

DEPARTMENT OF HUMAN SERVICES
MENTAL HEALTH SERVICES
COMMUNITY MENTAL HEALTH SERVICES

STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS

REVISED 1990

DIRECTOR'S FOREWORD

The revised document -- Standards For Community Mental Health Centers And Clinics In The State Of Arkansas -- has been the result of much effort by Community Mental Health Center representatives, staff of various Department of Human Services agencies, and Division of Mental Health Services' committees and staff. The overall revision effort was coordinated by the Standards Review Committee and thanks go to them for this work. Efforts to broaden the input process in this most recent revision were accomplished by seeking suggestions of the above mentioned groups, as well as the Community Support Program Directors and the Arkansas Alliance for the Mentally Ill.

This document is herewith accepted as the standards governing the clinical services provided by the Community Mental Health Centers and Clinics in Arkansas.

_____, Director
Division of Mental Health Services

Date

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

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PROLOGUE

The 1990 revision of the Standards, while maintaining the format and purposes of previous versions, contains significant changes that will impact the design and delivery of Mental Health Services.

The most substantial change in content is the addition of standards for a community support system for persons with serious mental illness.

This revision owes a great deal to the Standards Review Committee, the many participants in site visits over the years - both from the communities and other State agencies - and to the Board and staff of agencies being visited who have, by expressing their ideas and concerns, contributed to the development of this revision.

The membership of the Standards Review Committee is listed on the following page.

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**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

SECTION I

SCOPE AND ENFORCEMENT OF STANDARDS

I. SCOPE AND ENFORCEMENT OF STANDARDS

A. Legislative Authorization

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Section 3, Part 1,

The Arkansas State Legislature in Act 433 of 1971 authorized the creation of a Division of Mental Health (now Division of Mental Health Services) of the Arkansas State Hospital, and authorized the Division of Mental Health to distribute the funds appropriated by the Legislature to community mental health centers or clinics within the State. This Act further specified that approval or rejection of a center or a clinic would be based, among other things, on "adequacy of mental health services provided by such clinic" (Chapter 2, Section 3, Part 1, (a)).

funds

In Act 787 of 1975, the Legislature specified that, as a condition of receiving under the Act, mental health centers and clinics shall, among other things, "meet minimum standards of performance in the delivery of mental health services as defined by the State Community Mental Health Services Division" (Section 15, Part A, (2)). This requirement was reaffirmed in Act 434 of 1977, Section 8, Part 1) and in all subsequent appropriations bills, including Act 925 of 1983.

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at a minimum,

In Act 944 of 1989, the Legislature specified that mental health centers and clinics establish and maintain community support programs for persons with severe mental illness. The Act further specified the services that, at a minimum, must be provided in a community support program.

In P.L. 97-35 (Omnibus Budget Reconciliation Act of 1981) the Congress of the United States specified that the State would agree "to establish reasonable criteria to evaluate performance of entities which receive funds from the State under this part" (Section 1916, (C), (5)).

B. These standards cover, and shall apply to Comprehensive Community Mental Health Centers and Community Mental Health Clinics in the State of Arkansas.

A Community Mental Health Center is defined as an organization under a unified administration, either a local non-profit corporate organization or by the State of Arkansas, which must provide, or provide for the following required services for the treatment and prevention of mental disorders in the communities within its catchment area:

1. Twenty-four hour Emergency Services
2. Inpatient Services
3. Partial Care Services
4. Outpatient Services
5. Consultation, Education and Prevention Services
6. Follow-up and Aftercare Services
7. Initial Screening and Pre-care Services

The term "catchment area" in the preceding paragraph means that the service is to be provided inside the Center's catchment area for all required services except inpatient services. Inpatient services must be available to and reasonably accessible to the catchment area's residents, but not necessarily physically located in the catchment area. Further, inpatient services must meet the Standards as prescribed in Section IV. C. (page 22) regardless of location.

Additionally, these required services must be made available, based on clinical need, to the following "at-risk" populations: children and youth; the elderly; minorities; substance abusers; and people with serious mental illness.

There shall be only one Comprehensive Community Health Center responsible for each of the 15 mental health catchment areas in the state, and only these centers will be eligible to receive the State per capita funding for that catchment area. The Center may, however, use these funds to have other organizations provide needed services. In such cases, however, the other organization shall also meet such Standards as may apply to specific services being offered.

A Community Mental Health Clinic, for the purposes of these Standards, shall mean a Community Mental Health Clinic which is operated by a local non-profit corporate entity, or by the State of Arkansas, which provided any of the services of a Comprehensive Community Mental Health Center, singly or in combination, yet lacking one or more of the seven essential elements of a Comprehensive Community Mental Health Center as defined above.

C. Types of Certification and Their Consequences

There are two levels of certification that a Center may have:

1. Certification - the Center will receive a site visit every two years and will respond to identified Standards deficiencies with a written action plan and, if needed, follow-up progress reports. The site team will be responsible for identifying and designating the deficiencies that are to be addressed. The Center is responsible for developing an action plan and follow-up progress reports according to time frames specified in the Site Visitor's Guide.

2. **Non-Certification** - if the Center does not respond appropriately to the requested action plans and progress reports, the Center will be considered as Non-Certified following written notice from the Division. During this period, no State per capita funds, over which the Department of Human Services, Mental Health Services has control, may be given to any Non-Certified Center or Clinic.

D. Mechanism of Review

The mechanism of review shall be established in a policy manual developed and maintained by the Division of Mental Health Services. The mechanism shall assure that representatives of other Community Mental Health Centers or Clinics, and related State agencies, shall have an opportunity for input into the final decision of the Site Review Team.

E. Standards Review Committee

A Standards Review Committee shall be established by the DMHS for the purposes of: (1) reviewing the overall operation of the Standards process; (2) hearing appeals from Centers who feel that the decision of the Standards Review Team is unjust; (3) providing interpretations of the Standards in cases where they are unclear; and (4) recommending changes in the Standards.

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The Standards Review Committee shall develop formal procedures for fulfilling responsibilities identified above and shall distribute these procedures to those concerned, including the chief administrative officers of all the Community Health Centers and Clinics and the presidents of their Boards.

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
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**SECTION II
GOVERNING BODY**

II. GOVERNING BODY

The governing body of a Community Mental Health Center or Clinic shall be either: (1) a local, non-profit corporate entity, or (2) the Department of Human Services or its designee through whatever constitutional and/or legislative authorization for such governance has been established.

A. If the governing body is the Department of Human Services or its designee then the following Standards for governance shall apply:

1. The Department of Human Services or its designee is the governing body and shall provide written documentation of its source of authority.

This documentation shall consist of the statutory authority for the governance structure of the Center, including a written description of the administrative framework of governance and the lines of authority.

2. The Department of Human Services or its designee shall be responsible

for:

- (a) the overall operation of the Center or Clinic;
- (b) the adequacy and quality of care as it relates to community need;
- (c) reviewing the financial status of the Center or Clinic and be responsible for the appropriate use of its funds; and
- (d) the implementation of the Standards as set forth in this document.

3. The Department of Human Services or its designee shall establish a local Advisory Board which shall broadly represent the communities served by the Community Mental Health Center and shall, in addition, meet the provisions of Act 433 of 1971 for geographical distribution of board members.

4. The Department of Human Services or its designee shall, with consultation from the Advisory Board, provide for the employment of a chief administrative officer who shall:

- a. meet such qualifications as are established by the governing body. The Department of Human Services or its designee must take whatever steps are necessary to assure that at all times there is a chief administrative officer responsible for the daily operation of the Center or Clinic.

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b. be responsible for:

(1) the general administration of the Center or Clinic within the legislative mandates and any policies and procedures and/or rules, regulations, and guidelines prescribed by the Department of Human Services or its designee;

(2) the appropriate delegation of authority and responsibility, and the establishment of a formal means of accountability the part of subordinates;

(3) effective liaison between the Department of Human or its designee, the Advisory Board, and the staff of the Center or Clinic;

(4) providing the Department of Human Services or its designee, the Advisory Board, and the staff with the information required for the proper discharge of

(5) sharing with the Department of Human Services or its designee, the Advisory Board and the staff the for providing high quality care for those who seek services;

(6) coordinating, or appointing a delegate who will coordinate the Standards Review process, and for keeping the Department of Human Services or its designee, the Advisory Board, and staff informed of the results, any recommendations made, and actions to be taken after the Standards Review; and

(7) such other responsibilities as the Department of Human Services or its designee may delegate.

5. The Department of Human Services or its designee shall approve the annual budget of the Center or Clinic.

6. The Standards for Advisory Boards of the State-Operated Community Mental Health Centers and Clinics shall be as follows:

a. members shall reside in the Center or Clinic's catchment

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area;

- b. members shall be broadly representative of the residents of the catchment area including qualified consumers and/or families of consumers; and
- c. no more than one-half of the members of the Board shall be members of any one profession.
- d. see that membership to the Board, following incorporation, is obtained only through election by a majority of the current members of the Board. No person may automatically serve on the Board because of circumstances other than election by the Board.
- e. in addition, the provisions of Act 433 regarding representation of Center Boards, shall be met for these Advisory Boards; to wit, the Advisory Board shall:
 - (1) have at least one member from each of the counties for which State funds are received by the Center or Clinic, and
 - (2) have no county with more than a simple majority of members on the Board unless that county has more than fifty percent of the population of the area for which that Center has received State mental health funds.
- f. the members of the Advisory Boards shall serve without pay. However, members of these advisory bodies may be reimbursed for expenses entailed in performing their duties as members of the Advisory Board.
- g. the Advisory Board shall annually review Center activities including:
 - (1) the overall operation of the Center or Clinic;
 - (2) the adequacy and quality of patient care;
 - (3) the financial and staffing pattern of the Center or Clinic in order to make recommendations to the Department of Human Services or its designee;
 - (4) the implementation of the Standards as set forth in this

document.

h. the Advisory Board shall record its deliberations in minutes which shall reflect:

- (1) date;
- (2) members present and members absent;
- (3) review of old business;
- (4) standing and special committee reports and new business as appropriate;
- (5) any actions taken by the Advisory Board;
- (6) a summary report of clinical service, administrative, and fiscal activities; moreover,
- (7) copies of the minutes shall be sent to the Department of Human Services or its designee.

i. the Advisory Board shall operate within the specifications of a set of bylaws and/or policies and procedures which shall at least:

- (1) provide for an Advisory Board;
- (2) define the duties and responsibilities of the Advisory its officers, and its standing committees;
- (3) describe the method of selecting members, specifications of their terms and the conditions of their tenure;
- (4) determine what constitutes a quorum;
- (5) establish attendance requirements;
- (6) specify a method of electing officers;
- (7) provide for the establishment of any standing or special committees needed to discharge the responsibilities of the Advisory Board;

Board,

shall

- (8) specify a schedule of meetings, the frequency of which not be less often than once quarterly;
- (9) be in accordance with legal requirements;
- (10) charge the Center or Clinic with providing quality care;
- (11) be in keeping with their responsibility to the communities served; and
- (12) be in the possession of the Advisory Board.

- j. the Advisory Board shall review the annual budget of the Center or Clinic.
- k. all meetings of the Advisory Board shall be open to the public and shall meet the provisions of the Freedom of Information Act (Act 93 of 1967).

B. If the governing body is a local non-profit organization, the following standards shall apply:

1. The governing body of a Community Mental Health Center or Clinic shall provide written documentation of its source of authority.

Once this documentation has been accepted by the Arkansas Division of Mental Health Services, future documentation will not be required unless the Articles of Incorporation have been changed.

2. The governing body of a Community Mental Health Center or Clinic shall be responsible for:
 - a. the overall operation of the Center or Clinic;
 - b. the adequacy and quality of patient care as it relates to community needs;
 - c. the financial solvency of the Center or Clinic and the appropriate use of its funds; and
 - d. the implementation of the Standards set forth in this document.
3. The governing body shall, as a group:

- a. reside in the catchment area;
 - b. be representative of the residents of the catchment area including qualified consumers and/or families of consumers;
 - c. see that no more than one half of the members of the governing body shall be members of any one profession; and
 - d. see that membership to the Board, following incorporation, is obtained only through election by a majority of the current members of the Board. No person may automatically serve on the Board because of circumstances other than election by the Board.
4. If the governing body is a local non-profit corporate entity, its Board of Directors shall, pursuant to the provisions of Act 433 of 1971 specified in the preceding:
- a. have at least one member from each of the counties for which State funds are received by the Center or Clinic, and
 - b. have no county with more than a simple majority of members on Board unless that county has more than fifty percent of the population of the area for which the Center has received State mental health funds.
5. The members of the governing body and any advisory bodies shall serve without pay. However, members of the governing body may be reimbursed for expenses entailed in performing their duties as members of the governing body.
6. The governing body shall develop and implement a set of policies and procedures for guarding against conflict of interest and shall provide for monitoring those policies and procedures to ensure compliance.
7. The governing body shall operate within the specifications of a constitution and/or bylaws which at least:
- a. provide for a governing body;
 - b. define the scope of authority, powers, duties, and responsibilities of the governing body, its officers, and its standing committees;
 - c. describe the method of selecting members, specifications or their

committees
governing body;

terms, and conditions of their tenure;

- d. determine what constitutes a quorum;
- e. establish attendance requirements;
- f. specify a method of electing officers;
- g. provide for the establishment of any standing or special
needed to discharge the responsibilities of the
- h. specify a schedule of meetings, the frequency of which shall not be
less often than once quarterly; and
- i. delineate clearly the responsibility and authority of all members of
the governing body.

8. The constitution and/or bylaws and/or rules, regulations, or guidelines shall:

- a. be in accordance with legal requirements;
- b. charge the Center or Clinic with providing quality care;
- c. be in keeping with community responsibility; and
- d. shall provide for election of Board members in accordance with
section B. 3. d.

9. The governing body shall be responsible for the employment of a chief administrative officer who shall:

- a. meet such qualifications as are established by the governing body. The Board must take whatever steps are necessary to assure that at all times there is a chief administrative officer responsible for the daily operation of the Center or Clinic.
- b. be responsible for:
 - (1) the general administration of the Center or Clinic within the constitution and/or bylaws, guidelines, rules and prescribed by the governing body;
 - (2) the delegation of authority and responsibility, and the

regulations

information

- establishment of a formal means of accountability on the part of subordinates;
- (3) effective liaison between the governing body and the programs and staff of the Center or Clinic;
 - (4) providing the governing body and the staff with required for the proper discharge of their duties;
 - (5) sharing with the governing body and the staff the responsibility for providing high quality care for those who seek services of the Center or Clinic;
 - (6) coordinating, or appointing a delegate who will coordinate the Standards Review process and for keeping the governing body and staff informed of the results, any recommendations made, and actions to be taken after the Standards review; and
 - (7) such other responsibilities as the governing body may delegate.
10. The governing body shall record its deliberations in minutes which shall reflect:
- a. date;
 - b. members present and members absent;
 - c. review of old business;
 - d. standing and special committee reports and new business as appropriate;
 - e. any actions taken by the governing body; and
 - f. a summary report of services, administrative and fiscal activities.
11. The governing body shall approve the annual budget of the Center or Clinic.
12. All meetings of the governing body shall be open to the public, in accordance with the Freedom of Information Act (Act 93 of 1967 as amended).

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**SECTION III
MANAGEMENT AND ADMINISTRATION**

III. MANAGEMENT AND ADMINISTRATION

A. Program Planning and Evaluation. The Center or Clinic shall develop an on-going planning and evaluation process which offers documentation that the Center is addressing identified community needs with quality services.

B. Center Organization

1. The Center or Clinic shall have a current organizational chart.
2. When a Center or Clinic contracts with another organization for the provision of services, the contract shall specify the following:
 - a. the services to be rendered for the Center or Clinic by the other organization;
 - b. that the quality assurance established by the Center or Clinic shall also be met by the organization for such elements of service as the organization provided for Center or Clinic clients;
 - c. that patients and patient records be readily transferable between the service elements.

C. Employment and Personnel Practices

- policies
1. Each Center or Clinic shall have written employment and personnel policies which shall include:
 - a. job descriptions for all positions;
 - b. a description of the Center's or Clinic's hiring practices; and
 - c. a description of the Center's or Clinic's procedures for: employee evaluation, promotion, disciplinary action, termination, and hearing of employee grievances.
 2. The Center or Clinic shall maintain accurate and complete records for all employees.
 - a. The records for full-time employees shall contain:

of

- (1) an initial resume and any other background information needed to justify the initial and/or continuing employment of an individual; and
- (2) for those individuals in a position which requires a license, documentation that the individual has, or has applied for, within the time period and under the conditions prescribed by the appropriate licensing board, a current valid license.

b. The records for part-time independent contractors shall contain:

- (1) an initial resume; and
- (2) a license or application for a license, if appropriate.

c. The Center or Clinic shall allow the employee or their authorized representative to inspect, under supervision, their permanent record upon request, except for information collected in confidence either before January 1, 1975, or by the specific waiver of the employee.

D. Financial Management

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1. Each Center or Clinic shall have a financial management system which allows current generally accepted accounting principles.
2. Each Center or Clinic may establish its own accounting period, but must be capable of reporting fiscal data from July 1 through June 30.
3. The financial management system shall comply with the reporting requirements identified by current reimbursement sources.

E. Written Fee Schedule

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to pay.

1. A Center or Clinic shall adopt a written fee schedule based on the Center's operating costs and on the client's ability to pay. The fee schedule shall be publicly available and each client shall be given an explanation of services he/she will receive and of the fee he/she will be expected to pay.
2. No client who needs the services provided by the Center may be refused admission based solely on inability to pay unless a specific written waiver has been obtained from the Division of Mental Health Services.

F. Insurance

insurance The Center or Clinic shall have adequate and appropriate general liability for the protection of its clients, staff, facilities, and the general public.

G. Public Information and Community Involvement

to include, The Center or Clinic shall be involved in the community and shall be responsive to community needs. Center or Clinic involvement in the community shall include, but not be limited to:

1. a public information program which shall provide information about:
 - a. the location of the Center or Clinic facilities and how to contact the Center;
 - b. the services provided by the Center or Clinic; and
 - c. the procedure for referring and admitting a client to the Center or Clinic.
2. generation of community involvement in, and input into, the activities of the Center or Clinic.

H. Facilities

The administration of the Center or Clinic shall be responsible for providing physical facilities which:

1. shall conform to local life safety code; and
2. shall allow sufficient privacy to maintain confidentiality of the communications between therapist and client.

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**SECTION IV
DIRECT PATIENT CARE**

IV. DIRECT PATIENT CARE

A. Standards Applicable to All Elements of Service

1. When a person is evaluated by the Center or Clinic and does not become a client of the Center or Clinic, a formal patient chart need not be opened. However, some record giving minimal information shall be maintained. This should include:
 - a. date of service and time of contact;
 - b. demographic data;
 - c. description of problem(s);
 - d. evaluation and disposition of problems(s);
 - e. name and signature of the interviewer; and
 - f. evaluation source documents, if appropriate.

2. All diagnostic and treatment services shall be rendered under the supervision of a qualified mental health professional.

A written record of each evaluation shall be maintained and shall include:

 - a. the nature and type of the examination and/or assessments made;
 - b. the results of the assessment;
 - c. the conclusions arrived at and recommendations for disposition of the case; and
 - d. if admitted, all evaluation documents shall become part of the clinical record.

3. Upon admission to the Center or Clinic, the client/patient will be assigned to a member of the professional clinical staff who will be responsible for coordinating treatment and maintenance of continuity of care.

4. Upon evaluation and admission to the facility and to a treatment modality, a treatment plan shall be written within two weeks of the second visit, based upon the results of the previous evaluation(s). The treatment plan shall take into consideration the client's problems; the need for treatment in the least restrictive appropriate environment; and the alternatives available to the client. The treatment plan contents shall include:
- treatment;
- goals
- the
- a. the presenting problem(s) which will be addressed during
 - b. a description of the treatment modalities and techniques to be used;
 - c. specific criteria shall be established for termination of treatment with respect to the presenting problems and any other specific and objectives; and
 - d. a plan for the involvement of the client and significant others, e.g., family, social agencies, referral sources, etc., as appropriate in the client's/patient's treatment and/or follow-up.
 - e. in certain circumstances special justification shall be included in treatment plan. The circumstances shall include:
 - (1) use of any procedures which subject the client/patient to pain and/or physical risk. The use of any such procedure shall be governed by specific policies and procedures designed to safeguard the client's/patient's right and safety;
 - (2) use of less appropriate treatment when the most appropriate treatment has been refused by client/patient or is unavailable; and
 - (3) use of treatments for research purposes including use of novel or untested techniques.
5. The treatment plan shall be reviewed and updated at least every 90 days, signed, and dated by the reviewer(s), unless otherwise specified and justified in the treatment plan.
6. Medical responsibility shall be vested in a physician, preferably a psychiatrist, who is licensed to practice medicine in Arkansas. If medical responsibility is not vested in a psychiatrist, then psychiatric consultation must be available.

7. Clinical Records

Complete and accurate clinical records shall be maintained for any individual who receives direct services from the Center and is formally admitted to care. Though the format may vary, each clinical record shall contain at least the following information:

- a. identifying data and demographic information;
- b. any consent for service and release of information forms required by law or local policy;
- c. referral source;
- d. reason for referral;
- e. the content and results of all diagnostic workups and/or problem assessment, including the source documents, e.g., social history, test protocols, mental status examination, etc.;
- f. formal treatment plan;
- g. a separate medication record of all medications prescribed and/or administered;
- h. progress notes and/or other documentation of:
 - (1) treatments received;
 - (2) changes in the client's/patient's situation or condition;
 - (3) significant events in the client's/patient's life relevant to treatment; and
 - (4) response to treatment.

The development of objective measures of progress is strongly encouraged.

- i. consultation reports, if appropriate;
- j. reports of all additional evaluations and/or examinations;

- k. discharge summary;
 - l. discharge plan and documentation of follow-up activities, unless clinically contraindicated and justified as such in the chart, including:
 - (1) documentation of follow-up on missed appointments; and
 - (2) documentation of follow-up on referral.
8. Policies and procedures shall be developed providing for
- a. the currentness, accuracy, and completeness of clinical information;
 - b. safeguarding the record against tampering, loss, destruction of all or part of it, and unauthorized use;
 - c. the maintenance of confidentiality of information in the clinical record except as provided by law;
 - d. assuring that release of information is subsequent to obtaining consent to release information from the client/patient or other legally responsible party;
 - e. accessibility of the records to appropriate staff; and
 - f. the permanent storage, disposal, and/or destruction of clinical records. Any clinical records should be kept at least three (3) years after termination of active treatment.

B. Emergency Services

- 1. Each Center or Clinic shall provide 24-hour emergency services to any person regardless of residence, including adequate provisions for handling special and difficult circumstances.
- 2. The Center or Clinic shall maintain a publicly listed and publicized telephone number through which emergency care is available at all times.
- 3. All personnel staffing the emergency service shall have appropriate preparation in emergency work.

4. Medical coverage shall be available for emergency services at all times.
5. Evaluation and treatment services shall be made available outside the Center's/Clinic's facilities if needed in emergency situations.
6. There shall be written documentation of requests for emergency services and responses made to these requests, including responses made by a provider to whom the patient has been referred.
7. The arrangements for emergency services shall be so structured as to provide prompt response to requests for emergency services.

C. Inpatient Services

1. A Center or Clinic shall make provision for 24-hour inpatient services for clients/patients who need 24-hour supervision in a protected environment.
2. Inpatient services shall be licensed by the State where the facility is located.
3. The client/patient and/or his/her family shall be given adequate preparation for admission to the inpatient services and an orientation to the program to be followed.
4. Inpatient facilities shall be suitable for assuring client/patient privacy when clinically desirable.
5. Services in other elements shall be made available to inpatients on the basis of clinical need.

D. Therapeutic & Rehabilitative Services

Those services include a continuum of high to low expectation services and environments designed to improve or maintain clients' abilities to function in normal social roles. Some of these services should be available on an indefinite duration basis, and should include, but need not be limited to services which train clients in daily and community living skills; help clients develop social skills; interests and leisure time activities; and help clients find and make use of appropriate employment opportunities and vocational services.

1. A Center or Clinic shall make therapeutic day services available for clients/patients who need a more intensive treatment program than that found in outpatient while not needing 24-hour supervision inpatient services.

2. The facilities used in therapeutic day services shall be adequate and appropriate for the program provided.
3. The therapeutic day services facilities shall be readily accessible to the public and, if possible, should be situated close to public transportation.
4. When meals are prepared as a part of the therapeutic day services program, care shall be taken to ensure their preparation in sanitary surroundings and that their content conforms to the requirements of good nutrition.
5. As least one Mental Health Professional member shall be available at all times when the therapeutic day services program is operating.

E. Initial Screening and Pre-Care

1. The Center or Clinic shall provide initial screening services for residents of its catchment area who are being considered for referral to the Arkansas Mental Health System to determine whether or not appropriate alternatives to institutionalization are available. Such screening services shall be available to community organizations, agencies, or private practitioners.
2. Upon determination that an individual is most appropriately referred to the State operated inpatient units, the individual shall be given such pre-care as is appropriate to his/her condition and circumstances. Such pre-care if activities shall include preparation of the patient and his/her family, appropriate, for inpatient hospitalization.
3. The Center or Clinic shall document all cases of initial screening and pre-care and make both summary and individual information available, as appropriate, to the Division of Mental Health Services and to inpatient staff.

F. Follow-up and Aftercare

1. The Center or Clinic shall provide aftercare and follow-up services to residents of its catchment area referred from the State operated inpatient units or other institutional settings.
2. The Center or Clinic shall work with the State operated inpatient units and other institutions to provide maximum continuity of care for patients discharged from the inpatient units and subsequently receiving Center or Clinic services.
3. The Center or Clinic shall document all cares of follow-up and aftercare

and make both summary and individual information on aftercare clients/patients readily available to State operated inpatient unit staff and those of other institutional settings.

4. All residential components of transitional services shall provide a living environment which meets all laws, rules, and regulations applicable to the facility of its type.

G. Outpatient Services

1. A Center or Clinic shall offer outpatient services to the community.
2. The variety of outpatient services made available shall be based on an assessment of client demand and community need.
3. Outpatient services shall be available within a reasonable period of time. Reasonable shall be defined by the Board of Directors of each Center or Clinic.
4. Outpatient services shall be offered in pleasant and appropriate facilities which provide for adequate privacy.

H. Community Support System for Persons with Long-Term Mental Illness in Arkansas.

Each Center or Clinic shall make arrangements to provide a Community Support System designed to provide an organized network of caring and responsible people committed to assisting the identified population in meeting their needs and from developing their potential without being unnecessarily isolated or excluded the community.

Each community mental health center or clinic in Arkansas shall make arrangements to provide the following services throughout the catchment area:

1. Client Outreach - The Community Support System shall provide for location, and outreach including identification, assessment, and diagnosis to clients. The Community Support System shall assure access to services and resources by arranging transportation to or by taking services to the client.
2. Assistance To CSP Clients In Meeting Basic Human Needs - This service includes:

- and
- a. helping CSP clients meet needs for food, clothing, shelter, personal safety, and general medical and dental care.
 - b. assisting CSP clients in applying for income, Medicaid, housing other entitlements and benefits.
- placement
- 3. **Crisis Stabilization And Intervention Services - The Community Support System shall provide short-term crisis oriented services to CSP clients experiencing an acute crisis. These services shall be offered in the least restrictive setting possible, based on client need. Crisis Stabilization and Intervention (CSI) Services shall be available 24-hours a day, seven days a week. The purpose of CSI services is to avert hospitalization or in a more restrictive setting.**
 - 4. **Therapeutic and Rehabilitative Services - (See Section IV. D.)**
 - 5. **Supportive Services - The Center or Clinic shall offer services that:**
 - a. facilitate a range of supportive housing options for persons not in crisis.
 - b. facilitate a range of supportive work options.
 - c. provide for various degrees of support, based on individual client need, designed to enhance and encourage clients to assume increasing responsibility for their lives.
 - 6. **Mental Health Care - The Center or Clinic shall provide and supervise mental health care including diagnostic evaluation, prescription, periodic review and regulation of psychotropic drugs, and community-based psychiatric, psychological and/or counseling and treatment services.**
 - 7. **Advocacy Services - The Center or Clinic shall offer back-up support, assistance, consultation and education to families, friends, landlords, employers, community agencies and others who come in frequent contact with clients, to maximize benefits and minimize problems for clients.**
 - 8. **Recognition of Natural Support Systems - The Community Support System shall be designed to recognize and involve natural support such as self-help groups, consumer and family groups, networks, community organizations, etc.**
 - 9. **Grievance Procedures/Protection of Client Rights - The Center or Clinic**
- systems,
neighborhood

shall establish grievance procedures and mechanisms designed to protect client rights both in and out of the mental health system.

10. Case Management - The Center or Clinic shall have a case management system that designates a single person or team responsible for helping the client make informed choices about opportunities and services. The case management system shall be designed to coordinate all services to meet client's goals and to facilitate effective use by clients of formal and support systems.

the
informal

I. At-Risk Target Populations - A Center or Clinic shall ensure that the special "at-risk" target population groups in their catchment areas - children and youth; the elderly; minorities; substance abusers; and the seriously mentally ill - receive an appropriate mix of required services based on clinical need.

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

**SECTION V
QUALITY ASSURANCE**

V. QUALITY ASSURANCE

Each Center or Clinic shall establish a Quality Assurance Program that shall conduct and document on an annual basis a program of evaluation that includes, but is not limited to:

A. Personnel Distribution

The Center or Clinic shall hire personnel with the qualifications necessary to meet the needs of the communities it serves. While there is a great deal of room for flexibility and innovative use of personnel, especially paraprofessionals, there shall be sufficient mental health professionals available to ensure close and adequate supervision of all clinical activities of the Center or Clinic with responsibilities defined as follows:

1. Mental Health Professional shall meet all professional requirements as defined in the licensing and/or certification laws relating to their respective profession. However, no one shall be considered a Mental Health Professional under this section unless the person has at least a Master's degree in a mental health related field and appropriate experience in the area of mental health, except that a registered nurse with one year's supervised experience, including supervised training and experience in diagnosis and therapy may be considered a Mental Health Professional under this section.

Only a Mental Health Professional may make final diagnostic decisions and be responsible for treatment planning. Students may participate in diagnostic and treatment activities, provided they are supervised according to the requirements of good professional practice and any appropriate licensing or certification laws. This section includes the following professions:

- a. Psychiatrist (licensed in the State of Arkansas and having completed an accepted residency in psychiatry).

- b. Psychologist (licensed in the State of Arkansas).
- c. Psychological Examiner (licensed in the State of Arkansas).
- d. Master of Social Work (licensed in the State of Arkansas).
- e. Licensed Professional Counselor (licensed in the State of Arkansas).
- f. Registered Nurse with 1 year supervised experience in a mental health setting (licensed in the State of Arkansas).
- g. Physician (licensed in the State of Arkansas). (See reference IV. 6. page _____).
- h. Persons in a related profession (licensed in the State of Arkansas and practicing within the bounds permitted by their licensing authority) with at least a Master's degree and appropriate experience in a mental health setting, including documented, supervised training and experience in diagnosis and therapy of a broad range of mental disorders.

A.

- 2. Mental Health Paraprofessionals are defined as persons with a Bachelor's degree or persons licensed by the Arkansas State Board of Nursing who do not meet the definition of Mental Health Professional, but who are and certified by the State of Arkansas in a related profession and within the bounds permitted by their licensing authority, or persons employed by a certified Community Mental Health Center high school diploma and documented training in the area of mental health. A Mental Health Paraprofessional may provide certain Rehabilitative Services for persons with mental illness under supervision of a Mental Health Professional.

licensed practicing

or Clinic with a area of mental health.

provide certain Rehabilitative illness under supervision of a Mental

B. Mental Health Paraprofessional Training

The Community Mental Health Center or Clinic is responsible for ensuring all Mental Health Paraprofessionals successfully complete training in mental health service provision from a Mental Health Professional experienced in the area of mental health, a certified Community MH Medicaid provider, or a facility licensed by the State Board of Education before client contact.

- 1. Mental Health Paraprofessionals must receive orientation to the Community Mental Health agency.

2. The Mental Health Paraprofessional training course must total a minimum of forty (40) hours and must be successfully completed within a maximum time period of two (2) months.
3. The training curriculum must include, but is not limited to:
 - * communication skills
 - * knowledge of mental illnesses
 - * how to be an appropriate role model
 - * behavior management
 - * handling emergency situations
 - * record keeping
 - * observing client and reporting/recording observations
 - * time/employment records
 - * knowledge of clinical limitations
 - * knowledge of appropriate relationships with client
 - * group interaction
 - * listening techniques
 - * confidentiality
 - * knowledge of medications and side effects
 - * daily living skills
 - * hospitalization procedures
 - * single-point-of-entry policies and procedures
 - * knowledge of Social Security (SSI) and application process
 - * knowledge of Rehabilitative Day Treatment models
 - * proper placement levels
 - * awareness of options
4. A written examination of the Mental Health Paraprofessional's knowledge of the forty (40) hour classroom training curriculum must be successfully completed.
5. Evaluation of the Mental Health Paraprofessional's ability to teach daily living skills (DLS) for mental health services must be successfully completed by means of a skills test.
6. The Mental Health Paraprofessional who successfully completes the training must be awarded a certificate. This certificate must state the person is qualified to work in an agency under professional supervision as Mental Health Professional.
7. Inservice training sessions are required at a minimum of once each calendar year after the successful completion of the forty (40) hour training

course.
eight (8) hours
in the field.

These inservice training sessions must total a minimum of
per calendar year and may be conducted, in part, in

A Mental Health Paraprofessional who can provide documentation of training or
experience in mental health service delivery may be exempt from the forty (40)
hours classroom training.

Effective April 1, 1989, all Mental Health Paraprofessionals who provided mental
health services for a Medicaid certified Community Mental Health Center
or Clinic provider on or before April 1, 1989, but since May 1, 1988, will be
certified as a Mental Health Paraprofessional. These Mental Health
Paraprofessionals may be exempt from the forty (40) hour classroom training.
However, a written examination of the Mental Health Paraprofessional's
knowledge of the forty (40) hour training course must be successfully completed
and an evaluation of his/her ability to perform the daily living skills must be
successfully completed by means of a skills test. A certificate must be awarded to the
Mental Health Paraprofessional and available for review by the Division of
Economic and Medical Services' and Division of Mental Health Services'
staff upon request.

C. Utilization and Review

1. A statistically representative sample of clinical records shall be reviewed
periodically by the Center or Clinic for the presence and proper
completion of all required documents. Each review shall be signed and dated
by the reviewer, and the results communicated to the appropriate staff.
These reviews shall be maintained in a special file until such time as the
delinquent record is brought up to date.
2. The Center or Clinic shall maintain and document an ongoing process of
evaluation of the quality of care given to each client/patient. This shall be
done through Individual Case Review, Clinical Care Evaluation Studies,
and Utilization Review.
3. Each Center or Clinic shall establish and maintain a Utilization Review
Committee which shall examine the clinical records for completeness,
adequacy, appropriateness of care, quality of care, and efficient utilization
of Center or Clinic resources.

Policies and procedures for utilization review shall be established,
including:

- a. the method of selecting cases for review;

- b. documentation of the results of the review; and
- c. the method of disseminating the results to appropriate staff members.
- d. the Utilization Review documents should be filed separately from the clinical record.

D. Referrals

The Center or Clinic shall establish policies and procedures for making referrals both inside and outside the Center or Clinic and for following up on referrals once made.

Continuity of care shall be maintained for all transfers from one service element to another and from one staff member to another within the Center or Clinic.

Evidence of good internal continuity of care shall include:

1. transfer from one service element to another according to client/patient need;
2. transfer of client/patient records from one element of service to another and/or from one participating staff member to another; and
3. continued participation of those who cared for a client/patient in one element of service in the planning for, as appropriate, and/or conduct of treatment when the client/patient is transferred to another element of service.

NOTE: Every effort shall be made to maintain continuity of care when the client/patient is transferred from the Center or Clinic to another human service provider.

E. Client/Patient Rights

The Center or Clinic shall adopt policies and procedures which safeguard the client's/patient's legal, civil and human rights.

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

SECTION VI

CONSULTATION, EDUCATION, AND PREVENTION

VI. CONSULTATION, EDUCATION, AND PREVENTION

- to
- A. Centers or Clinics shall provide consultation, education, and prevention services to their communities. Centers or Clinics shall designate staff and resources to develop, coordinate, and implement these services.
 - B. Individual records of consultation, education, and prevention services shall fall under the same standards of confidentiality and protection of civil rights as do the records of direct service to client/patients.
-

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

REVIEW AND MODIFICATION OF STANDARDS

VII. REVIEW AND MODIFICATION OF THESE STANDARDS

- A. The Standards for Community Mental Health Centers and Clinics in the State of Arkansas shall be annually reviewed and updated.
 - B. The reviewers, who shall be responsible for the constant evaluation and revision of these Standards, shall consist of the Standards Review Committee mentioned in Section I.
 - C. Centers or Clinics shall have one year from July 1 of the year for which changes are made to come into compliance with any addition to the Standards made during the annual review unless the Standards Review Committee recommends by a two-thirds majority of all members that the changes be put into effect immediately and the Commissioner of the Division of Mental Health Services concurs with this recommendation.
-

ARKANSAS REGISTER

Transmittal Sheet



W. J. "Bill" McCuen
Secretary of State
State Capitol Rm. 010
Little Rock, Arkansas 72201-1094

or Office
se Only: Effective Date _____ Code Number _____

ame of Agency Division of Mental Health Services

epartment Department of Human Services

ontact Person Tom Head

atutory Authority for Promulgating Rules A Division in the Department of Human Services - Act 348 of 1985

Intended Effective Date	Date
Emergency	Legal Notice Published 1/8/94
20 Days After Filing	Final Date for Public Comment 1/28/94
Other	Filed With Legislative Council 1/11/94
<u>2/1/94</u>	Reviewed by Legislative Council
	Adopted by State Agency 2/1/94

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

Ann Btters
Signature

Interim Director, Division of Mental Health
Title

January 11, 1994
Date

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CARE ACCREDITATION POLICY
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The Division of Mental Health Services will offer deemed status to any community mental health center, or clinic, presently certified by the Division of Mental Health Services.

1. Any certified community mental health center, or clinic, who applies for and receives accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) shall be deemed to have met the requirements as a certified community mental health center, or clinic, as set forth by the Division of Mental Health Services through the Standards For Community Mental Health Centers And Clinics In The State Of Arkansas.
2. The certified community mental health center, or clinic, must be accredited in all program elements covered by the Standards For Community Mental Health Centers And Clinics In The State Of Arkansas, 1990, that would be applicable to the status (community mental health center, or clinic) applied for through the Division of Mental Health Services, and all program areas for services contracted with the Division of Mental Health Services.

Program areas for services include but are not limited to:

1. Emergency Services;
 2. Partial Care Services including partial care and day treatment programs;
 3. Outpatient Services;
 4. Consultation, Education, and Prevention;
 5. Follow-up and Aftercare Services;
 6. Initial Screening and Precare Services; and
 7. A Community Support System including case management, vocational and residential services, and psychosocial programs.
3. Possible Outcomes

The CARF accreditation process offers three (3) possible survey outcomes: Three-Year Accreditation; One-Year Accreditation; and Non-Accreditation. There are two (2) other survey outcome options available: Twelve-Month Abeyance; and Six-Month Deferral. The Division of Mental Health Services shall accept that a community mental health center, or clinic, is certified as a community mental health center, or clinic, if it receives any survey outcome other than Non-Accreditation. If a community mental health center, or

clinic, receives a Twelve-Month Abeyance or a Six-Month Deferral, it shall be deemed to be certified during that period pending the final accreditation decision.

Loss and Deferral of Accreditation

- A. Community mental health centers, or clinics who fall below accreditation levels and are placed on "deferral" status will not lose their contract with the Division of Mental Health Services during the deferral process. EXPLANATION: In certain circumstances, a Six-Month Deferral is made available by CARF for currently accredited organizations when surveyors cite major deficiencies in standards compliance, but resolution of these deficiencies is present in the commitment, capability and progress of the organization towards compliance and the surveyors have confidence that the necessary improvements can be accomplished within a six-month period. At the end of the Six-Month Deferral, the surveyors re-visit the organization, at the organization's expense, to review progress and determine compliance with standards.
 - B. A community mental health center, or clinic whose survey results in an "abeyance" decision shall be considered accredited for the purposes of being eligible for a Division of Mental Health Services' contract during the time of the abeyance. However, an agency must become accredited during the Twelve-Month Abeyance process to be eligible for subsequent Division of Mental Health Services' contracts. EXPLANATION: Due to the presence of conditions affecting the service benefits, health, welfare or safety of persons served, an organization may fall short of a One-Year Accreditation. When CARF recognizes a willingness and capability of an organization to correct such existing conditions, then the decision to accredit or not accredit will be delayed until the organization is provided up to twelve (12) months to correct the problems. This is a "one-time only" abeyance, and is not available to currently CARF accredited organizations.
4. Organizations will submit to the Division of Mental Health Services a copy of the CARF survey report within 30-days of the receipt of the report from CARF. The organization will also submit to the Division of Mental Health Services a copy of the organization's corrective action report if such report is necessary. The Division of Mental Health Services retains the right to modify all corrective action plans including action to be taken and time frames for completion. All corrective action plans must be approved by the Division of Mental Health Services.

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Name of Agency Division of Mental Health Services Dept. Department of Human Services

Contact Person Tom Head Telephone (501) 686-9180

Statutory Authority for Promulgating Rules Act 787 of 1975

Title of Rule Accreditation Policy For Certified Community Mental Health Centers And Clinics

Rule Status:

- New Rule
- Existing Rule
revised, amended, and/or changed
- Repealed Rule
rescinded, abolished, and/or revoked

Effective date:

- Emergency _____
- 20 days after filing _____
- Other 03-18-96
- Repealed _____
- Adopted by State Agency 03-18-96

CERTIFICATION OF AUTHORIZED OFFICER

I Herby Certify That The Attached Rule: Was Adopted In Compliance with Act 434 of 1957 As Amended

Pamela K. Shadwell
Signature

Director, Division of Mental Health Services

Title

01-30-96

Date

DEPARTMENT Department of Human Services
 DIVISION Mental Health Services
 PERSON COMPLETING THIS STATEMENT?
 TELEPHONE NO. (501) 686-9180 FAX NO. (501) 686-9182

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

Accreditation Policy for Certified Community
 SHORT TITLE OF THIS RULE Mental Health Centers and Clinics

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes X No _____
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Not applicable

<u>1995-96 Fiscal Year</u>	<u>1996-97 Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other _____	Other _____
Total _____	Total _____

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

<u>1995-96 Fiscal Year</u>	<u>1996-97 Fiscal Year</u>
	CARF - \$7,000 to \$10,000 for each survey
	JCAHO - \$15,000 to \$20,000 each survey

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

<u>1995-96 Fiscal Year</u>	<u>1996-97 Fiscal Year</u>

\$0

July 28, 1995

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ACCREDITATION POLICY

I. All Community Mental Health Centers or Clinics presently certified by the Division of Mental Health Services under the Standards For Community Mental Health Centers And Clinics In The State Of Arkansas must seek and attain accreditation by either the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in order to continue receiving funding under contract with the Division of Mental Health Services and/or to maintain designation as a certified Community Mental Health Center or Clinic.

- A. The Accreditation Survey must take place within 18 months of the effective date of this policy.
- B. All Community Mental Health Centers or Clinics will be expected to select an accreditation model and provide notification of this choice to the Division of Mental Health Services within 90-days of the effective date of this policy.
- C. Community Mental Health Centers or Clinics who are Non-Accredited by CARF or JCAHO will not be eligible to contract with the Division of Mental Health Services.
- D. The certified Community Mental Health Center or Clinic must be accredited in all program elements currently covered by the Standards For Community Mental Health Centers And Clinics In The State Of Arkansas, 1990, that would be applicable to the status (community mental health center or clinic) applied for through the Division of Mental Health Services.

Program areas for services include, but are not limited to:

1. Emergency Services.
2. Partial Care Services including partial care and day treatment programs, including clubhouse programs.
3. Outpatient Services.
4. Consultation, Education, and Prevention.
5. Follow-up and Aftercare Services.
6. Initial Screening and Precare Services, and
7. A Community Support System.

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- E. Affiliates must be accredited by CARF/JCAHO in those elements of service for which they contract with the Community Mental Health Centers. Affiliates providing services not covered or required by the contract between the Division of Mental Health Services and the Community Mental Health Center or Clinic are exempt from this policy.
- F. The Division of Mental Health Services may establish additional standards or require organizations to meet additional standards that have a basis in law and/or regulation, in the event that these requirements are not addressed by the accrediting body.

II. Costs

Community Mental Health Centers or Clinics or their affiliates will be responsible for all costs associated with accreditation including written materials, manuals, technical assistance, training, application and surveyor fees, etc. No accreditation costs will be paid by the Division of Mental Health Services.

III. Reporting

- A. Organizations will submit to the Division of Mental Health Services a copy of the accrediting body's written survey report or re-survey reports within 30-days of the receipt of the report. This report should include:
 - 1. The accrediting body's conclusions regarding the award or denial of accreditation status.
 - 2. Any terms or requirements the organizations must meet as a condition for achieving or maintaining accreditation status.
 - 3. Deficiencies or recommendations.
- B. When the accrediting body requires a corrective action plan and/or periodic written progress reports to address identified needs/recommendations that are conditions for attaining or maintaining accredited status, a copy of this plan and all subsequent reports shall be submitted to the Division of Mental Health Services.
- C. Identification of problem areas any time during the accreditation period may result in corrective action by the Division of Mental Health Services.

IV. CARF

A. Possible Outcomes

The CARF accreditation process offers four (4) possible survey outcomes: Three-Year Accreditation; One-Year Accreditation; Provisional Accreditation; and Non-Accreditation. There is one (1) other survey outcome option available: Twelve-Month Abeyance. The Division of Mental Health Services shall accept that a Community Mental Health Center or Clinic is certified as a Community Mental Health Center or Clinic if it receives any survey outcome other than Non-Accreditation. A Community Mental Health Center or Clinic whose survey results in an "Abeyance" decision shall be considered accredited for the purposes of being eligible for a Division of Mental Health Services' contract during the time of the abeyance. However, an agency must become accredited during the Twelve-Month Abeyance process to be eligible for subsequent Division of Mental Health Services' contracts. EXPLANATION: Due to the presence of conditions affecting the service benefits, health, welfare or safety of persons served, an organization may fall short of a One-Year Accreditation. When CARF recognizes a willingness and capability of an organization to correct such existing conditions, then the decision to accredit or not accredit will be delayed until the organization is provided up to twelve (12) months to correct the problems. This is a "one-time only" abeyance, and is not available to currently CARF accredited organizations.

V. JCAHO...

A. Possible Outcomes

The JCAHO accreditation process offers five (5) categories of accreditation decisions: Three-Year Accreditation with Commendation; Three-Year Accreditation With Or Without Type 1 Recommendations; Conditional Accreditation; Provisional Accreditation; and Not Accredited. The Division of Mental Health Services shall accept that a Community Mental Health Center or Clinic is certified as a Community Mental Health Center or Clinic if it receives any survey outcome other than Provisional Accreditation or Not Accredited. If a Community Mental Health Center or Clinic receives an Accreditation With Type 1 Recommendations, or a Conditional Accreditation, it shall be deemed to be certified during that period pending results of follow-up monitoring conducted by the accrediting body.

- ...
- B. Organizations receiving accreditation with Type 1 Recommendations risk loss of accreditation if the recommendations are not resolved within a period of time specified by JCAHO. Improvement in these areas is monitored and assessed through the use of focused surveys or written progress reports. Organizations receiving Accreditation With Type 1 Recommendations will not be in jeopardy of loss of contract during this monitoring period.

- C. **Conditional Accreditation** indicates that multiple substantial standards compliance deficiencies exist in an organization or that the organization has not corrected Type 1 Recommendations in the timeframes specified. Organizations in this status are required to develop a plan of correction and demonstrate sufficient improvement in a follow-up survey within six (6) months. Community Mental Health Centers or Clinics shall be considered accredited for the purposes of being eligible for a Division of Mental Health Services' contract during the time pending results of the follow-up survey.
- D. **Provisional Accreditation** is granted when an organization has demonstrated substantial compliance with selected structural standards surveyed in the first of two surveys conducted under the Early Survey Policy. The second survey is conducted approximately six (6) months later to allow sufficient time to demonstrate a track record of performance. Provisional Accreditation status remains until the organization completes the second full survey. The Early Survey Policy is available to new organizations that would like to be accredited but are not ready for a full evaluation, to organizations in operation less than four (4) months, and to organizations undergoing their first JCAHO survey. Community Mental Health Centers or Clinics shall not be considered accredited for the purposes of being eligible for a Division of Mental Health Services' contract during the time of Provisional Accreditation. A Community Mental Health Center or Clinic shall be considered accredited for the purposes of being eligible for a contract if a decision of accreditation status other than Not Accredited is awarded after a second survey.

VI. Evaluation Process

The Division of Mental Health Services may establish a process to monitor services provided by the Community Mental Health Centers or Clinics through the ongoing collection of uniform, objective performance data.