

# National Institute For Behavioral Health Quality

## Standards And Guidelines For Practice Accreditation

### **I. Practice Administrative and Management Standards**

These standards address three major components: Legal status of the practice, management responsibilities and administrative issues. These standards ensure the public that the practice is a legitimate legal entity.

#### **Standard 1.0. Organizational Legal Status**

*All practices must have an acceptable legal status to ensure the public that the practice is a legitimate legal entity.*

Applicants meet this standard by demonstrating the legal status of the practice. Legal status refers to corporate status, a partnership, and a current business license issued by a locality or state. All types of practices, whether solo or group, must have a current business license.

#### **Standard 1.01. Litigation And Sanctions**

*Practices and members of the practice do not have any pending legal actions or are under current sanction by any state, local, or federal agency for activities related to their professional practice.*

Applicants meet this standard by personal attestation and history.

#### **Standard 1.02. Management**

*An indicator of sound practice management is a formal process whereby management meets and confers on regular basis to discuss practice goals, implementation, objectives, staff related issues, patient issues and other practice related business. Solo practices are exempt from this standard.*

Applicants meet this standard by demonstrating a formal management meeting schedule.

#### **Standard 1.03. Formal Mission Statement**

*A formal mission statement is a quality indicator that the practice has a vision and outline of why and how it exists. How the management of the practice operates must be consistent with the mission statement.*

Applicants meet this standard by adopting a formal mission statement.

#### **Standard 1.04. Professional And Support Staff**

*A practice must have a designated person that ensures professional and support staff credentials and licenses are current and without restriction.*

Applicants meet this standard by demonstrating a commitment to developing and utilizing established criteria to select, retain, and evaluate professional and support staff. A formal process that verifies credentials and licenses of staff demonstrates the practice's commitment to quality.

### **Standard 1.05. Administration**

*Practices develop and utilize formal and established written policies that are readily available to staff for consultation. Solo practices are exempt from this standard.*

Applicants meet this standard by having and utilizing a policy manual of the practice's operations and can demonstrate that staff are adequately trained and familiar with these policies.

## **II. Professional Staff Qualifications And Responsibilities Standards**

The professional staff standards address patient care responsibilities and qualifications. Practice assess compliance with documenting patient care in permanent patient care records.

### **Standard 2.0. Patient Care And Records**

Practices ensure that all treatment communications between the practice's professional staff and the patient's primary care physicians and other referral sources are well documented.

Applicants meet this standard by adopting and utilizing formal procedures and processes that clearly demonstrate a documentation system whereby important treatment information is provided to primary care physicians or other professionals involved in the patient's care. This standard requires that any information provided to others is approved by the patient.

### **Standard 2.1. Oversight of Documentation**

*Practices ensure that there is a clear and unambiguous policy as to which staff are permitted to document and view patient data.*

Applicants meet this standard by demonstrating which personnel and staff have access to patient data.

## **III. Patient Care And Management Standards**

The patient care and management standards are organized into several essential components designed to support the delivery of high-quality patient care and to ensure patient needs are met.

### **Standard 3.0. Reasonable Time To Schedule Patients**

*Practice's have an established policy that sets forth an accepted time frame to schedule or refer the initial patient visit and subsequent appointments.*

Applicants meet this standard by adopting a reasonable time period for scheduling patient evaluations, treatment, referrals or other patient needs.

### **Standard 3.01. Provision Of Patient Care**

*Practices have a clear and unambiguous policy of which professional staff are permitted to provide direct patient care. This ensures that patients receive care only from those professionals who are qualified to provide direct patient care.*

Applicants meet this standard by adopting a policy and utilizing procedures that demonstrate the intent of the standard.

### **Standard 3.02. Services Of Non-Licensed Or Credentialed Staff**

*Practices ensure quality patient care by developing and utilizing formalized policies and procedures that specifically outlines the services that non-licensed or credentialed individuals are permitted to provide with respect to direct patient care. This includes policies and procedures that require that direct supervision when treatment is allowed by non-licensed or credentialed staff and co-signing of treatment plans by the supervising practitioner.*

Applicants meet this standard by adopting a policy and utilizing procedures that demonstrate the intent of the standard.

### **Standard 3.03. Staff Are Trained To Respond To Emergencies**

*Practice must have a staff person who is trained to respond to emergencies that may occur at a practice location. This includes having a staff member trained in basic first aid and cardiopulmonary resuscitation (CPR).*

Applicants meet this standard by having a designated staff person who is trained and qualified to perform these duties.

### **Standard 3.04. Patient Records**

*Patent records are a critical part of patient care. Practices have a functioning system relating to documentation, confidentiality and communication of patient information and data. This includes designating a specific staff member who is responsible for records management. This standard requires that patients are made well aware of their financial responsibilities and that patients are provided and agree to treatment plans.*

Applicants meet this standard by adopting policies and utilizing procedures that demonstrate the intent of the standard.

### **Standard 3.05. Patient Rights**

*Patient rights are at the very core of practice. Patient rights include access to information about their treatment and the right to refuse treatment. They have the right to have access and notification about their rights and how conflicts will be adjudicated within the practice. Patients rights, as specified in law and the ethics of the applicable profession, also apply.*

Practices meet this standard by having and utilizing have a clear and unambiguous policy that details patient rights and communicates this to the patient.

### **Standard 3.06. Patient Care**

*Patients have a right to the highest quality care possible. Practices must ensure that the care patients receive conforms to both law and professional standards. Practices provide care that is based on patient need and without any other consideration. This includes providing treatments that utilize professionally accepted protocols for specific conditions and having this information communicated to patients clearly and unambiguously.*

Applicants meet this standard by adopting and utilizing procedures that demonstrate the intent of this standard.

## **IV. Quality Assessment And Improvement**

Any practice providing patient care should be engaged in a proactive process to assess and improve the quality of that patient care. As a practice-wide initiative, monitoring and evaluating care embraces the principles of improved patient care and service quality. The standards motivate practices to engage in comprehensive monitoring and evaluation processes that assess important aspects of care, establish indicators which, if not met, will trigger further evaluation of the important aspects of care, and require actions to be taken when problems or opportunities to improve are identified.

### **Standard 4.01. Monitoring Aspects Of Patient Care**

*Practices demonstrate a commitment to the monitoring of patient care. This includes evaluating and making improvements called for by such evaluations to billing procedures, appointment scheduling, accessibility, patient satisfaction, waiting time, number of sessions, patient satisfaction and other aspects of patient care.*

Applicants meet this standard by adopting evaluative procedures and indicators that allow the practice to assess and make improvements in how these services are provided.

## **V. Facility And Safety Management Standards**

Health care settings can be risky environments for patients and staff. Adequate and well-equipped space facilitates the safe care of patients and minimizes opportunities for injury or exposure to hazardous conditions. Thus, this section addresses three critical categories: facility safety, safety management and environmental safety.

### **Standard 5.0. Facility Safety**

*Patient have the right to treatment in a facility that is free from hazards and danger.*

Applicants meet this standard by demonstrating that they are not under any citation for any health and fire or occupancy code violation and attesting that they are in compliance with all local, state and federal health and safety regulations.

### **Standard 5.01 Safety Management**

*Practices ensure patient safety by having a formal policy and utilizing procedures that promote safety in the practice location.*

Applicants meet this standard by designating a responsible staff member for the safety management of the practice, by having a formal emergency evacuation and preparedness plan for natural disasters or other emergencies and by having fire extinguishers readily available and accessible.

### **Standard 5.02. Environmental Safety**

*Patients have a right to safety and freedom from illness causing agents in the practice environment. This includes the right to a clean and accident free facility.*

Applicants meet this standard by adopting and enforcing a policy on the use of tobacco in the practice facility. Practices ensure that the facility does not expose patients and staff to Infectious disease and employing a reasonable but routine schedule of office cleaning.

## **VI. Compliance Standards**

To assist practices to comply with HCFA's Fraud and Abuse prevention program, the NIBHQ has incorporated many policies designed to help you ensure compliance. There are five basic elements in our Standards: 1) The practice adopts a program based on formal policies and procedures, 2) A qualified and trained individual is responsible for maintaining the compliance program, 3) Appropriate staff are properly trained and educated on claims development and billing procedures, 4) Auditing and monitoring mechanisms are implemented to ensure consistent compliance, and 5) Written employment criteria and disciplinary guidelines are implemented.

### **Standard 6.0. Risk Management**

*A practice that is committed to quality administers a compliance program that addresses the critical elements of appropriate reimbursement practices and reduces the risks associated with incorrect, inappropriate or fraudulent billing.*

Applicants meet this standard by having specific procedures in place to minimize and eliminate billing problems and ensure that all applicable personnel understand and subscribe to honest and accurate billing practices.

## **VII. Continuing Education**

On-going continuing education for professional practice demonstrates that a practice is committed to keeping abreast of advances in their profession and honing existing skills while acquiring new skills. Continuing education assures patients that the practice is dedicated to providing the highest quality of service based on professional standards.

### **Standard 7.0. Basic Knowledge Of Psychopharmacology**

*The use of psychotropic medications has become a ubiquitous part of treatment in behavioral healthcare. Patient safety requires that behavioral healthcare professionals have a basic knowledge about the use, side effects and drug-drug interactions of these medications.*

Applicants meet this standard by demonstrating that at least one doctoral level professional member of the staff has completed a basic continuing education course in psychopharmacology.

### **Standard 7.01 On-going Continuing Education**

*Patients expect that the professionals providing their treatment hone and enhance their skills through on-going education.*

Applicants demonstrate their commitment to professional development by devoting a reasonable amount of time to relevant continuing education. On-going continuing education may be obtained through conference attendance, online study and home study courses that are expressly relevant to professional skills. Continuing education courses that enhance practice related activities are also relevant and encouraged.

