



CREDIBILITY • INTEGRITY • ACHIEVEMENT

ACCREDITATION POLICIES & PROCEDURES MANUAL

8TH EDITION
STANDARDS -
PRIVATE ORGANIZATIONS

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Introduction to COA Accreditation

A. Overview of Accreditation Policies and Procedures

This document sets forth the accreditation policies and procedures of the Council on Accreditation's (COA's) accreditation review process. COA operates within these policies and procedures as part of:

- Accepting applicants for accreditation.
- Facilitating the accreditation process.
- Assessing implementation of/continuing performance with COA's standards.
- Reaching accreditation decisions.
- Monitoring continuing performance and commitment to COA's standards by an organization.

B. Elements of the Accreditation Process

COA's policies and procedures encompass the following elements:

- Standards that represent field consensus, developed with the participation of service providers, regulators, researchers, policy makers, professional associations, academics, consumers, and funding sources.
- A performance/quality improvement process that facilitates growth and change.
- An organization-wide self-study process that actively engages the staff and governing body.
- Trained, independent peer reviewers that evaluate organizations on standards implementation during a site visit.
- A trained, independent Accreditation Commission that reaches accreditation decisions in accord with COA's standards.
- An objective decision-making process that is free from conflict of interest.
- A decision-making process that allows applicants to respond to ratings and reports and to appeal decisions that deny or revoke accreditation.
- The continued monitoring of standards implementation/performance during the period between cyclical accreditation reviews.
- A public disclosure process that makes accreditation decision information available to the public.

C. Self-Study Process

The central component of COA's accreditation process is engaging in a formal self-study process that facilitates learning and change. COA's *8th Edition Accreditation Standards* contains COA's complete set of standards with and information about pre-site and on-site evidence as well as on-site activities required by COA. Organizations use the *8th Edition Accreditation Standards* throughout the self-study period as they prepare the required materials for the review process. See §VI *Self-Study* and §VII *Site Visit* for more information about COA's self-study process.

D. Accreditation and Regulation



Accreditation is a strategy an organization can use to achieve its mission, measure its achievements and have its achievements validated. Accreditation by COA signifies that an organization has demonstrated sufficient implementation of/continuing performance with COA's standards through a process that includes a rigorous review by competent peer reviewers who determine, on a standard-by-standard basis, whether an organization is operating in accordance with COA's standards.

COA is not a governmental or regulatory authority. However, COA accreditation supports compliance with applicable licensing and regulatory requirements.

E. Customer Service

COA strives to provide an accreditation process that is a facilitative and collegial experience for organizations and those they serve. COA is committed to providing an accreditation review process that is objective, comprehensive, and fair.

COA is available at each step of the process to answer questions, to interpret standards, and to facilitate each organization's accreditation process. COA provides ongoing assistance and problem solving to organizations applying for COA accreditation, during the accreditation process and following accreditation.

COA encourages organizations to communicate with and make appropriate COA representatives aware of any concerns as they arise. If, for any reason, an organization is dissatisfied with a response or solution offered by a COA representative, COA encourages the organization to contact the representative's supervisor or COA's Director of Quality Services Management. COA's President/CEO is always available to discuss any concern.

During the accreditation process and upon completion of the accreditation review process a surveys are provided to the organization to enable the organization to evaluate peer reviewer performance/site visit experience, the reasonableness of the standards and the value of the accreditation experience. The information provided by the organization on any survey is strictly confidential and in no way impacts the accreditation reviews.

1. Complaints against Peer Reviewers/Site Visit Concerns

a. Bringing Forth Peer Reviewer Complaints/Site Visit Concerns

COA encourages an organization or other complaining party to bring any complaints or concerns, about a peer reviewer or site visit experience, to COA's attention for resolution. The complaining party may bring a peer reviewer/site visit complaint or concern to the attention of COA as discussed in the following paragraphs.

b. Initiation of Peer Reviewer Complaints/Time Constraints

An organization, during or after the site visit, may initiate a complaint against a peer reviewer(s) due to an occurrence/incident, including peer reviewer(s) conduct during the site visit process, by first notifying COA verbally of the complaint/concern. All complaints by telephone or e-mail should be directed to



the Director of Volunteer Services. If the complaint is initially submitted by telephone or e-mail, COA will request the complaint in writing.

A written complaint must:

- Describe clearly the actions of the peer reviewer(s) that are in question.
- Be signed by the organization's chief executive officer.
- Be received by COA within ten (10) business days after completion of the site visit.
- Be addressed to the attention of COA's Director of Volunteer Services.

COA does not consider a peer reviewer complaint as having been filed until the complaining party complies with all of the above requirements.

COA acknowledges the receipt of a peer reviewer complaint in writing after the organization complies with all filing requirements.

c. Requirement of Cooperation

COA expects the complaining party to cooperate with its peer reviewer complaint procedures (e.g., by responding to any requests). An organization's failure to cooperate with the established process is grounds for COA dismissing the peer reviewer complaint.

d. Notification of Peer Reviewer/Opportunity to Respond

COA notifies the peer reviewer of a received complaint in writing by a form of transmission by which COA can demonstrate receipt by the addressee (e.g., certified mail or any other trackable delivery system). COA provides the peer reviewer with the opportunity to respond to the peer reviewer complaint within a specific period of time that is determined by COA.

e. Complaint Review

COA, upon receipt of a complaint, reviews the complaint and contacts the complaining party with any preliminary questions. A peer reviewer complaint is reviewed by COA in a timely manner. The Director of Volunteer Services reviews all information provided regarding the complaint including, but not limited to, the complaint, supporting material(s), if provided, and the peer reviewer's response.

f. Possible Decisions/Additional Site Visits

COA either substantiates or does not substantiate a complaint against a peer reviewer. When COA does not substantiate a complaint against a peer reviewer, COA proceeds with the accreditation review process.

When COA substantiates a peer reviewer complaint, COA determines whether the actions of the peer reviewer(s) require the need for an additional site visit. The organization is not charged a fee for any site visit necessitated by peer



reviewer conduct but must cooperate with COA in connection with facilitating an additional site visit. When COA substantiates a peer reviewer complaint, COA must set forth as part of the written response to the complaining party the impact of the substantiated peer reviewer complaint, including whether the peer reviewer's actions require the need for an additional site visit.

COA notifies the complaining party and the peer reviewer(s) of its decision in writing. Complaint decisions by COA are final and not subject to additional review.

F. Publications

The *8th Edition Standards* are available from COA's website at www.coastandards.org. The *8th Edition Standards* and other publications are protected under United States copyright law. These documents and the underlying processes cannot be used or duplicated for any purpose, other than in connection with an organization's own accreditation process, without COA's express, written permission. COA is pleased to permit the use of its standards in academic settings for research and evaluation purposes, and to promote the quality of social and behavioral healthcare services. Questions regarding permissible uses of COA's publications should be directed to COA's Director of Client Relations.

G. Updates and Clarifications to Policies, Procedures and Standards

Periodically, COA updates or issues clarifications to its policies and procedures and its standards. Substantial revisions to COA's policies and procedures will be issued with an effective date. Since COA standards are available in a web-based format and can be dynamically updated, all **substantial** modifications to the standards will include the effective date next to the relevant standard so that changes can be easily referenced. Organizations are expected to regularly review clarifications and changes to the accreditation policies and procedures manual located on COA websites, www.coastandards.org and www.coanet.org. Changes to the policies and procedures and to COA's standards are effective at the time of their posting.



I: Accreditation Eligibility

COA's accreditation process is available to organizations regardless of their size and structure as long as the organization meets the predetermined eligibility criteria set forth in written COA procedure and accepts that a determination of eligibility for application does not guarantee accreditation. Organizations are eligible for COA accreditation if they provide human services. An organization that does not provide human services, but where its consumers (communities, stakeholders, members, other organizations, or agencies) provide human services may also be eligible for accreditation.

A. Eligibility Criteria

COA makes a preliminary determination of eligibility after it receives a completed application from an organization.

An organization is eligible for COA's accreditation process when it:

- Provides at least one of the services accredited by COA or if it does not provide a service, for which COA has an existing Service Standard, it will implement all Administration and Management Standards and applicable Service Delivery Administration Standards.
- Is licensed by the state(s) in which it is located, if the state(s) requires licensure for that organization, unless the organization is applying for accreditation that will be used to obtain licensure in a state that recognizes COA accreditation for this purpose.
- Is in compliance with applicable federal, state or local laws and regulations or for an organization operating in Canada applicable federal, provincial and local laws and regulations.
- Is sufficiently autonomous and independent to permit its review as a distinct legal entity.
- Has provided services to consumers for at least six (6) months at time of application.
- Demonstrates sufficient capacity and infrastructure to implement COA's standards.
- Is committed to implementing COA's standards.
- Acts in good faith in providing complete and accurate information to COA during the accreditation, re-accreditation or maintenance of accreditation review processes.

1. Service(s) Accredited by COA

COA accredits organizations for the services that are listed in the *8th Edition Accreditation Standards*. COA reviews an organization's written service descriptions, brochures, and other written material, conferring with the organization, as necessary, to reach a conclusion about the scope of services to undergo the accreditation review process. COA retains the right to decide whether to include a service in the scope of the review.

2. Maintenance of Required Licenses/Action Against

a. Licensed organizations



An organization must maintain all required licenses to be eligible for accreditation. At the time of applying for accreditation, the organization will include copies of its licenses and certify their current status by providing the following information:

- License restrictions (e.g., provisional or probationary status)
- On-going regulatory investigations or reviews
- On-going corrective or other responsive action to current license restrictions

An organization has a continuing duty throughout the accreditation process and during its accreditation cycle to disclose any loss of a license or other change in the condition of a license, (e.g., provisional license, probationary status, or other compromised status imposed by licensing/regulatory authorities). An organization must notify COA in writing within ten (10) business days of any license loss or revocation and twenty (20) business days of any other adverse action taken by authorities against an organization's license. The notification should be sent to the Director of Quality Services Management.

An organization may be required to make its current license information and any evaluation reports issued by the licensing authority available at the time of the site visit for review by the peer review team.

b. Organizations exempt from licensure

An organization that is legally exempt from licensure shall certify the same on the application, providing the details of the exemption. COA has the discretion to request additional information from the organization.

3. Provision of Services for at Least Six (6) Months

An organization must be a provider of services to consumers for at least six (6) months at the time of application to be eligible for COA accreditation. An organization must be able to demonstrate that it has actually been serving consumers for the required period of time, (e.g., through case records), in the event that COA has any questions regarding the duration of service provision. See §V ACCREDITATION PLAN AND SERVICE/ PROGRAM ASSESSMENT regarding the time requirement for the inclusion of an accreditable service.

For an organization that recently underwent a merger/acquisition, COA will determine the “length of time serving consumers” by reviewing documentation about the entities that merged or were acquired. See §XV *Changed Organizational Status* regarding mergers and acquisitions.

4. Sufficient Autonomy and Independence

An organization must demonstrate sufficient autonomy and independence, including, but not limited to, functioning as a distinct legal entity or incorporated entity to be eligible for accreditation.

A distinct legal entity or incorporated entity is:



- i. An entity qualifying for non-profit tax treatment under section 501 (c)(3) of the Internal Revenue Code of 1986, as amended, or for non-profit status under the laws of any state or country.
- ii. A for-profit entity organized as a corporation, company, association, firm, partnership, society, or joint stock company; or other legal entity under the laws of any state or country.

COA's accreditation process requires the review of an entire organization, *i.e.*, all programs in all locations for which COA has service standards. COA may allow exceptions to this policy and practice based on the following:

- When a subunit of an organization is so structured that the subunit offers a collection of services that is accountable to its own governing body;
- When a subunit exercises control over its own governance, management, policies, and budget; and,
- When a subunit is perceived by the public as autonomous.

When a subunit of an organization applies for accreditation, and an agreement is simultaneously executed regarding the remainder of the organization that ensures that it will:

- Participate in a full accreditation review prior to subunit's accreditation expiration date; or,
- Undergo the accreditation process in phases pursuant to a mutually agreed-upon timetable.

COA's President/CEO has the discretion to disapprove a subunit's request for accreditation review.

5. Corporate Integrity Agreements

An organization operating under a corporate integrity agreement imposed by state, provincial or federal authorities must disclose this information to COA at application/reapplication. COA's President/CEO has the discretion to disapprove a first-time applicant for accreditation with such agreements from its accreditation process, place an organization seeking re-accreditation on hold and/or require an organization to wait until certain milestones required by the agreement/settlement are met.

B. Burden of Demonstrating Eligibility/Determination of Ineligibility

Eligibility is an ongoing requirement. Should an organization become ineligible for accreditation at any time in the process, COA shall cease any ongoing accreditation review process and revoke the organization's accreditation, if applicable.

It is the responsibility of the organization to meet all eligibility criteria. An organization has the right to appeal a determination of ineligibility as provided in *§XIII Appeals*. An organization considering an ineligibility appeal should immediately review the appeals process, including the time limits for initiating an appeal.



II: Application

The application process enables COA to reach an initial determination of eligibility and to calculate the accreditation fee. There is a non-refundable application fee.

A. Obtaining an Application

An organization interested in applying for COA accreditation should request an application from COA's Client Relations Department. Applications are routinely included in COA's information packets, which are available at workshops, conferences, by mail, by e-mail or on COA's website at www.coanet.org. Once accredited, COA contacts the organization eighteen (18) months prior to its accreditation expiration date in order to begin the reaccreditation process. This time period affords the organization sufficient time for the completion of the reaccreditation process.

B. Application Requirements

An organization submits the following with its completed application:

- A non-refundable application fee.
- Copies of all applicable service licenses.
- Service brochures and/or a description of the organization's services.
- The organization's mission statement.
- The organization's most recent financial audit.^{1 2}
- A current organizational chart.

See *§I Accreditation Eligibility*, regarding COA's licensing requirements and *§V Accreditation Plan and Service/ Program Assessment* regarding COA's service/program inclusion and exemption requirements.

C. Application Receipt and Processing

Upon receipt of a completed application and the application fee, COA reviews the information to reach an initial determination of an organization's eligibility for COA accreditation and to calculate the accreditation fee. The application requires the signature of the organization's chief executive officer, or his/her designee. COA confirms receipt and processing of an application by sending the organization a welcome letter, Accreditation Agreement, and payment response form.

D. Correlation Between Application Receipt and Eligibility for Accreditation

Receipt of a completed application is no guarantee that the organization is eligible to undergo the accreditation process or that the organization will be awarded accreditation by

¹ An organization with reported annual revenue in an amount less than \$500,000, which is not otherwise required to undergo an audit by a funder or regulatory authority, may, in lieu of providing a financial audit, submit a review of its financial statements prepared by an independent, certified public accountant.

² Privately-owned for-profit organizations can be exempted from providing a financial audit, if they demonstrate the following: the organization is not otherwise required to file a financial audit by a regulatory/governmental authority, or the organization functions as a private pay/fee-for-service group practice entity.



COA.

E. Holding an Organization Out as Accredited

An organization applying for accreditation is prohibited from identifying itself as accredited prior to formal notification of COA's accreditation decision.

F. Disclosure of Applicant Status

COA discloses the names of organizations that have applied for COA accreditation in accordance with COA's disclosure policy and procedure. See *§XVI Confidentiality and Disclosure of Information* for additional information about COA's public disclosure and confidentiality practices.

G. Disclosure of Accreditation Decision-Making Documentation to Sponsoring Organizations

COA provides its Sponsoring Organizations with copies of their members' accreditation decision-making documents in accordance with the Accreditation Agreement and these policies and procedures.



III: Accreditation Fees

Accreditation is provided on a fee-for-service basis. The accreditation fee is calculated using budgetary information submitted by the organization.

A. Fees for Achieving and Maintaining Accreditation

The charges associated with achieving and maintaining accreditation include the following:

- an application fee;
- an accreditation fee;
- a site visit fee; and
- an annual maintenance of accreditation fee.

B. Application Fee

There is a nonrefundable application fee *for new applicants only*. An organization should contact COA's Director of Client Relations regarding the application fee.

C. Accreditation Fee

An organization's accreditation fee is set forth in the Accreditation Agreement³ and is calculated using a sliding fee scale. The applicable fee scale is the version that is in effect at the time of application for accreditation or reaccreditation.

The accreditation fee is based on an organization's gross annual revenue, minus pass through funds, in the year preceding application or commencement of the reaccreditation process. A 25% discount is available to an organization that is a member of one of COA's Sponsoring Organizations.

The organization may select from two (2) options for its payment of the (re)accreditation fee:

1. It can pay the full fee at the time of signing the Accreditation Agreement
2. It can pay fifty percent (50%) of the fee at that time with the balance due within sixty (60) days.

The accreditation fee is not reimbursable. The organization should contact COA's Director of Client Relations with questions about the accreditation fee.

Upon receipt of the signed Accreditation Agreement and at least fifty percent (50%) of the fee, COA will execute the Accreditation Agreement, returning a copy to the organization.

The organization's application information will then be transferred to the Division of Accreditation Programs and an intake call will be scheduled with one of COA's Accreditation Coordinators. The Accreditation Coordinator will be the organization's contact person throughout the accreditation process.

³ The state of New York exercises lawful control and venue over this agreement.



D. Site Visit Fee

COA calculates the site visit expenses on a flat rate based on the number of peer reviewers and the duration of the site visit. There is a minimum requirement of two (2) peer reviewers for two (2) days⁴. The fee covers all costs and expenses of the site visit, including, but not limited to, travel, hotel, meals, and incidentals.

COA will invoice an organization for site visit expenses 30 days after the completion of the site visit. All paid fees are not reimbursable. An organization should contact COA's Director of Client Relations with questions about site visit fees.

E. Maintenance of Accreditation Fee

There is an annual maintenance of accreditation fee that is billed to all accredited organizations every year after the first year of an organization's achievement of accreditation. Payment of the maintenance of accreditation fee is a requirement for continued accreditation. An organization should contact COA's Director of Client Relations with questions about the annual maintenance of accreditation fee.

F. Fees Associated with an Extended Accreditation Timetable

1. Extension to Accreditation Timetable

COA expects organizations to complete the accreditation process within an agreed-upon timetable that is developed between COA and the organization as part of the organization's accreditation plan. COA has the discretion to charge an organization a fee in connection with changing the agreed-upon site visit date so as to accommodate the organization. Timetable changes subject to this fee include a decision by COA to reschedule a site visit date because an organization submits self-study material that lacks necessary content or documentation. In addition to paying the fee, the organization must pay all costs associated with rebooking peer review team travel arrangements. An organization should contact COA's Director of Client Relations with questions about these fees.

2. Formal Delay

COA assesses a fee to accredited organizations that request a formal delay of the reaccreditation process. Such organizations must also undergo an interim site visit and pay a related site visit fee. A formal delay is available only in limited circumstances. See *§XIV Delays to Accreditation Review* for details about the formal delay process. An organization should contact COA's Director of Client Relations with questions about the associated fees.

All application, accreditation, and site visit fees must be paid in full prior to an organization's receiving notification of accreditation.

⁴ However, for large, multi-site organizations or organizations located in multiple states larger teams may be necessary and site visits may take longer than two (2) days. This determination will be made by COA.



G. Supplemental Site Visit Fees

An organization must pay a process fee and the current site visit fee if it undergoes one of the following:

- additional single service site visit;
- remedial site visit; or,
- interim site visit.

See *§XII Supplemental Site Visits* regarding these additional site visit processes. An organization should contact COA's Director of Client Relations with questions regarding any of these fees.

H. Optional Services

COA offers scheduled and customized training and technical assistance. These services are optional and are not included in the accreditation or site visit fees. An organization should contact COA's Training Services and Capacity Development for more information about these optional services and the related fees.



IV: Accreditation Agreement

The Accreditation Agreement, which must be signed by the organization and COA, stipulates the accreditation fee an organization agrees to pay to undergo COA's accreditation process and establishes the additional enforceable terms by which an organization agrees to undergo and COA agrees to facilitate the accreditation process.

A. Accreditation Agreement

The Accreditation Agreement sets forth the accreditation fee and other related expenses an organization agrees to pay to undergo the accreditation process and describes the understanding reached between an organization and COA related to the scope of the organization's accreditation review.

The Accreditation Agreement requires the signature of COA's President/CEO, or his/her designee, and the organization's chief executive officer, or his/her designee. It is a binding legal document. See §III *Accreditation Fees* regarding the accreditation fee.

B. Additional Contracts

The use of a contract in addition to or in lieu of the Accreditation Agreement requires the review and approval of COA's President/CEO, or his/her designee.

C. Disclosure of Information

The Accreditation Agreement, or a separate written disclosure of information form signed by the organization, sets forth the specific arrangement, if any, for the disclosure of information to, among others, regulatory entities and Sponsoring Organizations, when the agreed-upon disclosure differs from COA's *Accreditation Policies and Procedures Manual* or when the disclosure is not provided for by governing state, provincial, or federal law.



V: Accreditation Plan and Service/Program Assessment

COA accredits the entire organization, not just a single service or program. As such, COA includes in an organization's accreditation review its governance and management as well as all services provided by the organization for which COA has standards.

A. Accreditation Plan Development and Determination of Services Included

COA expects the organization to cooperate with completing all required COA assessment forms that support the development of an individualized and complete accreditation plan. During an organization's intake, COA's Accreditation Programs staff assesses the organization and develops an accreditation plan, including a timetable for the organization to have its site visit. If the organization has a conflict with the date or cannot adhere to the timetable the organization must immediately contact its Accreditation Coordinator.

The organization is also assessed for service section assignments during intake and provided with a list of the specific services to be included in its accreditation review and the standards under which the services will be reviewed. COA utilizes an organization's brochures and other materials submitted at application, written service descriptions completed by the organization, and discussions with the organization to reach a decision regarding service inclusion. If COA and the organization are unable to agree on the scope of the review, the final decision rests with COA.

An organization must have provided a service for six (6) months at the time of the site visit for the service to be included in the accreditation review. COA's President/CEO has the discretion to waive the six (6) month requirement, taking into consideration COA's ability to evaluate the quality of these services, determining if a waiver is in the best interest of consumers served by the organization and/or determining any consequences for the organization if COA does not waive the time requirement.

An organization must notify its Accreditation Coordinator in writing of any services it initiates in order to allow COA to include the additional services as part of the ongoing review process, if appropriate.

B. Phased-In Accreditation of Services

COA has the discretion to work with an organization to develop a mutually agreed-upon plan for phasing in the organization's accreditation over a period of time on a service-by-service or location-by-location basis. Except as mutually agreed upon, COA does not accredit the organization until such time that the organization receives a site visit for all services and locations agreed upon and each demonstrates implementation of COA's standards.

C. Exemption of a Service/Program Accredited by Another Accreditation Body

1. General Requirements



Under certain circumstances, COA allows an organization to exempt one or more of its services/programs from review by COA.⁵ In order for an organization to exempt a service/program from the COA accreditation process, the service/program must be accredited by a COA pre-approved accrediting body or by an accrediting body that COA approves specifically in connection with the organization's request.

When COA approves a service for exemption, the organization must then meet the following conditions to achieve COA accreditation:

- Implementation of/continuing performance with COA's Administration and Management Standards and Service Delivery Administration Standards.
- Implementation of/continuing performance with all applicable COA service standards that are not exempt from review.

An organization must bring at least one of its services through COA's accreditation review process to utilize the exemption procedure.

2. Pre-Approved Services/Accrediting Bodies

When an organization (or some of its services) is accredited by a COA pre-approved accreditation body, COA requires the following documentation from the organization in order to verify that the organization is accredited by the other accreditor and will be so accredited at the projected time of the accreditation decision:

- a. A copy of the organization's accreditation certificate.
- b. A letter from the other accreditor confirming its current accreditation status.

COA may, at its discretion, require additional information.

COA reserves the right to deny an exemption for a specific service accredited by a pre-approved accreditor. An organization should contact its Accreditation Coordinator with questions regarding service exemption.

3. Other Accreditors

For accreditation bodies that are not pre-approved by COA, the organization must submit a written request to COA to accept the other accreditor's accreditation and to exempt specific services from COA's accreditation process. The request must:

- a. Detail the nature of the services that the organization wishes to exempt, providing descriptive service materials.
- b. Include documentation that demonstrates that the organization is accredited by the other accreditor and will be so accredited at the projected time of the accreditation decision. Such documentation should include a copy of the organization's accreditation certificate and a letter from the other accreditor confirming its current accreditation status. COA may, at its discretion, require additional information.

⁵ If an organization has some programs/sites accredited by another accrediting body, COA exempts those sites and reviews the non-accredited programs/sites.



c. Include information that describes the service that the other accreditor accredits and that demonstrates that the other accreditor has, at a minimum, the following characteristics:

- Is organized as a national or provincial not-for-profit accreditation body.
- Is organized with sufficient staff and financial resources to accomplish its objectives responsibly.
- Has an organizational structure and decision-making process with formal protections against conflict of interest and against other actual or apparent influences over accreditation decision-making.
- Utilizes an accreditation decision-making process that ensures that independent panels and boards render and ratify accreditation decisions, respectively, and adhere to established practice.
- Utilizes a standards development process that involves broad participation of the professions and disciplines most active in the services for which the accrediting body has standards.
- Provides adequate advance notice to interested parties of its intent to change its accreditation requirements with a description of the nature of the proposed changes.
- Maintains a regular cycle of accreditation site visits for each accredited organization, the interval time between which does not exceed four (4) years. These site visits are conducted by trained reviewers who use objective criteria to render reliable decisions.
- Carries out regular, interim monitoring to determine continued compliance with standards, with the capacity for interim site visits on an as-needed or a random sample basis.
- Provides decision-making due process for applicant and accredited organizations, with a right to appeal final eligibility and accreditation decisions.
- Maintains a system for prompt investigation of stakeholder complaints about the service quality of accredited organization.
- Has policies and procedures that ensure the confidentiality of information for consumers served by the organization seeking accreditation.
- Provides for disclosure of appropriate performance information to the general public about the organization.
- Utilizes standards and an accreditation process that are comparable in scope and rigor to COA's own standards and process.

4. Determination of Exemption

COA notifies an organization of its right to proceed under COA's exemption procedure as part of the Accreditation Agreement, identifying the specific services that are exempt from review.

5. Maintenance of Accreditation Status with an Approved Accreditor

Maintaining the approved accreditor's accreditation is a requirement for continued exemption under this procedure and is subject to periodic reporting and verification. An organization must notify COA's Director of Quality Services Management in writing of a change to or the loss of the accredited status ("change") that formed the basis of



COA's decision to exempt services from the COA accreditation review, providing the notification to COA within twenty (20) business days of the change.

Upon receipt of notice of a change, COA has the discretion to require the organization to undergo a site visit of the exempted service(s) in order to maintain COA-accredited status. In such cases, the organization must pay the associated process and site visit fees.

D. Other Collaborative Processes

COA will engage in tailored, joint review processes, including simultaneous or shared site reviews on a case-by-case basis or as an outgrowth of a formal arrangement with another accrediting body. COA will also engage in joint reviews with funding or regulatory bodies and/or will tailor the site review process to address governmental or funder requirements not included in the COA standards. Such arrangements must be made at the beginning of the process and may result in a modest fee.



VI: Self-Study

The purpose of the self-study is to provide organizations with one means of demonstrating implementation of/continuing performance with COA's standards. The self-study establishes the framework for a fair and thorough accreditation review process. It serves as a systematic way of examining the organization's overall performance and of evaluating service quality against international consensus-based standards of best practice.

A. The Function of the Self-Study

COA views the accreditation process as an opportunity for an organization to strengthen its capacity and to employ a performance/quality improvement process. The self-study is the key component of COA's accreditation process and provides the first opportunity for an organization to demonstrate its implementation of/continuing performance with COA's standards.

The self-study process engages an organization in self-assessment and acts as a guide to improving service delivery. The self-study process requires the participation and involvement of the organization's staff, governance/advisory councils, and consumers.

The self-study also serves as the framework for the site visit. A peer review team reviews an organization's self-study information prior to coming on site. The self-study serves as a guide and a first source of evidence for the peer review team to determine the organization's implementation of/continuing performance with the standards.

B. Completion of the Self-Study/Duty to Provide

COA's Accreditation Programs provides the organization with a timetable for completing the accreditation process. This timetable sets forth the date by which the self-study materials are due. An organization's failure to meet the established timeline can result in the assessment of a fee.

An organization must provide its completed self-study to COA at least ten (10) weeks prior to the site visit. This allows the peer review team adequate time to review the material before the site visit.

C. COA Retention of the Completed Self-Study

COA retains an organization's completed self-study material only for the duration of the decision-making process.



VII: Site Visit

The site visit follows the self-study and allows for the direct review and observation of the organization's information, services, and facilities. Interviews with personnel, consumers, leadership, governance, and other internal or external stakeholders, as applicable, are conducted. A group of two or more professionals (peer reviewers) who meet COA's pre-determined, written qualifications conduct the site visit. COA reserves the right to assign members of its own workforce to observe an organization's site visit in order to evaluate appropriate application of COA's site visit methodology and protocols by the assigned peer review team.

A site visit is conducted pursuant to protocols that include a code of permissible and prohibited conduct for both the organization and the peer reviewers. COA provides organizations the opportunity to raise legitimate concerns about the performance of peer reviewers.

The findings of the peer team's review of an organization are included in a Pre-Commission Report that is prepared by COA following the site visit. COA offers the organization an opportunity to respond to ratings set forth in the Pre-Commission Report by providing additional information or demonstrating improved performance.

A. The Peer Review Team

1. Peer Reviewers

a. Qualifications

COA's peer reviewers are trained volunteers who review an organization's implementation of/continuing performance with COA's standards based upon the organization's self-study document and a site visit. COA's peer reviewers are either management staff of accredited or applicant organizations or individuals with comparable experience and expertise, though not necessarily associated with an accredited organization while serving as a peer reviewer. All COA peer reviewers are knowledgeable about COA's standards and its accreditation process.

b. Training and Certification

Peer reviewers undergo basic and specialized training in accordance with COA's requirements. Completing the training is a prerequisite for serving as a peer reviewer. Peer reviewers that do not conduct a site visit within a two-year period of time must reapply with COA and, if approved, attend training again in order to conduct future site visits

COA peer reviewers are trained to apply rating indicators to an organization's procedures, practices and performance and to determine the level of the organization's implementation of/continuing performance with COA's standards. Peer reviewers are expected to exercise professional judgment in the conduct of their work during a site visit.



Upon completion of training peer reviewers are required to pass a competency test and complete two site visits. Upon satisfactory completion of these requirements a certification is awarded.

2. Team Leaders

a. Role and Function

COA assigns a team leader to each peer review team. The team leader's role is to coordinate and manage the pre-site and on-site activities for the peer review team. The team leader is ultimately responsible for the team's performance and assures that the team functions in accordance to the ***Peer Reviewer Code of Conduct***.

All team leaders are experienced, certified peer reviewers and are current or former employees of COA-accredited organizations. Any exception to this procedure requires the approval of COA's Director of Volunteer Services and the agreement of the organization undergoing review.

3. Team Size and Composition

The peer review team consists of at least two (2) peer reviewers, one of whom acts as the team leader⁶. COA advises an organization of the estimated number of peer reviewers at the time it confirms the accreditation process timeline. COA reserves the right to increase or decrease the number of peer reviewers at any time during the accreditation process when, in its opinion, a different number of peer reviewers are needed to carry out the activities necessary to determine an organization's implementation of/ continuing performance with COA's standards.

4. Selection of Team

Peer review team assignments are based on compatibility with the organization. COA considers a team member's professional background and expertise to determine the appropriate fit with an organization's program(s) and structure.

5. Duty to Disclose Conflict of Interest or Appearance Thereof

COA's accreditation process prides itself on objectivity. Therefore, peer reviewers and organizations are required to notify COA in writing of actual or apparent conflict(s) of interest as soon as they are aware of its existence. COA reserves the right to make the final determination about peer reviewer assignment. COA's determination is not subject to review.

To prevent conflict of interest peer reviewers are not allowed to conduct site visits in the geographic area of their residence or employment. However, in some rare circumstances exceptions will be made.

6. Review and Approval of Team

⁶ However, for large, multi-site or multi-state organizations larger teams may be necessary. This determination is made by COA in consultation with the organization applying for accreditation.



COA notifies the organization of the peer review team assignment and permits the organization to present objections at that time. COA changes a peer reviewer assignment only if the organization presents a valid objection (e.g., the assignment creates a conflict of interest).

7. Confidentiality

An organization's accreditation process, including the site visit, is of a confidential nature. Peer reviewers during the site visit have confidential information communicated to them and access confidential files, including the private information of consumers. COA requires peer reviewers to sign a confidentiality agreement and to adhere to its intent.

B. Site Visit Activities

1. Scheduling of Activities

The team leader develops a tentative site visit agenda, consulting directly with the organization. The organization is expected to accommodate all reasonable requests of the team leader and should contact its Accreditation Coordinator if it is unable to carry out a request.

The site visit includes, but is not limited to:

- An entrance meeting of the peer review team and the organization to which the organization's chief executive officer invites governing/advisory body members, management staff, and all other appropriate individuals. The purpose of the entrance meeting is to provide a formal platform to introduce the evaluation team and outline the site visit process.
- An organization tour.
- A service and facility visit, in accordance with COA's sampling guidelines.
- Staff interviews that include managerial and non-managerial employees.
- Governing/advisory body interviews.
- Review of case records, personnel files, financial records, and minutes of governing body and committee meetings, in accordance with COA's sampling requirements.
- The observation of routine organizational activities.
- Consumer interviews, in accordance with *COA standards* and as deemed necessary by the peer review team.
- Community representative interviews, when deemed necessary by the peer review team.
- An exit meeting with the organization's management and governing body. The purpose of the exit meeting is to provide a formal platform to conclude the on-site review. The peer review team highlights their findings and explains the next steps in the process.

2. Site Visit Duration

Site visits span a minimum of 1½ days. COA determines the site visit duration by considering the organization's size, its services, and its service delivery locations. COA



reserves the right to extend the length of a site visit to determine an organization's implementation of/ continuing performance with COA's standards, if necessary. The team leader may request that COA lengthen the site visit if, in preparing for or conducting a site visit, the peer review team determines that additional time is necessary to make an appropriate determination or assessment of standards implementation/continuing performance with the standards. The organization is responsible for all fees and other charges associated with extending a site visit.

3. Consideration of Additional Information

The peer review team reviews any "additional information" about an organization supplied by COA and follows up accordingly with the organization while on site. Additional information may include, but is not limited to consumer and other stakeholder input, questionnaire information and/or third-party complaints regarding alleged concerning performance/non-implementation of standards or other conduct that, if true, could impact the right of an organization to be accredited by COA. When possible, COA provides the organization with the opportunity to respond to the "additional information" before the site visit. COA provides any organizational response to "additional information" to the peer review team for review. COA also provides the organization with the opportunity to respond to the peer review team's conclusions about "additional information."

C. Pre-Commission Report Preparation and Distribution

1. Ratings

After the conclusion of the site visit, the peer review team prepares ratings and comments for inclusion into the Pre-Commission Report. The peer review team determines the Pre-Commission Report ratings by applying COA's Accreditation Rating System. The *8th Edition Accreditation Standards* discusses the Accreditation Rating System and COA's rating methodology. See also *§VIII Accreditation Rating System*.

2. Pre-Commission Report Completion

Upon receiving the completed rating sheets and comments from the peer review team, COA prepares the Pre-Commission Report. The Pre-Commission Report is sent to the organization for review and response based on guidelines provided by COA.

3. Opportunity to Respond to Pre-Commission Report

COA requires the organization to respond in writing to applicable standards with ratings of "3" or "4" that are included on the Pre-Commission Report.

Failure of the organization to respond can result in COA ceasing the organization's accreditation process, if the organization is an initial applicant, or taking an adverse action against an accredited organization. See also *§IX Accreditation Commission Decision-Making*.

COA reserves the right not to accredit an organization due to its failure to implement/ demonstrate continuing performance with a single standard that raises a concern about:



- a. stakeholder health and safety; or
- b. the credibility of COA's accreditation process.

COA provides the organization's response to the Pre-Commission Report to team leader on behalf of the peer team for comment. The Pre-Commission Report and the organization's response, along with any team leader comment, are the primary sources of information for the Accreditation Commission's during its review and decision-making process.

4. Non-Disclosure of Pre-Commission Report

The Pre-Commission Report is a document that is internal to the accreditation decision-making process and may not be disclosed by the organization outside of the context of its accreditation review process or be used by the organization as evidence of performance or an indication of a likely accreditation decision.

D. Peer Reviewer and Organization Responsibilities

1. Role and Function

The role of the peer review team is to assess an organization's implementation of/ continuing performance with COA's standards. The peer reviewers gather and review data and other information to assess the organization's implementation level/ continuing performance with individual standards.

At the time of the exit meeting, the peer review team comments generally about the organization's strengths and weaknesses. The organization is also made aware of standards for which ratings may be at a level of partial or unsatisfactory implementation/performance. Peer reviewers are prohibited, however, from discussing the actual numerical ratings with the organization. COA provides to the organization a Pre-Commission Report after the site visit, which details the organization's standard-by-standard ratings.

Peer reviewers are also prohibited from stating whether an organization will or will not be accredited and, in fact, do not know whether an organization will achieve accreditation. The peer review team does not have the authority to make a decision about an organization's accreditation, as an accreditation decision is based not only on the Pre-Commission Report, but also on the organization's response to the Pre-Commission Report, peer reviewer comments, and any additional information related to implementation of/continuing performance with the standards or the organization's eligibility.

Peer reviewers are prohibited from providing consultation to the organization as part of the site visit process. Peer reviewers are also prohibited from providing or receiving any consultation or other services to or from an organization they review for a one-year period dating from the date the organization achieves accreditation or has its accreditation denied or revoked.



The site visit process begins when the peer team receives the self-study for pre-site visit review/assessment and continues through all on-site review activities. Organizations are prohibited from contacting the peer team for additional information after the site visit has concluded. Any additional information needed by the organization must be requested from the Accreditation Coordinator.

2. Duty of Peer Reviewers to Report Observations

While peer reviewers are obligated to report partial or unsatisfactory implementation of the standards and concerning performance to COA for inclusion in the Pre-Commission Report, a peer reviewer or COA may also have a legal or ethical obligation to report information to a regulatory authority in accordance with law or professional codes of ethics.

3. Peer Reviewer Evaluations

COA employs a post-site visit evaluation process to improve evaluator performance and the site visit process for all stakeholders. The site visit experience, along with the peer reviewer and team leader performance are systematically evaluated after each site visit by:

- a. the organization;
- b. the team leader; and,
- c. the peer reviewers themselves.

Team leader performance is also evaluated by:

- a. the organization; and,
- b. the peer reviewers.

COA provides peer reviewers with a report of the overall evaluation results and also addresses concerns, as needed, with a specific evaluator's performance on an individual basis. COA does not provide an organization with these evaluation results.



VIII: Accreditation Standards and Rating System

COA's 8th Edition Accreditation Standards set forth practices that promote strong organizational performance, effective service delivery and improved service delivery outcomes. The standards take a logical, systems approach to increasing the capacity of an organization to deliver services that make a measurable difference for children, youth, adults and families. As such, demonstration of overall understanding and integration of the standards is key for the achievement of accreditation.

COA employs an Accreditation Rating System that allows it to deny or defer accreditation on the basis of a single standard, if there is cause for serious concern about the health and safety of consumers or those providing services, or if there is concern that the credibility of the accreditation process would be impugned.

A. Introduction

COA's Rating System provides a method for determining overall implementation of/ continuing performance with the standards and reaching accreditation decisions. An organization must demonstrate implementation/performance specified for the levels of standards, as discussed in Part B below and in the *8th Edition Accreditation Standards*.

An organization applying for COA accreditation must notify COA if its implementation of/ continuing performance with any COA standard would result in a regulatory requirement violation. In such a situation, COA would not require implementation of/continuing performance with the relevant standard(s). However, when a regulatory requirement is merely different from a COA standard— e.g., the regulatory requirement is less stringent than the applicable COA standard—COA's standard applies.

B. Levels of Standards and Rating Principles

The architecture of COA's standards promotes positive outcomes on three (3) levels: *Purpose, Core Concept, and Practice*.

Purpose Standards communicate the overall aim of a section of the standards. The rating for a Purpose Standard is determined thru a review of the implementation of the Core Concept and Practice Standards demonstrated by an organization.

Core Concept Standards set forth in measurable terms components that support an organization's implementation with a Purpose Standard. All Core Concepts are considered and understood within the context of how the organization is achieving its purpose. All Core Concept Standards have equal value. Ratings for Core Concept Standards are determined through review of both an organization's implementation of a Purpose Standard and its detailed practices.

Practice Standards are the most specific standards for which an organization must demonstrate implementation. Practice Standards contain detailed practices, which together contribute to the Core Concepts and, in turn, to how an organization has demonstrated implementation of a Purpose Standard.



An organization must achieve the following:

- “1”⁷ or “2” on all Purpose Standards;
- “1” or “2” on all Core Concept Standards;
- “1” or “2” on all Fundamental Practice Standards; and
- While an organization can achieve accreditation with a “3” or a “4” rating on some Practice Standards, these ratings cannot reflect a pattern of partial or unsatisfactory implementation.

An organization should refer to the *8th Edition Accreditation Standards* for more detailed information about the Accreditation Rating System.

⁷ COA's rating indicators are: 1=Full Implementation/Outstanding Performance 2=Substantial Implementation/Good Performance 3=Partial Implementation/Concerning Performance 4=Unsatisfactory Implementation and Performance.



IX: Accreditation Commission Decision-Making

Accreditation Commission review and decision-making affords applicant organizations the benefit of an accreditation decision-making process which incorporates multiple levels of review and the collective exercise of professional judgment.

The Accreditation Commission review and decision-making process follows established, written procedures. The procedures include, but are not limited to, the following:

- Accreditation Commissioner qualification requirements.
- Possible accreditation decisions.
- Circumstances under which COA's Special Committee reviews Accreditation Commission decisions.
- Circumstances under which an organization has the right to appeal an accreditation decision.
- Circumstances under which COA's President/CEO is delegated the authority to make accreditation decisions.

The range of possible accreditation decisions shall include at a minimum: denial of eligibility, accreditation, probation, suspension, and revocation. The Accreditation Commission also has the discretion to defer reaching an accreditation decision in order to provide the organization with an additional opportunity to demonstrate implementation of/continuing performance with COA's standards.

A. Accreditation Commission

1. Composition

The Accreditation Commission is the decision-making body that reviews Pre-Commission Review Reports and organizational responses for purposes of reaching accreditation decisions. COA's President/CEO approves individuals nominated to serve as Accreditation Commissioners.

All Accreditation Commissioners are COA team leaders. Accreditation Commissioners are qualified individuals with professional backgrounds that enable thoughtful and skillful participation in the decision making process.

2. Overview of Responsibilities

The primary responsibilities of the Accreditation Commission include the following:

- a. Cyclical accreditation decision-making.
- b. Maintenance of accreditation reviews.

3. Accreditation Decision-Making



The Accreditation Commission meets regularly to render accreditation decisions, reviewing the following documentation in connection with making an accreditation decision:

- a. The Pre-Commission Report.
- b. Organization's response to the Pre-Commission Report, if any.
- c. Peer reviewer comments about the organization's responses, if any.
- d. "Additional information," as described in paragraph four (4).

The Accreditation Commission reviews all documentation in a manner free from conflict of interest and without knowing the identity of the organizations under review. Any Accreditation Commissioner with an actual or apparent conflict of interest must recuse himself/herself from any deliberation or vote. COA considers an Accreditation Commissioner who served as one of the peer reviewers for the underlying site visit to have a conflict of interest.

4. Additional Information

The Accreditation Commission reviews any "additional information" about an organization supplied to it by COA and considers it appropriately as part of the decision-making process. "Additional information" includes matters regarding alleged non-implementation of/concerning performance with the standards or other conduct, which, if true, could impact the organization's right to be accredited by COA. When possible, COA provides the organization with the opportunity to respond to the "additional information" before providing it to the Accreditation Commission. COA provides any organizational response to "additional information" to the Accreditation Commission for consideration.

5. Maintenance of Accreditation Reviews

From time to time, the Accreditation Commission reviews matters related to whether an organization is maintaining sufficient implementation of/continuing performance with COA's standards between accreditation review cycles. In such situations, the Accreditation Commission reviews the following documentation:

- a. COA's written notification to the organization about the maintenance of accreditation issues.
- b. The organization's response to the notification.
- c. The remedial site visit reports, if any.
- d. The organization's response to the remedial site visit reports, if any.
- e. The peer reviewer comments about the organization's response, if any.



- f. All other information COA decides is necessary for a fair determination of whether the organization is maintaining sufficient implementation of/continuing performance with COA's standards.

B. Possible Accreditation Commission Actions for Initial Applicants⁸

1. Accreditation Decisions

a. Accreditation

COA offers a three-year and four-year accreditation cycle.⁹ An organization must meet COA's Accreditation Rating System requirements as a prerequisite for accreditation. COA's Accreditation Rating System provides for the right of COA not to accredit an organization on the basis of its partial or unsatisfactory implementation and performance with a single standard that raises a concern about:

- **stakeholder health or safety; or,**
- **the credibility of COA's accreditation process.**

An organization will not receive written notification by COA of its achievement of accreditation until all fees incurred for accreditation have been paid.

See Part D of this section regarding COA's expedited review process and the *8th Edition Accreditation Standards* for a complete discussion of the Accreditation Rating System.

b. Denial

i. Reasons for Denial

An initial applicant for accreditation shall be denied accreditation for any of the following reasons:

- The organization does not meet the eligibility requirements for COA accreditation at the time of decision-making.¹⁰
- The organization submits self-study materials or information as part of the accreditation decision-making process that misrepresents the factual situation or that is otherwise prepared dishonestly.
- The organization fails to disclose information during the accreditation process that is or would have been germane to an accreditation decision.
- The organization holds itself out as accredited before formal notification by COA.

⁸ See Part C of this section for decisions relating to accredited organizations.

⁹ Organizations that participate in a network or other entity that mandates "three-year accreditation" must select COA's three-year cycle. These applicant organizations must notify COA of their need to be on a three-year cycle. Other applicants interested in the three-year cycle must also notify COA of their preference for the same. All notifications should be directed to the Director of Client Relations.

¹⁰ An organization must always meet COA's eligibility requirements to be eligible for accreditation. If a regulatory authority revokes any required license of the organization or takes other action that impacts the organization's right to operate any service, even if temporarily, the organization is no longer eligible for accreditation.



An initial applicant for accreditation may be denied accreditation for any of the following reasons:

- The organization fails to comply with any fundamental practice standard.
- The organization's failure to comply with COA's standards is so pervasive that the organization is unlikely to be able to demonstrate sufficient implementation of COA's standards within one year of the commission's review.
- The organization fails to comply with a standard that addresses stakeholder health or safety.
- The organization fails to respond to requests for information or documentation by COA staff or the Accreditation Commission.

ii. Denial Appeal

An initial applicant for accreditation wishing to challenge a decision to deny accreditation must appeal the decision as set forth in *§XIII Appeals*. An appeal of a denial must be received by COA within fifteen (15) business days of the organization's receipt of the denial decision.

iii. Reapplication

An initial applicant for accreditation that is denied accreditation may reapply for accreditation after denial. COA's President/CEO has the discretion to require the organization to wait for a period of time up to one year before recommencing the accreditation process if the basis for denial is related to either of the following:

- stakeholder health or safety concerns; or,
- the organization's misrepresentation of factual information that was germane to the accreditation process.

If COA exercises its discretion to require the organization to wait a period of time up to one year before recommencing the accreditation process, the organization may submit a written request for "early reconsideration" to COA's President/CEO that sets forth evidence that:

- the reapplication delay would interfere with the organization's ability to provide services to consumers; and,
- there exist changed circumstances demonstrating the likelihood of sufficient implementation of COA's standards.

The decision of COA's President/CEO with regard to an organization's request for "early reconsideration" is final and is not subject to appeal. The time to appeal a denial decision is not impacted by any aspect of the reapplication process, including an organization's decision to submit reasons for "early reconsideration" pursuant to this section.

2. Deferral of an Accreditation Commission Decision



a. Deferral of Accreditation Decision to Allow Clarification

The Accreditation Commission has the discretion to defer reaching an accreditation decision in order to allow the organization to clarify its implementation of any standards in question.

The organization shall have the opportunity to provide the additional information within the time set by the Accreditation Commission, subject to paragraph c below.

b. Deferral of Accreditation Decision for Corrective Action

If an initial applicant for accreditation does not meet COA's Accreditation Rating System, the Accreditation Commission has the discretion to defer reaching an accreditation decision in order to allow the organization to correct deficiencies and demonstrate sufficient implementation of COA's standards.

The organization shall have the opportunity to respond to the standards that are the subject of the corrective/improvement action within the time set by the Accreditation Commission, subject to paragraph c below.

c. Time to Clarify and Demonstrate Implementation of Standards

An initial applicant for accreditation must demonstrate sufficient implementation of COA's standards within one year after COA first notifies the organization that it is deferring to reach an accreditation decision, whether the deferral is to allow the organization to submit clarifying information and/or to correct deficiencies and implement other corrective action. An organization's failure to demonstrate sufficient implementation within this one-year period results in the denial of its accreditation, unless the Accreditation Commission votes unanimously to extend the time within which the organization is allowed to demonstrate sufficient implementation of standards and COA's President/CEO agrees with the Accreditation Commission's decision to extend the time.

d. Remedial Site Visit/Accreditation Commission Review

The Accreditation Commission has the discretion to require a remedial site visit as part of the deferral process. In such case, the organization must pay a remedial process fee and an associated site visit fee.

The Accreditation Commission reviews an initial applicant for accreditation at the conclusion of the deferral process to determine whether the organization has demonstrated sufficient implementation of COA's standards. See Part D of this section regarding COA's expedited review process.

3. COA Discretion to Place the Accreditation Process on Hold

COA reserves the discretion to take action at any time through its CEO/President to place the accreditation process on hold when COA is informed of conditions sufficiently serious to warrant such action.



Conditions are judged to be sufficiently serious if there is reliable information that raises a serious concern about stakeholder health or safety or the credibility of COA's accreditation process.

C. Possible Accreditation Commission Decisions for Accredited Organizations¹¹

1. Accreditation Decisions

a. Accreditation

COA accreditation is effective for three or four years, depending on the length cycle selected by the organization.¹² The beginning of an organization's cycle length following a reaccreditation decision dates back to the previous accreditation cycle expiration date.

Meeting the requirements of COA's Accreditation Rating System is a prerequisite for reaccreditation. COA's Accreditation Rating System provides for the right of COA not to reaccredit an organization on the basis of its partial implementation/ concerning performance or unsatisfactory implementation and performance with a single standard that raises a concern about:

- **stakeholder health or safety; or**
- **the credibility of COA's accreditation process.**

An organization will not receive written notification by COA of its achievement of accreditation until all fees incurred for accreditation have been paid.

See Part D of this section regarding COA's expedited review process and the *8th Edition Accreditation Standards* for a complete discussion of the Accreditation Rating System.

b. Denial of Reaccreditation

i. Reasons for Denial of Reaccreditation

An organization shall be denied reaccreditation for any of the following reasons:

- The organization does not meet the eligibility requirements for COA reaccreditation at the time of decision-making.¹³
- The organization submits self-study materials or information as part of the reaccreditation decision-making process that misrepresents the factual situation or that is otherwise prepared dishonestly.
- The organization fails to disclose information during the reaccreditation process that is or would have been germane to a reaccreditation decision.

¹¹ See Part B of this section for decisions relating to initial applicants for accreditation.

¹² See Part (B)(1)(a) of this section.

¹³ An organization must always meet COA's eligibility requirements to be eligible for accreditation. If a regulatory authority revokes any required license of the organization or takes other action that impacts the organization's right to operate any service, even if temporarily, the organization is no longer eligible for accreditation.



- The organization holds itself out as reaccredited before formal notification by COA.

An organization may also be denied reaccreditation for any of the following reasons:

- The organization fails to implement/demonstrate performance with any fundamental practice standard.
- The organization's failure to implement/demonstrate ongoing performance with COA's standards is so pervasive that the organization is unlikely to be able to demonstrate sufficient implementation of COA's standards within one year of the Accreditation Commission's review
- The organization fails to comply with a standard that addresses stakeholder health or safety.
- The organization fails to respond to requests for information or documentation by COA staff or the Accreditation Commission.

ii. Denial Appeal

An organization wishing to challenge a decision to deny re-accreditation must appeal the decision as set forth in *§XIII Appeals*. An appeal of a denial for reaccreditation must be received by COA within fifteen (15) business days of the organization's receipt of the denial decision.

iii. Reapplication

An organization that is denied re-accreditation may reapply for accreditation after denial. COA's President/CEO has the discretion to require the organization to wait for a period of time up to one year before recommencing the accreditation process if the basis for denial is related to either of the following:

- stakeholder health or safety concerns; or,
- the organization's misrepresentation of factual information that was germane to the accreditation process.

If COA exercises its discretion to require the organization to wait a period of time up to one year before recommencing the accreditation process, the organization may submit a written request for "early reconsideration" to COA's President/CEO that sets forth evidence that:

- the reapplication delay would interfere with the organization's ability to provide services to consumers; and,
- there exist changed circumstances demonstrating the likelihood of sufficient implementation of COA's standards.

The decision of COA's President/CEO with regard to an organization's request for "early reconsideration" is final and is not subject to appeal. The time to appeal a denial decision is not impacted by any aspect of the reapplication process, including an organization's decision to submit reasons for "early reconsideration" pursuant to this section.



c. Probation

i. Reasons for Probationary Status

The Accreditation Commission has the discretion to place an accredited organization on probation if it is aware of reliable information that raises a serious concern about stakeholder health or safety or the credibility of COA's accreditation process.

ii. Probationary Period and Required Demonstration

The Accreditation Commission determines the probationary period, which shall not exceed one year. As part of notifying the organization of its probationary accreditation status, COA sets forth in writing the accreditation maintenance concerns and identifies the standards with which the organization must demonstrate improved implementation/performance.

iii. Remedial Site Visit

The Accreditation Commission has the discretion to require a remedial site visit during a probationary period to determine if the organization has demonstrated improved implementation of/performance with the relevant standards. In such case, the organization must pay a remedial process fee and an associated site visit fee.

iv. Accreditation Commission Review

The Accreditation Commission reviews the organization's accreditation status at the conclusion of the probationary period to determine whether the organization has demonstrated improved implementation of/performance with the standards. The Accreditation Commission must approve any extension of an organization's probationary status beyond the one-year period. The Accreditation Commission must review the organization's demonstration of improved implementation of/performance with the standards no later than the conclusion of a second probationary period. See Part D of this section for a discussion of COA's expedited review process.

v. Effect of Probationary Status

An organization that is on probation is considered accredited during the probationary period, though the probationary status of its accreditation is public information.

d. Suspension

i. Reasons for Suspended Status

The Accreditation Commission has the discretion to suspend an accredited organization's accreditation if aware of reliable information that raises a serious



concern about stakeholder health or safety or the credibility of COA's accreditation process.

ii. Suspension Period and Required Demonstration

The Accreditation Commission determines the suspension period, which shall not exceed three months. As part of notifying the organization of its suspension, COA sets forth in writing the accreditation maintenance concerns and identifies the standards with which the organization must demonstrate improved implementation/performance.

iii. Remedial Site Visit

COA requires a site visit for an organization whose accreditation is suspended. The site visit occurs within the suspension period, unless COA's President/CEO concludes that a site visit within this timeframe is not appropriate. In such situations, COA's President/CEO extends the suspension period to allow for the site visit. The extended suspension period shall not exceed an additional three months. The organization must pay a remedial process fee and an associated site visit fee.

iv. Accreditation Review

The Accreditation Commission reviews the organization's accreditation status at the conclusion of the suspension period to determine whether the organization has demonstrated improved implementation of/performance with the standards. An organization whose accreditation has been suspended is not a candidate for COA's expedited accreditation review process.

v. Effect of Suspension

An organization whose accreditation is suspended is not considered accredited during the suspension period and, while on suspension, is prohibited from holding itself out as accredited, whether orally or in writing (e.g., on stationery, a certificate, or by other display indicating accreditation).

e. Revocation

i. Reasons for Revocation

An accredited organization's accreditation shall be revoked (and its pending application for accreditation denied) for any of the following reasons:

- The organization does not meet the eligibility requirements for COA accreditation at the time of decision-making.
- The organization submits self-study materials or other information as part of the accreditation decision-making process that misrepresents the factual situation or is otherwise prepared dishonestly.
- The organization fails to disclose information during the accreditation process that is or would have been germane to an accreditation decision.



- The organization represents itself as reaccredited before receiving notification of re-accreditation from COA.

An organization's accreditation may be revoked (and its pending application for accreditation denied) for any of the following reasons:

- The organization fails to meet the requirements of COA's Accreditation Rating System.
- The organization's failure to demonstrate implementation of/performance with COA's standards is so pervasive that the organization is unlikely to be able to demonstrate sufficient implementation/performance within one year.
- The organization fails to meet a standard that addresses stakeholder health or safety.
- The organization fails to demonstrate sufficient implementation of/performance with the relevant standards by the expiration of the period of probation ((C)(1)(b)).
- The organization fails to demonstrate sufficient implementation of/performance with the relevant standards by the expiration of the period of suspension ((C)(1)(c)).
- The organization fails to demonstrate sufficient implementation of/continuing performance with any standard that undermines the credibility of COA's accreditation process.
- The organization fails to respond to requests for information or documentation by COA staff or the Accreditation Commission.

ii. Revocation Appeal

An organization wishing to challenge a decision to revoke accreditation must appeal the decision as set forth in *§XIII Appeals*. An appeal of a revocation must be received by COA within fifteen (15) business days of the organization's receipt of the revocation decision.

iii. Reapplication

An accredited organization whose accreditation is revoked may reapply for accreditation after the revocation decision. COA's President/CEO has the discretion to require the organization to wait for a period of time up to one year before recommencing the accreditation process if the basis for revocation is related to any of the following:

- stakeholder health or safety concerns;
- the organization's misrepresentation of factual information that was germane to the accreditation process; or,
- ongoing standards performance concerns, as evidenced by previous accreditation decisions or as a result of accreditation maintenance review processes.

If COA exercises its discretion to require an organization to wait a period of time up to one year before recommencing the accreditation process, the organization may submit a written request for "early reconsideration" to COA's President/CEO that sets forth evidence that:



- the reapplication delay would interfere with the organization’s ability to provide services to clients; and,
- there exist changed circumstances demonstrating the likelihood of sufficient implementation of/ongoing performance with COA’s standards.

The decision of COA’s President/CEO with regard to an organization’s request for “early reconsideration” is final and is not subject to appeal. The time to appeal a revocation decision is not impacted by any aspect of the reapplication process, including an organization’s decision to submit reasons for “early reconsideration” pursuant to this section.

2. Deferral of an Accreditation Commission Decision

a. Deferral of Accreditation Decision to Allow Clarification

The Accreditation Commission has the discretion to defer reaching an accreditation decision in order to allow the organization to clarify its implementation of/continuing performance with any standards about which the Accreditation Commission has questions.

The organization shall have the opportunity to provide the additional information within the time set by the Accreditation Commission, subject to paragraph c below. An organization’s accredited status is maintained during the deferral period.

b. Deferral of Accreditation Decision for Corrective/Improvement Action

If an accredited organization does not meet the requirements of COA’s Accreditation Rating System, the Accreditation Commission has the discretion to defer reaching a decision on accreditation in order to allow the organization to remedy the deficiencies and demonstrate corrective/improvement action.

The organization shall have the opportunity to demonstrate corrective/improvement action with the standards that are the subject of the remediation within the time set by the Accreditation Commission, subject to paragraph c below. An organization’s accredited status is maintained during the deferral period.

c. Time to Clarify and Demonstrate Implementation of/Continuing Performance with Standards

An accredited organization must demonstrate sufficient implementation of/continuing performance with COA’s standards within one year after COA first notifies the organization that it is deferring to reach an accreditation decision, whether the deferral is to allow the organization to submit clarifying information and/or to correct deficiencies and implement other corrective/improvement action. An organization’s failure to demonstrate sufficient corrective/improvement action within this one-year period results in the revocation of its accreditation, unless the Accreditation Commission votes unanimously to extend the time within which the organization is allowed to demonstrate sufficient corrective/improvement action and COA’s President/CEO agrees with the Accreditation Commission’s decision to extend the time.



d. Remedial Site Visit/Accreditation Commission Review

The Accreditation Commission has the discretion to require a remedial site visit as part of the deferral process. In such case, the organization must pay a remedial process fee and an associated site visit fee.

The Accreditation Commission reviews an accredited organization at the conclusion of the deferral process to determine whether the organization has demonstrated sufficient implementation of/continuing performance with COA's standards. See Part D of this section regarding COA's expedited review process.

D. Accreditation Decision-Making Requirements

1. Expedited Decisions by COA President/CEO

COA's President/CEO has the discretion to award accreditation without presenting an organization to an Accreditation Commission for review when the organization meets the requirements of COA's Accreditation Rating System and there is no cause for concern about implementation of/continuing performance with COA's standards.

An expedited accreditation decision is not available for an organization if COA suspends the organization's accreditation during the accreditation review process.

2. Accreditation Commission Review Requirements

A quorum of the Accreditation Commission must be present to review and act on an organization's accreditation. All Accreditation Commission decisions regarding accreditation must be unanimous. See paragraph 3 below regarding split decisions, and Part A of this section regarding Accreditation Commission decision-making.

3. Split Decisions

When the Accreditation Commission is unable to reach unanimity, COA's President/CEO appoints a panel of three (3) Board members to review and resolve the split decision. The panel's decision must be unanimous.

E. Required Action of COA's Special Committee

1. Accreditation, Probationary Status, and Deferrals

COA does not require the following Accreditation Commission decisions to be reviewed or approved by its Special Committee:

- a. a decision to accredit an organization;
- b. a decision to place an organization's accreditation on probation; and,
- c. the deferral of an accreditation decision.

COA provides an organization with written notification for any of the above decisions.



2. Denial of Eligibility, Suspension, Denial or Revocation of Accreditation

COA presents the following decisions and the reasons for the same to its Special Committee for review and ratification at timely and specially convened meetings.

The following Accreditation Commission decisions require the approval of COA's Special Committee:

- a. Denial of eligibility
- b. Suspension of accreditation
- c. Denial of accreditation
- d. Revocation of accreditation

The Special Committee consists of the following individuals:

- a. Accreditation Commission Chairs
- b. COA Board Chair
- c. COA Board Secretary
- d. COA President/CEO.

The Special Committee convenes in person or by conference call, or COA's President/CEO may poll the Special Committee members individually after informing them of the underlying decision and its reasons.

Decisions presented to the Special Committee for final action pursuant to this section require the presence of a quorum of the particular group. Upon obtaining a quorum, the Special Committee reviews the underlying decision and its reasons. Final action requires a majority vote of the quorum.

COA through its President/CEO notifies the organization in writing within five (5) business days of Special Committee decision. The written notification sets forth the reasons for the decision. COA sends the decision by a form of mail requiring signature on delivery (i.e., certified mail or UPS delivery). The decision is effective upon the organization's receipt of written notification from COA's President/CEO.

An organization that is determined to be ineligible for accreditation or whose accreditation is denied or revoked has a right of appeal as discussed in *§XIII Appeals*.

F. Public Disclosure of Accreditation Decisions

COA has the right to disclose accreditation decisions to the public after formally notifying the organization, to the extent permitted in *§XVI Confidentiality and Disclosure of Information*.

G. Limitation of Liability



Neither COA, nor its officers, directors, personnel, peer reviewers, Accreditation Commissioners, or other persons involved in the accreditation decision-making processes shall be liable to an organization for the organization's failure to achieve or maintain accreditation, even when the failure is temporary (e.g., as the result of a suspension or when a decision is modified as result of an appeal or other review process).

H. Content of Deliberations

The content of the deliberations related to COA accreditation decision-making is confidential and is not considered public information. COA will not disclose the content of the deliberations to the adoption service provider under review.



X: Maintenance of Accreditation

COA requires accredited organizations to maintain continuous implementation of/performance with COA's standards throughout their accreditation cycle as detailed in COA's accreditation procedures. Maintenance of accreditation responsibilities include completion of a required annual report, self-reporting of changes or events, cooperation with post-Final Accreditation Report requirements, accreditation cycle monitoring processes, accreditation cycle site visits, or third party complaint reviews, as required by COA .

COA's President/CEO has the authority to take immediate action to suspend or revoke the accreditation of an organization where (s)he is informed of conditions sufficiently serious to warrant such action.

Conditions are judged to be sufficiently serious to warrant such action when COA is in possession of reliable information that consumers, personnel, or other stakeholders of the organization have been seriously injured and/or that conditions exist in the organization such that there is the risk of serious injury or harm to the same or that there are reliable allegations of illegal or unethical conduct, which, if true, would result in insufficient implementation of/continuing performance with COA standards or would impugn the credibility of COA's accreditation process.

A. Maintenance of Accreditation Reports

COA requires all accredited organizations to complete an annual Maintenance of Accreditation Report. The annual MOA Report demonstrates an organization's commitment to the pursuit of organizational excellence and quality service delivery for persons served and affirms the organization's ongoing implementation of/performance with COA's standards. Through this process, COA and the organizations it accredits are able to evaluate significant organizational changes, events and critical occurrences within the context of the organization's continuous performance improvement activities.

The completed Maintenance of Accreditation Report must be submitted within twenty (20) business days of the organization's receipt of the request letter from COA. COA has the authority to change an organization's accredited status because of failure to provide a complete, accurate, and timely Maintenance of Accreditation Report.

COA notifies an organization in writing if a Maintenance of Accreditation Report response raises a concern. COA provides the organization with an opportunity to respond to any identified concerns. As part of the response process, COA may require the organization to provide specific and relevant information and/or undergo a site visit.

1. Post-Final Accreditation Report Monitoring

An accredited organization that receives recommendations in their Final Accreditation Report (FAR) may be asked to provide progress reports to COA at required timeframes as demonstration of their continuing implementation or strengthening of performance with specific standards. Failure to provide such reports may result in COA taking an adverse action against an accredited organization.



COA's Performance Review Committee, on behalf of COA's President/CEO or the Accreditation Commission, may monitor the organization's progress with FAR improvement recommendations to ensure that the organization is meeting the requirements of COA's standards and rating system.

COA has the discretion to require a site visit at the organization as part of the post-FAR review process. In such cases, the organization must pay a remedial process fee and an associated site visit charge.

2. Accreditation Cycle Monitoring

COA, during an organization's accreditation cycle, may determine from reviews of self-reports or reliable information received from third parties (such as licensing, the public, or investigative authorities) that an organization may be at risk of non-implementation/continuing performance with specific standards. An organization may be requested to provide documentation and/or demonstration of corrective or improvement action(s) within a time period set by COA. Failure to provide these reports may result in COA imposing an adverse action.

COA may also require via specialized agreements established between the organization and COA (e.g. provisional accreditation status) that an organization provide documentation or evidence of meeting the conditions set forth in the specialized agreement. Failure to provide such reports may result in COA taking adverse action against an accredited organization.

COA's Performance Review Committee on behalf of COA's President/CEO or the Accreditation Commission actively monitors the:

- corrective/improvement action(s) taken by the organization regarding identified concerns with standards implementation/performance: or,
- conditions set forth in a specialized agreement, including timelines.

The committee will determine that all identified concerns with standards implementation/performance and/or conditions of a specialized agreement are met to the satisfaction of COA.

COA has the discretion to require a site visit at the organization as part of accreditation cycle monitoring and review. In such cases, the organization must pay a remedial process fee and an associated site visit charge.

B. Required Self-Reporting

An accredited organization must notify COA any time there is a concern regarding sufficient implementation of/continued performance with COA's standards, or where there are important changes in organizational structure, or when there are significant occurrences/events.

NOTE: Organizations are required to self-report in a timely manner as per required time frames listed on COA's **INCIDENT/OCCURRENCE SELF-REPORT FORM**. The **INCIDENT/OCCURRENCE SELF-REPORT FORM** can be found on COA's website at <http://www.coanet.org/front3/page.cfm?sect=9>. The completed self-report form may be



submitted by e-mail to selfreport@coanet.org, fax, or mail to COA's Maintenance of Accreditation Coordinator.

Self-reporting requirements are found below.

OCCURRENCE	ONLY REPORTABLE WHEN...	REPORTING TIME
<p>License Revocation</p>	<p>Licensing/regulatory authority notifies the organization of revocation of a required license for a program or service.</p> <p><u>Clarification:</u> Licensing/regulatory authority notifies organization of loss, removal or termination of a license required for a specific program or service.</p> <p><u>Information to Be Provided to COA:</u></p> <ul style="list-style-type: none"> • Description of the action • A copy of notification from the licensing/regulatory authority regarding the revocation action • Action(s) taken/to be taken by the organization 	<p>Ten (10) business days of licensing/regulatory notice of revocation</p>
<p>Licensing/Regulatory, Other Governmental Authority, Non-Governmental Investigative Entity and/or Contractor Action(s)</p>	<p>Licensing/regulatory authority, other governmental authority (local, state/provincial or federal), non-governmental investigative entity, or contractor notifies the organization of any of the following actions:</p> <ul style="list-style-type: none"> • Suspension of license • Change to a. provisional, b. probationary, or c. other compromised status • Application of financial sanctions or penalties • Placement of a hold on referrals or contract award • Initiation of investigative activities • Request for corrective action resulting from investigation due to: <ul style="list-style-type: none"> • financial malfeasance (financial wrongdoing or misconduct), • quality of care, • safety/health, • business ethics/regulatory compliance, and/or • other reason(s). <p><u>Clarification:</u> A compromised license status, includes, but is not limited to: provisional, probationary, suspension, temporary, conditional, etc.</p> <p>Examples of investigative entities and possible actions include, but are not limited to: (IRS, OIG [whistleblower, qui tam], Federal Trade Commission, CMS, DOJ [corporate integrity agreements], OCR, FBI, OSHA, state/provincial department of health, state/ provincial attorney general [corporate integrity agreements], etc.), non-governmental investigative entity (legal right organizations, etc.) or contractor (HMO, etc.)</p> <p>Examples of "actions" may include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Financial penalties/sanctions imposed by licensing/regulatory authority or other governmental authority or contractor. • Placement of a hold on referrals or contract award by licensing/regulatory authority or contractor. • Initiation of investigation or request for corrective action resulting from "investigation" by licensing/regulatory, other governmental authority, non-governmental investigate entity, or contractor. <p><u>Information to Be Provided to COA:</u></p>	<p>Twenty (20) business days of notice of initiation of investigation and/or action(s)</p>



OCCURRENCE	ONLY REPORTABLE WHEN...	REPORTING TIME
	<ul style="list-style-type: none"> • A copy of notification from the investigative authority or entity regarding their commencement of investigation and/or request for corrective action. • A copy of the corrective action plan submitted/to be submitted. • Documentation of the acceptance of the organization's corrective action plan. • If received, notification from the licensing/regulatory authority that license has been restored to "regular" status or equivalent. 	
Change in Exempt Status	<p>Change in accredited status of a service exempted from COA's review. The "other accreditor" (e.g., CARF, TJC, NAEYC, etc.), notifies the organization of the loss of accreditation or other change (sanction/adverse action) in accredited status, or the organization elects to discontinue the accreditation (which formed the basis for COA granting an exemption as part of COA's review process).</p> <p><u>Clarification:</u> The organization receives notification of <i>involuntary discontinuation</i> of accreditation, or other change (sanction/adverse action) for service(s) accredited by another accreditation organization, or the organization <i>voluntarily decides to discontinue</i> the accreditation. See <i>Accreditation Policies and Procedures Manual, Section V</i> for requirements of service inclusion and exemption.</p> <p><u>Information to Be Provided to COA:</u></p> <ul style="list-style-type: none"> • Brief description of the occurrence. • Name(s) of the services or listing of the service(s). 	Twenty (20) business days of the "other" accreditation body decision or the organization's decision to voluntarily discontinue accreditation by the other accreditor
Closure of Organization or Discontinuation Of All or Any COA-Accredited Services	<p><u>Clarification:</u> The organization is closing or no longer provides a service(s) to consumers accredited by COA.</p> <p><u>Information to Be Provided to COA:</u></p> <ul style="list-style-type: none"> • Name of the service(s) with closure/discontinuation date(s). • Transition/referral plan(s) for consumers. 	Twenty (20) business days of closure or service discontinuation of services to consumers
Opening of a New Site(s) Under an Existing COA-Accredited Service	<p><u>Clarification:</u> The organization opens an additional site(s) for which it is currently accredited for under a COA Service Standard(s).</p> <p><u>Information to Be Provided to COA:</u></p> <ul style="list-style-type: none"> • Mailing address(es) of the site(s). • Name and contact information of the individual(s) responsible for managing the site(s). • Date(s) the sites(s) began providing services to consumers. • A list of services being provided. • Copy(ies) of the license(s) and/or certificate(s). 	Twenty (20) business days from the date of beginning to provide services to consumers
Merger/ Acquisition	<p>The organization has merged with, acquired, or has been acquired by another organization/entity, regardless of whether the other organization/entity is COA-accredited or not. See Section XV for information to be provided to COA.</p>	Twenty (20) business days of merger or acquisition



OCCURRENCE	Only Reportable When...	Reporting Time
Change in CEO/Executive Director/ Commissioner/ Agency Head	<p><u>Clarification:</u> The organization has an interim, acting, or new senior executive officer/ leader.</p> <p><u>Information to Be Provided to COA:</u></p> <ul style="list-style-type: none"> Name of interim, acting, or new CEO/Executive Director/ Commissioner/Agency Head. Date of occurrence. 	Twenty (20) business days of the change
Loss or Significant Reduction in Funding	<p>The organization receives notification of a major loss of funding or reduction in funding (in excess of 10% of the organization's budget or an amount that impacts consumers for continuing care/services) from a governmental contract/grant/foundation/other source.</p> <p><u>Clarification:</u> This question does not pertain to contract negotiation or renegotiation.</p> <p><u>Information to Be Provided to COA:</u> Action plan/response to address the needs of consumers for ongoing service delivery.</p>	Twenty (20) business days of notification of funding loss or reduction
Judgments	<p>The organization received a civil or criminal judgment for employment practices or malpractice/professional liability.</p> <p><u>Clarification:</u> This pertains to outcomes from judicial and administrative proceedings initiated by a governmental entity or via the courts (civil or criminal) against the organization. Such actions may include, but are not limited to: EOC, ADA, harassment, and/or malpractice/professional liability litigation outcomes, etc.</p> <p><u>Information to Be Provided to COA:</u></p> <ul style="list-style-type: none"> A brief description. Corrective action initiated/to be initiated by the organization in response to the judgment. 	Twenty (20) business days of receipt of judgment
Consumer Death	<p><u>Clarification:</u> A consumer dies while under organization's regular/periodic care and the death relates to service delivery. Death resulting from natural causes or from an event unrelated to service delivery should NOT be reported.</p> <p><u>Information to Be Provided to COA:</u> Upon conclusion of the organization's internal review process provide:</p> <ul style="list-style-type: none"> A brief description of the incident. Action/improvement steps implemented to prevent re-occurrence, if applicable. 	Ten (10) business days of completion of the organization's incident/quality improvement process
Consumer Serious Injury	<p><u>Clarification:</u> A consumer sustains an injury resulting in debilitating or permanent loss of function (<i>such as paralysis, brain trauma, loss of limb, etc.</i>) or serious physical or psychological injury (<i>such as assault, rape, etc.</i>) while under the organization's regular/periodic care and relating to service delivery.</p> <p><u>Information to Be Provided to COA:</u> Upon conclusion of the organization's internal review process provide:</p> <ul style="list-style-type: none"> A brief description of the incident 	Ten (10) business days of completion of the organization's incident/quality improvement process



OCCURRENCE	ONLY REPORTABLE WHEN...	REPORTING TIME
<ul style="list-style-type: none"> Action/improvement steps implemented to prevent re-occurrence, if applicable. 		

Upon receipt of a self-report, COA provides the organization with the opportunity to respond further to the important change or significant occurrence/event. COA may require that the organization provide specific, relevant information, and/or undergo a site visit.

C. Supplemental Site Visits During an Accreditation Cycle

COA has the right to conduct site visits during the period between cyclical review processes under the following circumstances:

- at any time when COA is aware of reliable information that raises a concern regarding the organization’s continued implementation of/performance with COA’s standards; and,
- to determine continued implementation of/performance with COA’s standards by randomly sampling its accredited organizations.

See §XII *Supplemental Site Visits* regarding the remedial and quality assurance site visit processes, including any associated fees.

D. Required Cooperation by Accredited Organizations

COA expects an accredited organization to cooperate fully during maintenance of accreditation review process to enable COA to determine continued implementation of/performance with standards. Required cooperation includes, but is not limited to, timely submission of requested information and the facilitation of a site visit.

E. Right to Review and Act on Accredited Status

1. Authority and Discretion to Review Accreditation/Act Immediately

COA reserves the right and discretion to review an organization’s accreditation at any time and to place an organization on probation or to suspend or revoke an organization’s accreditation when informed of “sufficiently serious concerns” about the organization.

2. Sufficiently Serious Concerns

COA determines the need to review a concern by taking into consideration the information source and the seriousness of the allegations. **A concern with an organization is sufficiently serious to warrant COA reviewing the organization’s accreditation when there is reliable information that raises a concern about stakeholder health or safety or the credibility of COA’s accreditation process.**

3. COA Action



Generally, COA refers a sufficiently serious concern for review to a regularly scheduled Accreditation Commission or COA's Special Committee prior to changing an organization's accreditation. However, COA reserves the right for its President/CEO to exercise his/her discretion to change an organization's accreditation status prior to convening the Accreditation Commission or Special Committee, when, in the President/CEO's judgment, immediate action is in the best interest of the organization's stakeholders. See *§IX Accreditation Commission Review and Decision-Making* regarding the composition of the Accreditation Commission and COA's Special Committee.

A decision to suspend or revoke an organization's accreditation, whether by the Accreditation Commission or by COA's President/CEO, requires ratification as set forth in *§IX Accreditation Commission Review and Decision-Making*.

4. Required Organizational Response and Demonstration

a. Probation

An accredited organization that is placed on probation during an accreditation cycle must demonstrate continued implementation of/performance with the applicable standards within the time set by COA. The time period for this demonstration may not exceed one (1) year.

COA has the discretion to require a site visit at the organization as part of the review process. In such cases, the organization must pay a remedial process fee and an associated site visit charge.

The Accreditation Commission reviews the organization's accreditation status at the conclusion of a probationary period. The Accreditation Commission must approve any extension of an organization's probationary status beyond the one-year period. The Accreditation Commission must review the organization's demonstration of improved implementation/performance with the standards no later than the conclusion of a second probationary period.

An organization that is on probation is considered accredited during the probationary period, though the probationary status of the organization's accreditation is public information.

See *§IX Accreditation Commission Review and Decision-Making* for additional procedures on probationary status.

b. Suspension

An accredited organization whose accreditation is suspended during an accreditation cycle must demonstrate continued implementation of/performance with the applicable standards within the time set by COA. The time period for this demonstration may not exceed three (3) months.

An organization whose accreditation is suspended must undergo a site visit as part of the review process. The site visit occurs within the suspension period, unless the COA's President/CEO concludes that a site visit within this timeframe is not



appropriate. In such situations, the suspension period is extended by COA's President/CEO to allow for the site visit. The extended suspension period shall not exceed an additional three (3) months. The organization must pay a remedial process fee and an associated site visit fee. The Accreditation Commission reviews the organization's demonstration of improved implementation of/performance with the standards at the conclusion of the suspension period.

An organization whose accreditation is suspended is not considered accredited during the suspension period and, while on suspension, is prohibited from holding itself out as accredited, whether orally or in writing (e.g., on stationery, a certificate or by other display indicating accreditation).

See *§IX Accreditation Commission Review and Decision-Making* for additional procedures on suspended status.

c. Revocation

An organization whose accreditation is revoked during an accreditation cycle may appeal the decision as set forth in *§XIII Appeals* and has a right of reapplication as set forth in *§IX Accreditation Commission Review and Decision-Making* (Part (C)(1)(d)). An organization that appeals a decision to revoke its accreditation must adhere to all time constraints set forth in *§XIII Appeals*.

F. Third-Party Complaint Procedures

1. Introduction

COA reviews reliable information submitted by third-parties about initial applicants for accreditation and accredited organizations to determine whether the information raises concerns about continuing implementation of/performance with COA standards.

COA provides organizations with an opportunity to respond to any third-party concerns/complaints as set forth in this procedure.

a. Complaints Received

To be reviewed as a complaint, third-party information must be presented as follows:

- by an individual or by an entity, or through an individual with the authority to act on behalf of the entity (“concerned individual”);
- in writing;
- with specific facts and any other information that explain the reasons for the concern/complaint; and, and,
- with all completed forms as required by COA.

As a first step, a concerned individual (“complainant”) may discuss their concern/complaint with COA. However, COA has the discretion not to initiate a review of third-party information if the aforementioned above criteria are not met.



COA may elect not to review anonymously provided third-party information. Employee-employer issues may also not fall within the scope of COA's complaint review process.

b. Informal Complaints

COA has the discretion to address a concern/complaint informally when it does not meet the threshold for review as a formal complaint.

Addressing a concern/complaint informally may include, but is not limited to:

- Monitoring the outcome of other action taken by the complainant such as their report to licensing or other governmental authorities, state professional review bodies, non-governmental investigative authorities, etc.;
- Requesting that the complainant first utilize the accredited or in-process organization's procedures for submitting a written complaint/grievance; or,
- Bringing the concern/complaint of the third-party to the attention of the organization.

c. Third-Party Information Received about In-Process Accredited Organizations or In-process Initial Applicants for Accreditation

COA has the discretion to provide a third-party concern/complaint to a peer review team or the Accreditation Commission, as appropriate, for an accredited organization that is undergoing a re-accreditation review or for an organization that is an initial applicant for accreditation, in lieu of reviewing the concern/complaint through the formal complaint process. When possible, COA provides the organization with the opportunity to respond to the third-party concern/complaint prior to forwarding the relevant information to the peer review team and/or Accreditation Commission. COA notifies the third-party of its decision to review a concern/complaint as part of an ongoing initial accreditation or re-accreditation review process. The third-party may inquire in the future about the organization's accreditation status.

2. Determination of Reviewability of Third-Party Information as a Formal Complaint

COA reviews appropriately submitted third-party information as a formal complaint only if it is reliable, which COA determines after reviewing the submitted information and only if the concern/complaint, if true, would result in any of the following:

- an eligibility criteria violation;
- concerning or unsatisfactory performance with a Purpose or Core Concept Standard; or,
- failure to demonstrate continued implementation of/performance with a single standard that raises serious concerns about stakeholder health or safety or about the credibility of COA's accreditation process.

COA notifies the complainant of its determination to review the information under its formal complaint procedures. A decision that a third-party concern/complaint is not reviewable as a formal complaint is final and is not subject to appeal or further review.



COA has the discretion to destroy third-party information/documentation upon determining that it does not meet the threshold for review as a formal complaint, though COA maintains a record of the related decision process.

3. Duty of Cooperation

COA expects the complainant to cooperate with COA during the formal complaint process by responding to all reasonable inquiries in a timely manner. The failure of a complainant to cooperate may result in COA dismissing the concern/complaint from further review.

See Part D of this section regarding the organization's duty to cooperate.

4. Formal Complaint Process

- a. COA notifies the organization's chief executive officer and, as applicable, the governing body chair/ president in writing of the substance of a formal complaint within twenty (20) business days of determining that the concern/complaint is so reviewable.
- b. When notifying the organization, COA requests that the organization respond to the allegations. COA's request may require the organization to respond to specific questions; to provide specific information or documents; or to facilitate a site visit. The time to respond to COA's request depends on the information sought from the organization, but in no case, except as provided in Part E, will COA require a response or site visit any sooner than fifteen (15) business days from the date of the organization's receipt of the notice.
- c. COA may request additional information and documents from the complainant and/or organization after receiving the organization's response and/or after completion of a site visit, as needed.
- d. COA has the discretion to disclose copies of documentation or other information provided by the complainant to the organization for purposes of responding to the allegations or may provide a summary of the concerns/complaints, as appropriate.
- e. Upon receipt of all necessary information and documentation, COA reviews the information via its Performance Review Committee or provides the information to an Accreditation Commission for inclusion in their decision-making regarding an initial applicant for accreditation or organization seeking re-accreditation.

COA's Performance Review Committee reviews complaints received during an organization's maintenance of accreditation cycle. However, COA has the discretion to provide a complaint received during an organization's maintenance of accreditation cycle to a regularly scheduled Accreditation Committee meeting for review.

- f. Both the complainant and the organization are notified verbally or in writing by COA of the specific review body assigned to review the complaint and the expected timeframe for completion of the review.



- g. The Performance Review Committee or Accreditation Commission reviews the formal complaint at its first regularly scheduled meeting upon COA's receipt of all necessary information and responses.
- h. Neither the complainant, nor the organization may attend the Performance Review Committee or Accreditation Commission meeting. COA redacts all information submitted to the Accreditation Commission to ensure the anonymity of the complainant and the organization and the fairness of the decision-making process.
- i. COA's Performance Review Committee or the Accreditation Commission bases its decision on the following information:
 - Complainant information
 - Organization information
- j. Possible Performance Review Committee or Accreditation Commission formal complaint decisions include the following:
 - Unsubstantiated because of insufficient documentation or other information.
 - Unsubstantiated because of the formal complaint's lack of credibility, or because no standards violations exist as determined by the facts of the complaint.
 - Substantiated in whole or in part, but no change in accreditation status.
 - Substantiated in whole or in part, and accreditation maintained under the terms of a COA corrective/improvement action plan or request to strengthen practice/standards implementation.
 - Substantiated in whole or in part, and accreditation maintained, but the complaint is maintained in the organization's file and **may be provided to a peer review team at the time of an organization's next accreditation review.**
 - Substantiated in whole or in part, and an accredited organization placed on probationary status (see Part (E)(4)(a) of this section regarding probationary status and the associated review process).
 - Substantiated in whole or in part, and accreditation suspended (see Part (E)(4)(b) of this section regarding suspended status and the associated review process, including the requirement of a site visit).
 - Substantiated in whole or in part, and accreditation revoked (see Part (E)(4)(c) of this section regarding revocation and the right to appeal the decision).
- k. COA notifies the complainant and organization in writing within twenty (20) business days after the Performance Review Committee or Accreditation Commission reaches its decision, sending written notification requiring signature on delivery (e.g., certified mail or UPS delivery). When notifying the organization, COA also notifies, if applicable, the organization's governing body president and any other entity to which the organization has permitted disclosure (e.g., through a signed consent) of the decision. If the decision involves a change in accreditation status, this is information available to the public (see §XVI *Confidentiality and Disclosure of Information*).



The Performance Review Committee or Accreditation Commission's decision is effective on the date on which the organization receives written notification from COA.

- I. An organization may appeal a decision to revoke its accreditation, or deny accreditation or re-accreditation by following the appeals procedure as is set forth in §XIII *Appeals*. No other formal complaint decision is appealable.



XI: Reaccreditation

After its initial accreditation, an organization undergoes a reaccreditation review prior to the expiration date on its certificate of accreditation. A reaccreditation review provides an in-depth review of an organization's performance at reasonable intervals and is the process by which COA determines an organization's continuing implementation of/performance with COA's standards.

An accredited organization undergoes a reaccreditation review prior to its accreditation expiration date in order to remain accredited. COA notifies an organization sufficiently in advance of its accreditation expiration date of the need to begin the reaccreditation process, at which time COA requires the organization to submit updated information.

Upon receipt of the organization's updated information, COA confirms the accreditation fee in an Accreditation Agreement. The fee to undergo the reaccreditation process is based on the sliding scale in effect at the time of signing the Accreditation Agreement. (See also *§III Accreditation Fees* and *§IV Accreditation Agreement*.)

COA evaluates an organization seeking reaccreditation by applying the standards in effect at the time the organization provides its update for the reaccreditation process.

A decision to reaccredit an organization is effective for either three or four years, depending on the length cycle selected by the organization.¹⁴ Except in limited circumstances, the effective date of an organization's reaccreditation decision dates back to the previous accreditation cycle expiration date (see *§XIV Delays to Accreditation Review* regarding the exceptional circumstances). A site visit that occurs during an accreditation cycle, such as a remedial site visit, does not extend or otherwise change the organization's accreditation expiration date.

¹⁴ See section B of *§IX. Accreditation Commission Decision-Making*.



XII: Supplemental Site Visits

Supplemental site visits enable COA to conduct on-site reviews of organizations between accreditation review cycles, when such site visits are necessary to ensure sufficient implementation of/continuing performance with COA standards, and during the accreditation review process, when necessary to determine remediation or to further evaluate a standard's concern. Supplemental site visits also afford accredited organizations a means by which to initiate the accreditation of additional services offered since the date of the last accreditation or as the services become eligible for inclusion.

A. Additional Service Site Visits

1. Availability

The additional service site visit is available to an accredited organization that delivers an accreditable service that has not been reviewed for COA accreditation (e.g., the organization begins providing a new service after completing the COA accreditation process). To be eligible for an additional service review, the organization must have delivered the service for a period of at least six months at the time of the site visit.

2. Process and Fees

An organization should contact COA's Accreditation Programs if interested in the additional service review process. An appropriate agreement for both COA and the organization's signatures that sets forth the service to be reviewed and the applicable process fee to be paid by the organization will be developed.

The organization must provide COA and the peer reviewer its written additional service self-study material at least ten weeks in advance of the site visit. Generally, COA sends one peer reviewer to conduct an additional service site visit but reserves the right to require more than one peer reviewer, if necessary to review the additional service. The organization must pay an additional service site visit fee.

See §VII Site Visit and §IX Accreditation Commission Review and Decision-Making regarding site visit reports and the decision-making process.

3. Certificate for Additional Services

Upon achieving accreditation of an additional service, COA sends the organization a notification letter that reflects the inclusion of the additional service as part of the organization's accreditation. See §IX Accreditation Commission Review and Decision-Making regarding the decision-making process.

4. Accreditation Expiration Date and Scope of Review

The accreditation of an additional service through the additional service site visit process does not change the organization's accreditation expiration date or affect the scope of its next cyclical review. The additional service will be reviewed as part of all subsequent cyclical accreditation reviews.



B. Remedial Site Visits

1. Circumstances

COA has the discretion to conduct a remedial site visit at an organization during the following times and for the following reasons:

- a. at any time after the site visit;
- b. at any time during the maintenance of accreditation cycle;
- c. upon receipt of reliable information that the organization is not in sufficient implementation of all required COA standards and/or adhering to COA's policies and procedures as outlined in the *Accreditation Policies & Procedures Manual*; or,
- d. when a serious concern about stakeholder health or safety or the credibility of the accreditation process becomes known to COA.

2. Process and Fees

COA may provide an organization with reasonable notice of a required remedial site visit. Reasonableness of notice depends on the standard(s) that are at issue and the scope of the remedial site visit. COA has the discretion to conduct an unannounced remedial site visit. An organization that has been identified by COA to receive an unannounced remedial site visit will be provided with written notice of COA's intent to conduct the visit. In this written notice, COA will specify if the organization is to receive no more than twenty-four (24) hours notice prior to the commencement of the unannounced remedial site visit; and/or if the unannounced visit will occur within a prescribed window of time (e.g., between September 1st and November 30th).

COA has the discretion to require the organization to provide pre-site materials, as appropriate, and takes into consideration the time necessary for the organization to provide the requested material when scheduling either an announced or unannounced remedial site visit date. Typically, COA sends one peer reviewer to conduct a remedial site visit but reserves the right to increase the number if that is necessary to effectively review all concerns.

The organization must pay a remedial site visit fee.

3. Areas Under Review/Site Visit Report

COA limits the scope of the remedial site visit to those standards that are the basis for the remedial review. See §VII *Site Visit* and §IX *Accreditation Commission Review and Decision-Making* regarding site visit reports and the decision-making process.

4. Accreditation Expiration Date

The occurrence of a remedial site visit does not change the organization's accreditation expiration date.

C. Quality Assurance Site Visits

1. Purpose



The purpose of a quality assurance site visit is to determine if an accredited organization continues to demonstrate sufficient implementation of/performance with particular standards during the period between cyclical site visits. A quality assurance site visit enables COA to validate the value of accreditation to service providers, consumers, regulators, the public and other stakeholders.

2. Process and Fees

COA randomly selects an organization to be reviewed for quality assurance site visits. COA provides the organization no more than twenty-four (24) hours notice of a quality assurance site visit. There is no pre-site material preparation for quality assurance site visits, nor are there any associated process or site visit fees.

3. Site Visit Results and Publication of Aggregate Data

COA notifies the organization in writing of the results of its quality assurance site visit. COA makes quality assurance site visit aggregate data available to COA's accredited organizations and the public without identifying the randomly selected organizations. The available aggregate data consists of the results of all quality assurance site visits conducted within a defined period of time.

4. Accreditation Expiration Date

The occurrence of a quality assurance site visit does not change the organization's accreditation expiration date or affect the scope of its next cyclical review.

D. Interim Site Visits for a Formal Delay to the Accreditation Review

See §XIV *Delays to Accreditation Review*.

E. Merger/Acquisition Site Visits

See §XV *Changed Organizational Status*.



XIII: Appeals

Organizations are afforded a fair and impartial written process for appealing accreditation decisions that impact their right to become or remain accredited.

A. Appealable Decisions

1. Initial Applicants for Accreditation

An organization may appeal the following decisions:

- a. Determination of ineligibility to apply for accreditation
- b. Denial of accreditation.

2. Accredited Organizations

An accredited organization may appeal the following decisions:

- a. Determination of ineligibility to undergo the reaccreditation process.
- b. Revocation of accreditation as a result of an accreditation review process.
- c. Revocation of accreditation as a result of findings from maintenance of accreditation review or as a result of a supplemental site visit.

B. Time within which to Initiate an Appeal

An organization that wishes to appeal an accreditation decision must submit its appeal request and all appeal material(s) to COA within fifteen (15) business days of the date on which the organization receives notification of an appealable decision.

C. Content of and Filing an Appeal

An appeal request and all supporting materials must be sent to the following address by a form of mail requiring signature on delivery (e.g., certified mail or UPS delivery).

President/CEO
Council on Accreditation
120 Wall Street, 11th Floor
New York, New York 10005

An appeal by an organization must contain its grounds for appeal and all evidence or supporting documentation (collectively “written arguments”).

An organization’s failure to initiate an appeal as set forth in this part and Part B above results in the organization’s waiver of its right to appeal. An appealable decision becomes final and is not subject to further review at the conclusion of the fifteen (15) business-day period.



D. Grounds for Appeal

1. Determination of Ineligibility

An organization may appeal an ineligibility determination when it identifies the specific eligibility requirement(s) on which ineligibility is based and provides reliable information or evidence demonstrating that the organization complies with the same.

The organization must identify the grounds for the appeal and the specific facts that support the grounds.

2. Denial or Revocation of Accreditation

An organization may appeal an accreditation denial or revocation decision for any of the following reasons:

- When the organization disagrees with COA's application of its standards to the organization's performance as set forth in the accreditation decision or other notification letter.
- When the organization contends that COA fails to consider information or materials, which, in the opinion of the organization, should have been considered as part of the decision or review process.
- When the organization demonstrates that COA's standards are unreasonable based on current best practice.

The organization must identify the grounds for the appeal and the specific facts that support the grounds.

3. Public Disclosure of Accreditation Status During Appeal Process

COA responds to inquiries about an organization's accredited status by stating the current status (*i.e.*, denied or revoked). When the organization's status is under appeal, COA states that the organization is appealing the status. When the organization's status is subject to appeal (*i.e.*, the time to appeal has not yet expired), COA states that the status is subject to appeal. COA has the discretion to remove an organization from any "accredited organization" list during a revocation appeal.

E. Time and Method for Appeal Review

1. Review of Appeal

COA reviews the appeal no later than fifteen (15) business days after it receives the organization's appeal materials and written arguments. COA, at its discretion, may advance the fifteen (15) business-day period when its appeal review panel requires that additional material be requested from the appealing party.

2. Method of Review



The designated appeal review panel either meets in person or by conference call, or COA's President/CEO polls the individual members. See Part F below regarding the designated appeal review panel.

F. COA Appeal Review Panels

1. Determination of Ineligibility

Accreditation Commission Chairs review ineligibility appeals. See also §IX *Accreditation Commission Review and Decision-Making* regarding the Accreditation Commission review process.

2. Denial or Revocation of Accreditation

COA's President/CEO designates a three-person review panel, each of whom is an Accreditation Commissioner, to review denial and revocation appeals.

3. Conflict of Interest/Other Prohibitions

An individual must recuse himself/herself from reviewing or otherwise participating in an appeal review process if there would be an actual or apparent conflict of interest. An individual who participated in any way in the underlying accreditation decision-making process is considered to have a conflict of interest. COA does not consider an Accreditation Commissioner's presence or vote as part of the required ratification of denial and revocation decisions as participation in the underlying accreditation decision-making process.

G. Appeal Decision Process

1. Possible Appeal Decisions

The appeal review panel either:

- a. upholds the underlying decision; or,
- b. overturns the underlying decision.

2. Upheld Decisions

When the appeal review panel upholds the original decision, COA's President/CEO notifies the organization of the decision.

3. Overtured Decisions

When the appeal review panel overturns the original decision, it provides a written explanation for its decision to COA's President/CEO and communicates this information to the chair of the Commission responsible for the original decision. COA then notifies the organization of the decision.

H. Standard of Review and Requirement of Unanimity

The appeal review panel must determine whether the alleged conduct, condition, or



situation would support the appealed determination, and, if so, whether the organization has presented information that would undermine such a determination, based on the review of the original decision documentation and the organization’s written arguments.

A quorum of appeal review panel members must review and act upon an appeal. Review of an appeal requires the participation and vote of all three designated individuals. The decision of an appeal review panel must be unanimous.

Action by an appeal review panel is final and not subject to further appeal.

I. Content of the Deliberations and Appeal Review Panel Vote

The content of all appeal deliberations, including the individual votes of the appeal review panel, is confidential. COA does not consider the deliberations or votes to be public information, nor does COA disclose them to the appealing organization. Appeal decisions are subject to the disclosure requirements set forth in this procedure and in §XVI *Confidentiality and Disclosure of Information*.

J. Appeal Expenses

Costs and expenses incurred by an organization as part of pursuing an appeal, including attorney fees, if any, are the organization’s full responsibility.

K. Limitation of Liability

Neither COA nor its officers, directors, personnel, peer reviewers, Accreditation Commissioners, or other persons involved in the accreditation decision-making processes shall be liable to an organization for the organization’s failure to achieve or maintain accreditation, even when the failure is temporary (e.g., when a decision is modified as result of an appeal or other review process).



XIV: Delays to Accreditation Review

There is a limited, prescribed right to delay reaccreditation reviews to accommodate changes in an organization, the results of which impact, in COA's judgment, the ability of an organization to comply with a predetermined schedule for the reaccreditation process.

A. Informal Delay/No Fee

An organization may request additional time to prepare for the site visit. An organization is entitled to an informal delay if the delay requested:

- does not exceed the organization's expiration date; and,
- does not exceed six (6) months.

B. Grounds for Formal Delay/Formal Delay Fee

An organization is entitled to a formal delay of the reaccreditation process for any of the following reasons:

- Change in the organization's executive leadership during the reaccreditation review process.
- Relocation of the organization's primary service or administrative facility during the reaccreditation review process.
- Disruption to the organization's operation and service as a result of an accident or natural disaster during the reaccreditation review process.
- A merger or acquisition during the reaccreditation review process.
- Major changes within the infrastructure of the organization.
- A major change in the organization's mission, services or funding.

C. Types of Formal Delay/Formal Delay Fee

1. Formal Delay/Formal Delay Fee without Interim Site Visit

COA' may authorize a formal delay for a period of time between one and four months past the organization's expiration date. An organization seeking a delay for a period of time between one and four months should present the request in writing for review by COA's President/CEO. An organization must pay a fee to delay their reaccreditation site visit.

An organization should contact COA's Director of Client Relations regarding the fee to delay a reaccreditation site visit.

2. Formal Delay/Formal Delay Fee with Interim Site Visit

COA may authorize a formal delay for a period of time between five and twelve months past the organization's expiration date. An organization seeking a delay for a period of time between five and twelve months should present the request in writing to COA. The formal delay for this time period is not effective until the organization undergoes an interim site visit and demonstrates sufficient implementation of/continuing performance



with specific standards, as described in (C)(3) below. Upon completion of the Interim Site Visit, an organization's accreditation expiration date is extended to reflect the formal delay period.

D. Formal Delay/Formal Delay Fee with an Interim Site Visit

1. Interim Site Visit Scope

COA reviews certain standards for all interim site visits and has the discretion to review additional relevant standards. COA determines whether there are any additional relevant standards based on the reason for the formal delay request and the organization's record of standards implementation/performance.

The organization must also provide pre-site materials for review by the peer reviewer in accordance with COA's instructions. An organization should contact its Accreditation Coordinator with any questions about the applicable standards and the required pre-site information.

2. Interim Site Visit Fee

An organization must pay an interim site visit fee. Generally, COA sends a single peer reviewer to conduct the interim site visit. An organization should contact COA's Director of Client Relations regarding the applicable interim site visit fee.

3. Determination of Continuing Implementation/Performance with Standards

a. Ratings of Full Implementation/Outstanding Performance or Substantial Implementation/Good Performance

The peer reviewer's determination that the organization demonstrates sufficient implementation of/continuing performance with all of the reviewed standards, as set forth in an Interim Review Report, has the effect of granting the organization a delay for the requested period of time.

b. Ratings of Partial Implementation/Concerning Performance or Unsatisfactory Implementation and Performance

The organization must respond to any Interim Review Report ratings of "3" or "4", sending its response to COA.

COA's Pre-Commission Review Committee reviews the Interim Review Report, the organization's response, and the peer reviewer's comments, if any, to determine if the organization has now demonstrated sufficient implementation/performance with the standards. This decision is final and is not subject to further review.

E. Accreditation Expiration Date

When COA grants a formal delay, COA extends the organization's accreditation expiration date to reflect the formal delay period ("extended accreditation expiration date"). Upon reaccreditation, the organization's new accreditation expiration date dates back to the



extended accreditation expiration date.



XV: Changed Organizational Status

Except as otherwise provided for in written COA procedure, an organization ceases to be accredited by COA in any of the following circumstances:

- *Closure of the organization*
- *Discontinuation of all accredited services*
- *Merger/Acquisition*

An organization that ceases to be accredited may reapply upon reestablishing eligibility. An organization that is no longer accredited by COA is not entitled to hold itself out as COA-accredited and is expected to take reasonable steps not to mislead its stakeholders or the public. An organization's former accredited status and change in status is public information.

A. Closure/Discontinuation of All Accredited Services

1. Notification

An accredited organization must notify COA within twenty (20) business days of a formal decision to close the organization or to discontinue all accredited services, providing the effective date of the closure/discontinuation. It is not eligible to continue as a COA-accredited organization if it ceases to operate or to provide at least one service that is accredited by COA (see *§I Accreditation Eligibility*).

2. Reimbursement of Fees

An organization that becomes unaccredited as a result of closure or discontinuation of all COA-accredited services is not entitled to reimbursement of any paid accreditation or other fees.

3. Future Eligibility

An organization that becomes unaccredited as a result of closure or discontinuation of all COA-accredited services has the right to reapply for accreditation upon reestablishing its eligibility.

4. Actions

a. Organization Responsibilities

An organization that ceases to operate or to provide *any* COA-accredited services is prohibited from holding itself out as "COA-accredited" and must take steps to, including, but not limited to:

- Notifying all staff and volunteers of the change in accredited status.
- Taking purposeful actions to prevent or mitigate any stakeholder confusion about or adverse impact from the discontinuation or closure.
- Discontinuing the use of the COA logo or other references to COA accreditation on stationery or on organization literature or website(s).



- Removing COA plaques or other displays referencing COA accreditation.

b. COA Action

COA will remove an organization’s name from any publications or other listings of COA-accredited organizations upon receipt of notification of the organization’s closure or the discontinuation of all COA-accredited services. An organization’s former accredited status and the reason for the status change (e.g., ineligibility) is public information.

B. Merger/Acquisition

1. Transferability of Accreditation

Accreditation is not transferable. An accredited organization must notify COA within twenty (20) business days of the organization’s formal decision to merge with, acquire, or be acquired by another organization or entity, providing the information required in paragraph (2) below.

2. Required Information

TYPE OF INFORMATION	CONTENT
<p>Identification of the organization with which the COA-accredited organization is merging with or has merged with, or is being acquired by ("Other Organization").</p>	<ul style="list-style-type: none"> • Other Organization’s name and address. • Whether the Other Organization is accredited by COA or by another accreditor, identifying the other accreditor, if any. • A copy of the amended by-laws, “articles of incorporation,” or other comparable, legally effective statements of the merger/ acquisition, as soon as available. • Copies of all required licenses for the successor organization with written confirmation from the applicable regulatory entities confirming the status of the required licenses (after merger/acquisition).
<p>A narrative that explains the reasons for and the expected impact of the merger/ acquisition decision.</p>	<ul style="list-style-type: none"> • The general reasons for the merger/ acquisition. • The extent to which the merger/acquisition will result in a significant change in service delivery (e.g., new or discontinued services and new or discontinued policies). • The extent to which the merger/acquisition will have a significant impact on the organization’s financial position.
<p>Additional information about the Other Organization’s services if the Other Organization is unaccredited or is accredited by another accreditor.</p>	<ul style="list-style-type: none"> • A description of the services being provided by the Other Organization at the time of the formal decision to merge/acquire (enclosing copies of descriptive service brochures). • The Other Organization’s most recent annual report.



TYPE OF INFORMATION	CONTENT
	<ul style="list-style-type: none"> • The Other Organization’s most recent financial audit (with management letter). • Revised Organizational Chart, identifying those management positions that will be filled by management of the Other Organization. • An explanation of the extent to which the merger/acquisition will significantly impact the job responsibilities of non-management staff. • If accredited by another accreditor, a copy of the Other Organization’s accreditation certificate in effect at the time of the formal decision to merge/acquire and written confirmation from the other accreditor as to the services for which the Other Organization is accredited and as to the Other Organization’s accreditation status at the time of the formal decision to merge/acquire.

3. Site Visit Requirement

After reviewing the written information required in paragraph (2) above, COA notifies the accredited organization and/or the successor organization of:

- a. the need for additional information, if necessary;
- b. the requirement of a merger/acquisition site visit, if necessary, and/or
- c. the need for rescheduling of a site visit date as the result of the merger/acquisition activities.

When a merger/acquisition site visit is required, the accredited organization (or its successor organization) must pay a merger/acquisition process fee and site visit fee.

COA limits the scope of the merger/acquisition site visit to those standards that are the basis for the review or impacted by the merger/acquisition decision or activity. See §VII *Site Visit* and §IX *Accreditation Commission Review and Decision-Making* regarding site visit reports and the decision-making process.

COA provides an organization with reasonable notice of a required merger/acquisition site visit and has the discretion to require the organization to provide pre-site material. Reasonable notice for the site visit depends on the site visit’s scope and the time necessary to provide the requested pre-site material.

Generally, COA sends one peer reviewer to conduct a merger/acquisition site visit but reserves the right to require more than one peer reviewer if necessary to review any standards concerns. COA reserves the right to assign more than one evaluator to conduct the site visit.

4. Issuance of New Certificate



COA issues a certificate in the successor organization's name after the accredited organization (or successor organization) demonstrates the successor organization's implementation of COA's standards.



XVI: Confidentiality and Disclosure of Information

The accreditation process and the COA relationship with an accredited organization or an initial applicant for accreditation is of a confidential nature, except for disclosure of information about accreditation review decision results and information about the current or former status of an applicant, or currently or formerly accredited organization. COA allows the public reasonable access to information concerning an organization's accredited status and its performance. COA maintains and protects information learned, accessed, received or created during the accreditation process as confidential, except as otherwise requested by an organization, pursuant to law, required to protect stakeholders from serious harm or injury, or otherwise set forth in COA's Accreditation Policies and Procedures Manual.

COA protects all information (including, but not limited to documents and proprietary information) of the organization from unauthorized use or disclosure by applying reasonable and appropriate administrative procedures, physical safeguards, and technical security mechanisms. All COA workforce members, volunteers and, as applicable, business associates are required to sign a confidentiality agreement upon joining the workforce or providing services to COA.

A. Confidential Information

1. Introduction

COA holds in confidence all information learned, accessed, received or created about organizations during the accreditation review process, maintenance of accreditation, and re-application phases, except under the following circumstances:

- As authorized in the Accreditation Agreement.
- As authorized in a written consent, release, or request for disclosure.
- As required by law.
- Upon receipt of reliable information that raises a serious concern about stakeholder health or safety or the credibility of COA's accreditation process.
- As otherwise permitted in COA's Accreditation Policies and Procedures Manual.

2. Information Acquired in the Course of an Accreditation Review or During Maintenance of Accreditation

Information accessed, learned, collected and created about an organization in the course of the accreditation review process or during maintenance of accreditation includes, but is not limited to, the following:

- Financial information
- Data, documents, reports, and narrative descriptions about management and professional practices
- Ratings
- Forms and evaluations
- Legal and regulatory compliance information
- Peer reviewer materials and work notes
- Decision-making and deliberation records, including work notes or votes



- COA staff notes and records referencing such information in any way
- Other information that would not have been available but for the accreditation review process, maintenance of accreditation reviews (self-reports, MOA Report, and 3rd party complaint responses), or re-application

Subject to paragraph 1 above, COA considers the above information confidential. COA requires that the information and its contents be discussed only among individuals participating in the accreditation decision-making process and only as necessary among such individuals to reach a decision about an organization's accreditation, maintenance of accreditation, or re-application.

3. Limited Use of Documents and Proprietary Information/Right to Use Non-Identifying Data

Any appropriation or use of an organization's proprietary information by COA, including by its peer reviewers, Accreditation Commissioners, or anyone else engaged in the accreditation review process on behalf of COA, requires the prior, written consent of the organization's President/CEO. The consent must describe the intended purpose for the appropriation or other use.

Notwithstanding the above consent requirement for use of an organization's proprietary information/material, COA has the authority to extract non-identifying organizational information submitted as part of the application, self-study tools, or maintenance of accreditation process, and initial and final accreditation ratings, for internal study/analysis and for publication or other disclosure in the aggregate ("de-identified"), without obtaining the organization's permission or consent, provided COA's President/CEO has authorized such extraction or disclosure.

4. Peer Review Team/Accreditation Commission Deliberations

Except as otherwise provided for in these policies and procedures, the deliberations of the peer review team and the Accreditation Commission, including any written notes reflecting the accreditation decision-making process, are confidential.

5. Information Retention

COA maintains an accurate record of an organization's application, all information supporting the decision-making process, including: the Pre-Commission Report; Final Accreditation Report; peer reviewer comments; decision notification letters; and any ineligibility, denial, probationary, suspension, revocation or deferral correspondence or response materials. The retention of this information is governed by COA's written information retention procedures.

B. Dissemination of Information to the Public

1. Public Information

Accreditation information that is disclosed to interested parties is limited to the following:

- Whether an organization is an applicant undergoing the accreditation process or has



- previously been an applicant.
- For a previously accredited organization, dates of previous accreditations and the reason for the change in accredited status (e.g., voluntary decision to discontinue accreditation, suspension of accreditation, denial, or revocation of accreditation), subject to the disclosure limitations set forth in these procedures.
- For a currently accredited organization, whether the organization is on probation.¹⁵
- For an accredited organization, the effective dates of its accreditation and the services for which it is accredited.
- Other information available to the public pursuant to COA's *Accreditation Policies and Procedures Manual*.

C. Dissemination of Information to Others

1. COA Disclosure to Peer Reviewers/Accreditation Commissions

COA has the discretion to share information with peer reviewers and accreditation commissioners, in addition to self-study and accreditation decision-making documents, when the information is germane to the accreditation or maintenance of accreditation decision-making process.

2. Exchange of Information with Licensing/Regulatory/Governmental Authorities

COA has the authority to disclose necessary information about an in-process or accredited organization to licensing/regulatory and/or governmental officials, in order to:

- a. respond to inquiries;
- b. cooperate with investigative activities; and/or,
- c. communicate regarding COA's maintenance of accreditation review activities.

3. Serious Conditions

COA personnel, trustees, peer reviewers, and accreditation commissioners may have an ethical responsibility or legal duty to disclose information learned during an accreditation review process to appropriate authorities if the information raises a serious concern about stakeholder health or safety. The COA representative notifies COA's President/CEO of the situation and the necessary steps to be taken.

4. State/Provincial or Other Confidentiality Laws

COA requires organizations to provide COA with copies of any state/provincial or federal confidentiality law, which, in the organization's opinion, prohibits COA from disclosing information pursuant to these procedures. COA's President/CEO will review the information presented by the organization and will seek the opinion of legal counsel.

¹⁵ Effective January 2007 COA will post on its website an organization's probationary status.



D. Dissemination of Accredited Status

1. Notification of Decision

COA routinely notifies the following of an organization's accreditation:

- a. Peer reviewers who participated in the site visit.
- b. The organization's Sponsoring Organization, if any.

COA provides the organization a marketing toolkit with sample news releases and letters to use in publicizing its accreditation.

2. Accreditation Plaque/COA Logo

COA provides an accredited organization with an accreditation plaque for display, as well as copies of COA's certification mark for use on organization stationery, while accredited by COA.

If an accredited organization becomes unaccredited, whether temporarily (e.g., as a result of suspended status) or permanently, it must not represent itself as COA-accredited during the applicable period. Specifically, the organization must discontinue using any documentation that states or implies that it is COA-accredited, including the use of stationery with COA's certification mark, the display of a COA plaque or certificate, or references to COA accreditation on its website or other sources of public information.

3. Accredited Status Disclosure

In addition to responding to inquiries regarding the accreditation status from the individuals, organizations, and entities (Part (B)(1)), COA provides lists of accredited organizations to the media, regulators, funders, and other stakeholders upon receipt of applicable requests. COA may also list its accredited organizations in its publications, such as its annual report, or conference program, and its website.