

History Tracking Report: 2010 to 2009 Requirements

Accreditation Program: Behavioral Health Care

2010 Chapter: Human Resources

Standard HR.01.01.01

2010 Standard Text:

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

2010 Standard: HR.01.01.01

2010 EP: 29

2010 EP Text:

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.

Standard HR.1.10

2009 Standard Text:

The {jc}organization{/2} provides an adequate number and mix of staff consistent with the {jc}organization{/2}'s staffing plan.

2009 Standard: HR.1.10

2009 EP: 8

2009 EP Text:

Revision Code: Retain

For Opioid Treatment Programs: Trained and qualified substance abuse counselors provide services to meet the needs of patients and are sufficient in number to ensure reasonable and prompt access by patients to counseling.

Standard HR.01.01.03

2010 Standard Text:

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

2010 Standard: HR.01.01.03

2010 EP: 1

2010 EP Text:

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)

2010 Standard: HR.01.01.03

2010 EP: 1

2010 EP Text:

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)

2010 Standard: HR.01.01.03

2010 EP: 2

2010 EP Text:

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)

2010 Standard: HR.01.01.03

2010 EP: 2

2010 EP Text:

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)

2010 Standard: HR.01.01.03

2010 EP: 3

2010 EP Text:

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.

Standard HR.3.40

2009 Standard Text:

The agency has a sufficient number of qualified staff.

2009 Standard: HR.3.40

2009 EP: 4

2009 EP Text:

Revision Code: Split

Competent staff workers, supervisors, and administrators are available, as required, to provide services along the differing levels of care in the continuum.

2009 Standard: HR.3.40

2009 EP: 1

2009 EP Text:

Revision Code: Consolidate

The agency has a sufficient number of staff commensurate with its scope and volume of services, applicable licensure, law and regulation, registration, and/or certification.

2009 Standard: HR.3.40

2009 EP: 4

2009 EP Text:

Revision Code: Split

Competent staff workers, supervisors, and administrators are available, as required, to provide services along the differing levels of care in the continuum.

2009 Standard: HR.3.40

2009 EP: 2

2009 EP Text:

Revision Code: Consolidate

The agency has qualified, competent staff commensurate with its scope and volume of services, applicable licensure, law and regulation, registration, and/or certification.

2009 Standard: HR.3.40

2009 EP: 6

2009 EP Text:

Revision Code: Consolidate

The agency has a process based on defined criteria for determining staffing related to the number and types of children and foster families served.

2010 Standard: HR.01.01.03**2010 EP:** 3**2010 EP Text:**

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.

2009 Standard: HR.3.40**2009 EP:** 7**2009 EP Text:**

The process considers staff training, time for foster family resource development, foster family recruitment, licensing activities, case complexity, home monitoring, and home study.

Revision Code: Consolidate

Standard HR.01.01.05

2010 Standard Text:

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

2010 Standard: HR.01.01.05

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.01.01.05

2010 EP: 2

2010 EP Text:

For foster care: The agency follows its process for assigning and adjusting caseloads.

2010 Standard: HR.01.01.05

2010 EP: 3

2010 EP Text:

For foster care: The caseload size is in accordance with law and regulation.

Standard HR.3.60

2009 Standard Text:

The agency has a process for deciding staff caseloads and adjustments based on the level of care, treatment, and services.

2009 Standard: HR.3.60

2009 EP: 1

2009 EP Text:

The agency has a process for deciding staff caseloads and adjustments based on the level of care, treatment, and services.

Revision Code: Retain

2009 Standard: HR.3.60

2009 EP: 2

2009 EP Text:

The agency follows its process.

Revision Code: Retain

2009 Standard: HR.3.60

2009 EP: 3

2009 EP Text:

The caseload size is consistent with state and federal law.

Revision Code: Retain

Standard HR.01.02.01

2010 Standard Text:

The organization defines staff qualifications.

2010 Standard: HR.01.02.01

2010 EP: 1

2010 EP Text:

The organization defines staff qualifications specific to their job responsibilities.

2010 Standard: HR.01.02.01

2010 EP: 27

2010 EP Text:

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

Standard HR.1.20

2009 Standard Text:

Staff qualifications are consistent with his or her job responsibilities.

2009 Standard: HR.1.20

2009 EP: 1

2009 EP Text:

The {jc}organization{/2} defines the required competence and qualifications of staff in each program(s) or service(s).

Revision Code: Split

2009 Standard: HR.5.10

2009 EP: 6

2009 EP Text:

For Opioid Treatment Programs: The program physician(s) have knowledge about and experience in addiction medicine, including medication-assisted treatment.

Revision Code: Split

Standard HR.01.02.05

2010 Standard Text:

The organization verifies staff qualifications.

2010 Standard: HR.01.02.05

2010 EP: 1

2010 EP Text:

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)

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.

2010 Standard: HR.01.02.05

2010 EP: 2

2010 EP Text:

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)

2010 Standard: HR.01.02.05

2010 EP: 3

2010 EP Text:

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.

Note: Education required by job responsibilities could include, for example, a master's degree.

Standard HR.1.20

2009 Standard Text:

Staff qualifications are consistent with his or her job responsibilities.

2009 Standard: HR.1.20

2009 EP: 3

2009 EP Text:

Revision Code: Retain

When current licensure, certification, or registration are required by law or regulation to practice a profession*, the {jc}organization{/2} verifies these credentials with the primary source at the time of hire and upon expiration of the credentials. Note: 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. For additional information, see "primary source" in the Glossary. Note: A primary source of information may designate another agency to communicate credentials information. The designated agency then can be used as a primary source. Note: An external organization [for example, a credentials verification organization (CVO)] may be used to collect credentials information. A CVO must meet the CVO guidelines listed in the Glossary. *Profession is a specialized work function within society, generally performed by a professional. It often refers specifically to fields that require extensive study and mastery of specialized knowledge and skills.

2009 Standard: HR.1.20

2009 EP: 2

2009 EP Text:

Revision Code: Retain

When the {jc}organization{/2} requires current licensure, certification, or registration, but these credentials are not required by law or regulation, the {jc}organization{/2} verifies these credentials at the time of hire and upon expiration of the credentials.

2009 Standard: HR.1.20

2009 EP: 4

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} also verifies the education, experience, and competence appropriate for assigned responsibilities

<p>2010 Standard: HR.01.02.05 2010 EP: 4</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.1.20 2009 EP: 5</p> <p>2009 EP Text: Revision Code: Retain</p> <p>The {jc}organization{/2} also verifies information on criminal background if required by law and regulation or {jc}organization{/2} policy</p>
<p>2010 Standard: HR.01.02.05 2010 EP: 5</p> <p>2010 EP Text:</p> <p>Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.</p>	<p>2009 Standard: HR.1.20 2009 EP: 6</p> <p>2009 EP Text: Revision Code: Retain</p> <p>The {jc}organization{/2} also verifies compliance with applicable health screening requirements if required by law and regulation or established by the {jc}organization{/2}**Organizations should consider the applicability of the Americans with Disabilities Act (ADA), and if applicable, review policies and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.</p>
<p>2010 Standard: HR.01.02.05 2010 EP: 6</p> <p>2010 EP Text:</p> <p>The organization uses the following information to make decisions about staff job responsibilities:</p> <ul style="list-style-type: none"> - 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 	<p>2009 Standard: HR.1.20 2009 EP: 7</p> <p>2009 EP Text: Revision Code: Retain</p> <p>The information obtained from EPs 2 through 6 is used in making decisions regarding staff job responsibilities.</p>

2010 Standard: HR.01.02.05

2010 EP: 9

2010 EP Text:

For opioid treatment programs: The program maintains individualized personnel files as a record of employment. The personnel files contain the following:

- Employment and credentialing data
- Employment application data
- Date of employment
- Up-to-date licensing and credentialing data
- Detailed job descriptions
- Performance evaluations
- Training records

2009 Standard: HR.5.10

2009 EP: 10

2009 EP Text:

Revision Code: Consolidate

For Opioid Treatment Programs: The program maintains individualized personnel files as a record of employment.

2010 Standard: HR.01.02.05

2010 EP: 9

2010 EP Text:

For opioid treatment programs: The program maintains individualized personnel files as a record of employment. The personnel files contain the following:

- Employment and credentialing data
- Employment application data
- Date of employment
- Up-to-date licensing and credentialing data
- Detailed job descriptions
- Performance evaluations
- Training records

2009 Standard: HR.5.10

2009 EP: 11

2009 EP Text:

Revision Code: Consolidate

For Opioid Treatment Programs only: The personnel files contain the following:• 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

2010 Standard Text:

The organization determines how staff function within the organization.

2010 Standard: HR.01.02.07

2010 EP: 1

2010 EP Text:

All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.

2010 Standard: HR.01.02.07

2010 EP: 2

2010 EP Text:

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)

2010 Standard: HR.01.02.07

2010 EP: 5

2010 EP Text:

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.

Standard HR.1.20

2009 Standard Text:

Staff qualifications are consistent with his or her job responsibilities.

2009 Standard: HR.1.20

2009 EP: 8

2009 EP Text:

Revision Code: Split

All staff that provide {jc}patient{/1} care, treatment, and services possess a license, certification, or registration as required by law and regulation.

2009 Standard: HR.1.20

2009 EP: 8

2009 EP Text:

Revision Code: Split

All staff that provide {jc}patient{/1} care, treatment, and services possess a license, certification, or registration as required by law and regulation.

2009 Standard: HR.1.20

2009 EP: 14

2009 EP Text:

Revision Code: Retain

Staff supervises students when they provide {jc}patient{/1} care, treatment, and services as part of their training.

Standard HR.01.03.01

2010 Standard Text:

Staff are supervised effectively.

2010 Standard: HR.01.03.01

2010 EP: 4

2010 EP Text:

Supervision and consultation are available to direct care staff to maintain and enhance their knowledge and skills in providing care, treatment, or services.

2010 Standard: HR.01.03.01

2010 EP: 5

2010 EP Text:

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.

Standard HR.2.30

2009 Standard Text:

Ongoing education, including in-services, training, and other activities, maintains and improves staff competence.

2009 Standard: HR.2.30

2009 EP: 11

2009 EP Text:

Revision Code: Retain

Supervision and consultation are available to direct care staff to maintain and enhance their knowledge, skills, and attitudes in providing care, treatment, and services.

2009 Standard: HR.3.10

2009 EP: 12

2009 EP Text:

Revision Code: Retain

The need for supervision, as well as the scope and depth of that supervision, is related to age, needs of the populations served, and staff experience.

Standard HR.01.04.01

2010 Standard Text:

The organization provides orientation to staff.

2010 Standard: HR.01.04.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.01.04.01

2010 EP: 2

2010 EP Text:

The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.

2010 Standard: HR.01.04.01

2010 EP: 3

2010 EP Text:

The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.

2010 Standard: HR.01.04.01

2010 EP: 4

2010 EP Text:

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)

Standard HR.2.10

2009 Standard Text:

The {jc}organization{/2} provides initial orientation.

2009 Standard: HR.2.10

2009 EP: 1

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} determines what key elements of orientation should occur before staff provide care, treatment, and services.

2009 Standard: HR.2.10

2009 EP: 2

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} orients staff to the identified key elements prior to the provision of care, treatment, and services.

2009 Standard: HR.2.10

2009 EP: 4

2009 EP Text:

Revision Code: Retain

As appropriate, staff orientation addresses organizationwide policies and procedures (including safety and infection control) and relevant service or program-specific policies and procedures.

2009 Standard: HR.2.10

2009 EP: 5

2009 EP Text:

Revision Code: Retain

As appropriate, staff orientation addresses specific job duties and responsibilities and service, setting, or program-specific job duties and responsibilities related to safety and infection control.

Accreditation Program: Behavioral Health Care Chapter: Human Resources

<p>2010 Standard: HR.01.04.01 2010 EP: 5</p> <p>2010 EP Text:</p> <p>The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.</p> <p>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>2009 Standard: HR.2.10 2009 EP: 7</p> <p>2009 EP Text: Revision Code: Retain</p> <p>As appropriate, staff orientation addresses cultural diversity and sensitivity</p>
<p>2010 Standard: HR.01.04.01 2010 EP: 6</p> <p>2010 EP Text:</p> <p>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>2009 Standard: HR.2.10 2009 EP: 8</p> <p>2009 EP Text: Revision Code: Retain</p> <p>Staff orientation includes education about the rights of {jc}patients{/6} and ethical aspects of care, treatment, and services and the process used to address ethical issues.</p>
<p>2010 Standard: HR.01.04.01 2010 EP: 13</p> <p>2010 EP Text:</p> <p>For organizations that sponsor or offer peer support services: The organization orients staff to working collaboratively with persons providing peer support.</p>	<p>2009 Standard: HR.2.10 2009 EP: 16</p> <p>2009 EP Text: Revision Code: Retain</p> <p>For Organizations that Sponsor or Offer Peer Support* Services only: Staff are oriented to working collaboratively with persons providing peer support.* Peer Support: A service wherein consumers encourage other consumers in recovery. Note: Consumer and client are synonymous for the purposes of these standards.</p>
<p>2010 Standard: HR.01.04.01 2010 EP: 14</p> <p>2010 EP Text:</p> <p>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>2009 Standard: HR.3.25 2009 EP: 1</p> <p>2009 EP Text: Revision Code: Split</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Peer support providers' role and responsibilities</p>
<p>2010 Standard: HR.01.04.01 2010 EP: 15</p> <p>2010 EP Text:</p> <p>For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Communication techniques.</p>	<p>2009 Standard: HR.3.25 2009 EP: 2</p> <p>2009 EP Text: Revision Code: Split</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Communication techniques</p>

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<p>2010 Standard: HR.01.04.01</p> <p>2010 EP Text:</p> <p>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>2010 EP: 16</p>	<p>2009 Standard: HR.3.25</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Methods to provide support for the client</p>	<p>2009 EP: 3</p> <p>Revision Code: Split</p>
<p>2010 Standard: HR.01.04.01</p> <p>2010 EP Text:</p> <p>For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Consumer advocacy.</p>	<p>2010 EP: 17</p>	<p>2009 Standard: HR.3.25</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Consumer advocacy</p>	<p>2009 EP: 4</p> <p>Revision Code: Split</p>
<p>2010 Standard: HR.01.04.01</p> <p>2010 EP Text:</p> <p>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>2010 EP: 18</p>	<p>2009 Standard: HR.3.25</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Methods for disengaging from the relationship</p>	<p>2009 EP: 5</p> <p>Revision Code: Split</p>
<p>2010 Standard: HR.01.04.01</p> <p>2010 EP Text:</p> <p>For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Crisis recognition.</p>	<p>2010 EP: 19</p>	<p>2009 Standard: HR.3.25</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Crisis recognition</p>	<p>2009 EP: 6</p> <p>Revision Code: Split</p>
<p>2010 Standard: HR.01.04.01</p> <p>2010 EP Text:</p> <p>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>2010 EP: 20</p>	<p>2009 Standard: HR.3.25</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Procedures for responding to a crisis both for the client and themselves</p>	<p>2009 EP: 7</p> <p>Revision Code: Split</p>
<p>2010 Standard: HR.01.04.01</p> <p>2010 EP Text:</p> <p>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>2010 EP: 24</p>	<p>2009 Standard: HR.2.10</p> <p>2009 EP Text:</p> <p>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>2009 EP: 13</p> <p>Revision Code: Retain</p>

Standard HR.01.05.03

2010 Standard Text:

Staff participate in education and training.

2010 Standard: HR.01.05.03

2010 EP: 1

2010 EP Text:

Staff participate in education and training to maintain or increase their competency. Staff participation is documented.

2010 Standard: HR.01.05.03

2010 EP: 1

2010 EP Text:

Staff participate in education and training to maintain or increase their competency. Staff participation is documented.

2010 Standard: HR.01.05.03

2010 EP: 4

2010 EP Text:

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.

2010 Standard: HR.01.05.03

2010 EP: 4

2010 EP Text:

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.

2010 Standard: HR.01.05.03

2010 EP: 5

2010 EP Text:

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 R1.03.01.05, EP 7)

Standard HR.2.30

2009 Standard Text:

Ongoing education, including in-services, training, and other activities, maintains and improves staff competence.

2009 Standard: HR.2.30

2009 EP: 8

2009 EP Text:

Ongoing staff education is documented

Revision Code: Split

2009 Standard: HR.2.30

2009 EP: 2

2009 EP Text:

Staff participate in ongoing in-services, training, or other activities to increase knowledge of work-related issues

Revision Code: Consolidate

2009 Standard: HR.2.30

2009 EP: 1

2009 EP Text:

Staff training occurs when job responsibilities or duties change

Revision Code: Consolidate

2009 Standard: HR.2.30

2009 EP: 8

2009 EP Text:

Ongoing staff education is documented

Revision Code: Split

2009 Standard: HR.2.30

2009 EP: 8

2009 EP Text:

Ongoing staff education is documented

Revision Code: Split

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<p>2010 Standard: HR.01.05.03 2010 EP: 5</p> <p>2010 EP Text:</p> <p>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)</p>	<p>2009 Standard: HR.2.30 2009 EP: 3</p> <p>2009 EP Text:</p> <p>Ongoing in-services and other education and training of staff are appropriate to the needs of the population(s) served and comply with law and regulation</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 15</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.3.25 2009 EP: 1</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Peer support providers' role and responsibilities</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 15</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.3.25 2009 EP: 2</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Communication techniques</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 15</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.3.25 2009 EP: 3</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Methods to provide support for the client</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 15</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.3.25 2009 EP: 4</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Consumer advocacy</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 15</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.3.25 2009 EP: 5</p> <p>2009 EP Text:</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Methods for disengaging from the relationship</p>

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<p>2010 Standard: HR.01.05.03 2010 EP: 15</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.3.25 2009 EP: 6</p> <p>2009 EP Text: Revision Code: Split</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Crisis recognition</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 15</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.3.25 2009 EP: 7</p> <p>2009 EP Text: Revision Code: Split</p> <p>Peers providing support services receive orientation, in-service training, and ongoing education from the organization related to: Procedures for responding to a crisis both for the client and themselves</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 16</p> <p>2010 EP Text:</p> <p>For opioid treatment programs: The program implements an individual annual training plan for each staff member.</p>	<p>2009 Standard: HR.2.30 2009 EP: 12</p> <p>2009 EP Text: Revision Code: Retain</p> <p>For Opioid Treatment Programs: The program implements an individual annual training plan for each staff member.</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 17</p> <p>2010 EP Text:</p> <p>For opioid treatment programs: The program provides staff with training in the specific characteristics and needs of women participating in their treatment program.</p>	<p>2009 Standard: HR.2.10 2009 EP: 18</p> <p>2009 EP Text: Revision Code: Retain</p> <p>For Opioid Treatment Programs: The program provides staff members with training in the specific characteristics and needs of women participating in their treatment program.</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 18</p> <p>2010 EP Text:</p> <p>For opioid treatment programs: Staff receive education about all forms of viral hepatitis and their effects on the health of the patient.</p>	<p>2009 Standard: HR.2.10 2009 EP: 17</p> <p>2009 EP Text: Revision Code: Retain</p> <p>For Opioid Treatment Programs: Staff receive education about all forms of viral hepatitis and their effects on the health of the patient.</p>
<p>2010 Standard: HR.01.05.03 2010 EP: 19</p> <p>2010 EP Text:</p> <p>For opioid treatment programs: Staff have resources for problem solving and troubleshooting patient care issues (for example, vomiting medication, aggressive or disruptive behavior).</p>	<p>2009 Standard: HR.2.30 2009 EP: 13</p> <p>2009 EP Text: Revision Code: Retain</p> <p>For Opioid Treatment Programs: Staff has resources for problem solving and troubleshooting patient care issues.Note: For example, vomiting medication, aggressive or disruptive behavior.</p>

2010 Standard: HR.01.05.03

2010 EP: 20

2009 Standard: HR.3.40

2009 EP: 5

2010 EP Text:

For foster care: Staff involved in foster care participate in training that is specific to their responsibilities.

2009 EP Text:

Professional preparation and ongoing staff training are required.

Revision Code: Retain

Standard HR.01.06.01

2010 Standard Text:

Staff are competent to perform their responsibilities.

2010 Standard: HR.01.06.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.01.06.01

2010 EP: 3

2010 EP Text:

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.

2010 Standard: HR.01.06.01

2010 EP: 5

2010 EP Text:

The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented.

2010 Standard: HR.01.06.01

2010 EP: 6

2010 EP Text:

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.

Standard HR.1.20

2009 Standard Text:

Staff qualifications are consistent with his or her job responsibilities.

2009 Standard: HR.1.20

2009 EP: 1

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} defines the required competence and qualifications of staff in each program(s) or service(s).

2009 Standard: HR.3.10

2009 EP: 7

2009 EP Text:

Revision Code: Retain

The competence assessment process for staff is based on the use of qualified individuals to assess competence
 Note: when there is no qualified individual in the organization that performs comparable care, treatment, and services, the organization may utilize qualified staff from other organizations to assist with the assessment of competence OR Consult the appropriate professional organization guidelines with respect to expectations for competence and use these guidelines to assess competence

2009 Standard: HR.3.10

2009 EP: 8

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} assesses and documents staff's ability to carry out assigned responsibilities safely, competently, and in a timely manner upon completion of orientation.

2009 Standard: HR.3.10

2009 EP: 5

2009 EP Text:

Revision Code: Retain

The competence assessment process for staff is based on the a defined time frame for how often competence assessments are performed for each person, minimally, once in the three-year accreditation cycle and in accordance with law and regulation

<p>2010 Standard: HR.01.06.01</p> <p>2010 EP Text:</p> <p>The organization takes action when a staff member’s competence does not meet expectations.</p> <p>Note: Actions may include, but are not limited to, providing additional training or supervision, or modifying job responsibilities.</p>	<p>2010 EP: 15</p>	<p>2009 Standard: HR.3.10</p> <p>2009 EP Text:</p> <p>When improvement activities lead to a determination that a person with performance problems is unable or unwilling to improve, the {jc}organization{/2} takes appropriate action (which may include modifying the person’s job assignment).</p>	<p>2009 EP: 10</p> <p>Revision Code: Retain</p>
<p>2010 Standard: HR.01.06.01</p> <p>2010 EP Text:</p> <p>For foster care: Staff demonstrate cultural and age-specific competence.</p>	<p>2010 EP: 23</p>	<p>2009 Standard: HR.3.40</p> <p>2009 EP Text:</p> <p>Staff demonstrates cultural competence and age-specific competence.</p>	<p>2009 EP: 3</p> <p>Revision Code: Retain</p>

Standard HR.01.06.03

2010 Standard Text:

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.

2010 Standard: HR.01.06.03

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.01.06.03

2010 EP: 1

2010 EP Text:

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.

Standard HR.5.10

2009 Standard Text:

Staff responsible for assessing, planning, and delivering services for clients with substance abuse, dependence, and other addictive behaviors is competent to do so.

2009 Standard: HR.5.10

2009 EP: 1

2009 EP Text:

Revision Code: Retain

Staff responsible for assessing, planning, and delivering services for clients with substance abuse, dependence, and other addictive behaviors demonstrates knowledge about substance abuse, dependence, and other addictive behaviors as well as the treatment of such behaviors.

2009 Standard: HR.5.10

2009 EP: 6

2009 EP Text:

Revision Code: Split

For Opioid Treatment Programs: The program physician(s) have knowledge about and experience in addiction medicine, including medication-assisted treatment.

2010 Standard: HR.01.06.03

2010 EP: 2

2010 EP Text:

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.

2009 Standard: HR.5.10

2009 EP: 5

2009 EP Text:

Revision Code: Retain

Staff responsible for assessing, planning, or delivering services for clients with substance abuse, dependence, and other addictive behaviors has the knowledge and skills to do the following: Establish rapport, systematically gather data, determine the client's readiness for treatment and change, and apply accepted criteria for diagnosis of substance use disorders Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms, aggression or danger to others, potential for self-inflicted harm or suicide, and coexisting behavioral health problems Analyze and interpret all relevant data to determine treatment recommendations and priorities Formulate with the client mutually agreed-upon, measurable treatment goals and objectives Demonstrate knowledge of and adherence to accepted ethical and behavioral standards of conduct and continuing professional development

2010 Standard: HR.01.06.03

2010 EP: 3

2010 EP Text:

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.

2009 Standard: HR.5.10

2009 EP: 4

2009 EP Text:

Revision Code: Retain

Staff and supervisors use performance improvement findings to determine competence.

2010 Standard: HR.01.06.03

2010 EP: 4

2010 EP Text:

For opioid treatment programs: Staff understand the benefits and limitations of toxicological testing procedures.

2009 Standard: HR.5.10

2009 EP: 7

2009 EP Text:

Revision Code: Retain

For Opioid Treatment Programs: Staff understands the benefits and limitations of toxicological testing procedures.

2010 Standard: HR.01.06.03

2010 EP: 5

2010 EP Text:

For opioid treatment programs: Staff are knowledgeable about strategies for treating alcohol, cocaine, and other drug abuse.

2009 Standard: HR.5.10

2009 EP: 8

2009 EP Text:

For Opioid Treatment Programs: Staff is knowledgeable about strategies for treating alcohol, cocaine, and other drug abuse.

Revision Code: Retain

2010 Standard: HR.01.06.03

2010 EP: 6

2010 EP Text:

For opioid treatment programs: Staff responsible for coordinating medical and psychiatric care are knowledgeable about medication-assisted therapy.

2009 Standard: HR.5.10

2009 EP: 9

2009 EP Text:

For Opioid Treatment Programs: Staff responsible for coordinating medical and psychiatric care are knowledgeable about medication-assisted therapy.

Revision Code: Retain

Standard HR.01.06.05

2010 Standard Text:

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

2010 Standard: HR.01.06.05

2010 EP: 1

2010 EP Text:

Staff who provide care, treatment, or services to children or youth demonstrate an understanding of the developmental milestones of children.

2010 Standard: HR.01.06.05

2010 EP: 2

2010 EP Text:

Supervisors use performance improvement findings in their competence assessment of staff who provide care, treatment, or services to children or youth.

2010 Standard: HR.01.06.05

2010 EP: 3

2010 EP Text:

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.

Standard HR.5.20

2009 Standard Text:

Staff responsible for providing care, treatment, and services for children or youths are competent to do so.

2009 Standard: HR.5.20

2009 EP: 1

2009 EP Text:

Staff responsible for children/youths demonstrates knowledge of growth and development.

2009 Standard: HR.5.20

2009 EP: 4

2009 EP Text:

Performance improvement findings are used in the competence assessment.

2009 Standard: HR.5.20

2009 EP: 5

2009 EP Text:

The person responsible for administrative and clinical direction is qualified by training, experience, or documented competence for the population served.

Standard HR.01.06.07

2010 Standard Text:

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

2010 Standard: HR.01.06.07

2010 EP: 1

2010 EP Text:

Security or correctional staff know the following: How to respond to unusual clinical events.

2010 Standard: HR.01.06.07

2010 EP: 2

2010 EP Text:

Security or correctional staff know the following: The organization's channels of clinical, security, and administrative communication.

2010 Standard: HR.01.06.07

2010 EP: 3

2010 EP Text:

Security or correctional staff know the following: The distinction between administrative and clinical seclusion and/or restraint.

Standard HR.5.30

2009 Standard Text:

Forensic services, security, or correctional staff responsible for conducting activities customarily performed by clinical staff are competent to do so.

2009 Standard: HR.5.30

2009 EP: 1

2009 EP Text:

Security or correctional staff knows the following: How to respond to unusual clinical events

Revision Code: Retain

2009 Standard: HR.5.30

2009 EP: 2

2009 EP Text:

Security or correctional staff knows the following: The organization's channels of clinical, security, and administrative communication

Revision Code: Retain

2009 Standard: HR.5.30

2009 EP: 3

2009 EP Text:

Security or correctional staff knows the following: The distinction between administrative and clinical seclusion and/or restraint

Revision Code: Retain

Standard HR.01.06.09

2010 Standard Text:

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

2010 Standard: HR.01.06.09

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.01.06.09

2010 EP: 2

2010 EP Text:

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.

2010 Standard: HR.01.06.09

2010 EP: 3

2010 EP Text:

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.

2010 Standard: HR.01.06.09

2010 EP: 4

2010 EP Text:

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.

2010 Standard: HR.01.06.09

2010 EP: 5

2010 EP Text:

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.

Standard HR.5.40

2009 Standard Text:

Staff responsible for providing services for persons with developmental disabilities is competent to do so.

2009 Standard: HR.5.40

2009 EP: 1

2009 EP Text:

Revision Code: Retain

A development program for staff providing services to persons with developmental disabilities includes training in the following: Proper feeding techniques

2009 Standard: HR.5.40

2009 EP: 2

2009 EP Text:

Revision Code: Retain

A development program for staff providing services to persons with developmental disabilities includes training in the following: Communication with nonverbal individuals

2009 Standard: HR.5.40

2009 EP: 3

2009 EP Text:

Revision Code: Retain

A development program for staff providing services to persons with developmental disabilities includes training in the following: Management of aggressive behavior

2009 Standard: HR.5.40

2009 EP: 4

2009 EP Text:

Revision Code: Retain

A development program for staff providing services to persons with developmental disabilities includes training in the following: Teaching of self-help skills

2009 Standard: HR.5.40

2009 EP: 5

2009 EP Text:

Revision Code: Retain

A development program for staff providing services to persons with developmental disabilities includes training in the following: Adherence to the principles of normalization

2010 Standard: HR.01.06.09

2010 EP: 6

2010 EP Text:

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.

2009 Standard: HR.5.40

2009 EP: 6

2009 EP Text:

A qualified mental retardation professional is responsible for coordinating services for each client.

Revision Code: Retain

2010 Standard: HR.01.06.09

2010 EP: 7

2010 EP Text:

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.

2009 Standard: HR.5.40

2009 EP: 7

2009 EP Text:

This professional understands the client's needs and the range, intensity, and duration of care, habilitation, or rehabilitation required.

Revision Code: Retain

Standard HR.01.07.01

2010 Standard Text:

The organization evaluates staff performance.

2010 Standard: HR.01.07.01

2010 EP: 1

2010 EP Text:

The organization evaluates staff based on performance expectations that reflect their job responsibilities.

2010 Standard: HR.01.07.01

2010 EP: 2

2010 EP Text:

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.

2010 Standard: HR.01.07.01

2010 EP: 2

2010 EP Text:

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.

Standard HR.3.20

2009 Standard Text:

The {jc}organization{/2} periodically conducts performance evaluations.

2009 Standard: HR.3.20

2009 EP: 2

2009 EP Text:

Revision Code: Retain

Performance is evaluated based on the performance expectations described in job descriptions or defined in delineated clinical responsibilities.

2009 Standard: HR.3.20

2009 EP: 1

2009 EP Text:

Revision Code: Consolidate

The {jc}organization{/2} conducts performance evaluations periodically at time frames identified by the {jc}organization{/2} (at a minimum, at least once in the three-year accreditation cycle).

2009 Standard: HR.3.20

2009 EP: 4

2009 EP Text:

Revision Code: Consolidate

Performance evaluations are documented.

Standard HR.02.01.03

2010 Standard Text:

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

2010 Standard: HR.02.01.03

2010 EP: 1

2010 EP Text:

The organization has a process to assign clinical responsibilities that includes review of licensure, certification, or registration.

2010 Standard: HR.02.01.03

2010 EP: 2

2010 EP Text:

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).

Standard HR.4.10

2009 Standard Text:

There is a process for ensuring the competence of all practitioners permitted by law and the {c}organization{/2} to practice independently.

2009 Standard: HR.4.10

2009 EP: 1

2009 EP Text:

Revision Code: Retain

The organization has a process designed to ensure the competence of licensed independent practitioners that includes review of licensure, certification, or registration.

2009 Standard: HR.4.10

2009 EP: 2

2009 EP Text:

Revision Code: Retain

At the time of initial assigning of clinical responsibilities, the organization verifies, by viewing a valid picture identification issued by a state or federal agency (e.g., drivers license or passport), that the individual being assigned clinical responsibilities is the same individual identified in the credentialing documents. Note: Any licensed independent practitioner whose only role is to cover for another licensed independent practitioner(s) is exempt from this requirement.

2010 Standard: HR.02.01.03**2010 EP:** 3**2010 EP Text:**

Before assigning initial, renewed, or revised clinical responsibilities, the organization uses primary sources when documenting the training specific to the clinical responsibilities requested.

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.

2009 Standard: HR.4.10**2009 EP:** 3**2009 EP Text:****Revision Code:** Retain

The credentialing process requires that the organization does the following: Verifies in writing current licensure from the primary source, at time of initial assignment of clinical responsibilities, renewal of clinical responsibilities, and at the time of expiration of the license Verifies in writing training (required by the organization to perform the clinical responsibilities) from the primary source at the time of initial assignment of clinical responsibilities, and at the time of renewal and revision of clinical responsibilities Verifies in writing current competence from the primary source at time of initial assignment of clinical responsibilities Obtains a statement from the licensed independent practitioner at the time of initial assignment and renewal of clinical responsibilities that no health problems exist that could affect his or her ability to perform the assigned clinical responsibilities*Note: Verification of current licensure with the primary source through a secure electronic communication or by telephone is acceptable, if this verification is documented. For additional information, see “primary source verification” in the Glossary.Note: 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 section of the accreditation manual.Note: A primary source of verified information may designate to an agency the role of communicating credentials information. The delegated agency then becomes acceptable to be used as a primary source.*Organizations should consider the applicability of the Americans with Disabilities Act (ADA) to their assignment of clinical responsibilities, and, if applicable, review their policies and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.

2010 Standard: HR.02.01.03

2010 EP: 7

2010 EP Text:

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.

2009 Standard: HR.4.50

2009 EP: 8

2009 EP Text:

Revision Code: Split

The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills, when available Any results of review of the person's clinical performance Clinical performance in the organization that is outside acceptable standards

2010 Standard: HR.02.01.03

2010 EP: 8

2010 EP Text:

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.

2009 Standard: HR.4.50

2009 EP: 8

2009 EP Text:

Revision Code: Split

The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills, when available Any results of review of the person's clinical performance Clinical performance in the organization that is outside acceptable standards

2010 Standard: HR.02.01.03

2010 EP: 9

2010 EP Text:

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.

2009 Standard: HR.4.50

2009 EP: 8

2009 EP Text:

Revision Code: Split

The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills, when available Any results of review of the person's clinical performance Clinical performance in the organization that is outside acceptable standards

2010 Standard: HR.02.01.03

2010 EP: 10

2010 EP Text:

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.

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.

2009 Standard: HR.4.20

2009 EP: 9

2009 EP Text:

Revision Code: Split

Before assigning or reassigning clinical responsibilities, the executive director or clinical leadership evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary limitation, reduction, or loss of clinical responsibilities Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

2010 Standard: HR.02.01.03

2010 EP: 11

2010 EP Text:

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.

2009 Standard: HR.4.20

2009 EP: 9

2009 EP Text:

Revision Code: Split

Before assigning or reassigning clinical responsibilities, the executive director or clinical leadership evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary limitation, reduction, or loss of clinical responsibilities Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

2010 Standard: HR.02.01.03

2010 EP: 12

2010 EP Text:

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.

2009 Standard: HR.4.20

2009 EP: 9

2009 EP Text:

Revision Code: Split

Before assigning or reassigning clinical responsibilities, the executive director or clinical leadership evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary limitation, reduction, or loss of clinical responsibilities Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

2010 Standard: HR.02.01.03 **2010 EP:** 14
2010 EP Text:
 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.

2009 Standard: HR.4.20 **2009 EP:** 9
2009 EP Text: **Revision Code:** Split
 Before assigning or reassigning clinical responsibilities, the executive director or clinical leadership evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary limitation, reduction, or loss of clinical responsibilities Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

2010 Standard: HR.02.01.03 **2010 EP:** 15
2010 EP Text:
 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.

2009 Standard: HR.4.20 **2009 EP:** 9
2009 EP Text: **Revision Code:** Split
 Before assigning or reassigning clinical responsibilities, the executive director or clinical leadership evaluates the following: Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary limitation, reduction, or loss of clinical responsibilities Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status

2010 Standard: HR.02.01.03 **2010 EP:** 16
2010 EP Text:
 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.

2009 Standard: HR.4.20 **2009 EP:** 10
2009 EP Text: **Revision Code:** Retain
 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 assigned clinical responsibilities.

2010 Standard: HR.02.01.03 **2010 EP:** 17
2010 EP Text:
 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.

2009 Standard: HR.4.20 **2009 EP:** 11
2009 EP Text: **Revision Code:** Split
 Clinical responsibilities for licensed independent practitioners are delineated according to organization policy; based on the licensed independent practitioner's current credentials and competence, as well as the population(s) served and the types of care, treatment, and services provided in the organization; and approved by the governance function

<p>2010 Standard: HR.02.01.03 2010 EP: 18</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.4.20 2009 EP: 11</p> <p>2009 EP Text: Revision Code: Split</p> <p>Clinical responsibilities for licensed independent practitioners are delineated according to organization policy; based on the licensed independent practitioner's current credentials and competence, as well as the population(s) served and the types of care, treatment, and services provided in the organization; and approved by the governance function</p>
<p>2010 Standard: HR.02.01.03 2010 EP: 19</p> <p>2010 EP Text:</p> <p>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.</p>	<p>2009 Standard: HR.4.50 2009 EP: 8</p> <p>2009 EP Text: Revision Code: Split</p> <p>The reappraisal addresses current competence and includes the following: Confirmation of adherence to organization policies and procedures, rules, or regulations Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills, when available Any results of review of the person's clinical performance Clinical performance in the organization that is outside acceptable standards</p>
<p>2010 Standard: HR.02.01.03 2010 EP: 20</p> <p>2010 EP Text:</p> <p>The decision by leaders to assign clinical responsibilities is based on the credentials information obtained.</p>	<p>2009 Standard: HR.4.20 2009 EP: 12</p> <p>2009 EP Text: Revision Code: Retain</p> <p>The decision by leaders to assign clinical responsibilities is based on the credentials information obtained.</p>
<p>2010 Standard: HR.02.01.03 2010 EP: 21</p> <p>2010 EP Text:</p> <p>The organization assigns clinical responsibilities for no longer than a two-year period.</p>	<p>2009 Standard: HR.4.50 2009 EP: 6</p> <p>2009 EP Text: Revision Code: Retain</p> <p>Policies and procedures or rules and regulations specify a period of no more than two years between assigning and renewing or revising clinical responsibilities.</p>
<p>2010 Standard: HR.02.01.03 2010 EP: 23</p> <p>2010 EP Text:</p> <p>The governing body approves, in writing, clinical responsibilities.</p>	<p>2009 Standard: HR.4.20 2009 EP: 11</p> <p>2009 EP Text: Revision Code: Split</p> <p>Clinical responsibilities for licensed independent practitioners are delineated according to organization policy; based on the licensed independent practitioner's current credentials and competence, as well as the population(s) served and the types of care, treatment, and services provided in the organization; and approved by the governance function</p>

2010 Standard: HR.02.01.03

2010 EP: 25

2010 EP Text:

Practitioners who are permitted by law and the organization to practice independently practice within the scope of their clinical responsibilities.

2009 Standard: HR.4.20

2009 EP: 14

2009 EP Text:

Practitioners with clinical responsibilities practice within the scope of their responsibilities.

Revision Code: Retain

2010 Standard: HR.02.01.03

2010 EP: 36

2010 EP Text:

The organization establishes program/service-specific criteria for each clinical responsibility. These criteria include the following:

- 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

Note: Refer to the Glossary for the definition of peer recommendation.

2009 Standard: HR.4.20

2009 EP: 8

2009 EP Text:

The organization establishes program/service-specific criteria for each clinical responsibility. These criteria include the following: Current licensure and/or certification as appropriate, verified with the primary source Successful completion of training Peer* and or faculty recommendation Evidence of the ability to perform the assigned clinical responsibilities* See Glossary for definition of peer recommendation.

Revision Code: Retain

Standard HR.02.01.07

2010 Standard Text:

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

2010 Standard: HR.02.01.07

2010 EP: 1

2010 EP Text:

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.

2010 Standard: HR.02.01.07

2010 EP: 2

2010 EP Text:

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.

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.

Standard HR.4.10

2009 Standard Text:

There is a process for ensuring the competence of all practitioners permitted by law and the {j}organization{/2} to practice independently.

2009 Standard: HR.4.10

2009 EP: 18

2009 EP Text:

Revision Code: Retain

When a licensed independent practitioner designates another licensed independent practitioner (who does not have assigned clinical responsibilities in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, the following requirements are met: The executive director or his or her designee and the licensed independent practitioner determine that the covering licensed independent practitioner can perform those types of care, treatment, and services that are required.

2009 Standard: HR.4.10

2009 EP: 19

2009 EP Text:

Revision Code: Retain

When a licensed independent practitioner designates another licensed independent practitioner (who does not have assigned clinical responsibilities in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, 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 and services.

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 client.

2010 Standard: HR.02.01.07

2010 EP: 3

2010 EP Text:

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.

2009 Standard: HR.4.10

2009 EP: 20

2009 EP Text:

Revision Code: Retain

When a licensed independent practitioner designates a licensed independent practitioner (who does not have assigned clinical responsibilities in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, 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 return in the timeframe defined by the organization.

2010 Standard: HR.02.01.07

2010 EP: 4

2010 EP Text:

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.

2009 Standard: HR.4.10

2009 EP: 21

2009 EP Text:

Revision Code: Retain

When a licensed independent practitioner designates a licensed independent practitioner (who does not have assigned clinical responsibilities in the organization) to cover in his/her absence for a period of no more than 72 consecutive hours, the following requirements are met: The modified process for credentialing and assigning of clinical responsibilities can only be utilized for a covering licensed independent practitioner for up to 12 days* per calendar year but no more than 72 consecutive hours. Note: If a licensed independent practitioner will be covering for more than 12 days per calendar year or more than 72 consecutive hours, this individual must undergo the full process for credentialing and assignment of clinical responsibilities by the organization. * A day is considered as any portion of the day (whether it is 1 hour or 24 hours).