



PHAB ASSESSMENT PROCESS

Approved by the PHAB Board

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I. Pre-application

A. Technical Assistance

Training and preparation for accreditation assistance is an important component of the overall success of the PHAB accreditation process. Accordingly, multiple organizations will be involved in the development and provision of training and technical assistance for potential applicants.

- PHAB will be responsible for orienting and training future applicants on the application process and the standards and measures.
- PHAB will make available detailed written guidance on the standards, measures and documentation. This guidance will be updated and expanded on a regular basis.
- PHAB will maintain technical assistance documents, related to the accreditation process, on the PHAB website.

PHAB will not provide technical assistance and training on quality and performance improvement nor on *how* to meet the standards.

PHAB will refer health departments with questions concerning quality and performance improvement training and technical assistance to their membership organizations (ASTHO, NACCHO, and NALBOH) and strategic partners of PHAB (e.g., National Network of Public Health Institutes and the Public Health Foundation).

B. Orientation

PHAB will make accreditation orientation available. It will introduce potential future applicants to the application process and timeline, standards and measures, documentation guidance, and scoring and weighting.

- Orientation will consist of a course provided on the internet, accessible at the future applicant's convenience.
- There will be no fee to take the orientation.
- The online program will verify completion by name and organization. This information will be retained by PHAB for future reference.
- Health Departments will be encouraged to have several staff and board members take the orientation online training.
- The course is a mandatory, prerequisite to submitting a letter of intent to PHAB.
- The course must be attended by the health department staff member designated as the accreditation coordinator (the person responsible for coordinating the application and process).

C. Readiness

PHAB will develop a readiness checklist to help applicants determine whether they are ready to move forward in the application process. Importantly, they will be asked to ensure that they have political support, staff support, and the required resources.

Additional readiness services could include:

- Tip sheets with information on the accreditation process,
- Reference materials on various topics of interest to applicants regarding the accreditation process,
- Specific information requirements for joint applications, and
- PHAB's glossary of accreditation terms.

D. Letter of Intent

All agencies planning to apply for accreditation will be required to submit a letter of intent (LOI), after completing the online orientation. This will better enable PHAB to plan its workload and to identify potential accreditation applicants as early as possible.

The letter of intent does not commit a department to follow through by filing an application. The LOI merely states the department's intention to submit an application at a designated point in the future.

- The LOI must indicate who in the department completed the online orientation.
- Submission of a letter of intent is not tied to the completion of any specific readiness activities, other than orientation.
- Potential applicants will be encouraged to engage in some readiness review prior to making a decision about submitting an LOI.

LOIs may be submitted to PHAB at any time throughout the year. Once received by PHAB, the LOI will be valid for a period no longer than 12 months.

Receipt of a LOI will place the agency in the queue for training. PHAB will assign the applicant a place in a review cycle, if limits are placed on the number of applicants reviewed in a specific period of time. The applicant will be notified of their place in the queue in order to inform their planning and decision over whether to move forward in the application process.

PHAB will develop a template for these letters including contact names, key dates, governing body awareness and some background information on the agency(s).

- LOIs should indicate if the applicant will be submitting a joint application, if there are partners in the application, and if there are shared services.

- LOIs must include the name of the person designated by the applicant as the accreditation coordinator. The coordinator will be the primary contact person for PHAB. (This person must complete the orientation and attend the PHAB training.)
- LOIs must be signed by the director of the health department.

PHAB will send information and updates to agencies that have submitted an LOI. Updates will include applicant's status in the training and application queues. PHAB will also recommend that applicants consider availing themselves of technical assistance as they prepare for accreditation.

PHAB will not communicate to others about from whom LOIs have been received.

E. Applicant Training

Training will emphasize an improved understanding of the accreditation process and critical success factors for completing the accreditation process. Applicants will be required to participate in Application Process Training (APT) prior to receiving access to the self-evaluation form.

- PHAB will develop specific criteria regarding who should participate in the training. At a minimum, training must be received by the person designated by the applicant as their accreditation coordinator.
- Content of the training will include an overview of the accreditation process, review of the standards and measures, required submission of the self-evaluation, and preparation for site visits.
- Training will be a two-day training session, provided face-to-face. Case studies will be used as a training method.
- PHAB will charge a fee for participation in this training.

Note: The required training will not teach applicants how to comply with specific standards or measures. This type of technical assistance will be provided by PHAB's partner organizations.

II. Application

The application is communication of an agency's official intent to proceed with the accreditation process. The application is a form of contract whereby the applicant agrees to abide by the current and future rules of the accreditation program to maintain accreditation status. The official clock starts on the accreditation process once the applicant submits an application form with required non-refundable payments and any supporting documentation required by the application (e.g., strategic plan, letter of support from the governance body).

A. Application Form

The application will be a web-based form with appropriate mechanisms for required signatures/verifications.

The application form will provide PHAB with the necessary background information to proceed with the accreditation process. (The Assessment Workgroup in consultation with the Research and Evaluation Committee recommends information for inclusion in a single agency application (Attachment A)).

- In addition to substantial demographic and profile information (some of which may be taken by PHAB from the NACCHO Profile and ASTHO data), the application will include formal verification of eligibility for accreditation.
- Applicants will need to demonstrate that they are governmental public health departments.
- The application for accreditation should identify what readiness preparation activities were utilized by the applicant.
- The application will require a signature of the appointing entity of the director of health.

The applicant signature will confirm agreement to follow the principles/rules of the PHAB accreditation program and verification of the accuracy of all information submitted.

Multi-agency Applications: A multi-agency application form will be developed. It is assumed that there will be different application fees for multi-agency applications.

B. Application Eligibility

Completeness Review: PHAB staff will review all applications for completeness to determine whether the applicant is eligible to apply, the required documentation is included and required fees are paid. PHAB staff would normally make this decision or consult with the PHAB Board in unusual circumstances.

PHAB staff will respond to the applicant within 2 weeks indicating what (if any) additional information is required to proceed with accreditation, whether the applicant is eligible to participate in the accreditation process, and how to access the self-assessment document if the application is accepted as submitted.

Eligibility Determination: The eligibility determination process involves the required submission of current documents including a strategic plan, a community/state health assessment, and a community/state health improvement plan.

- A decision to deny eligibility can be appealed by an applicant.
- “Current” is defined in the standards/measures.
- The documents must meet PHAB’s criteria for a strategic plan, C/SHA and C/HIP.

Multi-agency Applications: Multi-agency applicants must submit an MOU or similar documentation describing in detail the multi-agency relationship. PHAB will determine what documentation will be acceptable. The business relationship of joint applicants must be well established and well defined. Multi-agency applications ‘of convenience’ will not be accepted.

III. Self Assessment

This is the stage of the process where the applicant demonstrates conformity with all of the required standards, measures and documentation needed to determine accreditation status. The self-assessment process is one of the most important components of any accreditation process.

A. Process

The self-assessment will be provided in an online web-based format allowing applicants to work on various stages of the documentation on and off over a period of time. This will be a key component of PHAB’s IT infrastructure.

Timeframe: Applicants must submit a completed self-assessment within twelve months of submitting an application being accepted by PHAB or begin the process over with a new application and fee.

- PHAB may extend the 12 month self-assessment submission requirement, for cause, in unusual circumstances.

Completion of the self-assessment process includes agreement that the applicant will be available to participate in a site visit one to six months after acceptance of the self-assessment materials by PHAB.

Completeness Review: Once the applicant completes the self-assessment and submits documentation to, PHAB staff will conduct a completeness review of the self-assessment materials to determine that a sufficient type and volume of documentation has been submitted to proceed with the review and that the applicant is ready for review by a site visit team. (The final adequacy of this documentation will be determined by the site visit team.) This completeness review should be completed within two weeks of the applicant’s submission date.

- The staff review does not constitute a decision making process regarding conformity at this stage.
- Consultants may assist in this process.

B. Content

The content of the self-assessment process will follow the standards/measures language approved by PHAB. Submission of the self-assessment will include all documents being offered as evidence of meeting the standards and measures.

There is enough flexibility in the accreditation process to allow applicant’s to demonstrate how their particular processes or approaches to meeting an identified public

health need may differ from those provided in other health departments, but still meet the intent of the standard or measures.

PHAB will prepare guidance materials to assist applicants in completing this phase of the accreditation process.

No public input will be required in the self-assessment.

IV. Site Visit

The purpose of the site visit is to verify the accuracy of materials submitted with the self-assessment and to seek answers to any questions raised during the review of the materials prior to the onsite visit regarding conformity with the standards and measures.

A. Site Visitor Training

It is anticipated that PHAB may rely heavily on trained site visitors from existing state level accreditation programs during the early phases of the development of the national accreditation program.

PHAB will develop a formal training program for all site visitors.

- Site visitor training will need to include provisions for initial as well as refresher training.
- PHAB should plan on allocating two full days of in-person initial training for all site visitors.
- PHAB should prepare a training guidebook.
- Site visitor training should include hands-on work exercises as well as classroom training.
- Training may include observation of a site visit and practice scoring.
- Site visitors will be encouraged to participate in one or more visits per year to stay current in the process.

B. Site Visitor Team

Appointment of Team: PHAB staff will appoint a site visit team and a site visitor chair upon receipt of an applicant's final self-assessment documentation. PHAB staff will also select alternate site team members that can fill-in, in the case of emergencies or for unforeseen conflicts.

- The chair will be responsible for managing the site visit and preparing a report of the site visit team findings.

Team Membership: Site visit teams will usually include three to four members. PHAB staff will select teams with experience/professional backgrounds appropriate for the review to the maximum extent possible. Geographic factors will be considered in the selection process. PHAB staff will attempt to utilize team members from the same region if possible while avoiding selections from within the same state in most cases. To the extent possible the composition of the site visit team should represent peers of the

applicant. Also, it is appropriate to include at least one local health department person on state health department site visits, and at least one state health department person on local health department site visits, if possible.

- Paid contractors may be used in addition to volunteer peers.
- The composition of the typical site visit team should include:
 - One member with management expertise at the program or higher level. This individual should have at least 5 years of public health experience and a BA or higher degree. It is desirable that this individual have practical experience with accreditation.
 - One member of the team should have a public health background. This background could include expertise in:
 - Community Health
 - Health Education
 - Epidemiology
 - Public Health Nursing
 - Public Health Administration/Leadership
 - Registered Environmental Health Specialist
 - Medicine
 - Veterinary medicine
 - Social Work
 - A public health department board member (if applicable and available). PHAB staff will use a “fair amount of judgment” in determining whether it is appropriate to include Board members in particular site visits.
 - PHAB Board members and staff may attend site visits as observers.

Conflict of Interest: PHAB staff will explore potential conflicts of interest in the site visit team selection process. The applicant will also have an opportunity to challenge any appointed site visit team member for cause.

Suggested criteria for potential conflicts of interest include, but are not limited to:

- Current or previous employment or contracts with the applicant,
- Personal ties/friendship with applicant staff or volunteer leadership, and
- Possession of insider information.

All site visit team candidates will be required to disclose any potential/perceived conflicts of interest to PHAB staff during the site visit team selection process.

PHAB will inform all site visit team members that they cannot serve as a consultant to any applicant departments they work on for a period of twelve months following the conclusion of the site visit.

C. Site Visit

Pre-site Visit: In preparation of the site visit, each member of the site visitor team will review all materials submitted. They will review and score each measure. The team will conduct a teleconference to review the materials, determine potential areas of non-conformity, identify missing documentation, and formulate questions.

The chair of the site visit team will be responsible for scheduling this meeting.

Site Visit Scheduling: PHAB staff will be responsible for scheduling a site visit at a time that will work for all parties involved in the process.

The site visit schedule will allow PHAB staff/site visit team members sufficient time to conduct a thorough desk review of the self-assessment materials.

Travel arrangements (flights, hotels etc.) will be made by PHAB staff or a designated travel agent.

PHAB staff will inform applicants that all key staff involved in the accreditation application must be available for interviews/meetings during the site visit. This also includes key staff from other agencies providing any public health services involved in agreements/contracts cited as evidence of conformity to specific standards.

Process: The length of the typical site visit will be two to three days depending upon the scope of the application. The site visit team chair is responsible for managing all aspects of the site visit. The site visit schedule will include the following steps:

- Welcome and introductions meeting with site team and key health department staff,
- Walk-through/tour of the health department,
- Review of the agenda and purpose of the site visit,
- Following a schedule for interviews, work sampling and collection of additional information regarding conformity to standards,
- Review of any new materials submitted on site,
- Exit conference to review identified strengths, areas of potential non-conformance or opportunities for improvement.

Review: The site visit team does not make any recommendation regarding accreditation status during the visit or exit conference.

Site visit teams are encouraged to utilize co-scoring to measure and improve inter rater reliability (i.e., two people looking at the same documentation and scoring separately).

- Staff will review scoring to ensure consistency.
- Review audits will be conducted.

The applicant is permitted to produce additional existing evidence of conformity with the standards and measures, but may not create new evidence or change the documentation that was submitted with the self-assessment.

PHAB staff will be expected to be available by telephone for consultation during site visits.

Evaluation: An evaluation system will be utilized at the conclusion of each site visit permitting the applicant to rate the entire site visit team, the Chair to rate other team members, and team members to rate the performance of the Chair. PHAB will use these findings to make future decisions regarding the inclusion of specific individuals on site teams.

D. Site Visit Report

Content: A written report will be prepared summarizing the site visit and describing in detail the strengths and weaknesses of the applicant, as well as any non-conformities or suggested areas with opportunities for improvement.

- Site visit reports will include as much detail as possible addressing each standard/measure to improve the learning experience from the accreditation process and the identification of areas of improvement.
- The site visit report will include the collective score for each measure.
- Site visit reports will not include a specific recommendation for accreditation. Accreditation decisions will be made by the Board of PHAB.

Procedures: The following procedures are suggested for these reports:

- The site visit team chair is responsible for preparing the written report and including the collective input of the other site visit team members.
- Site visit reports will be prepared in accordance with a template developed by PHAB.

E. Site Visit Follow-up

Following the site visit, the following process will take place:

- The written report must be submitted to PHAB within two weeks of the completion of the site visit.
- PHAB staff will edit the report and send it back to the Chair for review.
- The agreed upon edited report will be sent to the applicant for review and comment (if applicable).
- The applicant will have thirty days to respond to this report in writing indicating areas of agreement, disagreement or citing any potential factual errors.
- Applicants cannot submit additional documentation of corrective action(s) after the written site visit team report is received, but before the accreditation decision is made. The only exception to this rule is if the submission of evidence will correct a factual error in the site visit team report.
- Site visit reports will not be made available as part of the public record.

V. Accreditation Decisions

Process: The PHAB Board will determine criteria for awarding accreditation status. The PHAB Board will make final decisions on accreditation status.

Decisions will be made by reviewing the applicants self assessment, site visit reports, applicant responses to site visit team reports (if available), and testimony from PHAB staff involved in the review/site visit. PHAB staff input will address conformity issues or compliance with process/rules to avoid lack of uniformity and avoid arbitrary decisions.

Applicants are not permitted to attend board or review committee meetings to present their case or answer questions, though PHAB may disclose when the board will review the application.

The site visit team chair should always be available by telephone or in person during PHAB Board/review committee deliberations on health department applications.

Written documentation of official PHAB decision will be sent to applicant contact (as specified in the application document) via email within two weeks of the conclusion of the Board meeting where such decisions are rendered, with a follow-up letter in the US mail. If the accreditation is conditional, the email will state that more information will be provided to the applicant in the written letter.

No verbal feedback should be provided to applicants before the official written decision letters are sent to applicants.

Review Committee: A Review Committee(s) may be established in the future to recommend accreditation decisions when the volume of applications grows to a point that exceeds the capability of the Board to conduct the decision making process in a timely manner.

- The Review Committee(s) will always be chaired by a PHAB Board member
- If multiple review committees are utilized, a process will be developed to help insure an acceptable level of inter rater reliability in the decision making process.

Accreditation Status: Accreditation may be awarded for up to five years. The range of decisions includes:

- Full accreditation (5 years);
- Conditional accreditation (up to 2 years) with conditions to be resolved within a specified period of time for full accreditation; or
- Non-accreditation.

Conditional Accreditation: Conditional Accreditation will require that a corrective action plan be submitted to PHAB within 90 days of notification of the accreditation decision.

- The corrective action plan must specify the amount of time required to implement the action to reach conformity.
- If the review for conformity after the corrective action has been taken is a desk review, the applicant will not be charge an additional fee.

VI. Appeals

Appeals: PHAB will develop an appeals process.

- Applicants requesting an appeal will be required to submit the request in writing within 30 days of the receipt of the written PHAB accreditation findings.
- PHAB will develop a list of appealable issues (eligibility decision, accreditation eligibility, accreditation status, deficiencies)
- The burden of proof is on the applicant.

Levels of Review: There will be two levels of review.

- The first level of review will be by a panel of PHAB Board members.
- The second level of review will be by an external group appointed by the PHAB Board. At this second level of review the applicant is appealing the decision of the first level of review.
 - No new information may be submitted.
 - Attorneys may be involved at this level of appeal.
- There may be a fee to appeal to cover some portion of PHAB costs.

Complaints: PHAB will develop a complaint process.

- Accepted complaints will be those related to standards and measures or the accreditation process.
- The complaint is to be submitted to PHAB staff and must be in writing and signed.

VII. Reports and Reaccreditation

Accredited departments should report substantive changes when they occur. PHAB will monitor the field for changes, to the extent possible.

Contact information should be updated at least annually by accredited departments.

Mid-term Reports: The submission of a mid-term report (2 ½ year) will be required.

- Reports will include a statement and/or documentation that the agency continues to comply with all original and any new standards/measures implemented since the time of initial accreditation.
- Reports will describe how the department has implemented its performance improvement plans, addressed all opportunities for improvement that were identified in its PHAB accreditation letter, and addressed quality and performance improvement.

- Accredited departments will be asked to sign a document that no substantive change in the department has taken place since accreditation was conferred or they must describe any substantive changes that have occurred.
- Failure to submit a required report will result in revocation of accreditation.
- The PHAB application tracking system will have trigger points to “red flag” possible issues.

Reapplication: PHAB will send a notice to accredited health departments that their accreditation is expiring one year before it expires. If a reapplication has not been received within six months, PHAB will send a second notice.

Accredited health departments will be required to submit a new application and participate in a site visit to achieve reaccreditation.

- The applicant for reaccreditation may submit information concerning only what has changed and need not resubmit material that was submitted for accreditation that has not changed. That is, applicants may use their originally submitted material with appropriate changes and additions.
- The burden will be on the applicant to verify all updates, changes, and provide new information on any standards/measures changed since the original application.
- Applicants will be required to submit application materials in a time frame sufficient to allow PHAB to conduct the site visit and finish their deliberations on the application during the final year of the applicant’s accreditation cycle.

Applicants will retain their accreditation status after their application for re-accreditation has been submitted but before the site visit. Departments will not retain accreditation status after their expiration date if they have received PHAB notice of the expiration of their status and have not submitted an application and paid required fees. An extension of accreditation status may be granted in extraordinary circumstances (e.g., a natural disaster or serious epidemic).