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SURVEYOR



Quality Review Edition | THE Accreditation Resource for Data Nerds



BEHAVIORAL HEALTH

ACCREDITATION COMMISSION *for* HEALTH CARE

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MISSION STATEMENT

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.



CORNER VIEW

WITH PRESIDENT & CEO, JOSÉ DOMINGOS

You made a great decision when choosing ACHC to accredit your behavioral health organization. Whether you are new or have years of experience with us, I am confident that you have already felt first-hand our intense focus on customer service.

Real support that builds your team

ACHC doesn't engage in "accreditation theatre" through complex scoring rubrics or punitive surveys that give an illusion of rigor without adding any true value for your organization. Instead, we focus on *real support* designed to close any gaps between your current state and full standards compliance. We are known as Accreditation Nerds for our genuine belief in—and passion for—the efficacy of accreditation to enhance quality and safety in healthcare organizations. But we know it works best when those organizations understand and embrace continuous performance improvement.

The Quality Review edition of *Surveyor* is an excellent place to start.

This publication is a resource, demonstrating how ACHC program teams work to help you develop individual expertise within your organization, while recognizing that your staff may have varying levels of experience and current knowledge. The standards listed are the most frequently noted as non-compliant on recent surveys and the compliance tips provided are divided into categories to make them useful for individuals across a range of roles and expertise.

"Accreditation Nerd Newbies" are just that: individuals new to the process of compliance with accreditation standards. ACHC uses a Plan-Do-Study-Act framework to organize standards.

Even a "simple" standard may include multiple elements for full compliance. Under *Compliance tips for Nerd Newbies*, we offer a clear summary of the expectations for each standard.

"Accreditation Nerd Apprentices" understand the concepts of meeting and maintaining standards. *Compliance tips for Nerd Apprentices* focus on using data on hand to continuously assess how well your organization is performing.

Finally, "Accreditation Nerd Trailblazers" are those individuals who are passionate about maximizing their organization's capacity for excellence. They are enthusiasts who eagerly share their knowledge with colleagues to create a path forward. Nerd Trailblazers thrive on the goal of continuous improvement. *Compliance tips for Nerd Trailblazers* cover best practices designed to level up your organization.

These tongue-in-cheek categories are our way of saying that it's possible to approach accreditation seriously without being humorless. When we say that we want to help you develop your staff into a team of Accreditation Nerds, you immediately understand the goal.

Partnership you can rely on

Once your organization is ACHC-accredited, we become your partner, dedicated to meeting your needs. ACHC's staff of Accreditation Nerds—account advisors, surveyors, clinical educators, quality and regulatory, and other experts—thrive on being helpful. Review the information on the pages that follow confident that we're ready to dig in to answer questions, provide feedback, offer suggestions, and direct you to any additional resources you need.



FROM THE PROGRAM DIRECTOR

This Quality Review edition of **Surveyor** identifies and analyzes the most challenging standards for behavioral health organizations based on data from initial and renewal surveys conducted between June 1, 2024 and May 31, 2025.

ACHC Behavioral Health Accreditation encompasses the wide range of services—from prevention services to residential treatment—that organizations provide. By identifying your scope of services, our program ensures that the standards applied are relevant to your organization. In this way, ACHC’s third-party review adds real value, while simultaneously serving as an assurance of quality for your clients, their families, and your community.

Surveyor findings

This year's evaluation of frequent deficiencies identifies ten that were the most often cited for noncompliance on surveys. Seven of them came from the same category of standards: **Provision of Care and Record Management**. This section lies at the heart of behavioral health care. These standards reflect how treatment/interventions are planned, delivered, and documented.

Standards **BH5-2B** and **BH5-2E** focus on initial and comprehensive assessments. From these, a plan of care is developed and regularly reviewed for ongoing relevance and effectiveness (**BH5-3A**, **BH5-3F**). Surrounding these are policies for the documentation that must be included in each client's record and the authentication of service delivery that supports continuity of care (**BH5-1A**, **BH5-1C**), and the process of discharging each individual from the organization based on the circumstances of that discharge (**BH5-7B**).

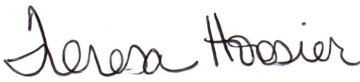
The remaining three standards are more operational in nature. The first two come from **section 2: Program/Service Operations**. Here ACHC Surveyors are looking for policies and procedures to ensure that service recipients understand their rights to voice a complaint or grievance and to escalate it to regulatory bodies (**BH2-4B**) and to participate in decisions

about their care, including care that impacts their physical health (**BH2-7A**). The last of these frequent deficiencies (**BH4-8A**) ensures that all parties providing services on behalf of the organization by contract or agreement, are authorized and appropriately accountable for their conduct. This comes from **section 3: Human Resources Management**.

As a whole, the standards in this report require meticulous documentation. Especially when deficiencies are noted, the importance that accreditation places on documentation detail is viewed with frustration. However, each of these requirements does substantial work by protecting vulnerable clients and supporting risk management for the organization.

How can we help?

The purpose of this report is to highlight topics of common concern for behavioral health settings. ACHC's program and regulatory teams are available to you for standards interpretation and regulatory guidance. We believe that accreditation builds strong, resilient organizations that focus on the quality of care they deliver. Contact us at any time.



Teresa Hoosier
Associate Clinical Director



BEHAVIORAL HEALTH SERVICES AND DISTINCTIONS

Services

Assertive Community Treatment Team
Assessment and Referral
Case Management
Community Support
Day Treatment
Integrated Care Services
Intensive In-Home
Intensive Outpatient Treatment

Outpatient Treatment
Partial Hospitalization Services
Personal Support Services
Prevention Services
Psychosocial Rehabilitation
Psychosocial Rehabilitation for Minors
Residential Treatment

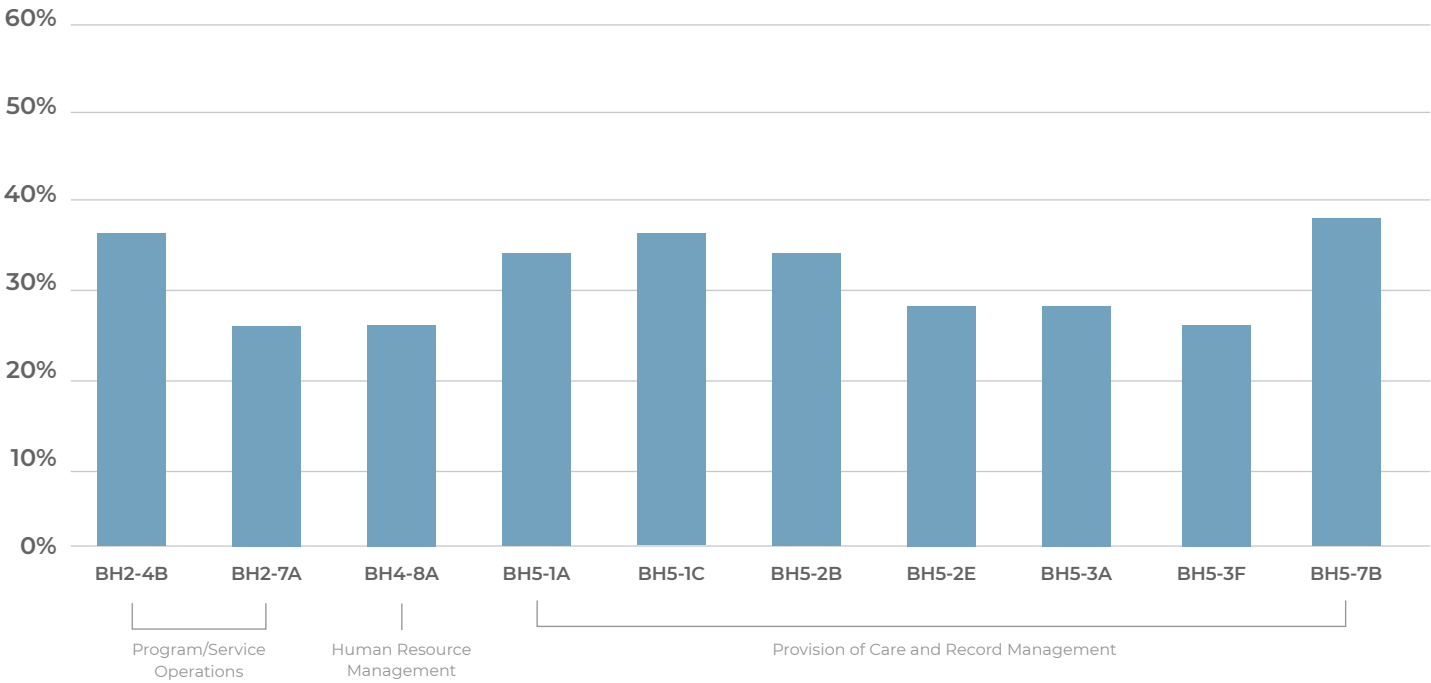
Residential Treatment III.7
Supervised Group Living
Supported Employment Services
Withdrawal Management Services
Withdrawal Management with Extended on-Site Monitoring Services

Distinctions
Telehealth



BEHAVIORAL HEALTH ACCREDITATION

FREQUENT DEFICIENCIES FROM BEHAVIORAL HEALTH SURVEYS



SECTION 2: PROGRAM/SERVICE OPERATIONS

BH2-4B

Frequency of the citation: 36%

Overview of the requirement:

At the time of admission, the behavioral health organization must inform each client about how to contact its office, ACHC, and relevant state agencies with a grievance or complaint.

Comment on deficiencies:

Compliance is assessed through review of service recipient records. Most deficiencies cited that the only contact information provided was for the organization itself.

Examples of ACHC Surveyor findings:

- There was no evidence that the organization provided written information about the state regulatory body's hotline purpose, hours of operation, and telephone number.
- ACHC's telephone number was not provided to service recipients.

Compliance tips for:



Nerd Newbies
(understand the requirement)

- The organization must provide contact information for the purpose of reporting grievances/complaints. Contact information must be provided to the service recipient in written form for:
 - The behavioral health organization.
 - The state complaint hotline.
 - ACHC.



Nerd Apprentices
(audit for excellence)

- Service recipient records will be reviewed for evidence that this information is provided. It can be incorporated into Service Recipient Rights documentation or maintained as a separate written document.



Nerd Trailblazers
(prepare the path for others)

- Update new client forms any time there is a change in the organization's contact for complaints.
- Check new admissions records monthly for inclusion of required documentation
- Lead onboarding and in-service training related to required service recipient record documentation.

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 BH2-7A

Frequency of the citation: 26%

Overview of the requirement:

Policies and procedures must describe the service recipient's rights to make decisions regarding medical and/or behavioral health care, including the right to accept or refuse service and the right to formulate an advance directive.

Comment on deficiencies:

Compliance is assessed by reviewing policies and of service recipient records. Surveyors noted that information pertaining to advance directives was omitted from documentation of service recipient's rights.

Examples of ACHC Surveyor findings:

- There was no evidence that advance directive information is provided prior to the initiation of services.
- There is no documentation of the service recipient's decision regarding an advance directive.

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	■ Understanding the right to make decisions about medical and behavioral health care should be foundational client knowledge. Information about an advance directive is a specific right that may require education. This is furnished prior to the initiation of services, with documentation of the service recipient's decision regarding an advance directive.
 Nerd Apprentices <i>(audit for excellence)</i>	■ Audit policies for inclusion of required elements. ■ Audit service recipient records for inclusion of information regarding receipt of rights that includes advanced directives.
 Nerd Trailblazers <i>(prepare the path for others)</i>	■ Educate staff regarding the rights of service recipients and expectations for communicating these rights to clients and documenting the process.

SECTION 4: HUMAN RESOURCE MANAGEMENT

 BH4-8A

Frequency of the citation: 26%

Overview of the requirement:

Written contracts/agreements are in place for all services provided by outside entities, including providers, on behalf of the organization. For direct care personnel, current copies of professional liability insurance are maintained.

Comment on deficiencies:

Compliance is evaluated through review of contracts

Examples of ACHC Surveyor findings:

- Professional liability insurance certificates for all contract personnel providing direct care/service were missing.
- Contracts/agreements did not include the required elements.
- Not all external entities had written contracts/agreements to define and support the services provided.

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	■ Written contracts/agreements with external entities require: » Authorization by the organization. » Safe, effective services provided by qualified personnel/organizations. » Alignment with the service recipient's plan of care (as applicable). ■ Each contract/agreement addresses: » Name and type of service to be furnished. » Duration of the agreement. » Responsibilities of each party, including supervision of personnel. » How services will be controlled, coordinated, and evaluated by the contracting organization. » Procedures for payment. » Compliance with organizational policies and procedures. » Procedures for terminating the agreement. » Submission of clinical documentation, as applicable. » Other items per applicable law/regulation.
 Nerd Apprentices <i>(audit for excellence)</i>	■ Audit contract files for the presence of all required elements. ■ Audit contract files for current certificates of professional liability insurance.
 Nerd Trailblazers <i>(prepare the path for others)</i>	■ Calendar expiration dates for professional liability insurance and send renewal reminders to contractors to avoid lapsed documentation.

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT

 BH5-1A

Frequency of the citation: 33%

Overview of the requirement:

The organization has policies and procedures that define the elements of records for individual service recipients.

Comment on deficiencies:

Compliance with the standard is assessed by reviewing policies and procedures and service recipient records. Surveyors noted files that were missing one or more required element.

Examples of ACHC Surveyor findings:

- Documentation of initial assessment/screening was inconsistent.
- Records lacked the date of discharge.
- The content of client records is split among locations with most in the EMR, but intake packets are kept at the corporate office.
- No evidence that clients received the Service Recipient Bill of Rights as required by organization policy.
- Records lacked a signed release for protected health information (PHI).

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	The standard identifies the minimum contents of the record and requires that it be maintained on the premises where service is provided, or at the organization's office if services are provided in community settings.
 Nerd Apprentices <i>(audit for excellence)</i>	- Create a checklist to ensure all required elements are included in each client record. - Audit records for required elements. » For missing documentation, identify whether it varies or is consistent from file to file.
 Nerd Trailblazers <i>(prepare the path for others)</i>	Standards with multiple required elements are often noted as non-compliant for individual missing items. Train staff to enter all required data.

 BH5-1C

Frequency of the citation: 36%

Overview of the requirement:

Service recipient records document all services provided, and have entries dated and signed by the individual who provided the service.

Comment on deficiencies:

Compliance is evaluated by reviewing service recipient records. Overwhelmingly, citations noted that credentials were omitted from the provider information.

Examples of ACHC Surveyor findings:

- Some records reviewed had stamped signatures which are not accepted.
- Documentation did not include the service provider's credentials. Most staff do not have their credentials loaded into the EMR.
- There were no signatures for clinical personnel.

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	This standard supports continuity of care. Each visit, treatment, or service is documented and the provider's name, credentials, signature, and date must be complete, clear, and legible.
 Nerd Apprentices <i>(audit for excellence)</i>	Coordinate inclusion of credentials for each provider name entered in the EMR.
 Nerd Trailblazers <i>(prepare the path for others)</i>	- Educate staff on the legal validity of handwritten and e-signatures including the proper designation of any credentials, and that entries are not valid without a date. » Ensure staff understand that providing a signature is a serious act that attests to the accuracy and completeness of a document. » Ensure staff are retrained if the EMR system is upgraded or changed.

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 BH5-2B

Frequency of the citation: 33%

Overview of the requirement:

An initial assessment/screening is provided for all service recipients to determine eligibility and appropriateness for the services provided.

Comment on deficiencies:

Compliance is evaluated through record review. Surveyors noted incomplete identification of the individual who performed the assessment.

Examples of ACHC Surveyor findings:

- Initial assessments were completed by trainees and not reviewed or co-signed by a clinical supervisor.
- The initial assessment was missing the credentials of the individual who completed it.

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	- Initial assessments are used to evaluate whether the organization's services are appropriate to meet the client's needs. - The required elements include identifying and contact information, presenting problem(s), recommendations/referrals, and identification of the person who completed the assessment.
 Nerd Apprentices <i>(audit for excellence)</i>	- Audit client records for inclusion of initial assessments/screenings. - Review assessments for inclusion of the screener's credentials.
 Nerd Trailblazers <i>(prepare the path for others)</i>	Educate intake staff to include their credentials on initial assessments. When interns or trainees are performing these, the assessment must be reviewed and approved by a qualified clinical supervisor.

 BH5-2E

Frequency of the citation: 28%

Overview of the requirement:

The initial assessment/screening is used to identify needs that would require a more comprehensive assessment. Comprehensive assessments are performed by a licensed clinician or an advanced degree clinician working under the supervision of a licensed clinician within a time frame defined by the organization.

Comment on deficiencies:

Compliance is evaluated through record review. Surveyors noted specific required elements missing from comprehensive assessments, especially trauma and substance use history.

Examples of ACHC Surveyor findings:

- Records did not show evidence per the state of Maryland that the Problem Oriented Screening Instrument for Teenagers or an equivalent instrument chosen by the organization was used in the standardized screening process for adolescent service recipients.
- Comprehensive assessments were inconsistent regarding inclusion of a behavioral health component and substance use history.
- Re-admitted service recipient records did not include an updated assessment.
- Supervisors had not signed off on assessments.

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	- The comprehensive assessment is, by definition, more complete than the initial screening and includes at least seven dimensions: - Physical/medical history - Functional status - Behavioral health - Social - Environmental - Trauma - Substance use history
 Nerd Apprentices <i>(audit for excellence)</i>	Audit comprehensive assessments for inclusion of all required elements.
 Nerd Trailblazers <i>(prepare the path for others)</i>	Train staff to use a checklist to ensure documentation of all requirements for a comprehensive assessment.

 BH5-3A

Frequency of the citation: 28%

Overview of the requirement:

An individualized, written plan of care is developed for each service recipient based on initial assessment/ screening or comprehensive assessment.

Comment on deficiencies:

Compliance with the standard is assessed through review of client records. Surveyors noted plans of care that did not refer to and align with assessments. Other comments focused on the omission of individualized goals.

Examples of ACHC Surveyor findings:

- There was no evidence that the plan of care included specific needs, strengths, and preferences of the service recipient as noted in the comprehensive assessment.
- Plans of care failed to identify goals/outcomes in measurable terms.
- State regulation requires infectious disease education be provided to service recipients within 30 days of the start of treatment. There was no evidence in records that this education was provided.
- Within the plans reviewed, several were created by an intern and not reviewed by the clinical supervisor.
- Treatment plans were not individualized. Each included one identical goal.



Compliance tips for:

 **Nerd Newbies**
(understand the requirement)

Distinct elements must be documented in the initial plan of care.

- Required information that looks back includes demographic data and findings from the initial or comprehensive assessment.
- Categories of information that address the present include diagnoses, functional limitations (if applicable), interventions/services to be used, and safety measures needed (if applicable).
- Forward looking items include measurable goals and timelines, and a crisis plan.

This is not a comprehensive list, but a way to think about the elements that can help ensure a comprehensive and individualized plan of care for each client.

 **Nerd Apprentices**
(audit for excellence)

- Create a checklist to ensure all required elements are included in the initial plan of care.

 **Nerd Trailblazers**
(prepare the path for others)

- Educate providers to include documentation that notes findings of the initial or comprehensive assessment when developing the plan of care.
- Review state-specific requirements that may dictate additional items in the plan of care.
- For plans of care that are completed by a separate entity such as a state organization, ensure that the organization's policies specify acceptance of plans of care from specific agencies and actions to implement the portions for which it is responsible.

 BH5-3F

Frequency of the citation: 26%

Overview of the requirement:

The plan of care must be reviewed at least quarterly for appropriateness and effectiveness.

Comment on deficiencies:

Compliance with the standard is assessed through review of client records and response to interviews. Most findings cited a failure to review and update treatment plans at least every 90 days. Without these reviews, client satisfaction with services often is not captured.

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Examples of ACHC Surveyor findings:

- Updates to plans of care did not reflect assessment of the service recipient's satisfaction.
- There was no evidence that plan of care reviews occurred at least every 90 days.
- There were no treatment plan reviews performed.

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	The intent of the standard is to ensure that the plan of care is a living document. It must be reviewed on a regular cadence with the service recipient provided an opportunity to provide feedback.
 Nerd Apprentices <i>(audit for excellence)</i>	▪ Audit service recipient files for inclusion of plan of care updates.
 Nerd Trailblazers <i>(prepare the path for others)</i>	▪ Schedule plan of care reviews for each client every 90 days or sooner if the state has more stringent requirements.

 BH5-7B

Frequency of the citation: 38%

Overview of the requirement:

The organization establishes policies and procedures for discharging service recipients from its services.

Comment on deficiencies:

Compliance is evaluated through review of policies and procedures and client records. Most deficiencies were cited for incomplete discharge summaries.

Examples of ACHC Surveyor findings:

- Client records did not reflect discharge planning activities, coordination with other providers, or the service recipient's response to and understanding of these activities.
- Discharge summaries did not include all required elements.
- Discharge summaries were lacking the diagnosis/description of services provided/status of client at the time of discharge.
- Discharge documentation was completed nine months after last contact with the client. State requirements require completion of a discharge summary within 30 days of the service recipient's discharge from the program.

Compliance tips for:

 Nerd Newbies <i>(understand the requirement)</i>	▪ Policies define the circumstances under which a service recipient would be discharged and the procedure followed.
 Nerd Apprentices <i>(audit for excellence)</i>	▪ Client records include information about discharge planning activities and the timing of notification, as required by state law, within 72-hours of discharge in the absence of regulation, or as soon as possible to facilitate access to intensive services when there is imminent danger. ▪ A discharge summary is maintained in the record that includes specifically required elements. This is available to the service recipient/responsible person and other entities upon request.
 Nerd Trailblazers <i>(prepare the path for others)</i>	▪ Audit discharge summaries for completion time frames and inclusion of all required elements.
	▪ Review policies for discharge actions tied to specific circumstances.



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To learn more, visit our website at [achc.org](https://www.achc.org), call us at (855) 937-2242, or email customerservice@achc.org.



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