

ACCREDITATION ANNUAL COMPLIANCE CHECKLIST



BEHAVIORAL HEALTH

Use this checklist to audit your Behavioral Health organization and operations annually to ensure compliance with annual requirements. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Section 1: Organization and Administration		
Standard	Expectation	Comments
BH1-1A	All applicable licenses and permits are current and posted	
BH1-2A	Governing body meeting minutes have been properly documented	
BH1-2C	New governing body member(s) have been oriented	
BH1-3A	Service recipients rights committee meeting minutes have been properly documented	
BH1-3B	New service recipient rights committee member(s) have been oriented	
BH1-5B	Annual evaluation of the Administrator has been completed	
BH1-6B	Organizational chart is up to date	
BH1-8A	The Fair Labor Standards Act poster is posted in a prominent location	
BH1-9A	Negative outcomes effecting accreditation, regulatory compliance, or licensure are documented and reported to the governing body/owner and to ACHC	

Section 2: Program/Service Operations		
Standard	Expectation	Comments
BH2-1A	Marketing materials are current and accurately reflect service(s) provided	
BH2-2A	Service Recipient Rights and Responsibilities statement is current	
BH2-3A	All alleged violations by anyone furnishing services on behalf of the organization have been properly investigated and appropriate corrective action has been taken as needed	
BH2-4A	All grievances and complaints have been documents, investigated, resolved, and reported to the governing body/owner quarterly	
BH2-4B	Information provided to service recipient/responsible person on how to report grievances/complaints is current	
BH2-6B	Business Associate Agreements exist for non-covered entities	
BH2-7A	Advance Directive information provided to service recipients is current	

Section 2: Program/Service Operations		
Standard	Expectation	Comments
BH2-7B	All personnel that CPR have evidence of current CPR certification	
BH2-8A	Summary of any ethical issues has been submitted to the governing body/organizational leaders	
BH2-9A	Language resource information is current and available to personnel to assist service recipients/responsible person with limited English proficiency as well as persons with disabilities	
BH2-10A	Evidence that compliance issues have been reported, documented, and corrective action has been taken as appropriate	

Section 3: Fiscal Management		
Standard	Expectation	Comments
BH3-1A	The current annual budget has been reviewed and updated by the governing body/owner and organization leadership	
BH3-2A	Sound financial management practices are implemented to ensure accurate accounting and billing	
BH3-4A	Financial review report is current	
BH3-5A	List of services with corresponding charges is current	

Section 4: Human Resource Management		
<ul style="list-style-type: none"> ■ Personnel records have been audited and contain all required elements. ■ Utilize the ACHC Personnel File Audit tool to assist in this process. ■ Internal plans of correction have been developed and implemented based on audit findings. 		
Standard	Expectation	Comments
BH4-2B	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel	
BH4-2D	All job descriptions are up to date and any revisions made; new job descriptions have been signed	
BH4-2E	Motor Vehicle Records have been checked for any personnel who drive service recipients in the course of their duties	
BH4-2I	All personnel evaluations have been completed, reviewed, and signed by the supervisor and employee	
BH4-3A, BH4-3B, BH4-3C, BH4-3D, BH4-3E, BH4-3G, BH4-3J, BH4-3K, BH4-3L, BH4-3N, BH4-3R, BH4-3Z.3, BH4-3Z.4, BH4-3Z.9	All credentialing activities and verification of qualifications are up to date	
BH4-4A	Orientation materials cover the required topics	

Section 4: Human Resource Management

- Personnel records have been audited and contain all required elements.
- Utilize the ACHC Personnel File Audit tool to assist in this process.
- Internal plans of correction have been developed and implemented based on audit findings.

Standard	Expectation	Comments
BH4-4D	<p>All direct care personnel have received 12 hours of ongoing education in the past 12 months and non-direct care personnel have received 8 hours in the past 12 months.</p> <p>The required topics includes, but is not limited to:</p> <ul style="list-style-type: none"> ■ Emergency/disaster training ■ How to handle grievances/complaints ■ Infection control ■ Cultural diversity ■ Communication barriers ■ Ethics training ■ Workplace (OSHA), service recipient safety, and components of BH7-2A ■ Service recipient rights and responsibilities ■ Crisis training ■ Continuing Education requirements per job classification ■ Compliance program 	
BH4-6A	Competency assessment have been completed on all direct care personnel (including contract personnel)	
BH4-8A	All contracts/agreements for personnel/organizations providing direct care/service have been reviewed as required per the terms of the contract, all new contracts implemented contain the required content, and the organization maintains copies of professional liability insurance certificates for all contract personnel	
BH4-8D	Data and outcomes for monitoring activities of all contracts/agreements for personnel/organizations providing care/services have been reported to the governing body and organizational leadership	

Section 5: Provision of Care and Record Management

- Service recipient records have been audited and contain all required elements.
- Internal plans of correction have been developed and implemented based on audit findings.

Standard	Expectation	Comments
BH5-1B	All service recipient records are safeguarded against loss or unauthorized use, and are retained for the appropriate period of time after discharge	
BH5-4A	<p>Service recipient/responsible person education materials address, at a minimum:</p> <ul style="list-style-type: none"> ■ Treatment and symptom education ■ Plan of care ■ How to notify the organization of problems, complaints, or grievances 	

Section 6: Quality Outcomes/Performance Improvement		
Standard	Expectation	Comments
BH6-1A, BH6-1A.1	The organization has evidence of an on-going, organization wide Performance Improvement (PI) program that measures, analyzes, and tracks quality indicators, including adverse service recipient events, and other aspects of performance that enable the organization to assess processes of care, services, and operations	
BH6-1C	There is evidence of involvement of the governing body/owner and organizational leaders in the PI process	
BH6-1D	There is evidence of personnel involvement in the PI process	
BH6-2A	PI report has been completed at least annually	
BH6-3B, BH6-3C	The organization investigates all adverse events, incidents, accidents, variances, or unusual occurrences that involve service recipient services and develops a plan to prevent the same or a similar event from occurring again	
BH6-3D	PI activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases	
BH6-3F	Processes related to service recipient care/service (high volume, high risk, problem prone) are being monitored	
BH6-3G	PI activities include ongoing monitoring of at least one important administrative function of the organization	
BH6-3H	The PI plan identifies the process for conducting service recipient, personnel, and referral source(s) satisfaction surveys	
BH6-3I	PI activities include ongoing monitoring of service recipient records	
BH6-3J	PI activities include ongoing monitoring of service recipient grievances/complaints and the actions needed to resolve grievances/complaints and improve services	
BH6-3K	PI activities include ongoing monitoring of its emergency response system	
BH6-3M	PI activities include feedback from current and former service recipients/responsible persons, physicians, clinicians, and referral sources	

Section 7: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
BH7-1A	The organization maintains and documents an effective infection control program that protects service recipients and personnel by preventing and controlling infections and communicable diseases	
BH7-1A	Copies of the TB Exposure Control and OSHA Blood Borne Pathogens plans have been reviewed annually and are available to personnel	
BH7-2A	Safety training is conducted during orientation and at least annually for all personnel	
BH7-3A	There is evidence of the annual disaster practice drill has been conducted	

Section 7: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
BH7-5A	There is evidence of testing emergency power systems (at least annually), conducting annual fire drills, and maintenance of smoke detectors, fire alarms, and extinguishers being inspected and maintained as recommended by the manufacturer	
BH7-7A	Hazardous waste, chemicals, and materials are handled properly	
BH7-7B	Current Safety Data Sheets (SDS) are accessible to personnel	
BH7-8A	CLIA certificate of waiver is current and posted	
BH7-8C	Quality control logs are maintained for equipment used for conducting waived tests	
BH7-8D	Quality control logs are maintained for any equipment used in the provision of service recipient care	
BH7-14A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into PI when appropriate	