




Accreditation Program: Behavioral Health Care
Human Resources

Standard HR.01.01.01

The organization has the necessary staff to support the care, treatment, or services it provides.



Elements of Performance for HR.01.01.01

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| 29. | For opioid treatment programs: Trained and qualified substance abuse counselors provide services to meet the needs of patients and are sufficient in number to provide reasonable and prompt access by patients to counseling. |  A |
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Standard HR.01.01.03

For foster care: The agency has a sufficient number of qualified staff.


Elements of Performance for HR.01.01.03

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| 1. | For foster care: The agency has the administrators, supervisors, and staff necessary to support its scope and volume of services, in accordance with law and regulation. (See also LD.03.06.01, EP 3) |  A |
| 2. | For foster care: The agency has qualified and competent staff necessary to provide the type(s) of services it makes available, in accordance with law and regulation. (See also LD.03.06.01, EP 4) |  A |
| 3. | For foster care: The agency has a process for determining staffing based on the number and types of foster care recipients and foster families served. Note: The process considers staff training and experience, time for foster family resource development, foster family recruitment, licensing activities, case complexity, home monitoring, and home study. | A |

Standard HR.01.01.05

For foster care: Staff caseloads are consistent with the level of care, treatment, or services provided to recipients of foster care.

Elements of Performance for HR.01.01.05





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| 1. | For foster care: The agency has a process for assigning and adjusting staff caseloads based on the level of care, treatment, or services provided to recipients of foster care. | A |
|  2. | For foster care: The agency follows its process for assigning and adjusting caseloads. | C |
| 3. | For foster care: The caseload size is in accordance with law and regulation. | A |

Standard HR.01.02.01

The organization defines staff qualifications.

Elements of Performance for HR.01.02.01

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| 1. | The organization defines staff qualifications specific to their job responsibilities. | 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

27. For opioid treatment programs: The program physician(s) have experience in addiction medicine, including medication-assisted treatment. **A**

Standard HR.01.02.05

The organization verifies staff qualifications.

Elements of Performance for HR.01.02.05

1. **D** When law or regulation requires staff to be currently licensed, certified, or registered to perform their job responsibilities, the organization both verifies these credentials with the primary source and documents this verification when staff are hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2) **A**
 Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
 Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
 Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
- M** 2. **D** When the organization requires licensure, registration, or certification for staff to perform their job responsibilities, and these credentials are not required by law and regulation, the organization verifies these credentials and documents this verification at time of hire and when their credentials are renewed. (See also HR.01.02.07, EP 2) **C**
- M** 3. **D** The organization verifies and documents that the job applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration. **C**
 Note: Education required by job responsibilities could include, for example, a master's degree.
- M** 4. **D** The organization obtains a criminal background check on the job applicant as required by law and regulation or organization policy. Criminal background checks are documented. **C**
- M** 5. **D** Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented. **C**
6. The organization uses the following information to make decisions about staff job responsibilities: **A**
 - Verified licensure, certification, or registration required by law or regulation or the organization
 - Verified education and experience
 - Results of criminal background check(s), in accordance with law and regulation or organization policy
 - Outcomes of applicable health screenings, in accordance with law and regulation or organization policy

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- M** 9. **D** For opioid treatment programs: The program maintains individualized personnel files as a record of employment. The personnel files contain the following: **C**
- Employment and credentialing data
 - Employment application data
 - Date of employment
 - Up-to-date licensing and credentialing data
 - Detailed job descriptions
 - Performance evaluations
 - Training records

Standard HR.01.02.07

The organization determines how staff function within the organization.

Elements of Performance for HR.01.02.07

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| 1. | All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation. | 2 | A |
| 2. | Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2) | 2 | A |
| M 5. | Staff provide and/or oversee the supervision of students when they provide care, treatment, or services as part of their training. Note: Monitoring is not required when it is provided by the student's educational institution. | | C |

Standard HR.01.03.01

Staff are supervised effectively.

Elements of Performance for HR.01.03.01

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| 4. | Supervision and consultation are available to direct care staff to maintain and enhance their knowledge and skills in providing care, treatment, or services. | | A |
| 5. | The scope and depth of supervision that staff receive is based on their experience with the care, treatment, or services they are providing and the age and needs of the population(s) served. | | A |

Standard HR.01.04.01

The organization provides orientation to staff.

Elements of Performance for HR.01.04.01

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| 1. | The organization determines the key safety content of orientation provided to staff. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services and the environment of care. | | A |
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| <p>M 2. D The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.</p> <p>M 3. D The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.</p> <p>M 4. D The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)</p> <p>M 5. D The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented. Note: Sensitivity to cultural diversity means being aware of and respecting cultural differences. This does not mean that staff have to be conversant with every culture that they may encounter in the organization.</p> <p>M 6. D The organization orients staff on the following: The rights of individuals served, including the ethical aspects of care, treatment, or services. Completion of this orientation is documented. (See also RI.01.07.03, EP 5)</p> <p>M 13. For organizations that sponsor or offer peer support services: The organization orients staff to working collaboratively with persons providing peer support.</p> <p>M 14. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Their roles and responsibilities.</p> <p>M 15. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Communication techniques.</p> <p>M 16. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Methods to provide support for the individual served.</p> <p>M 17. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Consumer advocacy.</p> <p>M 18. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Methods for disengaging from their relationship with the individual with whom they are working.</p> <p>M 19. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Crisis recognition.</p> <p>M 20. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Procedures for responding to a crisis both for the individuals served and themselves.</p> <p>M 24. For opioid treatment programs: Before providing patient care, staff receive education specific to the medication-assisted treatment used in the program and tailored to the patient population.</p> | <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> |
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Standard HR.01.05.03

Staff participate in education and training.

Elements of Performance for HR.01.05.03

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| M | 1. D Staff participate in education and training to maintain or increase their competency. Staff participation is documented. | C |
| M | 4. D Staff participate in education and training whenever changes in their responsibilities require it. Staff participation is documented. Note: Education and training are only required if an assessment of staff skills and competencies indicates a need for their provision. | C |
| M | 5. D Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented. (See also RI.03.01.05, EP 7) | C |
| | 15. For organizations that sponsor or offer peer support services: The organization has a process for persons who are providing peer support services to receive education and training that enhances their knowledge and skills. | A |
| M | 16. For opioid treatment programs: The program implements an individual annual training plan for each staff member. | C |
| M | 17. For opioid treatment programs: The program provides staff with training in the specific characteristics and needs of women participating in their treatment program. | C |
| M | 18. For opioid treatment programs: Staff receive education about all forms of viral hepatitis and their effects on the health of the patient. | C |
| | 19. For opioid treatment programs: Staff have resources for problem solving and troubleshooting patient care issues (for example, vomiting medication, aggressive or disruptive behavior). | A |
| M | 20. For foster care: Staff involved in foster care participate in training that is specific to their responsibilities. | C |

Standard HR.01.06.01

Staff are competent to perform their responsibilities.

Elements of Performance for HR.01.06.01

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| | 1. The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served. | A |
| M | 3. Staff with the educational background, experience, or knowledge related to the skills being reviewed assess competence. Note: When suitable staff cannot be found to assess another staff member's competence, the organization can utilize a qualified outside practitioner for this task. Alternatively, the organization may consult the competency guidelines from an appropriate professional organization to make its assessment. | C |
| M | 5. D The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented. | 3 C |

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| <p>M 6. D Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.</p> <p>15. The organization takes action when a staff member's competence does not meet expectations. Note: Actions may include, but are not limited to, providing additional training or supervision, or modifying job responsibilities.</p> <p>M 23. For foster care: Staff demonstrate cultural and age-specific competence.</p> | <p>C</p> <p>3 A</p> <p>C</p> |
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Standard HR.01.06.03

Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals are competent to do so.

Elements of Performance for HR.01.06.03

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| <p>1. Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals demonstrate knowledge about substance abuse, dependence, and other addictive behaviors and their treatment.</p> <p>2. Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals have the knowledge and skills to do the following: - Establish rapport, systematically gather data, determine the readiness of the individual for treatment and change, and apply accepted criteria for diagnosis of substance use disorders - Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms - Screen for danger to self or others - Screen for co-occurring mental health issues - Analyze and interpret data to determine treatment recommendations and priorities - With the individual served, formulate mutually agreed-upon, measurable treatment goals and objectives - Demonstrate adherence to accepted ethical and behavioral standards of conduct - Participate in continuing professional development Note: This does not mean that every staff member must have all of these competencies; rather the total complement of staff together possess all of these competencies.</p> <p>3. Performance improvement findings are used when evaluating the competence of staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals.</p> <p>4. For opioid treatment programs: Staff understand the benefits and limitations of toxicological testing procedures.</p> <p>5. For opioid treatment programs: Staff are knowledgeable about strategies for treating alcohol, cocaine, and other drug abuse.</p> <p>6. For opioid treatment programs: Staff responsible for coordinating medical and psychiatric care are knowledgeable about medication-assisted therapy.</p> | <p>3 A</p> <p>A</p> <p>A</p> <p>3 A</p> <p>3 A</p> <p>3 A</p> |
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Standard HR.01.06.05

Staff who provide care, treatment, or services to children or youth are competent to do so.

Elements of Performance for HR.01.06.05

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| | 1. Staff who provide care, treatment, or services to children or youth demonstrate an understanding of the developmental milestones of children. | A |
| | 2. Supervisors use performance improvement findings in their competence assessment of staff who provide care, treatment, or services to children or youth. | A |
| | 3. The person responsible for administrative and clinical direction of care, treatment, or services provided to children or youth is qualified by training, experience, or documented competence. | A |

Standard HR.01.06.07

Security or correctional staff responsible for conducting activities customarily performed by clinical staff are competent to do so.

Elements of Performance for HR.01.06.07

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| M | 1. Security or correctional staff know the following: How to respond to unusual clinical events. | C |
| M | 2. Security or correctional staff know the following: The organization's channels of clinical, security, and administrative communication. | C |
| M | 3. Security or correctional staff know the following: The distinction between administrative and clinical seclusion and/or restraint. | C |

Standard HR.01.06.09

Staff responsible for providing services for persons with intellectual disabilities are competent to do so.

Elements of Performance for HR.01.06.09

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| M | 1. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: In accordance with the needs of the population served, staff are trained in the following: Proper feeding techniques. | C |
| M | 2. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: In accordance with the needs of the population served, staff are trained in the following: Communication with nonverbal individuals or individuals with limited verbal skills. | C |
| M | 3. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: In accordance with the needs of the population served, staff are trained in the following: Management of aggressive behavior. | C |
| M | 4. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: In accordance with the needs of the population served, staff are trained in the following: Teaching activities of daily living and life domain skills. | C |

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| M | 5. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: In accordance with the needs of the population served, staff are trained in the following: Adherence to the principles of normalization. | C |
| M | 6. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: A qualified mental retardation professional is responsible for coordinating services for each individual served. | C |
| | 7. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: The qualified mental retardation professional who is responsible for coordinating services for each individual served understands their needs and the range, intensity, and duration of care, habilitation, or rehabilitation they require. | A |

Standard HR.01.07.01

The organization evaluates staff performance.

Elements of Performance for HR.01.07.01

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| M | 1. The organization evaluates staff based on performance expectations that reflect their job responsibilities. | C |
| M | 2. D The organization evaluates staff performance once every three years, or more frequently as required by organization policy and in accordance with law and regulation. This evaluation is documented. | C |

Standard HR.02.01.03

The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.

Elements of Performance for HR.02.01.03

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| | 1. The organization has a process to assign clinical responsibilities that includes review of licensure, certification, or registration. | A |
| | 2. Before assigning initial clinical responsibilities, the organization verifies the identity of staff seeking clinical responsibilities by viewing a valid picture identification issued by a state or federal agency (for example, a driver's license or passport). | A |

3. **D** Before assigning initial, renewed, or revised clinical responsibilities, the organization uses primary sources when documenting the training specific to the clinical responsibilities requested. **A**
- Note 1: The verification of relevant training informs the organization of the clinical knowledge and skill set of staff who are permitted by law and by the organization to practice independently. Verification must be obtained from the primary source of the specific credential. Primary sources include letters from professional schools and letters from residency or postdoctoral programs for completion of training. Designated equivalent sources include, but are not limited to, the following:
- The American Medical Association (AMA) Physician Masterfile for verification of a physician's U.S. and Puerto Rico medical school graduation and residency completion
 - The American Board of Medical Specialties (ABMS) for verification of a physician's board certification
 - The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's graduation from a foreign medical school
 - The American Osteopathic Association (AOA) Physician Database for predoctoral education accredited by the AOA Bureau of Professional Education, postdoctoral education approved by the AOA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification
 - The Federation of State Medical Boards (FSMB) for all actions against a physician's medical license
 - The American Academy of Physician Assistants Profile for physician assistant education and National Commission on Certification of Physician Assistants (NCCPA) certification
- Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.
- Note 3: An external organization (for example, a credentials verification organization (CVO)) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.
7. Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization reviews information from any of the organization's performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills. **A**
8. Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization evaluates the results of any peer review of the individual's clinical performance. **A**
9. Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization reviews any clinical performance in the organization that is outside acceptable standards. **A**
10. **D** Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: The staff member's written statement that no health problems exist that could affect his or her ability to perform the requested clinical responsibilities. **A**
- Note: Organizations should consider the applicability of the Americans with Disabilities Act to their assignment of clinical responsibilities, and, if applicable, review their policies and procedures. In addition, federal entities are required to comply with the Rehabilitation Act of 1974.

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| 11. | Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any challenges to licensure or registration. | A |
| 12. | Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary and involuntary relinquishment of license or registration. | A |
| 14. | Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities. | A |
| 15. | Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any professional liability actions that resulted in a final judgment against the staff member. | A |
| 16. | The organization queries the National Practitioner Data Bank (NPDB) at the time of initial assigning of clinical responsibilities, as well as at least every two years thereafter for information on physicians and dentists who are assigned clinical responsibilities. | A |
| 17. | Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Whether the requested clinical responsibilities are consistent with the population(s) served by the organization. | A |
| 18. | Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates whether the requested clinical responsibilities are consistent with the program or site-specific care, treatment, or services provided. | A |
| 19. | Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization confirms the staff member's adherence to organization policies, procedures, rules, and regulations. | A |
| 20. | The decision by leaders to assign clinical responsibilities is based on the credentials information obtained. | A |
| 21. | The organization assigns clinical responsibilities for no longer than a two-year period. | A |
| 23. D | The governing body approves, in writing, clinical responsibilities. | A |
| 25. | Practitioners who are permitted by law and the organization to practice independently practice within the scope of their clinical responsibilities. | 2 A |
| 36. | <p>The organization establishes program/service-specific criteria for each clinical responsibility. These criteria include the following:</p> <ul style="list-style-type: none"> - Current licensure and/or certification as appropriate, verified with the primary source - Successful completion of training - Peer or faculty recommendation - Evidence of the ability to perform the assigned clinical responsibilities <p>Note: Refer to the Glossary for the definition of peer recommendation.</p> | A |

Standard HR.02.01.07

Licensed independent practitioners who provide coverage for other licensed independent practitioners are competent.

Elements of Performance for HR.02.01.07

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| 1. | When a licensed independent practitioner designates another licensed independent practitioner (who does not have assigned clinical responsibilities in the organization) to cover in his or her absence, the following requirements are met: The organization and the licensed independent practitioner determine that the covering licensed independent practitioner can perform the required care, treatment, or services. | A |
| 2. | <p>D When a licensed independent practitioner designates another licensed independent practitioner (who does not have assigned clinical responsibilities in the organization) to cover in his or her absence, the following requirements are met: The organization verifies the current licensure of the covering licensed independent practitioner from the primary source prior to his or her provision of care, treatment, or services. This verification is documented.</p> <p>Note: It may be more efficient to obtain a list of possible covering licensed independent practitioners ahead of time and verify licensure from the primary source in advance of the licensed independent practitioner actually covering for the licensed independent practitioner who has primary responsibility for the individual served.</p> | A |
| M 3. | <p>D When a licensed independent practitioner designates a licensed independent practitioner (who does not have assigned clinical responsibilities in the organization) to cover in his or her absence, the following requirements are met: A documented review of orders issued by the covering licensed independent practitioner is conducted by the licensed independent practitioner upon his or her return in the time frame defined by the organization.</p> | C |
| 4. | When a licensed independent practitioner designates another licensed independent practitioner (who does not have assigned clinical responsibilities) to cover in his or her absence, the organization defines the maximum time frame this individual can practice before he or she is required to go through the organization's process for the assignment of clinical responsibilities. | A |

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