



NCLHDA ACCREDITATION PROCESS

OPERATIONAL GUIDELINES

The NCLHDA Accreditation Process Operational Guidelines are to be followed by all persons and agencies involved in the NCLHDA process. These guidelines have the force of policy.

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NCLHDA Board Chair, Dr. Robert Blackburn

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Role and Value of Accreditation

Accreditation is a status granted to a local health department that has been found to meet or exceed stated criteria of capacity and quality, as determined by an on-site assessment and review of documented evidence. In North Carolina, local health department accreditation is mandatory. Currently the program accepts volunteers for assessment. Accreditation is conferred by the North Carolina Local Health Department Accreditation (NCLHDA) Board housed through the North Carolina Institute for Public Health.

Accreditation has two fundamental purposes: to certify the capacity of the local health department to deliver the 10 essential services and to incite and assist in the performance improvement of the local health department. Accreditation strives to guarantee that a citizen of North Carolina can walk into any local health department in the state and be assured that the service that will be received will be competently delivered.

The entity directing local health department accreditation is the North Carolina Institute for Public Health (NCIPH) in partnership with the North Carolina Association of Local Health Directors. The Accreditation Administrator is responsible for the operation of the program.

The accreditation process is conducted through:

- A self-assessment of the local health department
- The collection by the local health department of evidence to support Benchmarks and Activities
- An on-site visit by a peer Site Visit Team
- The Site Visit Team Report review and decision by the NCLHDA Board

Local health department accreditation does not guarantee outcome of services within a local health department, but gives reasonable assurance of the basic quality and the capacity to provide core public health functions. Local health department accreditation assesses the general efforts of the local health department and not the specific outcomes of programs or clinics.

The NCLHDA Board considers the characteristics of the whole agency. For this reason, the assessment process gives attention not only to the programs of the local health departments it accredits, but also to other characteristics such as facility conditions, regulatory and legal compliance, personnel procedures, workforce development, fiscal soundness, community collaboration, governance and administrative strength, and leadership.

Accreditation of a local health department certifies to the general public that the agency:

- a. has an appropriate community mission and purpose
- b. has the resources needed to accomplish its mission and purpose
- c. can demonstrate that it is accomplishing its mission and purpose
- d. gives reason to believe that it will continue to accomplish its mission and purpose

The NCLHDA Board encourages local health department improvement through self-evaluation by encouraging health departments to determine what they do well, determining areas for improvement and developing plans to address the identified areas for improvements. While being accredited indicates an acceptable level of local health department quality, any agency, however excellent, is capable of performance improvement, which must come from its own clear identification and understanding of its strengths and weaknesses.

Local health department improvement is also encouraged through the recommendations provided by the Site Visit Team, composed of respected public health peers. In addition to accrediting standards, assistance for program improvement is provided through communication with other accredited local public health departments, the North Carolina Division of Public Health, and the NCLHDA program at the North Carolina Institute for Public Health.

In fulfilling its two purposes, certification of local health department capacity and performance improvement, accreditation provides value to several constituents:

To the public, the value of accreditation includes:

- a. an assurance of an external evaluation of the local health department and a finding that there is conformity to general expectations in the profession of public health
- b. an identification of local health departments which have voluntarily undertaken explicit activities directed at improving the quality of the institution and its professional programs, and are carrying them out successfully
- c. an improvement in the professional and clinical services available to the public as accredited programs modify their requirements to reflect changes in knowledge and accepted model practices
- d. an assurance that the scope of work of an accredited local health department has been found to meet the needs of the community

To elected officials, the value of accreditation includes:

- a. the knowledge that the local health department is wisely using resources
- b. an understanding that services are of a level to match any available in the community
- c. the awareness that the local health department's work involves and targets the communities served

Local health departments benefit from accreditation through:

- a. the (external) incentive for self-evaluation and self-directed local health department improvement
- b. the strengthening of the local health department by the external review and counsel provided through the accrediting body
- c. the application of criteria and standards which can help guard against external forces harmful to local health department quality by providing Benchmarks independent of those forces
- d. the enhancing of the reputation of an accredited institution because of public regard for accreditation
- e. the use of accreditation as one means by which to gain eligibility for funds, since funding organizations and foundations view accredited status as a highly desirable indicator of local health department quality

Accreditation serves the profession of public health by:

- a. providing a means for the participation of local public health practitioners in setting the requirements for accreditation
- b. contributing to the improvement of public health practice

Review/Revision of Standards, Benchmarks and Activities

It is the policy of the NCLHDA program to periodically review the Standards, Benchmarks and Activities of the Health Department Self-Assessment Instrument (HDSAI) and recommend changes to the Commission for Public Health, if necessary.

The Standards, Benchmarks and Activities of the NCLHDA program spell out the expectations for an agency that is to be accredited. These elements are the basic level of compliance required of local health departments. The Standards, Benchmarks and Activities should be practical, reflecting the current operational work of the local health department; should be beneficial, creating means whereby the agency can improve its performance; and should lend credibility to the agency and the system. Periodically, the Standards, Benchmarks and Activities will need to be revised to reflect changes in current public health practices.

Review Process

The Board's ongoing review of the Benchmarks and Activities results in their evolution based upon changes in local public health practice and service delivery. Requests for modifying the Benchmarks and Activities are received from a variety of sources, and action on these suggestions is the result of broad input by the profession, recommendation by the Board's Standards and Evidence Committee and action by the full Board.

Two forms of revision are possible: the revision of existing Benchmarks and Activities to meet evolving needs or processes and developing new Benchmarks and/or Activities in response to newly identified needs or processes. This review and any resulting changes may be advancements driven by performance improvement, research findings, changes in North Carolina General Statutes or Administrative Code or changes in national standards administered by the Public Health Accreditation Board (PHAB). As a result of this review, Benchmarks and Activities may be revised or refined for clarification, undergo no change, be deleted or be subjected to comprehensive revision to create a more effective means of assessment.

[Revision Procedures are available in Appendix 1.](#)

Implementation of Revised Benchmarks and Activities

Adoption of new/revised Benchmarks and Activities as well as revisions to documentation requirements and interpretation will be effective on January 1 of the next year. However, agencies that receive their 90-day accreditation notification before January 1 (i.e., in the fall) will not be required to abide by these revisions for their currently scheduled site visit. While some time is necessary to allow local health departments to understand and to adjust to new or revised Benchmarks and Activities, quick implementation is necessary so that local health departments can begin to gain experience and prepare for the implementation of the Benchmarks and Activities.

Evaluation of Revised Benchmarks and Activities

Evaluation of new or revised Benchmarks and Activities will be done during the next evaluation cycle (the fiscal year), the end of one year after implementation of the Benchmarks and Activities.

Accreditation Programs, Services and Facilities Review

The North Carolina Local Health Department Accreditation Board is responsible for the review of all programs, services and facilities governed by the local board of health that are not separately accredited by another entity. The Accreditation Administrator determines which facilities fall under accreditation review.

To enable this determination, the local health department shall submit a list and description of all facilities that are operated by the local health department and governed by the board of health to the Accreditation Administrator within five weeks of receiving their official notification (90-day notice). The Accreditation Administrator may need to schedule a call with the health department's Agency Accreditation Coordinator (AAC) and/or Health Director to discuss the program, service or facility in more detail.

Facilities that are operated by the health department and are visited by the general public will need to be toured in relation to the accreditation activities that require visual observations. If the facility is only used as office space or storage space and is publicly inaccessible, it will not need to be toured and held to the accreditation standards. If the health department provides staff support at a facility but does not operate the facility, the facility will not be toured and held to the accreditation standards (e.g., jail, school etc.). Any program or service under consideration for accreditation review that is not accredited by another entity, including home health, will be held to the North Carolina Local Health Department Accreditation standards. The local health department will include all programs and services provided within Activities 22.1 and 22.2.

(NOTE: An unaccredited home health agency cannot claim home health accreditation from the NCLHDA program. The health department is the agency that is granted accreditation status and not any particular program.)

Accreditation Fee Payment

While under contract with the North Carolina Association of Local Health Directors (NCALHD), any health department that does not pay the invoice for accreditation services will have their site visit postponed until payment is received.

The NCALHD Executive Director is responsible for administering the invoices for accreditation services and collecting payment from each local health department. The Accreditation Administrator will monitor the accreditation schedule to ensure that all local health departments within each cycle have paid. If a local health department has not submitted payment to the NCALHD, the Accreditation Administrator will request that the Executive Director send a reminder notice prior to the HDSAI due date.

Any local health department that has not submitted payment by their Health Department Self-Assessment Instrument (HDSAI) due date will have their site visit postponed until payment is received. If payment is made after the HDSAI due date, but within 60 days of the scheduled Board meeting, the Accreditation Administrator will attempt to reschedule the site visit during the current site visit cycle.

Reaccreditation Application Process

As all health departments in North Carolina have been through initial accreditation and now are on a set cycle with expiration dates, it is not necessary for local health departments to formally apply for reaccreditation. Rather, NCLHDA sends a Letter of Notification to the Health Director 90 days prior to the due date of the Health Department Self-Assessment Instrument (HDSAI) and other required materials (most recent version), which is no later than six months before the expiration date of the agency's accreditation. At any time during the accreditation cycle, health departments can check upcoming due dates through the Accreditation Assessment Cycle chart posted on the NCLHDA website.

Request to Defer a Reaccreditation Site Visit

Due to circumstances beyond the control of the local health department, requests for site visit deferment could be made to the Board during initial accreditation. However, as all agencies in North Carolina have been accredited and thus have expiration dates for reaccreditation (and are required by North Carolina General Statute to be reaccredited before this expiration date), deferral requests are not applicable. However, agencies experiencing special circumstances may request that the Accreditation Administrator schedule their agency visit as late in the cycle as possible, not to exceed 45 days before the applicable Board meeting.

Request for Review of the Site Visit Team Report

The North Carolina Local Health Department Accreditation program shall provide a means for local health departments (LHD) to respond to the findings of the Site Visit Team Report. Local health departments shall have the right to provide a written response to the Site Visit Team Report that is presented to the Board with the Site Visit Team Report. Local health departments may also request a review of the Site Visit Team Report by the Accreditation Administrator prior to the scheduled Board meeting if they feel that information in the Site Visit Team Report contains errors of fact.

Written Response: If a health department disagrees with an assessment finding from the Site Visit Team Report, they may submit a written response. This response must be submitted to the Accreditation Administrator within 10 business days of receipt of the Site Visit Team Report. The Accreditation Administrator will process and conduct an investigation of concerns, as appropriate, presented in the response. The initial written response and Accreditation Administrator's findings will be compiled into a written report and forwarded to the Board with the Site Visit Team Report. Though the Board or Health Director may choose to discuss the written response and findings during the Board meeting, the Board may choose or choose not to amend the Site Visit Team Report at that time.

In addition to written responses, health departments always have the opportunity to make verbal comments/responses during the presentation of the Site Visit Team Report at the adjudicating Board meeting.

Errors of Fact: If a health department finds an error of fact in the Site Visit Team Report, they may submit a request for review. This response must be submitted to the Accreditation Administrator within 10 business days of receipt of the Site Visit Team Report. The Accreditation Administrator will process the request and conduct an investigation of the potential error. If a justifiable error of fact is found, the Accreditation Administrator may change a finding in the Site Visit Team Report and create an addendum to the Site Visit Team Report. The request and Accreditation Administrator's findings will be compiled into a written report and forwarded to the Board with the Site Visit Team Report.

If a health department is still not satisfied from the results of a written response or error of fact process, they may request a Review Appeal to the Board during the Board meeting at which the initial review is presented.

[Procedures for a Request for Review of the Site Visit Team Report are available in Appendix 2.](#)

Conditional Reaccreditation Recommendation Protocol

An LHD may present additional evidence to address activities deemed 'not met' by a Site Visit Team when the 'not met' activities result in a recommendation of conditional accreditation. The original Site Visit Team will review the additional evidence and render an opinion to the Board. Additional evidence and the Site Visit Team recommendation then become an addendum to the Site Visit Team Report. Based on the additional evidence and revised Site Visit Team recommendation, the Board may find that an LHD has now 'met' the conditions required for accreditation.

This purpose of this protocol is to give an LHD an additional opportunity to submit evidence compiled during their accreditation cycle in order to meet accreditation requirements. The written evidence cannot be newly created or revised documentation. It may be any documentation that was in place as of the beginning of the site visit.

[Protocol for Conditional Reaccreditation Recommendation are available in Appendix 3.](#)

Presentation of the Site Visit Team Report at the Board Meeting

Biannual Board meetings include presentation of Site Visit Team Reports from the current cycle of agencies. During the report, the Lead Site Visitor and Health Director (or designee) present before the Board.

[Procedures for Presentation of the Site Visit Team Report are available in Appendix 4.](#)

Adjudication and Status Appeals

The North Carolina Local Health Department Accreditation (NCLHDA) Board serves as the adjudicating body for the NCLHDA program and shall determine accreditation status of local health departments by acting on the recommendations of the Site Visit Team. In this role, the Board assigns accreditation status to local health departments. There will be instances when a local health department will disagree with the Board's assignment of accreditation status, and they may appeal this decision.

[Procedures for Adjudication and Status Appeals are available in Appendix 5.](#)

Dissemination of Accreditation Status Information

Becoming accredited is an important achievement for both the department and the community. When a health department is accredited, the public should be made aware of this accomplishment. Should a department lose accreditation, it is also important to inform the community of this change in status. Individual departments are encouraged to inform the public and many partners of accreditation status. The NCLHDA Board, as a public entity, also has a responsibility to inform health departments, the public health community and our residents of its actions. For these reasons, the NCLHDA Board publicly disseminates decisions made on accreditation status of health departments.

The NCLHDA Board is responsible for making the decision on accreditation status. The NCLHDA Board awards accreditation or reaccreditation status to a local health department. The Board may also issue a conditional accreditation status or may revoke accreditation status. The NCLHDA Board Chair is then responsible for authorizing the dissemination of information.

Within 15 working days of any type of status determination by the NCLHDA Board:

- A letter of action is sent to the Health Director of the department,
- A copy is sent to the Agency Accreditation Coordinator and
- Status is updated on the NCLHDA website stating accreditation status.

Lastly, at the request of the health department, standardized language for a press release will be sent to the health department for their dissemination to local media.

Comments, Complaints and Resolutions

The NCLHDA takes program integrity very seriously and maintains a mechanism to receive complaints and comments about the NCLHDA process and program itself. The program processes any comments and complaints and ensures the individuals who voice complaints receive an objective review and timely response. The purpose of this process is to provide timely and quality resolution to complaints and comments about the NCLHDA program and process, as appropriate. Complaints and their disposition are documented and tracked. Corrective action, as indicated, will be planned and implemented to resolve concerns and complaints.

[Comments and Complaints Against the NCLHDA Program procedures are available in Appendix 6.](#)

Complaints Against an Accredited Health Department

The NCLHDA Board is responsible for hearing complaints against an accredited local health department and determining whether accreditation is upheld or revoked. The NCLHDA Board will document and investigate complaints/allegations received against currently accredited local health departments that relate to accreditation Standards, Benchmarks and Activities. The purpose of the investigation process is to determine whether the accredited local health department complained against is in violation of NCLHDA Standards, or Benchmarks or any defined conditions of participation in the program. If such is determined, the Board may determine, through due process to revoke accreditation status.

Conditions of participation or Benchmarks are Board-defined elements that a local health department must keep to participate in the accreditation process. Elements include:

- Sound financial practices
- Competent workforce and leadership
- Maintenance of minimum standards requirements

Violations of conditions of participation could include:

- Extreme or ongoing negligence

- Illegal actions by administration or employees
- Disregard for accreditation Standards and Benchmarks

The Board utilizes the following adjudication process to investigate and declare that a granted status of accreditation has been revoked:

1. board notification
2. investigation of claim
3. hearing scheduled and conducted
4. decision rendered in writing

[Procedures for Complaint/Revocation are available in Appendix 7.](#)

Appendix 1 — Benchmarks, Standards, Activities and Documentation Requirement Revisions

Definitions:

None

Applicable Law, Rules and References:

130A-34.1(e) states that the Commission for Public Health shall, after reviewing standards developed by and consulting with the Board, adopt rules establishing accreditation standards for local health departments.

Subchapter 48b of the North Carolina Administrative Code defines the Local Health Department Accreditation standards.

Responsible Person(s):

The Board is charged with developing and implementing standard requirements for the accreditation of local health departments in NC. The Commission for Public Health adopts those standards as rules.

In developing and revising Benchmarks and Activities, all partners of the NCLHDA program are substantially involved in the process. Input comes through the Board Standards and Evidence Committee, NCLHDA staff, North Carolina Association of Local Health Directors (NCLHD) Planning and Innovation Committee, North Carolina Division of Public Health legal liaison, and public health attorneys at the University of North Carolina at Chapel Hill School of Government and is coordinated through the NCLHDA staff. The process culminates in the adoption or revision of standard requirements by the NCLHDA Board and adoption as a rule by the Commission for Public Health.

Minor changes to the Activity documentation requirements and interpretation are coordinated by and implemented by the Accreditation Administrator, with approval of the Board Standards and Evidence Committee.

Procedures:

For adding or revising a Benchmark and/or Activity

1. Staff will accept comments on possible standard revisions at any time; these comments will be compiled by NCLHDA staff.
2. Comments related to revision of Activity/Benchmark language from annual review of Activity documentation and interpretation will be compiled annually.
3. Every two years, the standards are reviewed by the Board Standards and Evidence Committee and by program staff.
4. If revisions are deemed necessary, the Board Standards and Evidence Committee initiates the process to make changes to the standards.
5. A multi-representative Accreditation Standards Workgroup is appointed.
 - a. The workgroup is composed of two NCLHDA Board members (one being the Chair of the Standards and Evidence Committee), two agency accreditation coordinators, one local health director, and three Site Visit Team members. If this composition of members does not provide subject matter expertise for items being considered, other members may also be appointed.
6. The Accreditation Standards Workgroup reviews the current Benchmarks and Activities.

- a. The review consists of a review of the current Benchmarks and Activities for content, clarity and continued need.
 - b. The workgroup considers revisions to the Benchmarks and Activities in relation to changing processes, demographics, professional impact and expected outcome for local health departments.
 - c. The workgroup considers comments from any source regarding revision of current Benchmarks and Activities or the proposal of new Benchmarks and Activities.
7. The workgroup drafts a new/revised set of Benchmarks and Activities.
 8. The draft Benchmarks and Activities are released for public review and input, including through presentation and comment at the NCLHD Planning and Innovation Committee.
 9. Comments are collected, reviewed and considered by the workgroup.
 10. Changes deemed appropriate by the workgroup are made to the draft Benchmarks and Activities.
 11. The final draft Benchmarks and Activities are released for review and forwarded to the Standards and Evidence Committee of the NCLHDA Board.
 12. The Committee meets as needed to review, discuss and amend the draft Benchmarks and Activities.
 13. The Committee presents the draft Benchmarks and Activities to the Board.
 14. The Board reviews and adopts the draft Benchmarks and Activities as deemed appropriate.
 15. The Benchmarks and Activities are forwarded to the Commission of Public Health for adoption as rule.

For revising Activity documentation requirements and interpretation

1. Documentation requirements and interpretation will be reviewed annually by program staff.
2. Proposed changes to documentation and interpretation will be presented to the Board Standards and Evidence Committee in the fall of each year. The Committee will then make a motion to approve any deemed changes at the December Board meeting, with an effective date of Jan. 1 of the following year.
3. If a large-scale revision is needed, the same process described in numbers 5-14 above is followed.

Reference Guidelines and/or Appendices:

None

Appendix 2 — Request for Review of the Site Visit Team Report

Definitions:

Request for Review:

A written statement from the health department specifying the review requested (written response or error of fact), presented to the Accreditation Administrator within 10 calendar days of receipt of the Site Visit Team Report by the Local Health Department.

Errors of Fact:

An error that is quantifiable, objective and not subject to interpretation in its meaning. (Example — the report states that the boundary is **30** feet, when the policy clearly states the boundary as **50** feet.)

Written Response:

A written statement in response to the findings of the Site Visit Team Report.

Review Appeal:

A request by a health department, after receipt and presentation of Request for Review results at the Board meeting, for the Board to review and reconsider the Accreditation Administrator's findings and (if applicable) decision.

Applicable Law, Rules and References:

None

Responsible Person(s):

The Accreditation Administrator accepts and investigates all requests for review of the Site Visit Team Report on behalf of the Board. Results of the investigation and decision are then shared with the Board. The Board is responsible for administering any Review Appeals.

Procedures:

Written Response

1. The local health department presents, in writing, a response to the Site Visit Team Report.
2. The response is emailed to the Accreditation Administrator.
3. The Accreditation Administrator notifies the Board Chair that a request for review has been received.
4. The response is forwarded to the Lead Site Visitor for that Site Visit Team.
5. The Lead Site Visitor reviews the response and may discuss with the Site Visit Team. The Lead Site Visitor then shares any responding comments with the Accreditation Administrator.
6. The Accreditation Administrator compiles the Local Health Department response and any program response and then shares with the Local Health Department, if necessary.
7. The report is then presented to the Board with the Site Visit Team Report for that agency.
8. Though the Board or Health Director may choose to discuss the written response and findings during the Board meeting, the Board may choose or choose not to amend the Site Visit Team Report at that time.

Error of Fact

1. The local health department presents, in writing, a request for review of an error of fact in the Site Visit Team Report.
2. The request is emailed to the Accreditation Administrator.
3. The Accreditation Administrator notifies the Board Chair that a request for review has been received.
4. The Local Health Department cannot request a review simply because it disagrees with the Site Visit Team Report. This is not a response to a “not met” Activity. There must be compelling evidence that an erroneous fact is cited in the Site Visit Team report.
5. The request is NOT to be used to:
 - i. present information for consideration the Local Health Department feels will clarify its position
 - ii. request to change of a “not met” Activity to a “met” Activity
 - iii. question how the Site Visit Team reached a conclusion in the report
 - iv. present information the Local Health Department feels was not properly reviewed during the site visit
 - v. present information or evidence it feels was present at the time of the site visit, but was not requested or evaluated by the Site Visit Team
6. The items in number five may be included in a written response and may be presented during the adjudication process of a Board meeting.
7. The Accreditation Administrator investigates by including discussion, as is appropriate, with NCLHDA staff, Local Health Department staff, the Health Director, Site Visit Team members and the Lead Site Visitor.
8. Upon conclusion of the investigation, the Accreditation Administrator makes a decision and communicates that in writing to the Local Health Department and the Board Chair.
9. The report is then presented to the Board with the Site Visit Team Report for the agency.
10. If the Local Health Department wishes to appeal the decision of the Accreditation Administrator, the Review Appeal procedure shall be used.

Review Appeal

1. After initial processing of a Request for Review of the Site Visit Team Report and the Accreditation Administrator’s decision, the local health department may request the Board to review all relevant information and consider a change in decision of the request.
2. This appeal shall not be presented until the Board meeting for which the Request for Review is covered. The health department may make the request verbally during the meeting at the conclusion of their agency’s report or in writing to the Accreditation Administrator within 10 business days of the Board meeting.
3. The Accreditation Administrator notifies the Board Chair that an appeal has been received.
4. The Board Chair determines if the appeal will be heard by either the Board or the Appeals Committee. The appeal may be denied if it does not change the outcome of the recommendation for accreditation status.
5. If the appeal is to be heard, the Board Chair convenes the Appeals Committee, who will consider the information presented by the local health department. The Appeals Committee may determine a response either through a committee meeting or through a formal hearing.
6. Should a hearing be held, a date is set by the Board Chair within 30 days of the receipt of the request.
7. The Accreditation Administrator notifies the local health department of the hearing date.
8. The Board shall act on the request within 60 calendar days of the receipt of the request.
9. The decision of the Board is final and shall be communicated in writing.

Reference Guidelines and/or Appendices:

Accreditation Process Operational Guidelines: Appendix 5: [Adjudication and Status Appeals](#)

Appendix 3 — Protocol for Conditional Reaccreditation Recommendation

Definitions:

Conditional Reaccreditation Recommendation:

Recommendation made by the Site Visit Team for a health department's accreditation status, based on site visit evidence review finding that the health department has not fulfilled enough activities to meet one or more of the five standards.

Applicable Law, Rules and References:

None

Responsible Person(s):

The Site Visit Team is responsible for making a reaccreditation recommendation to the Board. The Accreditation Administrator is responsible for receiving any conditional accreditation recommendation responses from the Local Health Department and submitting to the Lead Site Visitor. The Board is responsible for making a decision based on the Site Visit Team recommendation.

Procedures:

1. An Local Health Department receives a recommendation for conditional accreditation by the Site Visit Team.
2. The Local Health Department may submit a written request for an additional review of evidence within 10 business days following receipt of the Site Visit Team Report. The written evidence cannot be newly created documentation. It may be any documentation that was in place as of the beginning of the site visit. This response must be submitted via email to the Accreditation Administrator. The request should specify what activities the Local Health Department is requesting new review of, why they are providing additional evidence, what evidence is being submitted and how it meets the Activity documentation requirements. Only missed Activities within Standards not being met will be allowed for review.
3. Once new documentation is received by the Accreditation Administrator, the Board Chair and Appeals Committee Chair are notified of the receipt of new documentation, and the corrected documentation is forwarded to the Site Visit Team for review:
 - The Site Visit Team reviews the documentation in light of the original evidence and the Suggestions for Quality Improvement made at the time of the site visit, rescores each "not met" in light of the additional evidence and forwards their findings and recommendations to NCLHDA staff.
 - An addendum to the Site Visit Team Report is developed and is forwarded to the Board, the Appeals Committee Chair and the Local Health Department.
 - If conditional accreditation remains the recommendation to the Board, the Appeals Committee is convened to review the findings. The Appeals Committee reviews all associated documentation and develops a report to the Board with their recommendation for accreditation status.
4. The Site Visit Team Report, Addendum and Appeals Committee report (if indicated) are presented at the next regularly scheduled Board meeting.

Reference Guidelines and/or Appendices:

None

Appendix 4 — Presentation of Site Visit Team Report to the Board

Definitions:

None

Applicable Law, Rules and References:

As authorized by statute (130A-34.1), the Board serves as the adjudicating body for the NCLHDA program.

Adjudication refers to the processes of decision making whereby the Board will determine a status of reaccreditation for the local health departments who have completed the site visit.

In its role as adjudicator, the Board assigns reaccreditation status to local health departments after hearing the report from the Site Visit Team.

Responsible Person(s):

The Lead Site Visitor is responsible for presenting the findings of the Site Visit Team Report, on behalf of the full Site Visit Team, to the Board. The Health Director, or his/her designee, is responsible for answering questions and providing comments to the Board.

Procedures:

At the beginning of each report, the Board will invite the Lead Site Visitor and Health Director (or their designee) to the table.

Summary of Site Visit Team Report

1. The Chair will recognize the Lead Site Visitor.
2. The Lead Site Visitor states their name and presents the Site Visit Team report. Unless there are unusual circumstances surrounding the department or the site visit, the report presentation should be ~five minutes with ~five minutes of questions/discussion. The discussion should focus more on questions the Board will have and not a recitation of the Site Visit Team Report as Board members and health departments have already received the reports.
3. Points to cover in the Site Visit Team Report should include:
 - Site Visit Team member names
 - Department name and name of the Health Director
 - 2-3 brief highlights of the agency (Best Practices Identified section of Site Visit Team Report)
 - Number of activities that were met out of 147 total
 - Total number of activities missed
 - Activity number for “not met” Activity(s)
 - Site Visit Team’s recommendation for the Local Health Department’s accreditation status (i.e., Reaccreditation, Reaccreditation with Honors, Conditional Reaccreditation)

If the original recommendation was “conditional”, the Local Health Department has been given the opportunity to submit new or corrected documentation within 10 days of receipt of the report. If so, report:

- Activities (numbers) that were requested to be reviewed.
- Which of those activities are now “met.” Do not review which activities are still “not met.”
- Recommendation (revised or original) of the Site Visit Team.

Local Health Director Response

1. The chair recognizes the Health Director or designee, such as the Agency Accreditation Coordinator (AAC).
2. The Health Director states their name and then offers comments. If the Local Health Department has no specific comments in response to the report, the Board usually allows general comments on the accreditation process. The Health Director may wish to recognize their AAC and any other key staff members who are in attendance or who have played a principal role in agency success.
3. The Health Director may not use this time to verbally appeal any elements of the report. While the Health Director may offer comments if there is disagreement, there is an appeals process, and it is inappropriate to state such an intent at this point as the report has yet to be accepted and an accreditation status awarded.
4. However, the local health department does have the option to request an additional 21 calendar days to submit additional written information to the Board, and the Board will defer any immediate decision.
5. As with the Lead Site Visitor, the Board may question the health director upon the conclusion comments.

Board Discussion and Decision

1. The Board then opens the floor for discussion. Upon conclusion of discussion, the Board may take action on the Site Visit Team's recommendation assigning a status of Reaccredited, Reaccredited with Honors, Conditionally Reaccredited or Unaccredited.
2. The Board may instead request additional information from the local health department and defer action on the recommendation to a later meeting with action taken within 90 days of the presentation of the Site Visit Team Report to the Board.
3. If the recommendation has been for reaccreditation, the Board usually acts on that recommendation, by motion, at the meeting in which the Site Visit Team Report is heard. If such a motion is passed, the local health department will be congratulated, and all representatives for that site visit are dismissed from the table.
4. After the Board has rendered a decision, the Local Health Department may verbally request a Review Appeal for a previously submitted and processed Request for Review, according to the procedure in the Request for Review of the Site Visit Team Report.
5. Site Visit Team members and health department representatives are welcome to be present for the entire Board meeting or may leave after their presentation has been completed.

Reference Guidelines and/or Appendices:

Accreditation Process Operational Guidelines: Appendix 2: [Request for Review of the Site Visit Team Report.](#)

Appendix 5 — Adjudication and Status Appeals

Definitions:

Adjudication:

The process whereby the Board determines the accreditation status of a local health department.

Status Appeal:

A written objection made within 10 calendar days of the Board's decision regarding accreditation status, stating the specific decision and basis for the objection.

Applicable Law, Rules and References:

§ 130A-34.1.(e)(6)

§ 130A-34.1.(g)

10A NCAC 48A .0203 Board Action

10A NCAC 48A .0204 Informal Review Procedures

Responsible Person(s):

The Board is responsible for all adjudications and Status Appeals.

Procedures:

1. A Board meeting is scheduled at least biannually to hear the recommendation for accreditation status from the Lead Site Visitor. The Lead Site Visitor or designee represents the Site Visit Team in presenting the report to the Board.
2. The local health department shall have the opportunity to respond to the presentation.

Conditional Status Extension

1. If the recommendation from the Site Visit Team is for Conditional Reaccreditation, the Local Health Department director may request a 21-day extension (Status Appeal) and present additional written evidence as allowed by 10A NCAC 48A .0203. The written evidence cannot be newly created documentation. It may be any documentation that was in place as of the beginning of the site visit.
 - a. If an extension is requested by the Local Health Department, the Board defers a vote on the recommendation.
 - b. If the extension is not requested, the Board may vote on the recommendation or request more information from the Local Health Department.
2. If the extension is requested, the Board has up to 90 days to issue a decision in writing to the Local Health Department. (Note: the 90 days period commences on the day that the request for the extension is made). To be considered, written evidence must be received by the Board within 21 days of the Board meeting.
3. The written evidence is forwarded to the Appeals Committee. After receipt by the Appeals Committee, it is also forwarded to the Site Visit Team for review.
4. The Site Visit Team scores each Activity for which written evidence is submitted, compares the evidence to the original evidence reviewed during the site visit and to the Suggestions for Quality Improvement, and provides a written report of their findings to the Appeals Committee. Upon receipt of the written report from the Site Visit Team, the Appeals Committee reviews the report. The Appeals Committee may also review the written documentation in accordance with the interpretation guidelines and score the activities

based upon the guidelines and the recommendations of the Site Visit Team. The Committee has the option of requesting additional information from the Site Visit Team or the Local Health Department.

5. The Appeals Committee recommendation is forwarded to the Board for adjudication. The Appeals Committee may meet in person or by conference call.
6. Upon receipt of the report of the Appeals Committee, the Board Chair convenes the Board (by conference call or in person) for a vote on the accreditation status for the Local Health Department. The Board may choose to vote on accreditation status at the next regularly scheduled Board meeting. If the next regularly scheduled meeting is after the 90-day period, a response will be sent to the Local Health Department detailing the actions of the Board. If the Board confers conditional accreditation status, a report of the evaluation of the evidence will be provided to the Local Health Department.

Adjudication

1. If an agency is recommended for Reaccreditation or no request for a Conditional Status Extension is made, the Board may:
 - a. Take action on the Site Visit Team's recommendation by assigning the following accreditation status:
 - "Reaccredited" to a local health department that satisfies the accreditation standards;
 - "Reaccredited with Honors" designation may also be presented to agencies that miss one or fewer Activity(s) within each of the five NCLHDA standards
 - "Conditionally Reaccredited" to a local health department that, fails to satisfy the accreditation standards
 - "Unaccredited" to a local health department that had continued to fail to meet accreditation standards after the maximum (two years) period of conditional accreditation
 - Request additional information from the local health department and defer action on the recommendation to a later meeting

Action shall be taken within 90 days of the presentation of the Site Visit Team Report to the Board

Conditional Accreditation Status

1. If a local health department is given conditional reaccreditation status:
 - a. The period of conditional accreditation shall expire two calendar years after conditional accreditation is granted.
 - b. The Board shall provide to the local health department a written statement of the conditions that must be satisfied in order for the local health department to be accredited.
 - c. At any time during the two-year period, the local health department may request that its status be reviewed and changed from "conditionally accredited" to "accredited." New documentation will be reviewed first by the Site Visit Team, and a recommendation will be provided to the Board, who will make the final decision.
2. If the Board finds that the conditions have been met, the Board shall change the Local Health Department's status to "accredited" with the accreditation period to expire four calendar years after the conditional accreditation was initially granted.
3. If the Board finds that the conditions have not been satisfied, the Local Health Department shall continue under its grant of conditional accreditation unless the two year maximum conditional accreditation period has expired.
4. If the Board assigns a status of "conditionally accredited" or "unaccredited," the Local Health Department may submit a Status Appeal within 10 calendar days for reconsideration of the decision.
5. The written request shall state the specific objections to the decision and the basis for those objections.

6. The request is to be emailed to the Accreditation Administrator.
7. The Accreditation Administrator notifies the Board Chair that a Status Appeal has been received.
8. The Board Chair convenes the Appeals Committee and schedules a hearing within 30 days of receipt of the request.
9. The Accreditation Administrator notifies the local health department of the scheduled hearing date.
10. The Board shall act on the request, with a recommendation from the Appeals Committee, within 60 calendar days of the receipt of the request.
11. The decision of the Board is final and shall be communicated in writing.

Reference Guidelines and/or Appendices:

None

Appendix 6 — Comments and Complaints Against the NCLHDA Program

Definitions:

Comment:

Verbal or written compliments, concerns or observations made by local health department employees, state consultants and program personnel, stakeholders, partners and others regarding NCLHDA staff, services, policies or procedures.

Complaint:

A verbal or written expression of dissatisfaction with a person, process or program component of the NCLHDA program.

Applicable Law, Rules and References:

None

Responsible Person(s):

Accreditation Administrator, other NCLHDA staff, NCLHDA Board

Procedures:

1. The NCLHDA Board will accept complaints and comments verbally (in person, telephone) or in writing (letter, email, other) from any individual.
2. People who do not want to give their name may express complaints and concerns, but follow-up action cannot be taken without a name and contact information for the complainant.
3. Any staff member may receive complaints and comments.
4. All complaints will be documented and tracked by both staff and the Accreditation Administrator.
5. Staff receiving complaints should assist in resolving and/or reporting the complaint when appropriate. Any complaint that is not readily resolved should be directed to the Accreditation Administrator. All actions will be documented and forwarded to the Accreditation Administrator.
6. The Accreditation Administrator will inform complainant of resolution by email, by letter, in person or by phone.
7. Should corrective action be necessary, the Accreditation Administrator will coordinate, along with staff and the NCLHDA Board, the plan to be implemented. Follow-up will be at least monthly until the plan is implemented.
8. All comments and complaints that do not have direct Board involvement will be reported to the Board annually.

Reference Guidelines and/or Appendices:

None

Appendix 7 — Complaints Against an Accredited Department and Revocation Response

Definitions:

Complaint:

A written statement from a consumer of public health services from an accredited agency or an employee of an accredited agency concerning activities/actions/conditions of the agency that potentially violate accreditation standards.

Applicable Law, Rules and References:

None

Responsible Person(s):

Accreditation Administrator, other NCLHDA staff, NCLHDA Board

Procedure:

Receipt of Complaint

1. A complainant may contact the NCLHDA Board through:
 - a. e-mail (listed on the contacts page of our web site (<http://nciph.sph.unc.edu/accred/contactus.htm>))
 - b. mail to NCLHDA Board, North Carolina Institute for Public Health, Campus Box 8165, Chapel Hill, North Carolina 27599-8165
2. Information required from the complainant must include, at a minimum:
 - a. name of complainant, including address and phone number (anonymous complaints will not be accepted)
 - b. brief narrative with details regarding the complaint
 - c. place of event(s)
 - d. names of witnesses, staff and others involved, if known
3. The Accreditation Administrator will initially confirm that the complaint is related to adherence to the accreditation Standards, Benchmarks and/or Activities.
4. The complainant will be contacted by the Accreditation Administrator and may be requested to provide additional information.
5. Any complaints from an employee of an accredited agency can be kept confidential and reported anonymously if desired; however, full investigation of the complaint may be limited in order to maintain confidentiality/anonymity.

Investigation of Complaint

1. A notice that a complaint has been received is forwarded to the Board Chair.
2. The complaint, including the complainant information, will be forwarded to the local health department for a response. Information in the initial response must include, at a minimum:
 - a. Corrective actions already initiated, if any
 - b. Expected remedy or resolution
3. The Local Health Department will be contacted by the Accreditation Administrator and may be requested to provide additional information.

4. If the complaint involves possible abuse, neglect or exploitation of a client/customer/patient; unprofessional conduct; or noncompliance with state or federal laws, the NCLHDA Board will notify the appropriate regulatory authority.
 5. There are some complaints that the Board or Accreditation Administrator will not directly investigate because of lack of expertise in the area. They are:
 - a. Program-specific complaints
 - b. alleged misuse of state or federal funds
 - c. discontinuation of services
- These will be referred to the appropriate North Carolina Division of Public Health program or official (Local Technical Assistance and Training Branch) with a report back to the Board — as appropriate — for determination if any findings relate to Standards, Benchmarks and Activities.
6. The investigation is completed by NCLHDA staff.
 7. The findings of the investigation are presented to the Board.

Board Decision on Accreditation Status Revocation

1. The Board will deliberate the findings and render a decision through due process. This may take place at a regularly scheduled or called meeting specifically for the purpose of the hearing. A representative of the department may be asked to be present.
2. The decision is communicated to the local health department and to the complainant in writing.
3. The local health department may appeal to the Board via the process for a Review Appeal.
4. The Board may uphold the local health department's current accredited status. If accreditation is revoked, the accreditation status becomes conditional, the Board develops a corrective action plan and the department then follows requirements to become fully accredited.

Reference Guidelines and/or Appendices:

Accreditation Process Operational Guidelines: Appendix 2: [Request for Review of the Site Visit Team Report](#)