process; or • medication supported recovery for opioid dependence prescribed and monitored by a physician, physician's assistant or nurse practitioner? [822.8(a)(2)] 			
Number of Applicable Questions Subtotal		Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
B. MEDICATION SECURITY			
B.1. ➔ QUALITY INDICATOR Is access to controlled substances, including approved medications, limited to authorized persons (e.g., medical staff) in accordance with applicable state and federal law? [822.16(d)(1)]			
B.2. Are areas where controlled medication stocks are maintained, dispensed, or administered physically separated and secure from patient areas in accordance with applicable state and federal law? [822.16(d)(1)]			
B.3. Does the program conduct frequent and regular checks of medication and maintain a daily narcotic inventory? [822.16(d)(2)] (NOTE: Any theft or loss of approved medications must be immediately reported in accordance with applicable state and federal law.)			
B.4. Does the medical area contain, at least, the following equipment and supplies: <ul style="list-style-type: none"> • medical supplies and instruments suitable for required examinations and foreseeable emergency procedures, including, at a minimum a stethoscope and ophthalmoscope; and • resuscitation equipment consisting of, at a minimum, two (2) ambu-bag and masks, and oral pharyngeal airways? [822.16(d)(3)] 			
B.5. Does the program purge drug containers immediately after administration by rinsing, inversion, or by an acceptable alternative method that must effectively prevent the accumulation of residual methadone? [822.16(d)(4)]			
B.6. Does the program ensure that drug containers used in the OTP or for take-home medications are destroyed and not reused? [822.16(d)(4)]			
C. MEDICATION ADMINISTRATION			
C.1. Is the methadone that is provided to patients, including take-home doses, in liquid form and in single doses, except for patients receiving 13 or more take-home doses? [822.16(b)(7)(i)] (NOTE: Patients approved to receive take-home medication of 13 or more days may be administered take-home doses in dry tablet form in a single bottle.)			
C.2. Have all patients, unless waived in writing, been informed of their approved medication dose and any adjustment prior to administration? [822.16(b)(3)]			
C.3. ➔ QUALITY INDICATOR Do medical staff observe and verify ingestion to confirm that the correct dose of ordered methadone is administered to the patient? [822.16(b)(7)(ii)]			
C.4. If applicable, does the program receive prior OASAS approval for split methadone doses? [822.16(b)(6)] (NOTE: An individual exemption is required.)			

Number of Applicable Questions Subtotal

Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
D. QUALITY IMPROVEMENT/UTILIZATION REVIEW			
D.1. ➔ QUALITY INDICATOR Does the provider have a: <ul style="list-style-type: none"> • utilization review process; • quality improvement committee; and • written plan that identifies key performance measures for that particular program? [822.7(c)] 			
D.2. Are any multi-disciplinary team meetings documented as follows: <ul style="list-style-type: none"> • date; • attendance; • cases reviewed; and • recommendations? [822.9(d)] <p><i>(NOTE: The multi-disciplinary must include one CASAC, one QHP in a discipline other than alcoholism and substance abuse counseling, and one medical staff member.)</i></p>			
E. OPERATIONAL REQUIREMENTS			
E.1. Is there a designated area provided for locked storage and maintenance of patient case records? [814.3(d)(8)] <p><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></p>			
E.2. ➔ QUALITY INDICATOR Does the provider maintain an emergency medical kit at each certified location which includes: <ul style="list-style-type: none"> • basic first aid supplies; and • at least one Narcan emergency overdose prevention kit? [822.7(b)] 			
E.3. Has the provider developed and implemented a plan to have staff trained in the prescribed use of a Narcan kit such that it is available for use during all program hours of operation? [822.7(b)]			
E.4. Has the provider notified all staff and patients of the existence of the Narcan overdose prevention kit and the authorized administering staff? [822.7(b)(1)]			
E.5. Has the program developed necessary procedures to assure continuous OTP services in emergencies or disruption of operations in accordance with OASAS guidelines and accreditation standards? [822.7(e)]			
E.6. Does the program operate at least six days per week? [822.7(m)]			
E.7. Before changing program or medication hours, does the program: <ul style="list-style-type: none"> • obtain prior approval of the Office; and • provide patients at least one month notice prior to implementing the approved change? [822.7(m)] 			

Number of Applicable Questions Subtotal

Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
F. MONTHLY REPORTING			
F.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)(7)] <i>(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.)</i>			
G. STAFFING [Complete Personnel Qualifications Work Sheet]			
G.1. ➔ QUALITY INDICATOR Is the full-time on-site clinical director of the service who is responsible for the daily activities and supervision of services provided, a QHP who has at least three years of full-time clinical experience in the chemical dependence field, one of which was supervisory, prior to appointment? [822.7(k)(1)]			
G.2. ➔ QUALITY INDICATOR Is the medical director of the service a physician licensed and currently registered as such by the New York State Education Department? [822.7(k)(2); 800.3(d)(1)] <p style="text-align: center;">[RED FLAG DEFICIENCY if no physician on staff.]</p>			
G.3. Does the medical director hold either: <ul style="list-style-type: none"> • a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties; or • an addiction certification from the American Society of Addiction Medicine; or • a certification by the American Board of Addiction Medicine (ABAM); or • a subspecialty board certification in Addiction Medicine from the American Osteopathic Association? [800.3(d)(2)] 			
G.4. Does the medical director hold a Federal DATA 2000 waiver (buprenorphine-certified), within six months of employment? [800.3(d)(2)]			
G.5. Does the medical director have overall responsibility for: <ul style="list-style-type: none"> • medical services provided by the program; • oversight of the development and revision of medical policies, procedures and ongoing training; • collaborative supervision with the program director of non-medical staff in the provision of substance use disorder services; • supervision of medical staff in the performance of medical services; • oversight of the development of policies and procedures to ensure the provision of routine services; • oversight of the establishment of policies and procedures for public health education and screening; • assistance in the development of necessary referral and linkage relationships with other institutions and agencies; and • to ensure the program complies with all federal, state and local laws and regulations? [800.3(d)(1)(i-viii)] 			
(NOTE: Documentation might be found in job description, policies and procedures, supervision minutes, etc.)			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
G. STAFFING (cont'd) [Complete Personnel Qualifications Work Sheet]			
G.6. Are medical staff trained in emergency response treatment and have they completed regular refresher courses/drills on handling emergencies? [822.7(k)(3)(i)]			
G.7. → QUALITY INDICATOR Does the program physician provide on-site coverage of no less than one third of the required 35 hours per 300 patients? [822.7(k)(3)(iii)] <i>(NOTE: When not present, a physician must be available for consultation and to attend to any emergency situation.)</i>			
G.8. → QUALITY INDICATOR Does the program have at least the equivalent of two full-time on-site nurses for up to 300 patients, one of whom is a registered nurse? [822.7(k)(3)(iv)]			
G.9. If the program is approved to serve more than 300 patients, is there one additional full-time nurse for each additional 150 patients or part thereof? [822.7(k)(3)(iv)]			
G.10. Is there a nurse present at all times when medication is being administered? [822.7(k)(3)(iv)] <i>(NOTE: A registered nurse or nurse practitioner must be present or immediately available by telephone when services are provided by a licensed practical nurse.)</i>			
G.11. Is there an 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, tuberculosis, hepatitis, sexually transmitted diseases and other communicable diseases? [822.7(k)(4)]			
G.12. → QUALITY INDICATOR Is there at least one full-time qualified health professional (QHP) on staff who is a Credentialed Alcoholism and Substance Abuse Counselor (CASAC)? [822.7(k)(6)]			
G.13. → QUALITY INDICATOR Is there at least one full-time qualified health professional (QHP) on staff, qualified in a discipline other than substance use disorder counseling? [822.7(k)(6)]			
G.14. → QUALITY INDICATOR Are at least 50 percent of all clinical staff qualified health professionals (QHPs)? [822.7(k)(7)] <i>(NOTE: CASAC Trainees (CASAC-T) may be counted towards satisfying the 50 percent requirement however such individuals may not be considered qualified health professionals for any other purpose under this Part.)</i>			

Number of Applicable Questions Subtotal

Service Management Subtotal

II. SERVICE MANAGEMENT	YES	NO	SCORE
G. STAFFING (cont'd) [Complete Personnel Qualifications Work Sheet]			
G.15. Are peer advocates: <ul style="list-style-type: none"> • appropriately certified; and • supervised by a clinical staff member who is a QHP? [822.7(l)(3)] <p><i>(NOTE: Peer Advocates must be certified by either the NY Certification Board http://www.asapnys.org/ny-certification-board or the NY Certification Association http://www.nycertification.org/.)</i></p>			
G.16. If the program employs security guards who are not clinical staff, does the program ensure that the security guards: <ul style="list-style-type: none"> • are not involved in clinical services; • receive training on confidentiality of patient information; and • adhere to such federal confidentiality laws? [822.7(l)(4)] 			
H. SERVICES			
H.1. Is there documentation that the program directly provides the following: <ul style="list-style-type: none"> • admission assessment; • treatment/recovery planning and review; • individual counseling; • group counseling; and • toxicology testing? [822.7(g)] <p><i>(NOTE: Each program must conduct toxicology tests for the presence of benzodiazepines, cocaine, opioids, and a 4th panel to be determined by the provider.)</i></p>			
H.2. → QUALITY INDICATOR Do counseling groups contain no more than 15 patients? [822.5(o)]			
Number of Applicable Questions Subtotal			
Service Management Subtotal			

II. SERVICE MANAGEMENT	YES	NO	SCORE
I. JUSTICE CENTER			
<p>I.1. Does the provider have documentation that all employees have read and understand the <i>Code of Conduct for Custodians of People with Special Needs</i> as attested by signature and date at least once each year? [836.5(e)]</p> <p>(NOTE: Check all attestations subsequent to the prior recertification review date; a copy should be maintained in the employee personnel file.)</p>			
<p>I.2. ➔ QUALITY INDICATOR For all employees hired after July 1, 2013 OR subsequent to the prior recertification review date who have the potential for regular and substantial unrestricted and unsupervised contact with patients/residents, did the provider maintain:</p> <ul style="list-style-type: none"> • an <i>Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check</i> (TRS-52) signed and dated by the applicant? [805.5(d)(3)] • documentation verifying that the Staff Exclusion List was checked? [702.5(b)] • documentation verifying that the Statewide Central Register was checked? [Social Services Law 424-a(b)] • documentation verifying that a criminal background check was completed? [805.7(c)] <p>(NOTE: All hospital-based Article 28 providers are exempt from these requirements.)</p>			
<p>I.3. To enable communication regarding reportable incidents to the NYS Justice Center for the Protection of People with Special Needs (Justice Center), does the program have:</p> <ul style="list-style-type: none"> • a fully executed Qualified Service Organization Agreement (QSOA) with the Justice Center; or • consent for release of confidential information forms with Justice Center communication language (OASAS TRS-AN or equivalent) in each case record? [836.2(p)] 			
J. COMMUNITY RELATIONS/DIVERSION CONTROL			
<p>J.1. ➔ QUALITY INDICATOR Has the program developed and implemented a community relations plan that describes actions responsive to reasonable community needs? [822.7(f)]</p> <p>(NOTE: Such community relations plans may include, but not be limited to, formation of community patrols to ensure that patients are not loitering, and formation of a Community Committee that meets regularly to discuss actions to improve community relations.)</p>			
<p>J.2. ➔ QUALITY INDICATOR Has the program developed and implemented a diversion control plan (DCP) which:</p> <ul style="list-style-type: none"> • includes specific measures to reduce the possibility for diversion of controlled substances from legitimate treatment use; and • assigns specific responsibility to the medical and administrative staff of the OTP for carrying out the diversion control measures and functions described in the DCP? [822.7(d)] 			
Number of Applicable Questions Subtotal	_____	Service Management Subtotal	_____

II. SERVICE MANAGEMENT	YES	NO	SCORE
K. INCIDENTS/INCIDENT REPORTING			
<p>K.1. → QUALITY INDICATOR Does the program have an incident management plan which incorporates the following:</p> <ul style="list-style-type: none"> • identification of staff responsible for administration of the incident management program; • 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 program; • minimum standards for investigation of incidents; • procedures for the implementation of corrective action plans; • establishment of an Incident Review Committee; • periodic training in mandated reporting obligations of custodians and the Justice Center code of conduct; and • provision for retention of records, review and release pursuant to Justice center regulations and Section 33.25 of Mental Hygiene Law? [836.5(b)(1-9)] <p><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”.)</i></p>			
<p>K.2. Does the provider maintain documentation of the required quarterly reports from the Incident Review Committee which compile the total number of incidents by type and its findings and recommendations? [836.5(f)(8)]</p>			
L. TOBACCO-FREE SERVICES			
<p>L.1. Does the service have written policies and procedures, approved by the governing authority, which:</p> <ul style="list-style-type: none"> • define the facility, vehicles and grounds which are tobacco-free; • prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the service; • prohibits staff from using tobacco products while at work, during work hours; • establishes treatment modalities for patients who use tobacco; and • indicates that every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services? [856.5(a)] 			
<p>L.2. Does the service adhere to each of its tobacco-free policies, as identified above? [856.5(a)]</p>			
Number of Applicable Questions Subtotal		Service Management Subtotal	

II. SERVICE MANAGEMENT	YES	NO	SCORE
M. PATIENT RIGHTS POSTINGS			
<p>M.1. → QUALITY INDICATOR Are statements of patient rights and participant responsibilities, including the toll-free hotline numbers of the Justice Center Vulnerable Persons' Central Register [1-855-373-2122] and the OASAS Patient Advocacy [1-800-553-5790] posted prominently and conspicuously throughout the facility? [815.4(a)(2)]</p> <p><i>(NOTE: Part 815 includes statements of patient rights and participant responsibilities based upon Sections 815.5 and 815.6. and must be readily accessible and easily visible to all patients and staff. Justice Center and Patient Advocacy postings that do not stand out or that blend in with other postings do not suffice as prominently posted. For hospital-owned and/or hospital-affiliated programs, these postings can be the same as what hospitals are required to post; however, such postings need to include the Justice Center and OASAS as additional contacts.)</i></p>			
<p>M.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)]</p> <p><i>(NOTE: This posting can be separate from or together with the statements of patient rights and patient responsibilities and the OASAS 800 phone number in the question immediately above. Unlike the above question, this posting can be in only one place as long as it is prominently posted such as upon immediately entry to a facility or behind a receptionist desk.)</i></p>			
N. SAPT BLOCK GRANT REQUIREMENTS (IF APPLICABLE)			
<p>▶▶▶ THE FOLLOWING QUESTIONS APPLY TO OASAS-FUNDED PROVIDERS ONLY; IF NOT 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 resource, 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>N.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>N.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>N.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] <p><i>(NOTE: Interim services includes counseling and education about HIV, TB, risks of needle sharing, risks of transmission, steps that can be taken to ensure HIV and TB transmission does not occur and referral for HIV and TB services.)</i></p>			

Number of Applicable Questions Subtotal _____

Service Management Subtotal _____

II. SERVICE MANAGEMENT	YES	NO	SCORE
N. SAPT BLOCK GRANT REQUIREMENTS (cont'd) (IF APPLICABLE)			
N.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] 			
N.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] 			
N.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] 			
N.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] 			

Number of Applicable Questions Subtotal Service Management Subtotal

Number of Applicable Questions Total Service Management Total

QUALITY INDICATOR COMPLIANCE SCORE WORKSHEET

I. Patient Case Records			II. Service Management		
QUESTION #	ISSUE	SCORE	QUESTION #	ISSUE	SCORE
1 --- A.4.	physician evaluation – opioid dependence		1 --- B.1.	access only by authorized staff	
2 --- B.2.	name of physician - admission		2 --- C.3.	observe and verify ingestion	
3 --- B.4.	physical exam - admission		3 --- E.2.	first-aid kit with Narcan	
4 --- B.5.	physical exam - admission		4 --- F.1.	monthly reporting	
5 --- C.2.	treatment plan within 30 days		5 --- G.1.	full-time on-site clinical director	
6 --- C.4.	treatment plan approved by MD, PA, NP, etc.		6 --- G.2.	Medical Director is physician [RED FLAG]	
7 --- C.6.	treatment plan addresses patient identified areas		7 --- G.7.	medical coverage 1 hr./week/25 patients	
8 --- C.8.	treatment plan reviews within window periods		8 --- G.8.	equivalent of 2 FT nurses; at least 1 RN	
9 --- D.1.	progress notes - documentation		9 --- G.12.	FT QHP who is a CASAC	
10 --- D.2.	services consistent with treatment plan		10 --- G.13.	FT QHP other than a CASAC	
11 --- E.1.	take home - minimum criteria		11 --- G.14.	50 percent QHPs or CASAC-Ts	
12 --- E.2.	take home – timeframes/doses		12 --- H.2.	group counseling size ≤ 15 patients	
13 --- E.3.	take home – physician review and approve		13 --- I.2.	Justice Center background checks	
14 --- F.1.	positive toxicology properly addressed		14 --- J.2.	Diversion Control Plan	
15 --- K.2.	ineligible individuals - reason and referral		15 --- K.1.	incident management plan	
# of questions ►		Quality Indicator Total Score ►	16 --- M.1.	patient rights postings	
			# 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. PATIENT CASE RECORDS	SCORE	# OF QUESTIONS	FINAL SCORE
Score from Primary SRI ▶	_____	_____	
+ Score from Residential Addendum (if applicable) ▶	_____	_____	
PATIENT CASE RECORDS TOTAL ▶	_____	÷ _____	= <input type="text"/>

II. SERVICE MANAGEMENT	SCORE	# OF QUESTIONS	FINAL SCORE
Score from Primary SRI ▶	_____	_____	
+ Score from Residential Addendum (if applicable) ▶	_____	_____	
SERVICE MANAGEMENT TOTAL ▶	_____	÷ _____	= <input type="text"/>

QUALITY INDICATOR COMPLIANCE SCORES

	SCORE	# OF QUESTIONS	FINAL SCORE
PATIENT CASE RECORDS TOTAL ▶	_____	÷ _____	= <input type="text"/>
SERVICE MANAGEMENT TOTAL ▶	_____	÷ _____	= <input type="text"/>
LOWEST OVERALL OR QUALITY INDICATOR COMPLIANCE SCORE ▶	<input type="text"/>		

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
Peer Reviewer/Supervisor	Date

INSTRUCTIONS FOR PERSONNEL QUALIFICATIONS WORKSHEET

Employee Name -- Employee Title ▶	Enter employee name and present title or position, including the designated director/supervisor. (example: Roberta Jones - Designated Director/Supervisor; Joe Smith - 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 for this outpatient program. (example: Mon,Wed,Fri 8am-5pm; Thu-Sun 11pm-7am; per diem)
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. CD Counseling; 14 yrs. in Chemical Dependence field)
Hire Date ▶	Enter the date the employee was hired to work for this provider.
QHP ▶	Enter a check mark (✓) if the employee is a Qualified Health Professional (QHP).
License/Credential # -- Expiration Date ▶	Enter License and/or Credential number and expiration date, if applicable. (example: CASAC #1234 - 09/30/18; CASAC Trainee #123 - 07/15/19; LCSW #321 - 11/15/18; MD #7890 - 06/30/17)

WHEN COMPLETED, PLEASE REMEMBER TO SIGN AND DATE THE ATTACHED FORM(S)

MAKE AS MANY COPIES AS NECESSARY

