



**NORTH CAROLINA**  
**Local Health Department  
Accreditation**

# **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.

Content approved by the NCLHDA Board on Nov. 17, 2023 and will be implemented effective Jan. 1, 2024.

A handwritten signature in blue ink that reads "David M. Stanley III".

NCLHDA Board Chair

November 17, 2023

Date

# Record of Revision

| Page     | Topic  | Change   | Date     | Revised By           |
|----------|--|--|----------|----------------------|
| p. 7     | Severe Weather Protocol  | Added information, context, and appendix reference to the Severe Weather Protocol used informally in past years for site visits.   | 10/19/18 | Amy Belflower Thomas |
| p. 12    | Responsible person(s) & Procedure for adding or revising a benchmark and/or Activity | The newly formed AAC Advisory Council is now listed as a group to provide input into the Benchmarks and Activities.                | 10/19/18 | Amy Belflower Thomas |
| p. 17    | Review Appeal  | Clarified that Reaccreditation with Honors is not a reason for appeal.   | 10/19/18 | Amy Belflower Thomas |
| p. 22-23 | Summary of Site Visit Team Report  | Clarified that new or corrected documentation must be submitted within 10 business days of receipt of the report.                  | 10/19/18 | Amy Belflower Thomas |
| p. 24-27 | Adjudication   | Changed “accredited” to “reaccredited” in bullet four.   | 10/19/18 | Amy Belflower Thomas |
| p. 20-21 | Conditional Reaccreditation Status   | Changed the subtitle of this section to reaccreditation and changed all bulleted references from accreditation to reaccreditation. | 10/19/18 | Amy Belflower Thomas |
| p. 20-21 | Conditional Reaccreditation Status   | Changed 10 calendar days to 10 business days.  | 10/19/18 | Amy Belflower Thomas |
| p. 30    | Appendix 8   | Added Severe Weather Protocol.   | 10/19/18 | Amy Belflower Thomas |
| p. 6-7   | Safety and Security During a Site Visit  | Added language about how to handle safety and security concerns during a site visit  | 10/24/19 | Amy Belflower Thomas |
| p. 10-11 | Harassment and Discrimination  | Added language about program tolerance and procedures for concerns about discrimination and harassment                             | 10/24/19 | Amy Belflower Thomas |
| p. 32-33 | Appendix 6   | Added language in the definition to include discrimination and harassment  | 10/24/19 | Amy Belflower Thomas |
| Cover    | Adoption text  | Added language to clarify when the changes went into effect and why.   | 4/27/20  | Amy Belflower Thomas |
| p. 4     | Review/Revision of Standards,  | Added needs for emergency changes to the Standards and Benchmarks  | 4/27/20  | Amy Belflower Thomas |

|              |   |   |          |                      |
|--------------|---|---|----------|----------------------|
|              | Benchmarks and Activities                           |   |          |                      |
| p. 4         | Implementation of Revised Benchmarks and Activities | Distinguished between annual/planned revisions and emergency revisions to Benchmarks and Activities. Added background on emergency revisions. | 4/27/20  | Amy Belflower Thomas |
| p. 12-14     | Appendix 1  | Distinguished between annual/planned revisions and emergency revisions to Benchmarks and Activities. Added background on emergency revisions. | 4/27/20  | Amy Belflower Thomas |
| p. 12-14     | Appendix 1  | Removed “December” and clarified when documentation changes are made outside of the regular schedule.   | 10/29/20 | Amy Belflower Thomas |
| p. 25-26     | Appendix 5  | Added a new step that a Conditionally Accredited Health Department can use to request a site visit.   | 10/29/20 | Amy Belflower Thomas |
| p. 26-27     | Appendix 5  | Added expectations for an Unaccredited Health Department  | 10/29/20 | Amy Belflower Thomas |
| p. 1         | Purpose   | Deleted outdated purpose and added new mission, vision, values  | 10/11/21 | Amy Belflower Thomas |
| p. 2         | Purpose   | Deleted reference to outdated purpose   | 10/11/21 | Amy Belflower Thomas |
| p. 8         | Defined Days  | For consistency, changed “working” to “business”  | 10/11/21 | Amy Belflower Thomas |
| p. 16; 20-25 | Defined Days  | For consistency, added “calendar” days  | 10/11/21 | Amy Belflower Thomas |
| p.5          | Who is accredited                                   | Added language about exactly what entity is accredited within consolidated health and human services agencies                                 | 10/28/22 | Amy Belflower Thomas |
| p.6          | New LHDs  | Added a section on process for accreditation of a newly formed local health department  | 10/28/22 | Amy Belflower Thomas |
| p.7          | Major LHD disruptions                               | Added language about reasons for site visit rescheduling and changed time frame for last possible site visit before Board meeting             | 10/28/22 | Amy Belflower Thomas |
| p.8          | Review appeal                                       | Removed reference to Review Appeals   | 10/28/22 | Amy Belflower Thomas |
| p.8          | Definition of site visit                            | Updated definition of “documentation that was in place as of beginning of site visit” re: Dashboard and updated Appendix number               | 10/28/22 | Amy Belflower Thomas |
| p.9          | Appeals Process                                     | Removed reference to Status Appeals and updated Appendix numbers  | 10/28/22 | Amy Belflower Thomas |

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|---------|--|---|----------|------------------------|
| p.9-10  | Appendix numbers                                   | Updated Appendix numbers  | 10/28/22 | Amy Belflower Thomas   |
| p.12    | NCALHD   | Removed reference to extinct Planning and Innovation Committee  | 10/28/22 | Amy Belflower Thomas   |
| p.15-16 | Severe Weather Protocol                            | Moved to appropriate place with Appendices and updated information re: remote site visitors   | 10/28/22 | Amy Belflower Thomas   |
| p.17    | Request for Review                                 | Updated Appendix number and updated relation to formal Appeal   | 10/28/22 | Amy Belflower Thomas   |
| p.17-19 | Review Appeal                                      | deletion of Review Appeal language  | 10/28/22 | Amy Belflower Thomas   |
| p.18    | Program Response                                   | Edited "report" to "program response" for clarity   | 10/28/22 | Amy Belflower Thomas   |
| p. 19   | Appendix numbers                                   | Updated Appendix numbers  | 10/28/22 | Amy Belflower Thomas   |
| p.20-21 | Appeals Committee                                  | Removed reference to extinct Appeals Committee  | 10/28/22 | Amy Belflower Thomas   |
| p.20    | Appendix numbers                                   | Updated Appendix numbers  | 10/28/22 | Amy Belflower Thomas   |
| p.22-23 | Board Discussion and Decision                      | Moved information in section to other more relevant sections/de-duplicated information  | 10/28/22 | Amy Belflower Thomas   |
| p.23    | Appendix numbers                                   | Updated Appendix numbers  | 10/28/22 | Amy Belflower Thomas   |
| p.24-27 | Purpose of Appendix                                | Reduced topic to just Adjudication, separating Appeals into another appendix  | 10/28/22 | Amy Belflower Thomas   |
| p.25-26 | Conditionally Reaccredited                         | Added statement of conditions to be reaccredited from conditional status  | 10/28/22 | Amy Belflower Thomas   |
| p.26    | Appeals Committee                                  | Removed reference to extinct Appeals Committee  | 10/28/22 | Amy Belflower Thomas   |
| p.28-31 | New Appendix                                       | Separate Appendix for Appeals with Grounds for Appeal and limited to adjudications of Conditional or Unaccredited; addition of appeal process, hearing process, and appeals panel process (formation of Ad Hoc Committee) | 10/28/22 | Amy Belflower Thomas   |
| p.10    | Complaints Against an Accredited Health Department | Updated role of Board in reviewing complaints and simplified the definition of a complaint, consistent with Appendix 9  | 11/2/23  | Margaret Benson Nemitz |
| p.33    | Appendix 9   | Updated definition of complaint   | 11/2/23  | Margaret Benson Nemitz |

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|---------|------------|--|---------|------------------------|
| p.33    | Appendix 9 | Added option for complainant to contact the Board through an online form   | 11/2/23 | Margaret Benson Nemitz |
| p.33-34 | Appendix 9 | Added language on responding to complaints that are submitted but are determined to not be related to accreditation Standards, Benchmarks, and/or Activities | 11/2/23 | Margaret Benson Nemitz |
| p.34    | Appendix 9 | Removed reference of confidentiality, consistent with FOIA   | 11/2/23 | Margaret Benson Nemitz |
| p.34    | Appendix 9 | Added a request for response within 15 business days   | 11/2/23 | Margaret Benson Nemitz |
| p.34    | Appendix 9 | Retitled section header to clarify board actions consistent with options outlined in board actions 2.a-c   | 11/2/23 | Margaret Benson Nemitz |

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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 assessment and review of documented evidence. In North Carolina, local health department accreditation is mandatory. Accreditation is conferred by the North Carolina Local Health Department Accreditation (NCLHDA) Board housed through the North Carolina Institute for Public Health.

The mission of the NCLHDA is to support North Carolina local health departments in innovating and advancing public health through accreditation.

Our vision is that all North Carolina local health departments utilize the accreditation process to continually build their capacity to equitably respond to the unique health needs of their communities.

Our core values and practices are:

- **Quality:** We view accreditation as a dynamic learning process, and we continually assess and revise our program to improve over time.
- **Partnership:** We engage with partners to share perspectives, effectively leverage our resources and maximize our collective impact.
- **Equity:** We work with partners to advance and improve system-level changes to promote and enhance diversity, equity and inclusion for all.
- **Adaptability:** We respond to changes in the field, balancing clarity, flexibility and consistency.
- **Reliability:** We provide reliable leadership, expectations and resources.
- **Transparency:** We communicate clearly and openly share program information and decisions.
- **Efficiency:** We streamline efforts to maximize impact and reduce duplication.

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 evidence review 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 NCIPH.

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. Additionally, there may be emergency circumstances that require revisions to meet current public health needs, such as a pandemic or funding crisis.

### 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

## ***Annual/Planned Revisions***

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 of the preceding year) 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.

## ***Emergency Revisions***

Circumstances may arise that require immediate revisions to Benchmarks and Activities as well as revisions to documentation requirements and interpretation to meet public health needs. These are emergency situations where the Board must act quickly to meet a specified public health need. In these circumstances, the implementation date of the revisions will vary. The date for implementation of changes will be clearly communicated to local health departments.

## ***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 NCLHD 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 accessed in relation to the accreditation activities that relate to facilities. If the facility is only used as office space or storage space and is publicly inaccessible, it will not need to be reviewed 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 reviewed 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 NCLHD

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 or jail health program cannot claim home health or jail health accreditation from the NCLHD Accreditation program. Likewise, consolidated health and human services agencies can only claim accreditation for their public health department/section. The health department, or section/unit, is the agency that is granted accreditation status and not any particular program or larger organization.)

## Accreditation Fee Payment

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

The NCLHD 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 NCLHD, the Accreditation Administrator will request that the Executive Director send a reminder notice prior to the HDSA due date.

Any local health department that has not submitted payment by their HDSA due date will have their review postponed until payment is received. If payment is made after the HDSA due date, but within 60 days of the scheduled Board meeting, the Accreditation Administrator will attempt to reschedule the review 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, NCLHD Accreditation sends a Letter of Notification to the Health Director 90 days prior to the due date of the HDSA 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 NCLHD Accreditation website.

# Accreditation of a Newly Formed Local Health Department

The NCLDHA program no longer maintains standards for initial accreditation. As such, newly formed local health departments will be held to the current HDSAI and added to the accreditation cycle for the winter/spring following their incorporation on July 1 of a year, with their 90-day HDSAI notification going out on August 1 of that incorporation year. At incorporation, the department is encouraged to start producing and accumulating evidence that can be input into the NCLHDA Dashboard for assessment. The department will be given the option to defer an on-site visit for the winter/spring or can request an on-site visit, which must be scheduled within one month of incorporation. Whether the on-site visit occurs or is deferred, evidence submitted in the NCLHDA Dashboard will be assessed and a recommendation for accreditation status made for the Board.

[Procedures for Adjudication are available in Appendix 6.](#)

## 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 at no fault of their own, including a major disruption to their facility or electronic/web-based operations, may request that the Accreditation Administrator schedule or reschedule their agency review as late in the cycle as possible, not to exceed 30 days before the applicable Board meeting.

## Safety and Security During a Site Visit

Safety and security of the Site Visit Team and the local health department is of highest priority during site visits. At any time, if individual members or the Site Visit Team as a whole have concerns about safety and security issues before, during, or after the review, they are to report their concerns to the assigned Site Visit Coordinator as soon as possible. If the Site Visit Coordinator believes the concerns to be valid, he/she will contact the Accreditation Administrator immediately. Likewise, if the local health department has concerns about safety or security involving the review, they should also contact the Accreditation Administrator immediately.

In assessing pertinent information, the Accreditation Administrator will make a decision about the status of the review, including potentially delaying it or stopping it if in process. If the review is impacted in any way, a conference call with the Accreditation Administrator and local health department will be scheduled immediately to determine how to fulfill the review and assessment requirements.

## Severe Weather

North Carolina is a state seasonally subjected to severe weather that causes the cancellation or postponement of scheduled activities, especially those that require travel on roads and highways. Because NCLHD Accreditation involves such activities, the program has developed a protocol for health departments and site visitors to follow in case of a major weather event.

Rescheduling a site visit is not a decision that will be taken lightly. As much as possible, decisions will be made when knowledge of the weather situation is as finalized as possible. However, a decision will be made in time for the expected start of Site Visit Team member travel and will be made with safety as the primary concern. In the event of the need to reschedule a site visit due to severe weather, the Site Visit Coordinator will coordinate communications with the local health department and Site Visit Team members and make a recommendation to the Accreditation Administrator. The Accreditation Administrator will make the final decision on whether the site visit will be postponed and when. The rescheduled date will occur during the current site visit cycle and prior to 30 days before the scheduled Board meeting.

[Protocol for Severe Weather is available in Appendix 2.](#)

## Request for Review of the Site Visit Team Report

The NCLHD Accreditation program shall provide a means for local health departments 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.



[Procedures for a Request for Review of the Site Visit Team Report are available in Appendix 3.](#)

## Conditional Reaccreditation Recommendation Protocol

A local health department may present additional evidence within 10 business days of receiving the Site Visit Team report to address activities deemed 'not met' by a Site Visit Team when the 'not met' activities result in a recommendation of conditional reaccreditation. This additional evidence should be sent to the Accreditation Administrator and will be conveyed to the original site visit team. The original Site Visit Team will review the additional evidence and either sustains their recommendation for conditional reaccreditation or revises their recommendation to reaccreditation to submit 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 a local health department now 'met' the conditions required for reaccreditation.

This purpose of this protocol is to give a local health department 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, which is defined as the day the dashboard opens to the department.

[Protocol for Conditional Reaccreditation Recommendation is available in Appendix 4.](#)

## 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 5.](#)

## Adjudication and Appeal Process

The NCLHD Accreditation Board serves as the adjudicating body for the NCLHDA program and shall determine reaccreditation status of local health departments by acting on the recommendations of the Site Visit Team. In this role, the Board assigns reaccreditation status to local health departments. There will be instances when a local

health department will disagree with the Board's assignment of reaccreditation status, and they may appeal this decision.

[Procedures for Adjudication are available in Appendix 6. Procedures for Appeals are available in Appendix 7.](#)

## Dissemination of Reaccreditation Status Information

Becoming reaccredited 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 NCLHD Accreditation 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 NCLHD Accreditation Board publicly disseminates decisions made on reaccreditation status of health departments. The NCLHDA Board is responsible for making the decision on reaccreditation status. The NCLHD Accreditation Board awards reaccreditation status to a local health department. The Board may also issue a conditional reaccreditation status or may revoke accreditation status. The NCLHD Accreditation Board Chair is then responsible for authorizing the dissemination of information.

Within 15 business days of any type of status determination by the NCLHD Accreditation Board:

- A letter of action is sent to the Health Director of the department,
- A copy is sent to the Agency Accreditation Coordinator and County Manager and
- Status is updated on the NCLHD Accreditation 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 NCLHD Accreditation takes program integrity very seriously and maintains a mechanism to receive complaints and comments about the NCLHD Accreditation 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 NCLHD Accreditation 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 8.](#)

# Complaints Against an Accredited Health Department

The NCLHD Accreditation Board has a process for receiving and reviewing complaints against an accredited local health department. 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 NCLHD Accreditation Standards, Benchmarks, or Activities.

[Procedures for Complaint Review are available in Appendix 9.](#)

## Harassment and Discrimination

The NCLHD Accreditation program is committed to providing a harassment-free environment for all participants in the accreditation process including Site Visit Team members, local health department staff, board members, and program staff. NCLHDA does not and will not tolerate any form of harassment or discrimination. The term “harassment” includes, but is not limited to, slurs, jokes, and other verbal, graphic, or physical conduct relating to an individual’s race, color, sex (including same-sex), religion, national origin, citizenship, age, or disability. “Harassment” also includes sexual advances, requests for sexual favors, unwelcome or offensive touching and other verbal, graphic, or physical conduct, or electronic communications (including email) of a sexual nature involving either members of the same sex or opposite sex. Prohibited harassment includes conduct that has the purpose or effect of unreasonably interfering with a person’s work performance or experience or creating an environment that is hostile, intimidating, or offensive. Harassment also includes verbal threats and overtly threatening body language (Reference: *Planning Association Board*).

When discrimination/harassment is experienced or suspected (including if oneself is aware of harassment directed at or by another NCLHD Accreditation representative), it should be immediately reported to the Accreditation Administrator. In the case of concerns by/against the Accreditation Administrator, the NCLHD Accreditation Board Chair should receive reports. Procedures for reporting and investigation related to complaints against the NCLHD Accreditation program should be followed and are described in [Appendix 8](#).

Retaliation or discrimination for making a good-faith report or participating in an investigation of harassment is strictly prohibited by the NCLHD Accreditation program.

# Appendix 1

## *Benchmarks, Standards, Activities and Documentation Requirement Revisions*

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### **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 N.C. The Commission for Public Health adopts those standards as rules.

In developing and revising Benchmarks and Activities, all partners of the NCLHD Accreditation program are substantially involved in the process. Input comes through the Board Standards and Evidence Committee, NCLHD Accreditation staff, North Carolina Association of Local Health Directors, AAC Advisory Council, 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 NCLHD Accreditation 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 NCLHD Accreditation 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 NCLHD Accreditation Board members (one being the Chair of the Standards and Evidence Committee), two members of the AAC Advisory Council, 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.
  - b. The Accreditation Standards Workgroup reviews the current Benchmarks and Activities. The review consists of a review of the current Benchmarks and Activities for content, clarity and continued need.
  - c. The workgroup considers revisions to the Benchmarks and Activities in relation to changing processes, demographics, professional impact and expected outcome for local health departments.
  - d. The workgroup considers comments from any source regarding revision of current Benchmarks and Activities or the proposal of new Benchmarks and Activities.
6. The workgroup drafts a new/revised set of Benchmarks and Activities.
7. The draft Benchmarks and Activities are released for public review and input, including through presentation and comment at the North Carolina Association of Local Health Director's Planning and Innovation Committee.
8. Comments are collected, reviewed and considered by the workgroup.
9. Changes deemed appropriate by the workgroup are made to the draft Benchmarks and Activities.
10. The final draft Benchmarks and Activities are released for review and forwarded to the Standards and Evidence Committee of the NCLHD Accreditation Board.
11. The Committee meets as needed to review, discuss and amend the draft Benchmarks and Activities.
12. The Committee presents the draft Benchmarks and Activities to the Board.
13. The Board reviews and adopts the draft Benchmarks and Activities as deemed appropriate.
14. The Benchmarks and Activities are forwarded to the Commission of Public Health for adoption as rule.

### ***For revising Activity annual/planned 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 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.

### ***For making off Schedule Revisions***

If the Board needs to make immediate changes based on emergency or extenuating circumstances to meet public health needs, the changes will be presented to the Board Standards and Evidence Committee as soon as the changes are developed. The Committee will make a motion to approve any deemed changes at the next scheduled meeting of the Board, which may be an Emergency meeting called specifically to approve the proposed changes.

The effective date of the changes will be set by the Board. Every attempt will be made to gather feedback from multiple stakeholders, given the timeframe available for the changes.

## **Reference Guidelines and/or Appendices:**

None

# Appendix 2

## *Severe Weather Protocol*

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### **Definitions:**

#### ***Major Weather Event (MWE):***

A MWE is defined as a weather condition (e.g., snow, ice, torrential rain, dangerous winds) that causes significant concern for highway travel safety and mobility and may also affect facilities and institutions (e.g., flooding, power outages, institutional closings).

### **Applicable Law, Rules and References:**

None

### **Responsible Person(s):**

Accreditation Administrator, Site Visit Coordinators, Agency Accreditation Coordinators

### **Procedures:**

Response to severe weather is based on the timeframe surrounding the scheduled site visit as well as who is potentially affected (agency versus Site Visit Team). All decisions to reschedule the site visit must be made by noon the day before the first day of the site visit.

#### **MWE is predicted to occur within three days of the beginning of a scheduled site visit.**

1. An MWE is predicted for a county/region of a health department scheduled for a site visit.
  - a. The Agency Accreditation Coordinator (AAC) at the affected health department will coordinate with the assigned Site Visit Coordinator (SVC) regarding the possibility of a local/regional MWE. The AAC and SVC will communicate timely updates on weather/travel forecasts.
  - b. The Site Visit Coordinator will notify the agency's assigned Site Visit Team of the possibility of an MWE affecting the Site Visit locale/region and inquire about their availability/situation.
  - c. The AAC and Site Visit Coordinator will jointly recommend to the Accreditation Administrator whether the site visit should proceed as scheduled on the basis of safety, accessibility and participation information.
  - d. The Accreditation Administrator will make a final decision on the status of the site visit and notify the Site Visit Coordinator. The Site Visit Coordinator will update the AAC and Site Visit Team of the decision and situation.

- e. If the final decision is to reschedule, the AAC and Site Visit Coordinator will work together to find a new date for the site visit. The rescheduled date must be prior to 30 days of the scheduled Board meeting. The Site Visit Coordinator will notify the Site Visit Team and Accreditation Administrator of the rescheduled dates.
2. An MWE is predicted for the county/region where a Site Visitor lives (or is presently located).
    - a. The affected Site Visitor should notify the Site Visit Coordinator of the possibility of a local/regional MWE. The Site Visitor and SVC will communicate timely updates on weather/travel forecasts.
    - b. The Site Visit Coordinator will notify the Accreditation Administrator of the possibility of an MWE affecting a Site Visitor's ability to travel. As much as possible, the Accreditation Administrator will approve extenuating travel accommodations (including additional overnight stays) to facilitate the safety of the Site Visitor in making the scheduled visit.
    - c. If the affected Site Visitor is unable to travel, the Site Visit Coordinator will reassign site visit responsibilities among the remaining team members. The affected Site Visitor will be expected to be available "on-call" via phone or email during the visit to respond to questions/issues regarding their assignment/review and will be entitled to their full honorarium. The Site Visit Coordinator will notify the AAC of the situation.
    - d. If multiple Site Visitors are unable to travel, the Site Visit Coordinator will notify the AAC and they will work together to find a new date for the site visit. The rescheduled date must be prior to 30 days of the scheduled Board meeting. The Site Visit Coordinator will notify the Site Visit Team and Accreditation Administrator of the rescheduled dates.

**MWE occurs during a scheduled site visit.**

1. The Site Visit Coordinator will monitor local weather and safety authority information and then contact the AAC regarding whether to end the site visit early, continue as planned, or extend the visit until safe travel is possible. The Site Visit Coordinator will notify the Accreditation Administrator of the decision.
2. As much as possible, the Accreditation Administrator will approve extenuating travel accommodations (including additional overnight stays) to facilitate the completion of a safe site visit.

**Reference Guidelines and/or Appendices:**

None



# Appendix 3

## *Request for Review of the Site Visit Team Report*

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### **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 business days of receipt of the Site Visit Team Report by the local health department. This written statement is not a formal Appeal, which can only be made if the Board assigns a status of “conditionally accredited or “unaccredited” for reconsideration of that decision.

#### ***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.

### **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.

### **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 local health department presents, in writing, a response to the Site Visit Team Report.
6. The response is emailed to the Accreditation Administrator.
7. The Accreditation Administrator notifies the Board Chair that a request for review has been received.
8. The response is forwarded to the Lead Site Visitor for that Site Visit Team.
9. 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.
10. The Accreditation Administrator compiles the local health department response and any program response and then shares with the local health department, if necessary.
11. The local health department response and the program response is then presented to the Board with the Site Visit Team Report for that agency.
12. The Board or Health Director may choose to discuss the written response and program response during the Board meeting. The Board may choose or choose not to amend the Site Visit Team Report.

### ***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:
  - a. present information for consideration the local health department feels will clarify its position
  - b. request to change of a “not met” Activity to a “met” Activity
  - c. question how the Site Visit Team reached a conclusion in the report
  - d. present information the local health department feels was not properly reviewed during the site visit
  - e. 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 Accreditation Administrator investigates. This investigation may include discussions, as is appropriate, with NCLHD Accreditation staff, local health department staff, the Health Director, Site Visit Team members and the Lead Site Visitor.
7. Upon conclusion of the investigation, the Accreditation Administrator makes a recommendation and communicates that in writing to the Local Health Department and the Board Chair.
8. The investigation report and recommendation is then presented to the Board with the Site Visit Team Report for the local health department. The Board may choose or not choose to amend the Site Visit Team report.

## **Reference Guidelines and/or Appendices:**

Accreditation Process Operational Guidelines: [Appendix 7: Appeal Procedures](#)

# Appendix 4

## *Protocol for Conditional Reaccreditation Recommendation*

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### **Definitions:**

#### ***Conditional Reaccreditation Recommendation:***

Recommendation made by the Site Visit Team for a health department's accreditation status, based on 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:**

130A-34.1(g2)

10A NCAC 48A. 0204

### **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 reaccreditation 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. A local health department receives a recommendation for conditional reaccreditation 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 is notified of the receipt of new documentation, and the corrected documentation is forwarded to the Site Visit Team for review:

- a. 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 NCLHD Accreditation staff.
  - b. An addendum to the Site Visit Team Report is developed and is forwarded to the Board and the local health department.
4. The Site Visit Team Report and Addendum is presented at the next regularly scheduled Board meeting.

## **Reference Guidelines and/or Appendices:**

None

# Appendix 5

## *Presentation of Site Visit Team Report to the Board*

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### **Definitions:**

None

### **Applicable Law, Rules and References:**

As authorized by statute (130A-34.1), the Board serves as the adjudicating body for the NCLHD Accreditation 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 reviewing 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:
  - a. Site Visit Team member names
  - b. Department name and name of the Health Director
  - c. 2-3 brief highlights of the agency (Best Practices Identified section of Site Visit Team Report)
  - d. Number of Activities that were met out of 147 total

- e. Total number of Activities missed
  - f. Activity number for “not met” Activity(s)
  - g. Site Visit Team’s recommendation for the local health department’s accreditation status (i.e., Reaccreditation, Reaccreditation with Honors, Conditional Reaccreditation)
4. If the original recommendation was “conditional,” the local health department will have been given the opportunity to submit new or corrected documentation within 10 business days of receipt of the report. If this is done, the Site Visit Team report shall include:
    - a. Activities (numbers) that were requested to be reviewed.
    - b. Which of those activities are now “met.” Do not review which activities are still “not met.”
    - c. 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. This request must be made during the Board meeting before the Board has adjudicated and voted to assign an accreditation status to the local health department.
5. As with the Lead Site Visitor, the Board may question the Health Director upon the conclusion comments. The adjudication process is discussed in Appendix 6.

## **Reference Guidelines and/or Appendices:**

[Accreditation Process Operational Guidelines: Appendix 3: Request for Review of the Site Visit Team Report.](#)

[Accreditation Process Operational Guidelines: Appendix 6: Adjudication](#)

# Appendix 6

## *Adjudication*

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### **Definitions:**

#### ***Adjudication:***

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

### **Applicable Law, Rules and References:**

*§ 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.

### **Procedures:**

#### ***Adjudication***

1. Following the presentation by the Site Visit Team and any remarks by the local health department, the Board will open the floor for discussion and adjudication.
2. After discussion and before voting on accreditation status, the local health department may request an additional 21 calendar days to submit additional written information to the Board.
  - a. The additional written information cannot be newly created documentation. It may be any documentation that was in place as of the beginning of the site visit.
  - b. If an extension is requested by the local health department, the Board defers a vote on the recommendation.
  - c. The Board has up to 90 calendar days from the date the request for the 21-day extension is requested to issue a decision in writing to the local health department. To be considered, written evidence must be received by the Board within 21 calendar days of the Board meeting.

- d. Once received, the written evidence is forwarded to the Site Visit Team for review. The Site Visit Team scores each Activity for which written evidence is submitted, compares the evidence to the original evidence reviewed and to the Suggestions for Quality Improvement, and provides a written report of their findings to the Board.
- e. 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 Board meeting falls within the 90-day window. If not, an additional meeting will need to be scheduled.
3. The Board also may choose to request additional information from the local health department and defer action on the recommendation to a later meeting, so long as action is taken within 90 calendar days of the presentation of the Site Visit Team Report to the Board.
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.
6. If the Board assigns a status of “conditionally accredited” or “unaccredited”, the local health department may make a written request within 10 calendar days for reconsideration of the decision through an informal appeal. More information on this process can be found in [Appendix 7](#).
7. If no request for a 21-day extension is made by the local health department, 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 NCLHD Accreditation 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
  - b. Request additional information from the local health department and defer action on the recommendation to a later meeting, to be within 90 calendar days of the initial presentation of the Site Visit Team Report to the Board.

### ***Conditionally Reaccredited Status***

1. If a local health department is given conditional reaccreditation status:
  - a. The period of conditional reaccreditation shall expire two calendar years after conditional reaccreditation 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 reaccredited, including:
    - The Corrective Action Plan to be submitted to the NCLHDA program office within two months, to address all Not Met Activities. Though the agency is not expected to implement actions immediately to meet all Not Met Activities, their Corrective Action Plan should be a strong quality improvement effort that details how they plan to address meeting all Activities in the future.

Documentation/evidence compiled for Not Met Activities. While the agency can submit evidence for any Not Met Activities within Not Met Standards (Assessment, Assurance, etc.),



enough additional Activities must be Met in order to meet the minimum requirement for each Standard.

- c. At any time during the two-year period, the local health department may request that its status be reviewed and changed from "conditionally reaccredited" to "reaccredited." 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.
  - d. If the Site Visit Team review is minimal and can be completed without visiting the health department facility, request for review can occur at any time. However, if review is extensive and/or requires visiting the facility, the health department's review may be scheduled so as to join the next cycle of site visits (fall or winter).
  - e. If the request is not made within one calendar year, a mid-term review will be conducted by the NCLHDA program to assist the agency in making sufficient progress.
2. All procedures related to further review by the Site Visit Team as stated in Appendix 4 will be applicable.
  3. If the Board finds that the conditions have been met, the Board shall change the local health department's status to "reaccredited" with the reaccreditation period to expire four calendar years after the conditional reaccreditation was initially granted.
  4. 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.

### ***Unaccredited Status***

1. If a local health department is given Unaccredited status:
  - a. The health department will be expected to continue to pay annual fees and will continue to receive program supports, including access to the NCLHDA Dashboard.
  - b. The health department can, at any time, request an accreditation review by contacting the Accreditation Administrator.
    - If the request and review occur before the original date of the next accreditation cycle following the accreditation cycle in which the agency was initially deemed Conditionally Accredited (e.g. Conditionally Accredited in November 2018 with next cycle to be adjudicated in November 2022, Unaccredited in November 2020, and request for review in January 2021 with review sometime in 2021), review will include only activities deemed Not Met in the original review (or subsequent reviews).
    - If the request and review occur after the original date of the next accreditation cycle following the accreditation cycle in which the agency was initially deemed Conditionally Accredited, a full review of all activities will be conducted.
    - Review will be conducted during the next existing accreditation cycle (either fall or winter) after the request. The health department may request a more expedited review that could occur out of cycle by contacting the Accreditation Administrator. In this case, and if ultimately accredited, the department would be put in an existing cycle of health departments for their next review. Due to timelines that are a part of the accreditation and site visit process, at least 60 calendar days-notice must be given between the request itself and Board adjudication.

2. All procedures related to further review by the Site Visit Team as stated in Appendix 4 will be applicable.
3. If the Board finds that the conditions have been met, the Board shall change the local health department's status to "reaccredited" with the reaccreditation period to expire either four calendar years after the conditional reaccreditation was initially granted (if only a portion of activities were reviewed) or four years after (if a full review was conducted).
4. If the Board finds that the conditions have not been satisfied, the local health department shall continue to be Unaccredited.
5. If the Board assigns a status of "unaccredited," the local health department may submit an Appeal within 10 business days for reconsideration of the decision through the informal appeal process detailed in Appendix 7..
- 7.

## **Reference Guidelines and/or Appendices:**

None

# Appendix 7

## *Appeal Procedures*

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### **Definitions:**

#### ***Appeal:***

An informal review procedure by the NCLHDA Board that is not subject to a formal administrative hearing or legal proceeding.

#### ***Grounds for Appeal:***

The only grounds for appeal in the NCLHDA process is if a health department is awarded Conditional Accreditation or Unaccredited status by the Board, the local health department may ask the board to consider a change in their accreditation status decision.

The grounds for appeal are also limited to:

1. The decision was a result of the misapplication of NCLHDA procedures or standards; or
2. The decision is not supported by, and is contrary to, the substantial evidence in the record.

### **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):**

Accreditation Administrator, other NCLHD Accreditation staff, NCLHD Accreditation Board

# Procedures:

## *Appeal Process*

1. Any appeal shall not be presented until after the Board meeting where accreditation status was adjudicated and assigned.
2. The health department must make the request in writing to the Accreditation Administrator within 10 calendar days of the Board meeting where the department's accreditation status was adjudicated and assigned. The written request shall state the specific objections to the decision and the basis for those objections. The appeal must detail the grounds upon which it is based and identify relevant information in the health department's records already submitted to NCLHDA that supports its appeal. The health department may not rely on any information or documentation unless that information and documentation was submitted to NCLHDA as part of its initial accreditation/reaccreditation review or unaccredited review, as applicable. No new information or documentation may be submitted through the appeal process. The health department should include a specific reference to where the information or documentation was previously provided in the accreditation process.
3. The Accreditation Administrator notifies the Board Chair that an appeal has been received and gives a recommendation.
4. The Board Chair shall convene an Ad Hoc Appeals Committee, whose membership is comprised as established in the *NCLHDA Board Operational Guidelines*. Members of the Committee who are concerned about a potential or perceived conflict of interest with the appellant health department or previous NCLHDA Board decision will declare as such and be removed from the Committee. A replacement will be sought according to the *NCLHDA Board Operational Guidelines*.
5. The Ad Hoc Appeals Committee and Board Chair will first determine whether to accept the appeal. The appeal shall be denied if it does not meet the defined grounds for appeal under the Board's procedural guidelines. The decision of whether to accept or deny the appeal will be communicated in writing to the appellant.
6. If the appeal is accepted, within 15 calendar days of the receipt of the request, the Board Chair shall provide the appellant health department with the following information:
  - a. This Appendix 7 of the NCLHD Accreditation Process Operational Guidelines.,
  - b. The names and bios of the Ad Hoc Appeals Committee members,
  - c. A list of at least three (3) potential dates for the appeal hearing that will be conducted by the panel.  
The potential hearing dates shall be no fewer than thirty (30) and no more than forty-five (45) calendar days from the date of the receipt of the request, and
  - d. The location of the appeals hearing and/or whether it will be conducted by videoconference (to be determined in the sole discretion of the Ad Hoc Appeals Committee).
7. Within 5 calendar days of the date the information under paragraph 6 is sent, the appellant health department shall:
  - a. Review the list of Ad Hoc Appeals Committee members and declare whether the health department reasonably perceives any conflicts of interest with any member of the Ad Hoc Appeals Committee,
  - b. Identify the names and roles of the health department's staff who will attend and participate in the appeals hearing, including whether the department will be represented by legal counsel, and
  - c. Identify which of the proposed hearing dates are preferred by the health department.

8. Within 10 calendar days of the date the information under paragraph 6 is sent, the appellant health department shall provide any other information they would like considered.
9. If a conflict of interest is identified by either a member of the Ad Hoc Appeals Committee or by the appellant health department and such determination is reasonable as determined by those members of the Ad Hoc Appeals Committee not identified as having a conflict of interest, the member of the Ad Hoc Appeals Committee so identified will not participate in the appeal process, and a new Ad Hoc Appeals Committee member will be selected by the Board Chair and reviewed by the appellant health department in an expeditious manner.

### ***Conducting the Appeal Hearing***

1. The appeal hearing is an administrative hearing and is not conducted as a legal proceeding.
2. The health department may request that the record considered by the NCLHDA Board in reaching its decision be made available. The record shall include, but is not necessarily limited to:
  - a. NCLHDA Operational Guidelines applicable at the time the decision was made by the Board,
  - b. HDSAI Interpretation applicable at the time the decision was made by the Board,
  - c. Excerpts from the Board minutes relevant to the decision being appealed by the health department,
  - d. Relevant accreditation reports made by staff and peer reviewers and responses to those reports by the health department, and
  - e. Relevant written communications to and from staff and peer reviewers and the health department regarding the Board's review, including any prior decision letters as applicable.
3. Opportunity to appear before the Ad Hoc Appeals Committee will be extended to three representatives of the health department. The health department will have sixty (60) minutes to orally present its position. Thereafter, the Ad Hoc Appeals Committee will direct questions to and hear responses from the health department. The health department will also be permitted to make a closing statement. A written transcript or audio recording will be made of the hearing.

### ***Appeals Panel Processes***

1. As soon as practical after being appointed, the Ad Hoc Appeals Committee members will convene and elect a Chair from among its members. The Ad Hoc Appeals Committee will be staffed by the Accreditation Administrator with additional staff as deemed appropriate by the Board Chair.
2. All sessions in which the Ad Hoc Appeals Committee meets to organize its work, as well as all deliberations of the Ad Hoc Appeals Committee, will be conducted as an open meeting, unless the Board moves to closed session as permitted by the NC Open Meetings Law.
3. The Ad Hoc Appeals Committee may interview the Site Visit Team Chair, any staff, or members of the Board, as they may deem appropriate, to understand the background and process undertaken that led to the decision of the Board being appealed.
4. In reaching its decision, the Ad Hoc Appeals Committee will consider the record before the Board at the time it made its decision to assign conditional accreditation or unaccredited status as applicable, the health department's written appeal statement, information gathered by the Ad Hoc Appeals Committee itself, such as interviews with NCLHDA Board members or staff members, any presentation made by

the health department at the hearing, and the health department's responses to questions asked by the Ad Hoc Appeals Committee members during the hearing.

5. The Ad Hoc Appeals Committee, on a majority vote, either affirms, amends, remands, or reverses the NCLHDA Board decision being appealed. The Ad Hoc Appeals Committee shall issue a written decision including:
  - a. a summary of relevant portions of the NCLHDA Board's decision,
  - b. a summary of any relevant procedural or factual findings made by the Ad Hoc Appeals Committee,
  - c. the Ad Hoc Appeals Committee's rulings and decisions with respect to the matters under appeal, and
  - d. the outcome and resolution of the appeal.
6. The Ad Hoc Appeals Committee's decision is conveyed to the Board with the Board acting within 60 calendar days of receipt of the initial appeal request. The decision of the Board is final and shall be communicated in writing.

## **Reference Guidelines and/or Appendices:**

None

# Appendix 8

## *Comments and Complaints Against the NCLHDA Program*

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### **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, and procedures.

#### ***Complaint:***

A verbal or written expression of dissatisfaction (including concerns regarding harassment and/or discrimination) with a person, process or program component of the NCLHDA program.

### **Applicable Law, Rules and References:**

None

### **Responsible Person(s):**

Accreditation Administrator, other NCLHD Accreditation staff, NCLHD Accreditation Board

### **Procedures:**

1. The NCLHD Accreditation 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 NCLHD Accreditation 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 9

## *Complaints Against an Accredited Department*

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### **Definitions:**

#### ***Complaint:***

A written statement concerning the Accreditation Standards, Benchmarks, and Activities of the agency that potentially violate accreditation standards.

### **Applicable Law, Rules and References:**

None

### **Responsible Person(s):**

Accreditation Administrator, other NCLHD Accreditation staff, NCLHD Accreditation Board

### **Procedure:**

#### ***Receipt of Complaint***

1. A complainant may contact the NCLHD Accreditation Board through:
  - a. e-mail (listed on the contacts page of our web site: <https://nclhdaccreditation.unc.edu/about-nclhda/contact-us/>)
  - b. online submission form (available on our web site: <https://nclhdaccreditation.unc.edu/about-nclhda/report/>)
  - b. mail to NCLHD Accreditation 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. If a complaint is not related, the Accreditation Administrator will communicate to the complainant that the complaint falls outside of the scope of the NCLHD Accreditation Board, referring the complainant to the appropriate entity when applicable.

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 reported anonymously if desired; however, full investigation of the complaint may be limited if it is submitted anonymously.

### ***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 within 15 business days. If the complaint involves possible abuse, neglect or exploitation of a client/customer/patient; unprofessional conduct; or noncompliance with state or federal laws, the NCLHD Accreditation Board will notify the appropriate regulatory authority.
4. 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) for consultation and discussion with the Accreditation Administrator. The Accreditation Administrator will then report back to the Board — as appropriate — for determination if any findings relate to Standards, Benchmarks, and Activities.

5. The investigation is completed by NCLHD Accreditation staff.
6. The findings of the investigation are presented to the Board.

### ***Board Action***

1. The Board will review the findings and take action as necessary. 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. Depending on the findings, the actions the Board may take are:
  - a. suggest the program work with entities like NCDPH to make appropriate referrals for assistance to the department
  - b. maintain documentation of the investigation for inclusion as evidence in the department's next accreditation review
  - c. all or some of the above.
3. The action is communicated to the local health department and to the complainant in writing.

## **Reference Guidelines and/or Appendices:**

[\*Accreditation Process Operational Guidelines: Appendix 3: Request for Review of the Site Visit Team Report\*](#)