



Accreditation Program: Behavioral Health Care
Leadership

Standard LD.01.01.01

The organization has a leadership structure.

Rationale for LD.01.01.01

Every organization has a leadership structure to support operations. Many functions need to be carried out, including governance, administration, and oversight of care, treatment, or services. In some organizations leaders have distinct roles in carrying out these functions; in others a single person may perform all leadership functions.

Elements of Performance for LD.01.01.01

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| 1. | The organization identifies those responsible for governance. | A |
| 2. | Governance identifies those responsible for planning, management, and operational activities. | A |
| 3. | Governance identifies those responsible for the provision of care, treatment, or services. | A |


Standard LD.01.03.01

Governance is ultimately accountable for the safety and quality of care, treatment, or services.

Rationale for LD.01.03.01

Governance's ultimate responsibility for safety and quality derives from its legal responsibility and operational authority for organization performance. In this context, governance provides for internal structures and resources, including staff, that support safety and quality.

Elements of Performance for LD.01.03.01





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| 1. | Ⓚ Governance defines in writing its responsibilities. | A |
| 2. | Governance provides for organization management and planning. | A |
| 3. | Ⓚ Governance approves the organization's written scope of services. | A |
| 4. | Governance selects the chief executive. | A |
| 5. | Governance provides for the resources needed to maintain safe, quality care, treatment, or services. |  A |
| 6. | Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals. | A |

Standard LD.01.04.01

A chief executive manages the organization.

Elements of Performance for LD.01.04.01

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| 1. | The chief executive provides for the following: Information and support systems. | A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

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| 2. | The chief executive provides for the following: Recruitment and retention of staff. | A |
| 3. | The chief executive provides for the following: Physical and financial assets. | A |
| 11. | When the chief executive is absent from the organization, a qualified person is designated to perform the duties of this position. | A |
| 12. | For opioid treatment programs: Persons in positions of authority are professionally and culturally competent.
Note: These people are able to work effectively with the local community and/or receive input from members of minority groups or advisors who are knowledgeable about gender, ethnicity, and language issues. | A |
| 13. | For opioid treatment programs: The program formally designates a program sponsor and a medical director. | A |
| 14. | For opioid treatment programs: The medical director is responsible for all medical services performed by the program. | A |
| 15. | For opioid treatment programs: All medical care is the responsibility of the program's physician(s). | A |
| 16. | For opioid treatment programs: The program's medical director is a physician licensed in the jurisdiction where the program is located. | A |

Standard LD.01.07.01

Leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.

Elements of Performance for LD.01.07.01

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| M | 2. | Leaders are oriented to all of the following: <ul style="list-style-type: none"> - The organization's mission and vision - The organization's safety and quality goals - The organization's structure and the decision-making process - The development of the budget as well as the interpretation of the organization's financial statements - The population(s) served by the organization and any issues related to that population(s) - The separate and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care - Applicable law and regulation | C |
| | 3. | Governance provides leaders with access to information and training in areas where they need additional skills or expertise. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard LD.02.01.01

The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.

Rationale for LD.02.01.01

The primary responsibility of leaders is to provide for the safety and quality of care, treatment, or services. The purpose of the organization's mission, vision, and goals is to define how the organization will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the organization is most likely achieved when it is understood by all who work in or are served by the organization.

Elements of Performance for LD.02.01.01

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| 1. | Leaders work together to create the organization's mission, vision and goals. | A |
| 2. | The organization's mission, vision, and goals guide the actions of leaders. | A |
| 3. | Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves. | A |
| 4. | Ⓚ For foster care: The agency's mission, vision, and values are defined. | A |
| 5. | Ⓚ For foster care: The agency develops strategic, operational, and program-related plans and written policies to carry out the vision and to achieve the mission. | A |

Standard LD.02.03.01

Leaders regularly communicate with each other on issues of safety and quality.

Rationale for LD.02.03.01

Leaders, who provide for safety and quality, must communicate with each other on matters affecting the organization and those it serves. The safety and quality of care, treatment, or services depend on open communication. Ideally, this will result in trust and mutual respect among those who work in the organization.

Elements of Performance for LD.02.03.01

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| 1. | Leaders discuss issues that affect the organization and the population(s) it serves, including the following:
- Performance improvement activities
- Reported safety and quality issues
- Proposed solutions and their impact on the organization's resources
- Reports on key quality measures and safety indicators
- Safety and quality issues specific to the population served
- Input from the population(s) served | A |
| 2. | The organization establishes time frames for the discussion of issues that affect the organization and the population(s) it serves. | A |

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Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the organization.

Rationale for LD.03.01.01

Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the organization. Leaders demonstrate their commitment to quality and set expectations for those who work in the organization. Leaders evaluate the culture on a regular basis using a variety of methods, such as formal surveys, focus groups, staff interviews, and data analysis.

Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. Disruptive staff behavior that intimidates others and affects morale or staff turnover can be harmful to individuals served. Leaders must address disruptive behavior at all levels of the organization, including management, clinical and administrative staff, licensed independent practitioners, and governing body members.

Elements of Performance for LD.03.01.01

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| 1. | Leaders regularly evaluate the culture of safety and quality. | A |
| 2. | Leaders prioritize and implement changes identified by the evaluation. | A |
| 3. | Leaders provide opportunities for all persons who work in the organization to participate in safety and quality initiatives. | A |
| 4. | ⓓ Leaders develop a code of conduct that defines acceptable, disruptive, and inappropriate staff behaviors. | A |
| 5. | Leaders create and implement a process for managing disruptive and inappropriate staff behaviors. | △ ₃ A |
| 6. | Leaders provide education that focuses on safety and quality for all persons. | A |
| 7. | Leaders establish a team approach among all staff at all levels. | A |
| 8. | All who work in the organization are able to openly discuss issues of safety and quality. (See also LD.04.04.05, EP 6) | A |
| 9. | Literature and advisories relevant to the safety of individuals served are available to all who work in the organization. | A |
| 10. | Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the organization. | A |

KEY: A indicates scoring category A; C indicates scoring category C; △₂ indicates situational decision rules apply; △₃ indicates direct impact requirements apply; M indicates Measure of Success if needed; ⓓ indicates that documentation is required

Standard LD.03.02.01

The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.03.02.01

Data help organizations make the right decisions. When decisions are supported by data, organizations are more likely to move in directions that help them achieve their goals. Successful organizations measure and analyze their performance. When data are analyzed and turned into information, this process helps organizations see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, the satisfaction of the individuals served, process variation, and staff perceptions.

Elements of Performance for LD.03.02.01

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| 1. | Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. | A |
| 2. | Leaders are able to describe how data and information are used to create a culture of safety and quality. | A |
| 3. | The organization uses processes to support systematic data and information use. | A |
| 4. | Leaders provide the resources needed for data and information use, including staff, equipment, and information systems. | A |
| 5. | The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (See also PI.02.01.01, EP 8) | A |
| 6. | The organization uses data and information to identify and respond to internal and external changes in the environment. | A |
| 7. | Leaders evaluate how effectively data and information are used throughout the organization. | A |

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Standard LD.03.03.01

Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.

Rationale for LD.03.03.01

Planning is essential to the following:

- The achievement of short- and long-term goals
- Meeting the challenge of external changes
- The design of services and work processes
- The creation of communication channels
- The improvement of performance
- The introduction of innovation

Planning includes contributions from the populations served, from those who work for the organization, and from other interested groups or persons such as families or consumer advocates.

Elements of Performance for LD.03.03.01

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| 1. | Planning activities focus on improving the safety of individuals served and behavioral health care quality. | A |
| 2. | Leaders can describe how planning supports a culture of safety and quality. | A |
| 3. | Planning is systematic, and it involves designated persons and information sources. | A |
| 4. | Leaders provide the resources needed to support the safety and quality of care, treatment, or services. | 3 A |
| 5. | Safety and quality planning is organization-wide. | A |
| 6. | Planning activities adapt to changes in the environment. | A |
| 7. | Leaders evaluate the effectiveness of planning activities. | A |

Standard LD.03.04.01

The organization communicates information related to safety and quality to those who need it, including staff, individuals served, families, and external interested parties.

Rationale for LD.03.04.01

Effective communication is essential among persons and groups within the organization, and between the organization and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment, or services. Effective communication is timely, accurate, and usable by the audience.

Elements of Performance for LD.03.04.01

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| 1. | Communication processes foster the safety of the individual served and the quality of care. | A |
| 2. | Leaders are able to describe how communication supports a culture of safety and quality. | A |

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| 3. | Communication is designed to meet the needs of internal and external users. | A |
| 4. | Leaders provide the resources required for communication, based on the needs of individuals served, staff, and administration. | A |
| 5. | Communication supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6 and 12) | A |
| 6. | When changes in the environment occur, the organization communicates those changes effectively. | A |
| 7. | Leaders evaluate the effectiveness of communication methods. | A |

Standard LD.03.05.01

Leaders implement changes in existing processes to improve the performance of the organization.

Rationale for LD.03.05.01

Change is inevitable, and agile organizations are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful innovation, and to meet environmental challenges. The organization integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

Elements of Performance for LD.03.05.01

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| 1. | Structures for managing change and performance improvements exist that foster the safety of the individual served and the quality of care, treatment, or services. | A |
| 2. | Leaders are able to describe how the organization's approach to performance improvement and its capacity for change support a culture of safety and quality. | A |
| 3. | The organization has a systematic approach to change and performance improvement. | A |
| 4. | Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training. | A |
| 5. | The management of change and performance improvement supports both safety and quality throughout the organization. | A |
| 6. | The organization's internal structures can adapt to changes in the environment. | A |
| 7. | Leaders evaluate the effectiveness of processes for the management of change and performance improvement. | A |

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Standard LD.03.06.01

Those who work in the organization are focused on improving safety and quality.

Rationale for LD.03.06.01

The safety and quality of care, treatment, or services are highly dependent on the people who work in the organization. The mission, scope, and complexity of services define the design of work processes and the skills and number of persons needed. In a successful organization, work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the organization, including staff and licensed independent practitioners.

Elements of Performance for LD.03.06.01

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| 1. | Leaders design work processes to focus staff on safety and quality issues. | A |
| 2. | Leaders are able to describe how those who work in the organization support a culture of safety and quality. | A |
| 3. | Leaders provide for a sufficient number and mix of staff to support safe, quality care, treatment, or services. (See also HR.01.01.03, EP 1) | ▲ A |
| 4. | Those who work in the organization are competent to complete their assigned responsibilities. (See also HR.01.01.03, EP 2) | ▲ A |
| 5. | Those who work in the organization adapt to changes in the environment. | A |
| 6. | Leaders evaluate the effectiveness of those who work in the organization to promote safety and quality. | A |

Standard LD.04.01.01

The organization complies with law and regulation.

Elements of Performance for LD.04.01.01

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| 1. | ⓓ The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the organization is seeking accreditation from The Joint Commission. | ▲ 2 A |
| 2. | The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. | A |
| 3. | Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies. | A |

Standard LD.04.01.03

The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.

Elements of Performance for LD.04.01.03

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| 1. | Leaders solicit comments from those who work in the organization when developing the operational and capital budgets. | A |
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| 3. | The operating budget reflects the organization's goals and objectives. | A |
| 4. | D Governance monitors or approves an annual operating budget and, when needed, a long-term capital expenditure plan. | A |
| 5. | Leaders monitor the implementation of the budget and long-term capital expenditure plan. | A |
| 7. | D The organization has a process that provides for an annual objective evaluation of its financial ability to provide care, treatment, or services.
Note: A full audit need not take place, but key measures that support sound financial practices or reveal warning signs requiring a follow-up are to be used. Examples of such measures include cash flow, accounts receivable, and current ratio. | A |

Standard LD.04.01.05

The organization effectively manages its programs or services.

Rationale for LD.04.01.05

Leaders at the program or service level create a culture that enables the organization to fulfill its mission and meet its goals. They support staff and instill in them a sense of ownership of their work processes. Leaders may delegate work to qualified staff, but the leaders are responsible for the care, treatment, or services provided in their areas.

Elements of Performance for LD.04.01.05

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| 1. | Leaders of the program or service oversee operations. | A |
| 2. | Programs or services providing care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical responsibilities. | A |
| 3. | D The organization defines, in writing, the responsibility of those with administrative and clinical direction of its programs or services. | A |
| 4. | Staff are held accountable for their responsibilities. | A |
| 5. | Leaders provide for the coordination of care, treatment, or services among the organization's different programs or services. | A |

Standard LD.04.01.07

The organization has policies and procedures that guide and support care, treatment, or services.

Elements of Performance for LD.04.01.07

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| 1. | Leaders review and approve policies and procedures that guide and support care, treatment, or services. | A |
| M 2. | The organization manages the implementation of policies and procedures. | C |

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Standard LD.04.01.09

Policies and procedures guide the provision of program services and define the goals and scope of services offered.

Elements of Performance for LD.04.01.09

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| 1. | For opioid treatment programs: Procedures are in place to ensure continuity of care for patients in the event of the voluntary or involuntary closure of the program. The procedures provide for orderly transfer of patients, records, and assets to other programs or practitioners. | A |
| 2. | D For opioid treatment programs: The program's written policies provide for assigning female patients to counselors who are sensitive to and trained to address their individual needs, such as domestic violence or sexual abuse. | A |
| 3. | D For opioid treatment programs: The program establishes written policies and procedures for follow-up primary care of new mothers and well-baby care for their infants. | A |
| 4. | For opioid treatment programs: Written policies and procedures apply equally to women with concurrent HIV infection or HIV diagnosis, regardless of whether they are pregnant. These women receive the same services and treatment opportunities. | A |
| 5. | For opioid treatment programs: The program offers treatment for groups organized with their special needs in mind, such as gender, sexual minority, seniors, and language. | A |
| 6. | For opioid treatment programs: The option of participation in groups comprised of the same sex is available to all patients. | A |
| 7. | For opioid treatment programs: The program does not limit the psychosocial services offered to patients receiving "0" dose levels. | A |
| 8. | For opioid treatment programs: The program establishes procedures for admitting patients to short- or long-term withdrawal treatment. | A |
| 9. | For opioid treatment programs: Policies and procedures are reviewed and recertified at least annually. | A |
| 10. | D For foster care: The agency has a written nondiscriminatory policy for selecting foster parents. | A |
| 11. | D For foster care: The agency develops specific written policies and procedures on the following:
<ul style="list-style-type: none"> - Reporting and handling of physical, mental, and sexual abuse - Receiving and responding to comments, questions, or complaints from the family of origin, the individual served, and the foster parents - Removing an individual from the foster home if there is suspicion that he or she is in danger - Actions to take in the event of the closure of foster homes, whether voluntary or by termination orders | A |

Standard LD.04.01.11


The organization makes space and equipment available as needed for the provision of care, treatment, or services.

Note: This standard is applicable only to those settings that are under the control of the behavioral health care organization.

Rationale for LD.04.01.11

The resources allocated to services provided by the organization have a direct effect on an individual's outcomes. Leaders should place highest priority on high-risk or problem-prone processes that can affect an individual's safety. Examples include infection control, medication management, and others defined by the organization.



Elements of Performance for LD.04.01.11

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| 2. | The arrangement and allocation of space supports safe, efficient, and effective care, treatment, or services. | A |
| 3. | The interior and exterior space provided for care, treatment, or services meets the needs of individuals served. | A |
| 4. | The grounds, equipment, and special activity areas are safe, maintained, and supervised. | A |
| 5. | The leaders provide for equipment, supplies, and other resources. |  A |

Standard LD.04.02.01

The leaders address any conflict of interest involving staff that affects or has the potential to affect the safety or quality of care, treatment, or services.

Elements of Performance for LD.04.02.01





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| 1. |  The leaders define conflict of interest involving staff. This definition is in writing. | A |
| 2. |  The leaders develop a written policy that defines how the organization will address conflicts of interest involving staff. | A |
| 3. | Existing or potential conflicts of interest involving staff, as defined by the organization, are disclosed. | A |
| 4. | The organization reviews its relationships with other care providers, educational institutions, manufacturers, and payers to determine whether conflicts of interest exist and whether they are within law and regulation. | A |
| 5. | Policies, procedures, and information about the relationship between care, treatment, or services and financial incentives are available upon request to all individuals served and staff. | A |

Standard LD.04.02.03

Ethical principles guide the organization's business practices.

Elements of Performance for LD.04.02.03

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| 1. | The organization has a process that allows staff, individuals served, and families to address ethical issues or issues prone to conflict. | A |
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| 2. | The organization uses its process to address ethical issues or issues prone to conflict. | A |
| 3. | The organization follows ethical practices for marketing and billing. | A |
| 4. | D Marketing materials accurately represent the organization and address the care, treatment, or services that the organization provides either directly or by contractual arrangement. | A |
| 5. | Care, treatment, or services are provided based on the needs of individuals served, regardless of compensation or financial risk-sharing with those who work in the organization, including staff. | A |
| 6. | When leaders excuse staff members from a job responsibility, care, treatment, or services are not affected in a negative way. | A |
| 7. | Individuals served receive information about charges for which they will be responsible. | A |

Standard LD.04.02.05

When internal or external review results in the denial of care, treatment, or services, or payment, the organization makes decisions regarding the ongoing provision of care, treatment, or services, and discharge or transfer, based on the assessed needs of the individual served.

Rationale for LD.04.02.05

The organization is professionally and ethically responsible for providing care, treatment, or services within its capability and law and regulation. At times, such care, treatment, or services are denied because of payment limitations. In these situations, the decision to continue providing care, treatment, or services or to discharge the individual is based solely on the individual’s identified needs.

Elements of Performance for LD.04.02.05

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| 1. | Decisions regarding the provision of ongoing care, treatment, or services, discharge, or transfer are based on the assessed needs of the individual served, regardless of the recommendations of any internal or external review. | A |
| 2. | The safety and quality of care, treatment, or services do not depend on the ability of the individual served to pay. | A |

Standard LD.04.03.01

The organization provides services that meet needs of the individual served.

Elements of Performance for LD.04.03.01

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| 1. | The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. | A |
| 19. | For foster care: The leaders work with policymakers and involve the community in foster care through education and awareness. | A |
| 20. | For foster care: Entry into the appropriate level of care is based on the proper assessment. | A |
| 21. | For foster care: Services are planned based on the characteristics and identified needs of the individual served. | A |

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| 22. | For foster care: The agency plans services based on the agency’s commitments, which include collaborative relationships with agencies that are separately funded or contracted with to provide services to the family of origin or with agencies that supplement the operating agency’s services. | A |
| 23. | For foster care: The agency plans services with community vendors (for example, medical, dental, educational) to guarantee access for the individual with identified needs that are not provided for by the agency. | A |
| 24. | For foster care: The agency plans services with the foster parents’ involvement in making decisions about the foster care (for example, policies and program issues). | A |

Standard LD.04.03.05

Services are defined through the collaboration of the organization’s leaders with leaders of the various communities served by the organization and other external organizations.

Rationale for LD.04.03.05

For opioid treatment programs:

As part of the planning process, the organization determines which essential services it will provide directly to patients based on their identified needs and in compliance with applicable law and regulation. The organization can decide to provide some services through referral, consultation, or contractual agreement.

Services are provided, or referrals made, for patients who have coexisting health and psychosocial issues. Coexisting health and psychosocial issues or needs can include the following:

- Learning problems
- Medical problems
- Chronic pain disorder
- Mental health and family problems
- Use or abuse of multiple drugs and/or alcohol
- HIV or other sexually transmitted diseases
- Infectious diseases
- Pregnancy and prenatal care
- Vocational and employment needs
- Legal services needs

When possible, comorbidities are concurrently managed on site. Coexisting conditions, especially in patients from disenfranchised populations, are most effectively treated at a single site.

Note 1: Managing chronic pain includes consulting with a specialist in pain medicine, when possible and appropriate.

Note 2: Programs should establish a mechanism to evaluate mental health medication jointly with the mental health provider. If possible and indicated, programs may even dispense such medications in conjunction with the daily methadone dose.

Elements of Performance for LD.04.03.05

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| 1. | A process is in place for physician input in planning for the provision of medical services. | A |
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2. The severity of the needs of the individual served determines the resources used to meet those needs. **A**
4. For opioid treatment programs: The program selects its location based on community need and impact. **A**
5. For opioid treatment programs: The program solicits input from the community and uses both solicited and unsolicited input from the community to determine the program's impact in the neighborhood. **A**
6. For opioid treatment programs: The program obtains input from patients related to identified community concerns, and considers both patient and community input when developing or revising its policies and procedures. **A**
7. **D** For opioid treatment programs: The program has written policies and procedures that address community problems (such as patient loitering and medication diversion). Program operations do not adversely affect community life. **A**
8. For opioid treatment programs: The program establishes a liaison with community leaders in order to foster good relations.
Note: Examples of community leaders include publicly elected representatives; local health, substance abuse, and social and/or human service agency directors; business organization leaders; community and health planning agency directors; grassroots community organization leaders; local police and law enforcement officials; and religious and spiritual leaders. **A**
9. **D** For opioid treatment programs: The program has a written community relations plan that is specific to the configuration and needs of the program within its community. **A**
10. For opioid treatment programs: The community relations plan includes goals and procedures and identifies the program staff who will function as community relations coordinators. **A**
11. For opioid treatment programs: The community relations plan addresses how the program will establish a liaison with the community representatives to share information about the program, the community, and mutual issues. **A**
12. For opioid treatment programs: The community relations plan addresses how the program will serve as a community resource on substance abuse and related health and social issues as well as how it will promote the benefit of medication-assisted treatment in preserving public health. **A**
13. **D** For opioid treatment programs: The program documents its community relations efforts and community contacts. **A**
14. For opioid treatment programs: The program evaluates its community relations efforts over time and addresses any outstanding problems. **A**
15. For opioid treatment programs: The program's building is clean and orderly, and the physical setting does not impede pedestrian or traffic flow. **A**
16. For opioid treatment programs: The program has a communication mechanism so that interested parties and potential patients can obtain general information about the program outside regular operating hours. **A**

Standard LD.04.03.07

Individuals with comparable needs receive the same standard of care, treatment, or services throughout the organization.

Rationale for LD.04.03.07

Comparable standards of care means that the organization can provide the services that individuals need within established time frames and that those providing care, treatment, or services have the required competence. Organizations may provide different services to individuals with similar needs as long as his or her outcome is not affected. Different settings, processes, or payment sources should not result in different standards of care.

Elements of Performance for LD.04.03.07

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| 1. | Variances in staff, setting, or payment source do not affect outcomes of care, treatment, or services in a negative way. | A |
| 2. | Care, treatment, or services are consistent with the organization's mission, vision, and goals. | A |
| 4. | For foster care: The agency plans services so that the same level of care or service is offered to every individual served. These services are planned according to each individual's needs regardless of how the service is provided, such as through family of origin, through kinship care, or through foster care. | A |



Standard LD.04.03.09

Care, treatment, or services provided through contractual agreement are provided safely and effectively.

Elements of Performance for LD.04.03.09

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| 1. | Clinical leaders have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement. | A |
| 2. | (D) The organization describes, in writing, the nature and scope of services provided through contractual agreements. | A |
| 3. | (D) Designated leaders approve contractual agreements. | A |
| 4. | Leaders monitor contracted services by establishing expectations for the performance of the contracted services.
Note: When the organization contracts with another accredited organization for care, treatment, or services to be provided off site, it can do the following:
- Verify that all licensed independent practitioners who will be providing care, treatment, or services have appropriate clinical responsibilities by obtaining, for example, a copy of the list of clinical responsibilities.
- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their clinical responsibilities. | A |
| 5. | (D) Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.
Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. | A |
| 6. | Leaders monitor contracted services by evaluating these services in relation to the organization's expectations. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 7. | Leaders take steps to improve contracted services that do not meet expectations.
Note: Examples of improvement efforts to consider include the following:
- Increase monitoring of the contracted services.
- Provide consultation or training to the contractor.
- Renegotiate the contract terms.
- Apply defined penalties.
- Terminate the contract. | A |
| 8. | When contractual agreements are renegotiated or terminated, the organization maintains the continuity of care. |  A |
| 10. |  Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same. | A |

Standard LD.04.04.01

Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" (PI) chapter.)

Elements of Performance for LD.04.04.01





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| 1. | Leaders set priorities for performance improvement activities and behavioral health outcomes. (See also PI.01.01.01, EPs 1 and 3) | A |
| 2. | Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 14, 15, 27) | A |
| 3. | Leaders reprioritize performance improvement activities in response to changes in the internal or external environment. | A |
| 4. | Performance improvement occurs organization-wide. | A |

Standard LD.04.04.03

New or modified services or processes are well designed.

Elements of Performance for LD.04.04.03

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| 1. | The organization's design of new or modified services or processes incorporates the needs of the individuals served, staff, and others. | A |
| 2. | The organization's design of new or modified services or processes incorporates the results of performance improvement activities. | A |
| 3. | The organization's design of new or modified services or processes incorporates information about potential risks to the individuals served. (See also LD.04.04.05, EPs 6 and 11)
Note: A proactive risk assessment is one of several ways to assess potential risks to the individuals served. For suggested components, refer to the Proactive Risk Assessment section at the beginning of this chapter. | A |

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| 4. | The organization's design of new or modified services or processes incorporates evidence-based information in the decision-making process.
Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards. | A |
| 5. | The organization's design of new or modified services or processes incorporates information about sentinel events. | A |
| 6. | The organization tests and analyzes its design of new or modified services or processes to determine whether the proposed design or modification is an improvement. | A |
| 7. | Leaders involve staff, individuals served, stakeholders, and others (such as family and consumer advocates) in the design process. | A |


Standard LD.04.04.05





The organization has an organization-wide, integrated safety program for individuals served.

Elements of Performance for LD.04.04.05

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| 1. | The organization implements an organization-wide safety program for individuals served. | A |
| 2. | One or more qualified persons manage the safety program. | A |
| 3. | The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events. | A |
| 4. | All programs and services within the organization participate in the safety program. | A |
| 5. | As part of the safety program, the organization creates procedures for responding to system or process failures.
Note 1: Responses might include continuing to provide care, treatment, or services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.
Note 2: For opioid treatment programs: Examples of reportable patient deaths include the following:
- Drug-related deaths
- Methadone or buprenorphine deaths
- Unexpected or suspicious deaths
- Treatment-context deaths that raise individual, family, community, or public concern | A |
| 6. | The organization provides and encourages the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment. (See also LD.03.01.01, EP 8; LD.03.04.01, EP 5; LD.04.04.03, EP 3) | A |
| 7. | The organization defines "sentinel event" and communicates this definition throughout the organization.
Note: At a minimum, the organization's definition includes those events subject to review in the "Sentinel Events" (SE) chapter of this manual. The definition may include any process variation that does not affect the outcome or result in an adverse event, but for which a recurrence carries significant chance of resulting in a serious adverse outcome or an adverse event, often referred to as a near miss. | A |

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| 8. | The organization conducts thorough and credible root cause analyses in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this manual. |  A |
| 9. | The organization makes support systems available for staff who have been involved in an adverse or sentinel event.
Note: Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved persons. | A |
| 11. | To improve safety, the organization analyzes and uses information about system or process failures and, when conducted, the results of proactive risk assessments. (See also LD.04.04.03, EP 3) | A |
| 12. | The organization disseminates lessons learned from root cause analyses, system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. (See also LD.03.04.01, EP 5) | A |
| 13. | D At least once a year, the organization provides governance with written reports on the following:
- All system or process failures
- The number and type of sentinel events
- Whether the individuals served and the families were informed of the event
- All actions taken to improve safety, both proactively and in response to actual occurrences | A |
| 14. | The organization encourages external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs.
Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the U.S. Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated. | A |

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