

# Policy for National Public Health Department **Reaccreditation**



*Adopted February 2022*

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# I. INTRODUCTION

This policy document presents the process for public health departments to maintain accreditation status through the Public Health Accreditation Board (PHAB). The process for initial accreditation is presented in a separate document.

PHAB is the national accrediting organization for public health departments. PHAB is dedicated to advancing and transforming public health practice by championing performance improvement, strong infrastructure, and innovation. PHAB's vision is a high-performing governmental public health system that supports all people living their healthiest lives.

With support from the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF), PHAB has worked with public health practitioners and experts to develop and continually improve the national accreditation program. Incorporated in May 2007, PHAB works closely with national organizations that represent the wide variety of public health departments and structures across the country. These partners include but are not limited to: the American Public Health Association (APHA), the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the National Indian Health Board (NIHB), the National Network of Public Health Institutes (NNPHI), the Public Health Foundation (PHF), and the de Beaumont Foundation.

National public health department accreditation consists of the adoption of a set of standards, a process to assess health departments' performance against those standards, and recognition for those departments that meet the standards. The accreditation process and standards are intended to be flexible and inclusive to accommodate many different configurations of public health departments at all governmental levels.

Accredited health departments demonstrate accountability to their stakeholders. The goal of the national accreditation program is to help public health departments assess their current capacity and guide them to continuously improve that capacity, thus promoting a healthier population.

Health departments that maintain accreditation through the reaccreditation process demonstrate continued accountability to their stakeholders. The standards and process for reaccreditation, which includes a requirement related to population health outcomes reporting, are designed to encourage accredited health departments to continue to evolve, improve, and advance, thereby becoming increasingly effective at improving the health of the population they serve.

Health departments must begin a new accreditation cycle five years after accreditation status has been awarded. Health departments that do not initiate the reaccreditation process within the timeframe required under this policy will lose their accreditation status. The reaccreditation process is the same for each cycle (i.e., the process for health departments five years after initial accreditation is the same as the process for health departments five years after the first reaccreditation cycle).

## Standards & Measures

Accreditation demonstrates the capacity of the public health department to deliver the three Core Functions of public health—assessment, policy development, and assurance—and the 10 Essential Public Health Services, which provide a fundamental framework for describing public health activities. Accreditation also demonstrates that public health departments possess key capabilities as outlined in the Foundational Public Health Services (FPHS). The FPHS framework outlines the unique responsibilities of governmental public health and defines a minimum set of capabilities and areas that must be available in every community. The PHAB Standards & Measures (referred to as The Standards in this document) identify “foundational capability” measures, which are key to ensuring the community’s health and achieving equitable health outcomes. National accreditation only applies to The Standards and does not address local political or personnel issues.

The Standards were originally developed with input from public health practitioners with wide-ranging public health expertise and went through several rounds of testing and a public vetting period. In 2016, PHAB released the first set of The Standards for reaccreditation to foster the continued advancement of health departments as they maintain their accreditation status. All revisions of The Standards are made with input from public health practitioners and experts and with oversight from the Accreditation Improvement Committee, comprised of practitioners and PHAB Board members. All proposed revisions are vetted in the field before they are presented to the PHAB Board of Directors for adoption.

Among the principles that guide the development and revision of The Standards is that the requirements will describe a moderate level of capacity – not minimum and not maximum standards. PHAB intends for The Standards to advance collective public health practice. For that reason, The Standards are designed to reflect current public health practice so that they are feasible and also require health departments to improve as they proceed through the process. PHAB’s Pathways Recognition Program (for health departments not yet ready to apply for full accreditation) and Excellence Recognition Program (to highlight health departments that excel in particular areas of public health practice) are designed to support public health advancement for health departments across a spectrum of performance.

## Additional Information

This document can be found on the PHAB website – <http://www.phaboard.org>. In the online version, there are sections entitled “For More Information,” which provide additional resources, including links to other websites, tip sheets, and online courses. Those resources may be updated as new information becomes available. Accreditation Coordinators are encouraged to use those resources as they are preparing for accreditation.

### FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more information on **accreditation**, including benefits, a list of accredited health departments, frameworks and more, visit [phaboard.org/resources](http://phaboard.org/resources).

## II. APPLICABILITY OF THIS POLICY

PHAB will periodically revise this policy and The Standards. This 2022 version of the policy (the “2022 Policy”) was adopted by the PHAB Board on February 11, 2022. It is applicable to any health department applying for reaccreditation under Version 2022 of the PHAB Standards & Measures for Reaccreditation and remains in full force and effect until a new version of the policy is approved by the PHAB Board. The version of the policy and The Standards applicable to a health department at the time it begins the reaccreditation process is applicable throughout the duration of the respective health department’s accreditation cycle unless the health department and PHAB mutually agree that a different version will apply. For example, Accreditation Committee Action Requirements (“ACAR”) and any complaints and appeals for a particular health department will be governed by the version of the Policy and The Standards that is applicable at the time the health department commences its Application for an accreditation cycle. If PHAB amends any provision in the 2022 Policy, it will take reasonable efforts to notify the point of contact for each health department registered in PHAB’s electronic system to which the change in policy pertains. Throughout this policy, references to “accreditation” are inclusive of reaccreditation, which is the process of maintaining accreditation status.

## III. ELIGIBILITY FOR REACCREDITATION

To be eligible for reaccreditation, the health department must be accredited by PHAB at the time of its reaccreditation application and must meet the requirements for eligibility described in this section.<sup>1</sup>

The entity that has the primary statutory or legal responsibility for public health in a Tribe, state, territory, at the local level, or at an Army Installation is eligible to apply for accreditation. To be eligible, such entities must operate in a manner consistent with applicable federal, Tribal, state, territorial, and local statutes or Army regulations. PHAB will determine the applicant’s eligibility to apply for public health department accreditation. A health department must meet one of the definitions below to apply for PHAB accreditation.

**Health departments are encouraged to discuss with PHAB any instances where they have questions about how The Standards or eligibility criteria apply given their organizational structure.**

### A. State Health Department

A state health department is defined, for purposes of PHAB accreditation, as the entity with primary statutory authority to promote and protect the public’s health and prevent disease in humans in the state. This authority is defined by state constitution, statutes or regulations, or established by Executive Order.

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<sup>1</sup> While PHAB does not currently accept applications for multi-jurisdictional accreditation or centralized states integrated local public health department system accreditation, applicants that received initial accreditation using those processes are eligible to pursue reaccreditation using those accreditation processes.

## Centralized States

A centralized state health department is defined, for the purposes of PHAB accreditation, as a state public health organizational structure that operates all or most of the local health departments in that state. Centralized health departments have a central office that provides administrative, policy, and managerial direction and support. Local health departments in centralized states are legally and organizationally a part of the state health department. Employees are state employees, except for those in independent local public health departments, usually in one or more major city or county in the state.

Categories of centralized state PHAB accreditation applicants are:

**a. State health department applicant.**

For state health department applicants, the required documentation will focus on statewide policies, plans, and systems and their implementation throughout the state. Accreditation is awarded to the state health department, not to the centralized system.

**b. Local health department applicant.**

A single local health department in a centralized state that is legally part of the state health department may apply for accreditation. It must have approval of the state health officer or designee. Accreditation is awarded to the local health department.

**c. District or regional applicant as a local health department.**

Where state law (statutes, regulations, rules, executive orders, ordinances, case law, and codes) defines a district or region (e.g., an area with multiple counties) as having public health authority, the district or region will be treated as one health department. Accreditation is awarded to the district or region as a whole. A district, regional, or other area entity must have approval of the state health officer or designee.

## B. Local Health Department

A local health department is defined, for the purposes of PHAB accreditation, as the governmental body that is authorized to serve a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary legal authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement, contract, or mutual aid agreement. The entity may be a local health department, local entity of a centralized state health department, city, city-county, county, district, or regional health department.

### Cross-jurisdictional sharing among local health departments

PHAB understands that health departments often share services across jurisdictions. Documentation of services provided by another entity for an applicant's jurisdiction can be submitted. If multiple health departments formally agree to coordinate on both administrative functions and on a range of services, they are encouraged to discuss with PHAB the most efficient way of documenting conformity with The Standards for the entire jurisdiction. For example, if there is a formal entity that represents the collective work, it may be appropriate to consider that as the applicant.

## C. Tribal Health Department

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government,<sup>2</sup> Tribal organization, or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the Tribe's overall health, wellness, and safety; prevent disease; and respond to issues and events.

Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership, or formal collaboration.

## D. Territorial Health Department

Territorial health department is defined, for the purposes of PHAB accreditation, as the entity with primary responsibility for public health in a territorial area; this may be referred to as the ministry of health or health department. For the purposes of PHAB accreditation, "territorial" refers to U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, and American Samoa) and other U.S. affiliates in the Pacific (the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).

## E. Army Installation Department of Public Health

Army Installation Department of Public Health is defined, for the purposes of PHAB accreditation, as the entity that is responsible for local army installation public health services. Although most of these entities will use the Army Installation Department of Public Health nomenclature, the actual name may vary for some locations due to local considerations and scope of services (e.g., multiple installations may be included in the department name of the installation, which may actually be a joint base and the department named as such). Activities related to Army field public health services in an operational (deployed) environment are excluded for the purposes of public health department accreditation.

Further, the activities of Veterinary Services, which is part of the Army Public Health Enterprise, are not reviewed in PHAB accreditation, although an installation Veterinary Services department may partner with Army Installation Departments of Public Health. For the purposes of this Policy, the term "health department" will include Army Installation Departments of Public Health.

## F. International Accreditation

PHAB offers accreditation and related services to the international public health community, using its existing accreditation review process and The Standards that are in effect at the time of the international inquiry. PHAB will provide initial consultation services to ascertain whether The Standards and review process are applicable to the international setting. All work would be performed consistent with PHAB's underlying principles regarding the accreditation process and The Standards. PHAB expects to primarily do this work with countries that are open to US travel under applicable State Department guidance at any given time.

A cost package will be developed for each individual inquiring international entity that will include staff time, materials, travel expenses, and workshop expenses. Accreditation fees will be calculated separately.

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<sup>2</sup> As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.

## G. Umbrella Organizations

Health departments may apply for accreditation if they are part of an umbrella organization, super public health agency, or super agency that oversees public health functions in addition to other governmental functions. However, PHAB will accredit only the public health function of the umbrella organization.

If an applicant is part of a broader umbrella organization, the review will focus on the public health functions, as defined by the 10 Essential Public Health Services. All organizational policies (e.g., confidentiality, HR), plans (e.g., strategic plan), and systems (e.g., performance management system) provided as documentation to PHAB must apply to the division of the organization that carries out public health functions, regardless of whether they apply to the whole umbrella organization. Because PHAB's review is limited to the public health function (i.e., PHAB does not provide a comprehensive review to ensure that the policies, plans, and systems apply organization wide), the scope of PHAB's accreditation recognition is limited to the public health function(s), as defined by the 10 Essential Public Health Services, and does not cover the entire umbrella organization.

### FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

For more information on **eligibility**, including how to learn more about the applicability of the program in your jurisdiction, visit [phaboard.org/resources](https://phaboard.org/resources).



## IV. OVERARCHING POLICIES

### Terms and Conditions

A health department applicant must agree to PHAB's Terms and Conditions agreement, which must be electronically signed upon submitting the Application. As part of the Terms and Conditions, the Health Department Director will attest to the accuracy and validity of, and assume full responsibility for, the content of the Application and all documentation and information used by the applicant throughout the accreditation process and Annual Reports. The applicant will acknowledge and agree that PHAB reserves the right to verify any or all of the information. Providing false, misleading, inaccurate, or incomplete information or otherwise violating the rules governing the accreditation program may constitute grounds for the rejection of the Application, denial of accreditation, revocation of accreditation status, or other appropriate disciplinary action.

#### FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

To read the **Terms and Conditions**, visit [phaboard.org/resources](https://phaboard.org/resources).

### Confidentiality

The health department applicant acknowledges and agrees that PHAB will undertake reasonable efforts to keep information exchanged throughout the accreditation review process confidential to the review process, except to the extent that PHAB might be required by law, statute, rule, or regulation to disclose such information.

Confidential information includes:

- Any and all of the health department's documentation;
- Site Visit Team pre-visit, site visit, and post-visit discussions;
- Contents of the Site Visit Report;
- Opinions expressed to the Site Visit Team during interviews and site visit discussions;
- Documents viewed and visual observations made as part of the site visit; and
- Membership of the Site Visit Team.

Except as otherwise stated in this policy or prohibited by applicable law, the applicant may make their own decisions about disclosure of information used for and received during the accreditation process. They may not, however, disclose to any third party any information regarding the identity of the Site Visitors.

PHAB will publish the list of accredited health departments, including basic information such as location, date of accreditation, health department type, population, and version of The Standards. If a health department had previously been accredited and is no longer accredited for any reason (e.g., including failure to follow Annual Reporting requirements, failure to pay fees, decision not to apply for reaccreditation, and/or not successfully completing the reaccreditation process, etc.) the health department's status as being no longer accredited will be publicly released.

In addition, to support the evidence base for public health practice, PHAB will make aggregate, anonymized information gathered through the accreditation process (e.g., assessments of conformity) available to the public or may share accreditation data with identifiers to researchers who follow PHAB's data use agreement process and confidentiality requirements. Information about data for research purposes is available on the PHAB website. Health departments may also be able to opt in to sharing additional data with other health departments for the purpose of shared learning.

Site Visitors are instructed to not discuss the applicant health department or any of its documentation with others not involved in the health department's PHAB accreditation process.

At all times, health departments are solely responsible for abiding by all applicable state and federal laws regarding personal or sensitive information. For example, for requirements related to personnel, state or federal law may require the health department to redact the names of employees. In addition, state or federal laws may prohibit disclosing personal health information to PHAB (including through PHAB's electronic system). PHAB cannot advise regarding a health department's particular obligations under applicable law. As such, health departments should seek counsel for complying with applicable privacy laws.

## FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

For more information on the [PHAB Data Portal](#), [Site Visitor Agreement](#), and more, visit [phaboard.org/resources](https://phaboard.org/resources).

## Fees

Health departments are invoiced once their application for initial accreditation is approved and annually thereafter. Invoices are due within 30 days of receipt of invoice. Failure to pay fees could result in removal from the accreditation process and/or revocation of accreditation status. The fees are required to be paid by the health department, regardless of which process step it is in. If the decision is "Not Accredited" or if the accreditation expires, the health department is required to pay any outstanding invoice at that time. No additional invoice will be issued, unless there is an appeals request, in which case the published appeal fee will be invoiced at that time.

A health department may wish to receive their invoice early (that is, before they submit their application) in order to accommodate their financial management process. PHAB is willing to send an invoice to a health department early, upon the receipt of a written request from the health department. The written request may be an email to [accounting@phaboard.org](mailto:accounting@phaboard.org).

Fees may apply for training. All fees will be published on the PHAB website. The PHAB Board of Directors reviews the fees annually and publishes any revisions on the website.

## FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

To view the [fee schedule](#), visit [phaboard.org/resources](https://phaboard.org/resources).

## Evaluation

For PHAB's continuous quality improvement of the accreditation process, courses, and supporting guides and documents, PHAB conducts evaluation activities and may contract with an external evaluator to gather additional feedback. PHAB or its contractor may ask health departments to complete surveys or participate in interviews or focus groups. It is through evaluations that the health departments are provided opportunities to submit comments and recommendations concerning The Standards, the Site Visit Report, the Site Visit Team, the accreditation process, or any aspect of the accreditation experience. PHAB uses the findings of its evaluations to make decisions regarding all components of the accreditation process. All applicant health departments are expected to participate in PHAB's evaluation process. Findings from the evaluations that are shared publicly do not identify individuals or organizations. Nothing that a health department says in the evaluation is shared with the Accreditation Committee and comments do not affect the accreditation decision.

## Technical Assistance

Health departments should direct all questions on the accreditation process and The Standards to PHAB. PHAB staff is available to provide technical assistance on issues involving: the accreditation process; the e-PHAB information system; required forms; meaning of terms used; and interpretation of the standards, measures, and documentation guidance. PHAB is responsible for providing training to applicants on the accreditation process and the selection of documentation that demonstrates conformity with The Standards.

PHAB has resources and courses available to health departments preparing and applying for accreditation. PHAB will designate specific courses that are required during the Preparation step (see Accreditation Process below) and may require additional training at later steps in the process (e.g., health departments that are required to submit an ACAR will also have required training associated with that process).

### FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more information on **technical assistance**, including PHAB's e-Learning platform, visit [phaboard.org/resources](http://phaboard.org/resources).

# V. ROLES & RESPONSIBILITIES

## A. Health Department

### Health Department Director

The Health Department Director for PHAB accreditation purposes may either be the health department's top executive or medical director/health officer. The top executive is defined as the highest-ranking employee with administrative and managerial authority at the level of the health department. The medical director or health officer is defined as the highest-ranking clinician (e.g., physician, PA, NP, etc.) with oversight for the health department's protection programs.

The Health Department Director is responsible for attesting to the accuracy of the information submitted to PHAB as demonstrated by authorizing the submission of materials through PHAB's electronic information system, e-PHAB. This includes the Application and all documentation (documentation submission, reopened measures, ACAR, Annual Report).

### Accreditation Coordinator

Health departments pursuing PHAB accreditation are required to appoint one person as an Accreditation Coordinator. The Accreditation Coordinator cannot be the Health Department Director; the responsibilities of these positions are too significant to be handled adequately by one person. However, if health department circumstances make it challenging to appoint someone other than the department director as the Accreditation Coordinator, health departments may submit a written request to PHAB to appoint the director as the Accreditation Coordinator.

The Accreditation Coordinator is responsible for coordinating the accreditation process within the health department and is the primary communication contact between the health department and PHAB throughout the entire accreditation process. It is the responsibility of the health department to ensure e-PHAB is updated if any contact information changes.

While the health department must designate the Health Department Director and Accreditation Coordinator, the health department can also designate other staff members who will have access to e-PHAB.

### FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more information on **selecting an Accreditation Coordinator**, visit [phaboard.org/resources](http://phaboard.org/resources).

Although not required, PHAB strongly encourages health departments to use an Accreditation Team through the process.

## Appointing Authority

The appointing authority is the person with the power to hire the director of the health department.

The appointing authority is responsible for providing a letter of support to apply for each cycle of PHAB accreditation.

## B. Accreditation Specialist

PHAB Accreditation Specialists will be available to provide technical assistance concerning the accreditation process and the interpretation and intent of The Standards. Accreditation Specialists are employed by PHAB and are experienced public health professionals with extensive knowledge of The Standards and the accreditation process.

A health department will be assigned a PHAB Accreditation Specialist during process steps where documentation is reviewed for conformity with The Standards. The Accreditation Specialist is a member of the Site Visit Team. The Accreditation Specialist conducts an initial review of the applicant health department's documentation, and works to ensure quality assurance, consistency within and across reviews, rater and inter-rater reliability, and clarity of information in the Site Visit Report. The Accreditation Specialist works closely with Site Visitors and provides technical assistance concerning the review process and The Standards. The Accreditation Specialist acts as the point of contact between the Site Visitors and the health department.

### FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more information on how to **contact PHAB Staff**, visit [phaboard.org/resources](http://phaboard.org/resources).

## C. Site Visit Team

PHAB employs a peer review model. Site Visitors must demonstrate their understanding of governmental public health services, as spelled out in PHAB's eligibility requirements. After a site visitor application is accepted by PHAB, Site Visitors will undergo training designed to ensure consistency in assessments of The Standards (inter-rater reliability). To remain an active Site Visitor, individuals may be required to complete additional or refresher trainings as determined by PHAB.

Site Visitors play a central, substantive, and critical role in the accreditation process. The Site Visit Team, which is comprised of peer reviewer(s) and PHAB Accreditation Specialist, reviews documentation submitted by health departments; conducts site visit interviews; and writes the Site Visit Report.

The Site Visit Team represents PHAB. Their responsibility is to learn about the health department through the review and contribute to the development of a Site Visit Report that accurately describes and reflects the health department that they have reviewed. The Site Visit Team does not decide or recommend the accreditation status of the health department.

The size of the Site Visit Team is determined by the complexity of the review. PHAB appoints a Team Chair for each health department.

Except during the site visit itself, all communication from the health department will be with the Accreditation Specialist, rather than with the volunteer Site Visitors.

## Conflict of Interest

PHAB strives to ensure that a bias-free decision process is maintained. Anyone who will serve on a Site Visit Team must identify and disclose actual, potential, or perceived conflicts of interest. Individuals will not be assigned to a Site Visit Team for a health department with which a valid conflict of interest exists. The goal is to prevent any negative impact that conflicts of interest may cause to the accreditation process.

Conflicts of interest may include, but are not limited to:

- Previous or current employment with the health department;
- Previous or current consultation or other business arrangement with the health department;
- Family relationship with key employees of the health department; or
- Any other relationship with the health department that would afford the Site Visit Team member access to information about the health department other than that which is provided through the PHAB accreditation process.

No Site Visitor may serve as a consultant to any health department they review for a period of 12 months following the conclusion of the site visit.

Site Visitors sign an agreement form with PHAB that includes conflict of interest provisions inclusive of the above.

Additionally, to ensure objectivity, individuals that are currently working for a health department will not be assigned to serve on a Site Visit Team for health departments within that same state.

The health department also has an opportunity to review potential Site Visit Team members for conflict of interest and request that a change be made in their Team membership, based on that conflict.

## FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

For **guidance on eligibility** and how to **apply to be a site visitor**, visit [phaboard.org/resources](https://phaboard.org/resources).

## D. Accreditation Committee Members

The Accreditation Committee determines accreditation status for health departments. The Accreditation Committee has no fewer than ten members. Members of the PHAB Board of Directors must comprise a majority of the members. At least 50 percent of the membership must have recent Tribal, state, territorial, or local health department experience. The PHAB Board appoints the members of the Accreditation Committee. This delineation was made to ensure a definitive separation of the accreditation-related decisions made by the Accreditation Committee from the handling of any appeals or complaints by the remainder of the Board members who do not serve on the Committee. In keeping with this objective, Board members who are not on the Accreditation Committee roster may not attend the Accreditation Committee meeting when accreditation decisions are being considered.

The Accreditation Committee is chaired by a member of the PHAB Board. A Vice Chair is also appointed. In the event that neither the Chair nor the Vice Chair is available to chair a meeting, a member of the Accreditation Committee who is also a member of the PHAB Board of Directors is asked to chair the meeting or affected portion of meeting.

The Accreditation Committee generally meets on a quarterly basis but may meet more frequently, if required by the workload.

### **Conflict of Interest**

PHAB has an obligation to ensure a bias-free decision-making process. All members of the Accreditation Committee have an obligation to identify and disclose actual, potential, or perceived conflicts of interest, and avoid the impact that such conflicts of interest may create in the accreditation process.

Members of the Accreditation Committee must disclose any conflicts of interest they have with any health department being reviewed. Committee members could still be able to serve as members of the Committee but are required to recuse themselves from any review, discussion, deliberation, or voting related to the respective health department to which the conflict is attached. Recusal means that the member is blocked from access to the health department's Site Visit Report and they must leave the room or the conference call when that health department's accreditation status decision is being discussed and made.

## **VI. ACCREDITATION PROCESS**

Each cycle of accreditation is valid for a five-year period. A health department continues to be accredited until the PHAB Accreditation Committee determines that it is Not Accredited. A health department that chooses not to apply for reaccreditation or does not complete the reaccreditation steps within the timeframes described in this policy, and whose accreditation status expires, will be referred to the Accreditation Committee. The Committee will determine that the health department is Not Accredited.

The PHAB reaccreditation process consists of seven steps: (1) Preparation, (2) Application, (3) Documentation Selection and Submission, (4) Review, (5) Accreditation Decision, (6) Additional Reporting and Annual Reports, and (7) Reaccreditation. Each of these steps includes tasks that have time limits. (See Appendix 1 for a process map outlining the steps in the process.) A health department may request an extension from PHAB for extenuating circumstances. (See Appendix 2 for the policy for requesting for an extension.) If PHAB approves the extension, then the timeframe for the step will be adjusted accordingly.

## Step 1: Preparation

A health department's preparation for reaccreditation begins with its review of the Site Visit Report from the previous accreditation cycle. Health departments will consider improvements needed in measures that were not Fully Demonstrated or where an Opportunity for Improvement was identified by the Site Visit Team. Preparation continues through the Annual Report process. PHAB has developed resources to help health departments prepare for reaccreditation. PHAB maintains a list on its website of available trainings. That list indicates which modules the Accreditation Coordinator or the Health Department Director is required to complete before submitting an application for reaccreditation.

### FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

For more information on **preparing for reaccreditation**, including required trainings, visit [phaboard.org/resources](https://phaboard.org/resources).

## Step 2: Application

The health department will receive notification from e-PHAB when the reaccreditation Application is available. This notification will be received on the first calendar day of the quarter in which the health department last received accreditation status, five years after receipt of accreditation. The Application for reaccreditation must be received by PHAB no later than the last day of the calendar quarter in which the health department last received accreditation. (For example, if the health department received initial accreditation in February 2020, the notification that the reaccreditation Application is available to the health department will be sent via e-PHAB on January 1, 2025 and the Application will be due no later than March 31, 2025.)

The Application, which includes agreeing to the Terms and Conditions, is a commitment that the applicant will abide by the current and future rules of PHAB's accreditation process to achieve and maintain accreditation status for the five-year accreditation period.

As part of the Application, the health department will be required to upload documentation that indicates support for accreditation from the appointing authority. The Application will also require additional information and documentation about the health department, such as the organizational chart.

PHAB staff will review submitted Applications and required attachments to ensure that:

- The Application is complete;
- Attachments that meet PHAB's requirements for the Application have been uploaded; and
- Necessary trainings have been completed.

PHAB will respond to the applicant, indicating whether the Application has been accepted as complete. If the Application is not accepted, the applicant will be told what additional or different information is required to complete the Application.

If a health department was not put on an annual fee schedule at the time it applied for initial accreditation, it will receive its first annual fee invoice when its Application for reaccreditation is approved and annually thereafter.

### FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

For more information on the **accreditation application**, including fees, visit [phaboard.org/resources](https://phaboard.org/resources).



### Step 3: Documentation Selection and Submission

The documentation submitted by the health department to PHAB is critical. It will be assessed by a PHAB Site Visit Team to determine the health department's conformity with The Standards and to develop the Site Visit Report, which is the basis for the accreditation decision.

After the health department's Application has been approved, the applicant health department will be able to begin uploading documentation for each measure in e-PHAB. Health departments must upload and submit their documentation to PHAB within 6 months of the date of gaining access to this module in e-PHAB. If a health department does not submit its documentation within the timeframe, the health department will be referred to the Accreditation Committee for a determination of a Not Accredited status.

The Standards document includes the specific required documentation needed to demonstrate conformity with each measure. In addition, the "Requirements for All Documentation" section of The Standards document sets forth all requirements to which documentation must adhere. This includes the use of PHAB-provided Documentation Forms to accompany all submitted documentation.

**It is the responsibility of the health department to ensure that documentation is complete, speaks to the intent of the measure, addresses all elements required for the measure, complies with all aspects of the "Requirements for All Documentation" section within The Standards, and directs the reviewers to the specific parts of the document that fulfill the requirements.**

In addition, the health department must describe health department plans for advancement related to a minimum of 3 measures using the form provided by PHAB. The health department is required to complete this information. The Site Visit Team could provide additional feedback in these areas, but there will be no formal assessment. The health department will be asked about its progress on these measures as part of the Annual Reporting process.

There are several circumstances in which health departments may not be required to provide documentation for specific measures because their performance against those measures has already been verified:

- **Project Public Health Ready:** If the applicant is currently recognized as Project Public Health Ready (PPHR), a criteria-based training and recognition program of the Centers for Disease Control and Prevention (CDC) and National Association of County and City Health Officials (NACCHO), that health department is exempt from submitting documentation to demonstrate conformity with Standard 2.2 requirements.
- **State-wide Documentation:** PHAB will work with states where the state health department is PHAB accredited<sup>3</sup> and interested in ways to streamline the accreditation process for local health departments in their state. For example, if there are state-wide documents that would likely be submitted by local health departments, PHAB could review those documents once rather than have each local health department submit and have the document reviewed. PHAB is also willing to discuss opportunities for alignment with the state's reporting requirements for local health departments.

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<sup>3</sup> State health departments currently going through the accreditation process can consult with PHAB about opportunities for streamlining.

## Population Health Outcomes Reporting

Population health outcomes reporting must also be completed at the time that the health department submits its documents for reaccreditation and annually thereafter, as part of the Annual Report.

The completion of the population health outcomes reporting by health departments seeking reaccreditation is mandatory. Specific requirements about what the health department will report are included on the PHAB website. Failure to submit the information will result in the referral of the health department to the Accreditation Committee for a determination of a Not Accredited status. However, the specific information the health department submits related to population health outcomes reporting information will not be reviewed by the PHAB Accreditation Committee and will not have an impact on the decision concerning the continued accreditation status of the health department.

The population health outcomes requirement is designed to enable PHAB to establish a national database of selected health outcomes and their associated objectives that accredited health departments monitor. The reporting has been designed to begin to document how the ongoing work of maintaining accreditation can contribute to better health outcomes. It is an opportunity for health departments to consider how they set targets and benchmark their outcomes to other similar health departments. By continuing to report on an annual basis, health departments are encouraged to find data sets that are updated on a routine basis—which is a necessary component of using data as a check to see how interventions are working—and to use data to tell the story of how health departments and their partners are contributing to health and well-being in their communities.

### FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more information on **documentation selection**, including the Scope of Authority policy, Standards & Measures, population health outcomes reporting, and Documentation Forms, visit [phaboard.org/resources](http://phaboard.org/resources).

## Step 4: Review (Site Visit)

After the health department has submitted its documentation for all measures, review of the documentation begins. However, PHAB will not begin the review if the health department has an unpaid invoice.

The purpose of the review of the documentation is to assess the documentation against The Standards and to develop a Site Visit Report. The review of the documentation will result in an assessment of the health department's conformity with each measure's intent and requirements. Each measure will be assessed using one of four assessment categories:

**Fully Demonstrated:** In the professional judgment of the Site Visit Team, the submitted documentation is complete, providing evidence of conformity with all elements of the Required Documentation set forth in The Standards.

**Largely Demonstrated:** In the professional judgment of the Site Visit Team, the submitted documentation demonstrates the elements of the Required Documentation that are critical to the intent of the measure. That is, the health department is generally in conformity with the measure and meets its intent but is missing some elements or parts of the Required Documentation.

**Slightly Demonstrated:** In the professional judgment of the Site Visit Team, the submitted documentation does not demonstrate the intent of the measure. While some documentation is in conformity with the requirements, the health department is missing vital elements of the Required Documentation. The pieces of the Required Documentation that are critical to the intent of the measure are not evidenced.

**Not Demonstrated:** In the professional judgment of the Site Visit Team, the submitted documentation provides no evidence of conformity with the Required Documentation. None of the required elements are demonstrated.

The review of the documentation is to be conducted in two review phases: a Pre-site Visit Review and a site visit. The purpose of the Pre-site Visit Review is to review the documentation and request additional documentation on any measures initially assessed as Slightly Demonstrated or Not Demonstrated prior to the site visit. The purpose of the site visit is to provide the reviewers the opportunity to acquire a more comprehensive review of the health department through the combination of interviews, and any additional documentation requested of the health department.

### **Pre-site Visit Review**

The PHAB Accreditation Specialist conducts an initial review of all submitted documentation and will submit all measures initially assessed as Slightly Demonstrated or Not Demonstrated, as a batch, to the health department. Health departments will be provided the opportunity to upload additional documentation for those measures, with an accompanying Documentation Form. The additional documentation could have been created or revised after the health department's original documentation submission date.

The health department will have 45 days to provide additional documentation for reopened measures. If the health department does not respond within the timeframe, the review will proceed with the originally submitted documentation. The purpose of the opportunity to request additional documentation during the review is to provide the Site Visit Team with the information it needs to develop a Site Visit Report that accurately describes how conformity with the measures was demonstrated or details what is missing.

Measures initially assessed as Largely Demonstrated or Fully Demonstrated meet the "intent" of the requirement and typically will not be reopened for additional documentation. After the health department's response to the Pre-site Visit Review is received by PHAB, the Accreditation Specialist will review any additional documentation provided and update the initial assessment.

Peer reviewers will be assigned to the Site Visit Team. A Site Visit Team is comprised of at least 1 PHAB Accreditation Specialist and at least 1 peer reviewer. The peer reviewers will review the draft Site Visit Report, including assessments and conformity comments, as prepared by the Accreditation Specialist, as well as contextual information provided in the health department's Application. The peer reviewers will also review the documentation for all measures scored as Slightly Demonstrated

or Not Demonstrated and will review documentation for at least one measure in each Domain. The Site Visit Team will reach consensus on those assessments and Site Visit Report comments.

## Site Visit

During the visit, the Site Visit Team focuses on gathering information to: (1) validate and verify the evidence presented in the documentation that was submitted to PHAB; (2) understand the context in which the documentation is implemented by the health department; and (3) ask for additional documentation, at their discretion, to supplement what they received prior to the site visit. PHAB will determine whether the site visits for reaccreditation are held virtually, in person, or a hybrid approach.

The Site Visit Team will collaboratively prepare for the site visit. The timing of the site visit is a mutually planned event between PHAB, the Site Visit Team, and the health department. PHAB will make every effort to ensure that the site visit is conducted according to the planned schedule. However, there may be times when the planned site visit must be rescheduled due to unforeseen circumstances.

The Health Department Director and Accreditation Coordinator must be available during the entire site visit and will be required to participate in some sessions. If the health department has designated domain team leaders (responsible for the identification and selection of documentation for a particular domain), they should be available for those domain specific interviews. The health department determines which department staff participates in each session during the site visit. The health department may invite others to attend the site visit, at their discretion.

During the site visit, the Site Visit Team may reopen measures and ask that additional documentation be uploaded into e-PHAB. For example, if the health department references an example that could potentially demonstrate conformity with a measure, that measure could be reopened. Any additional documentation must be submitted by the health department through e-PHAB within 2 business days of the last session of the site visit. The additional documentation could have been created or revised after the health department's original documentation submission date.

During the site visit, the Site Visit Team Chair leads the work of the Site Visit Team, acts as spokesperson, and leads meetings involving Site Visit Team members. The Site Visit Team does not make any comment regarding possible accreditation status at any time. The Site Visit Team members do not provide advice to the health department nor share information about how other health departments fulfill their public health roles and responsibilities. The role of the Site Visit Team during the visit is to gather information, not provide feedback or recommendations to the health department.

The site visit agenda will include an entrance conference; interviews with key staff on identified measures; an interview with the Health Department Director; and an exit conference to summarize or highlight overall impressions, greatest strengths, and opportunities for improvement. The agenda may be amended to coordinate Site Visit Team members' and health department staff's needs to attend various sessions. A final site visit agenda is provided to the health department by the Accreditation Specialist prior to the site visit so that the health department can ensure that the necessary staff members and others are present. A list of measures where the Site Visit Team has specific questions will be shared with the health department in advance of the site visit. The list may not be exhaustive, as discussions during the site visit could result in additional measure, domain, or theme related questions.

## FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more information on **preparing for the site visit**, visit [phaboard.org/resources](http://phaboard.org/resources).

### Site Visit Report

The Site Visit Report is the Site Visit Team's comprehensive and final assessment of the health department's conformity with The Standards, based on the entirety of the information gathered through the review process. The overall objective of the Site Visit Report is to accurately describe the health department's demonstration of conformity with the measures, the department's strengths and opportunities for improvement, and how the health department functions.

The Site Visit Team develops a Site Visit Report that is submitted to PHAB through e-PHAB. The Site Visit Report has two audiences: the Accreditation Committee uses the report to make an accreditation decision and the health department uses the report for additional work (if required by PHAB through the ACAR or Annual Report process), continuous quality improvement, and Annual Reports to PHAB.

The Site Visit Team provides an assessment and narrative for each measure. The narrative provides a summary of how conformity with the measure was demonstrated, and details what required element(s), if any, was missing. The Team may also describe any areas of excellence and/or describe any opportunities for improvement that it identifies. Opportunities for improvement identified by the Team may be noted, even if the measure is Fully Demonstrated. These opportunities for improvement are not considered in the accreditation decision.

An overall Report summary provides the Team's appraisal of the health department's (1) three greatest strengths, (2) three greatest opportunities for improvement, and (3) overall impressions of the department as a functioning health department.

The final Site Visit Report is sent to the health department, for their information. Health departments do not have an opportunity to submit comments at this time concerning the Report. Health departments may submit comments about the report or any part of the accreditation process as part of PHAB's evaluation processes.

PHAB does not make Site Visit Reports available to anyone other than the health department, PHAB staff, and the PHAB Accreditation Committee. The health department may share their Site Visit Report with others, at their discretion.

## Step 5: Accreditation Decision

### Accreditation Decision Process

The PHAB Accreditation Committee is charged with reviewing reports developed by the PHAB Site Visit Team and determining the accreditation status of health departments. All Site Visit Reports are available to all members of the Committee to read (unless a conflict of interest has been identified and recusal warranted).

The Accreditation Committee reviews the health department's Site Visit Report and determines accreditation status. The Accreditation Committee makes accreditation decisions based on the Site Visit Report, including the Site Visit Team's assessments of conformity with each measure, conformity comments, and answers to overall questions.

If members of the Accreditation Committee have questions about the Report, the Site Visit Team Chair may be requested to speak with members of the Committee before or during the meeting. PHAB staff are available to address conformity issues or compliance with the process, policy, or rules in order to promote consistency in decisions.

PHAB does not accept testimony, letters, phone calls, or other means of communication from the public about an individual health department while their accreditation process is in progress.

Applicants are not permitted to attend Accreditation Committee meetings, though PHAB discloses to the health department when the Committee is reviewing the Site Visit Report. Identifying information concerning the health department, the Site Visit Report, and the Committee's deliberations is confidential and is not shared outside of PHAB.

## Accreditation Status

There are three accreditation decisions that the Accreditation Committee can make:



PHAB will send, through e-PHAB, a letter stating the official PHAB accreditation decision to the Health Department Director with a copy to the Accreditation Coordinator within two weeks of the conclusion of the Accreditation Committee meeting. No verbal feedback is provided to applicants before the official written decision letter is sent through e-PHAB to applicants.

### a) Continued Accreditation Health Departments

If the Accreditation Committee awards continued accreditation status, the health department will receive a certificate and a plaque, and will maintain access to online resources specifically for accredited health departments.

If the health department receives a status of "accredited," the Accreditation Committee may provide the health department with a list of measures that are opportunities for improvement. This is one portion of the Annual Reports to support the department's continuous quality improvement efforts. Reporting on specific measures could take one of two forms:

- If there are Foundational Capabilities measures that are assessed as Slightly or Not Demonstrated, the Accreditation Committee will indicate that an Annual Report with Documentation Requirements is needed. In this case, the health department will be required to provide documentation for those measures in the Annual Report the first year after the accreditation decision. That documentation will be assessed for conformity with the measure requirements. The health department shall be asked to provide additional documentation that year or a subsequent year, or be referred to the Accreditation Committee, if the documentation does not sufficiently demonstrate improved conformity with the measure.

- If there are no Foundational Capabilities measures assessed as Slightly or Not Demonstrated, the health department is required to report in its Annual Reports on progress on other measures designated by the Accreditation Committee. Each year's Annual Report will be reviewed by PHAB staff and additional reporting may be required that year or in subsequent years. If the health department does not report sufficient progress, the health department shall be referred to the Accreditation Committee.

## FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more information, including **communication toolkits** for accredited health departments, visit [phaboard.org/resources](http://phaboard.org/resources).

### b) ACAR

If the Accreditation Committee does not decide to confer accreditation status to the health department based on the Site Visit Report, an Accreditation Committee Action Requirements (ACAR) will be issued. The ACAR will detail specific measures for which the health department must take further action on to satisfy PHAB's accreditation criteria. The health department will remain accredited until the ACAR is complete.

The health department is required to submit additional documentation for measures identified by the Accreditation Committee as part of the ACAR within 12 months of the receipt of the notification that the Accreditation Committee requires additional action. The purpose of the ACAR is to provide the health department with an opportunity to improve its performance and develop documentation to demonstrate conformity with the measures' requirements.

The health department's documentation for all of the ACAR required measures must be submitted at one time. Documentation must use PHAB's ACAR Documentation Forms. Submitted documents are reviewed against The Standards and assessed by a Site Visit Team. PHAB attempts to assign the same reviewers that reviewed the entire set of documents submitted for the accreditation cycle but may assign other PHAB-trained reviewers if the original site visitors are not available. The Site Visitors' assessments are submitted, as an ACAR Report, to the Accreditation Committee for their determination of accreditation status.

## FOR MORE INFORMATION

[phaboard.org/resources](http://phaboard.org/resources)

For more **information on the ACAR**, including guidance, resources, and Documentation Forms, visit [phaboard.org/resources](http://phaboard.org/resources).

## c) Not Accredited

The Accreditation Committee's decision to Not Accredit a health department may be based on either of the following two sets of criteria: (1) Not Accredited Based on Non-conformity with The Standards ("Non-conformity Decisions"), and (2) Not Accredited for Failure to Complete Accreditation Process ("Procedural Decisions").

### 1. Non-conformity Decisions

Non-conformity Decisions may be appealed in accordance with the PHAB Appeals Procedure set forth in Appendix 3. The Accreditation Committee can issue a Non-conformity Decision at the following points during the accreditation process:

- Upon determination that a health department did not adequately fulfill the requirements of the ACAR Report;
- Upon a determination that a health department failed to make sufficient progress on measures designated by the Accreditation Committee for reporting or documentation in an Annual Report.
- Upon review of an Annual Report that indicates changes in the health department or adverse findings that result in the health department no longer being in conformity with The Standards.
- Upon an adverse determination pursuant to the PHAB Complaint Policy and Procedures (see Appendix 4).

*Note: The Accreditation Committee does **not** have the option to Not Accredit a health department based on the review of the Site Visit Report. At that point in time, the Accreditation Committee's only options are to Accredit or to issue an ACAR.*

### 2. Procedural Decisions

The Accreditation Committee may issue a Procedural Decision to Not Accredit a health department at the following times:

- Upon a health department's failure to submit documentation that was required in an ACAR by the time ACAR documentation is due.
- Upon a health department's failure to submit an Annual Report on time.
- Upon a health department's failure to pay fees that are owed to PHAB.
- Upon a health department's decision to not apply for reaccreditation by the time the reaccreditation Application is due.
- Upon a health department's failure to submit the requirements for reaccreditation (e.g., the health department does not complete documentation submission or population health outcomes reporting) according to the timeframes described in this document.

Procedural decisions cannot be appealed.

The health department will receive notice of the Procedural Decision and will have 90 days from the date of receipt of such notice to contact PHAB to request an extension, at PHAB's sole discretion.



### **Notification of Decision**

PHAB will publish on its website and notify the CDC any change in status of a health department that was accredited and loses its accreditation status. If the health department is a local health department, PHAB will also notify the state health department of the status change. This public notification is part of PHAB's commitment to transparency. Because the public record previously indicated that those health departments were accredited, it is necessary clarify the health department's current accreditation status. If a health department that lost accreditation status reapplies and becomes accredited, it will no longer be listed as Not Accredited.

### **FOR MORE INFORMATION**

[phaboard.org/resources](https://phaboard.org/resources)

For more information on **complaints**, visit [phaboard.org/resources](https://phaboard.org/resources).

## **Step 6: Additional Reporting and Annual Reports**

The submission of an Annual Report is required of all accredited health departments.

The purpose is to ensure accredited health departments remain in conformity with The Standards and provide opportunities for additional engagement with PHAB to support advancing quality, performance, and transformation. This is a vital part of PHAB's ongoing accreditation process that continues beyond accreditation notification and helps health departments prepare for reaccreditation.

The Annual Report must be submitted to PHAB through e-PHAB. Additional guidance, such as forms, instructions, and staff support will be provided to health departments as they prepare the Annual Report.

### **Process**

The Annual Report is due to PHAB on the last day of the quarter in which the health department received accreditation. If the health department needs additional time, an extension request can be made. (See Appendix 2: Extension Policy.)

As part of the Annual Report, health departments are required to report on each of the following if it applies:

1. Circumstances that would prevent the health department's continued conformity with The Standards;
2. Progress related to specific measures required by the Accreditation Committee (as described above);
3. Any adverse findings by funding agencies;
4. Population health outcomes reporting; and
5. Activities related to continuous improvement as required by PHAB, including reporting on items identified as part of the Continued Advancement portion of documentation submission.

PHAB staff will review the Annual Report and may take any or all of the following actions:

1. Accept the Annual Report and provide feedback to the health department (feedback will minimally include the specific measures, if any, the health department is required to continue reporting in the following year);
2. Engage other public health professionals in reviewing and providing feedback to the health department; or
3. If the health department has not demonstrated sufficient progress on measures required for reporting or has circumstances that may impact their ability to continue conformity with The Standards, sections of the Annual Report may be referred to the Accreditation Committee. The Accreditation Committee may decide to take no action, may ask the health department for additional information, may require another site visit, or may revoke accreditation.

If a health department does not submit an Annual Report or does not respond to the Committee's request for further information, the health department's accreditation status is reviewed by the Accreditation Committee for a decision concerning the health department's continued accreditation status. The Committee may revoke accreditation. If an Annual Report is more than three months past the due date, the health department is referred to the Accreditation Committee for consideration of revocation of accreditation status.

#### **FOR MORE INFORMATION**

[phaboard.org/resources](https://phaboard.org/resources)

For more information on **Annual Reports**, including templates, visit [phaboard.org/resources](https://phaboard.org/resources).

## Step 7: Reaccreditation

Accreditation status is valid for five years from the date that the Accreditation Committee confers accreditation. In order to maintain accreditation status, the health department must apply for reaccreditation by the deadline. The health department will receive notification from e-PHAB when the reaccreditation Application is available. This notification will be received on the first calendar day of the quarter in which the health department received initial accreditation, five years after receipt of initial accreditation. The Application for reaccreditation must be received by PHAB from the health department no later than the last day of the calendar quarter in which the health department received initial accreditation. (For example, if the health department received initial accreditation in February 2020, the notification that the reaccreditation Application is available to the health department will be sent via e-PHAB on January 1, 2025 and the Application will be due no later than March 31, 2025.)

Health departments applying for subsequent rounds of reaccreditation will follow this same policy.

# APPENDIX 1: PROCESS MAP

## 7 Step Accreditation Process **Reaccreditation**

PREPARATION	Health Department prepares for reaccreditation.		HD
	Health Department continues to improve in areas identified in Site Visit Report through Annual Report process.		HD
	Health Department reviews accreditation education resources.		HD
2 APPLICATION	PHAB notifies Health Department of reaccreditation eligibility.		
	Health Department completes required training.	HD	End of quarter
	Health Department submits Application for reaccreditation.	PHAB	End of quarter
	PHAB determines if Application is complete. If not, the Health Department must resubmit the Application.		PHAB
3 DOCUMENTATION SELECTION & SUBMISSION	PHAB provides Health Department access to documentation submission in e-PHAB.		HD
	Health Department submits documentation with population health outcomes reporting.	HD	Within 6 months of gaining access in e-PHAB

REVIEW	4	PHAB conducts Pre-site Visit Review.	PHAB
		Health Department responds to Pre-site Visit Review.	Within 45 days HD
		PHAB assigns Site Visitors and schedules the site visit.	PHAB
		Site Visit Team prepares for site visit.	SVT
		Health Department and Site Visit Team participate in site visit.	HD SVT
		Site Visit Team reopens measures from Site Visit, as needed.	SVT
		Health Department submits documentation for reopened measures from site visit.	Within 2 business days of end of Site Visit HD
		Site Visit Team finalizes Site Visit Report.	SVT
		PHAB submits Site Visit Report to Accreditation Committee and Health Department.	PHAB
ACCREDITATION DECISION	5	Accreditation Committee reviews Site Visit Report and determines if Health Department is Accredited or if an ACAR is required.	ACM
		If an ACAR is required, the Health Department submits ACAR documentation.	Within 1 year HD
		The Site Visit Team reviews documentation and submits the ACAR Report to the Accreditation Committee for a final decision.	SVT
		Accreditation Committee determines if Health Department is Accredited and notifies the Health Department.	ACM
REPORTS	6	Health Department submits 4 cycles of Annual Report to PHAB.	HD
		Annually, PHAB reviews Annual Report and accepts it, requires additional reporting for the current or future year, or refers to Accreditation Committee.	PHAB
REACCREDITATION	7	Future reaccreditation cycles repeat process.	HD PHAB

# APPENDIX 2: EXTENSION POLICY

## Process

If a health department will miss any PHAB deadline, they need to submit a written request for an extension to their Accreditation Specialist (AS).

If the health department is requesting an extension of **90 days or fewer**,<sup>4</sup> it can be submitted via email. The Health Department Director must either be the one sending the email or be cc'd on the email.

If the extension is **greater than 90 days**,<sup>4</sup> the health department will need to complete the application form (posted on the PHAB website) and email it to their Accreditation Specialist. The Health Department Director must sign the application to indicate their agreement with the following information about fees.

- All health departments are required to pay invoices (including those for Annual Services Fees) by the invoice due date.
- If the health department is applying for reaccreditation or is about to apply for reaccreditation and they are requesting a cumulative extension of more than 90 days, the health department would have the option of either:
  - Paying the reaccreditation fee according to their original schedule; or
  - Paying an extension fee based on the extension length requested.

These fees cover costs associated with keeping the accounts in e-PHAB, providing access to support from the Accreditation Specialists, access to webinars and any educational offerings from PHAB, and continuation of the accredited status during the extension timeframe for accredited health departments. If you have questions about the ongoing fees, please contact PHAB's Finance Office at [accounting@phaboard.org](mailto:accounting@phaboard.org) or 703.778.4549 Ext 200.

Health departments can request extensions for steps in the accreditation process they are currently in or will begin within 180 days. For response to Pre-site Visit Review, health departments can make a request after their documentation has been submitted and those extensions will go into effect starting on the date the health department receives its reopened measures. For reaccreditation Applications, those extensions will go into effect starting on the date their Application opens in e-PHAB.

## FOR MORE INFORMATION

[phaboard.org/resources](https://phaboard.org/resources)

To access the **extension request** form, visit [phaboard.org/resources](https://phaboard.org/resources).

<sup>4</sup>The 90 days addresses the cumulative amount of time the health department is requesting an extension for a given step in the process (e.g., application, documentation submission, response to pre-site visit review, ACAR, or Annual Report). In other words, if a health department already requested and received a 60-day extension for that step in the process, and they would like to request an additional 45-day extension, the application form is required. This does NOT include extensions that were granted to all health departments automatically in March 2020 (or when health departments first entered the Annual Report).

# APPENDIX 3: ACCREDITATION APPEALS PROCEDURES

Approved February 2022

## Overview

These procedures specify the appeals process available to health departments once an accreditation decision has been made. A health department may appeal only the following accreditation decisions made by the Public Health Accreditation Board (PHAB)'s Accreditation Committee: (1) denial of initial accreditation; (2) denial of reaccreditation; or (3) revocation of accredited status.

The grounds for appeal are limited to the following:

- (a) the negative decision was the result of the misapplication of PHAB's accreditation procedures or standards; or
- (b) the negative decision is not supported by, and is contrary to, the substantial evidence in the record.

The accreditation status of the health department shall remain unchanged pending the outcome of a timely, properly filed appeal. These procedures are a formal, administrative process and are designed to operate without the assistance of attorneys. However, any party may be represented by an attorney with respect to an appeals procedure.

## Initiating the Appeal

When a denial of accreditation/reaccreditation or a revocation of accreditation is communicated to the health department as part of a Non-conformity Decision,<sup>5</sup> the letter of transmittal shall advise the health department that the decision is appealable, and that the health department has thirty (30) calendar days<sup>6</sup> to appeal. The letter of transmittal is both emailed and physically mailed "receipt requested" to the Health Department Director. The thirty-day timeline for responding begins on the date the letter of transmittal is received by the health department. If the health department fails to initiate its appeal within thirty (30) days, the decision becomes final and public. If the health department initiates the appeal process within the prescribed thirty (30) days, the health department's accreditation status remains as it was prior to the action taken by the Accreditation Committee that is under appeal, pending disposition of the appeal.

The health department's appeal must be made in writing and filed both electronically via email and by physical mail to the attention of the President and Chief Executive Officer of PHAB. The appeal must detail the grounds upon which it is based and identify relevant information in the health department's records already submitted to PHAB that supports its appeal. The health department may not rely on any information or documentation unless that information and documentation was submitted to PHAB as part of its initial accreditation/reaccreditation review or revocation review, as applicable. No new information or documentation may be submitted through the appeal process. The health department should include a specific reference to where the information or documentation was previously provided in the accreditation process or revocation review.

<sup>5</sup> Procedural decisions (i.e., determination of Not Accredited status because a health department failed to complete a step in the process) are not subject to appeal.

<sup>6</sup> Unless otherwise specified, all days will be measured in calendar days not business days.

## PHAB Procedures

Upon receipt of the written appeal, PHAB's President and CEO will notify the Chair of the PHAB Board of Directors. Within five (5) business days, the Chair will then appoint an Appeals Panel made up of three members of the Board, as well as two non-Board members. If the Chair of the PHAB Board has a relationship with the health department making the appeal that might constitute a real or perceived conflict of interest as defined by PHAB's conflict of interest policy, the Chair will present the potential conflict to the President and CEO who will decide whether a conflict of interest exists. If the President and CEO determines that the Chair has a real or potential conflict of interest, the Vice Chair of the PHAB Board of Directors will appoint the Appeals Panel.

Each panel member will be notified by the PHAB President and CEO that they have been appointed to the Appeals Panel and asked to affirm that they have no conflict of interest with the appellant health department as defined by the PHAB conflict of interest Policy.

Within five (5) business days of the final composition of the Appeals Panel, the PHAB President and CEO shall provide the appellant health department with the following information:

- the written appeals and hearing procedures,
- the names and bios of the Panel members,
- a list of at least three (3) potential dates for the appeal hearing that will be conducted by the panel. The potential hearing dates shall be no fewer than thirty (30) and no more than ninety (90) days from the date the information is shared with the appellant health department;
- the location of the appeals hearing and/or whether it will be conducted by videoconference (to be determined in the sole discretion of the Appeals Panel); and
- notification of the appeals fee.

The PHAB President and CEO will request that the appellant health department:

- review the list of Appeals Panel members and declare whether the health department reasonably perceives any conflicts of interest with any member of the Panel;
- identify the names and roles of the health department's staff who will attend and participate in the appeals hearing, including whether the department will be represented by legal counsel; and
- identify which of the proposed hearing dates are preferred by the health department.

The appellant health department shall respond within five (5) business days to the PHAB President and CEO.

If a conflict of interest is identified by either a member of the Appeals Panel or by the appellant health department and such determination is reasonable as determined by those members of the Appeals Panel not identified as having a conflict of interest, the member of the Appeals Panel so identified will not participate in the appeal process, and a new Appeals Panel member will be selected by the Chair of the PHAB Board of Directors and reviewed by the appellant health department in an expeditious manner.



The appellant health department shall pay a reasonable appeals fee as determined by the PHAB Board of Directors and published in its fee schedule. Payment of half of the fee is expected at the time the hearing is set, with final payment occurring at the close of the hearing process.

## Conducting the Appeal Hearing

The appeal hearing is an administrative hearing and is not conducted as a legal proceeding. General rules of conduct are as follows:

1. The hearing shall occur no later than ninety-five (95) days from the Appeals Panel's final composition, after conflicts of interest have been addressed. Notification of the hearing date will be made to all parties concerned at least thirty (30) days prior to the date of the hearing. The appellant health department may amend its original written appeal statement submitted when it notified the PHAB President and CEO of its appeal. If the department elects to provide an amended statement, it must be provided to the Appeals Panel at least fifteen (15) business days prior to the appeal hearing.
2. The health department may request that the record considered by the Accreditation Committee in reaching its decision be made available. The record shall include, but is not necessarily limited to:
  - a. Accreditation Committee Operational Procedures Manual applicable at the time the negative decision was made by the Accreditation Committee;
  - b. Standards & Measures applicable at the time the negative decision was made by the Accreditation Committee;
  - c. Excerpts from the minutes of the Accreditation Committee meeting(s) relevant to the decision being appealed by the health department;
  - d. Relevant accreditation reports made by PHAB staff and peer reviewers and responses to those reports by the health department; and
  - e. Relevant written communications to and from PHAB staff and peer reviewers and the health department regarding the Accreditation Committee's review, including any prior decision letters as applicable.
3. Opportunity to appear before the Appeals Panel will be extended to three representatives of the health department and its counsel. The health department will have sixty (60) minutes to orally present its position. Thereafter, the Appeals Panel will direct questions to and hear responses from the health department. The health department will also be permitted to make a closing statement. A written transcript will be made of the hearing.
4. Any additional rules of conduct for the hearing that are established by the Appeals Panel Chair shall be provided to the health department and, as appropriate, its counsel at least fifteen (15) business days prior to the appeal hearing. If the health department has questions about or objects to any

additional rule(s) for the conduct of the hearing, it should make their questions or objections known to the PHAB President and CEO immediately. The PHAB President and CEO will seek to clarify and/or resolve all questions or objections in an expeditious manner before the appeal hearing.

## Appeals Panel Processes

1. As soon as practical after being appointed, the Appeals Panel members will convene and elect a Chair from among its members. The Appeals Panel will be staffed by the PHAB President and CEO with additional staff as deemed appropriate by the President and CEO.
2. All sessions in which the Appeals Panel meets to organize its work, as well as all deliberations of the Appeals Panel, will be conducted in executive session.
3. The Appeals Panel may interview the Site Visit Team Chair, any PHAB staff, or members of the Accreditation Committee, as they may deem appropriate, to understand the background and process undertaken that led to the decision of the Accreditation Committee being appealed.
4. In reaching its decision, the Appeals Panel will consider the record before the Accreditation Committee at the time it made its decision to deny or revoke accredited status as applicable, the health department's written appeal statement, information gathered by the Appeals Panel itself, such as interviews with Accreditation Committee members or PHAB staff members, any presentation made by the health department at the hearing, and the health department's responses to questions asked by the Appeals Panel members during the hearing.
5. The Appeals Panel, on a majority vote, either affirms, amends, remands, or reverses the Accreditation Committee decision being appealed. The Appeals Panel shall issue a written decision including: a summary of relevant portions of the Accreditation Committee's decision; a summary of any relevant procedural or factual findings made by the Appeals Panel; the Appeals Panel's rulings and decisions with respect to the matters under appeal; and the outcome and resolution of the appeal. This written decision will be provided to the appellant health department within ten (10) business days of the appeal hearing conducted by the Appeals Panel.

If the Appeals Panel affirms the decision, the original Accreditation Committee decision becomes final at that time.

If the Appeals Panel amends, reverses, or remands the decision, it shall provide written direction to the President and CEO of its recommendations for implementation. PHAB staff will then implement the Appeals Panel's decision in a manner consistent with the directions of the Appeals Panel. Implementation includes the ability to define the length of an accreditation term and any required reporting or other conditions.

In the case of a decision to remand the matter to the Accreditation Committee for reconsideration, the Appeals Panel will provide written recommendations to the Accreditation Committee and shall discuss its findings with the Accreditation Committee. The Accreditation Committee shall review the findings and recommendations of the Appeals Panel and reconsider the Accreditation Committee's initial decision taking into account the factors leading to the remand.

## **PHAB Procedures Post Appeal**

1. The Chair of the Appeals Panel will provide a written and verbal report on the appeal and its resolution to the Accreditation Committee and to the Board of Directors at their next, regularly scheduled meetings following the conclusion of the appeals process.
2. All decisions of the Appeals Panel are final and binding.
3. If the Appeals Panel upholds denial of reaccreditation or revocation of accreditation, the name of the health department will be removed from the list of accredited health departments and notification of the removal will appear on PHAB's website. Additionally, PHAB staff will follow all other standard communications protocols regarding accreditation decisions, such as notification of the U.S. Centers for Disease Control and Prevention.
4. PHAB will not release the details of the appeals hearing and relevant documentation to any entity other than the appellate health department, unless legally required.
5. PHAB reserves the right to utilize de-identified data from an appeal for its organizational quality improvement purposes.

# APPENDIX 4: COMPLAINT POLICY AND PROCEDURES

*Approved February 2022*

## Background

To maintain the overall credibility of the national public health accreditation process, the Public Health Accreditation Board (PHAB) uses information from various sources to monitor the sustained capacity and quality of the health departments that it accredits. Therefore, PHAB has established policies and procedures for receiving and addressing written complaints about an accredited health department.

## Policy

PHAB accepts only written complaints about an accredited health department that are specific to a possible lack of conformity with PHAB Standards & Measures under which the health department was accredited or reaccredited. PHAB does not address complaints or disputes between individuals and health departments; environmental conditions or hazards; professional licensing or practice; or any state, local, or Tribal regulations. PHAB does not mediate disputes between the accredited health department and any party.

## Procedures

Complaints must be made by either email or U.S. mail addressed to PHAB's President & CEO. Before filing a complaint with PHAB, the person or persons intending to file a complaint (the Complainant) must use and exhaust the administrative procedures available to them through the accredited health department. A complaint must be filed in writing on the PHAB complaint form, available at: <https://phaboard.org/complaints/>. The Complainant must specify the health department (the Respondent) and the accreditation measure(s) with which the Respondent is purportedly out of conformity. The Complainant should provide a brief narrative explaining the background and context of the complaint. In addition to the complaint form and brief narrative, the Complainant must provide evidence (copies of letters or emails) substantiating that administrative remedies made available by the Respondent to address complaints have been pursued and exhausted.

Once PHAB receives a properly filed complaint, the following procedures will be followed.

1. Within five (5) business days, the PHAB President & CEO, or their designated representative, will respond in writing to the Complainant to acknowledge receiving the complaint. In the acknowledgement communication, the President & CEO, or their designated representative, may request more information from the Complainant; dismiss the complaint as being outside of PHAB's complaint policy; or accept the complaint for further review and adjudication.
2. Within five (5) business days of accepting the complaint for further review and adjudication, PHAB's President & CEO, or their designated representative, will notify in writing the Health Department Director and the Accreditation Coordinator of the Respondent that the Respondent is the subject of a complaint. A copy of the complaint and supporting documentation will be shared with the

Respondent. The Respondent must respond in writing to the PHAB President & CEO and address the substance of the complaint within twenty (20) business days of receiving notice and a copy of the complaint and supporting documentation.

3. Concurrent with notifying the Respondent, the President & CEO, or their designated representative, will notify the PHAB Board Chair that a complaint has been received and provide to the Chair a copy of the complaint and supporting documentation. The Board Chair and the President & CEO will confer and select up to two (2) additional members of the PHAB Board that have no conflicts of interest with the Respondent or the Complainant to serve with them as an ad hoc panel to review the complaint with them.

4. Within ten (10) business days of the receipt of the health department's written response, the Board Chair will convene the ad hoc panel to review the complaint. The ad hoc panel will review all the materials provided both by the Complainant and the Respondent and take one or more of the following actions:

- Dismiss the complaint based on the evidence received. Dismissal will result in no change to the Respondent's accreditation status.
- Determine that further investigation of the complaint is warranted. If the ad hoc panel makes this determination, trained PHAB peer reviewers (the Peer Reviewers) who, if possible, have previously reviewed the Respondent for its initial or reaccreditation application(s) will be requested to review the Respondent for conformity with the specific standard(s) and measure(s) cited in the complaint. The Peer Reviewers will conduct their review in a timely fashion so that it is completed within sixty (60) days of the ad hoc panel's request. The Peer Reviewers will be assisted by PHAB's Director of Accreditation and may request additional documentation and/or conduct necessary interviews with the Respondent's relevant personnel and/or the Complainant, either in person or by videoconference, to adequately assess the Respondent's conformity with the specific standard(s) and measure(s) cited in the complaint. The Peer Reviewers will summarize their findings in a written report to the ad hoc panel and may be requested to discuss their findings with the ad hoc panel at the discretion of the PHAB Board Chair and/or President & CEO.

5. Within five (5) business days of receiving the written report from the Peer Reviewers, the ad hoc panel will convene and take one of the following actions:

- Dismiss the complaint based on the evidence received and the peer review. This will result in no change to the Respondent's accreditation status.
- Conduct additional interviews with the Respondent's relevant personnel and/or the Complainant through convening a hearing via video conference. If the ad hoc panel chooses this option, it must notify the Complainant and the Respondent of its decision to do so in writing. The ad hoc panel shall explain that the hearing is not an adversarial

proceeding but one that is seeking additional information or clarification of information received through the Peer Reviewers. The hearing must be conducted within twenty (20) business days of the notification being provided to the Complainant and the Respondent.

6. If the Respondent does not provide a written response (step 2) or participate in any required further investigation (step 4 or 5), the ad hoc panel will document the Respondent's lack of cooperation in its report (step 7). The Respondent may request an extension of up to fifteen (15) business days from the ad hoc panel to respond to the ad hoc panel's request(s) if the Respondent is dealing with a public health emergency or other significant event outside of its control that directly impacts its ability to provide a written response to the complaint in a timely manner. The PHAB Board Chair and/or President & CEO shall grant or deny the extension request in their sole discretion.

7. At the conclusion of its fact-finding process (outlined in steps 4 and 5 above), the ad hoc panel will summarize its findings in a written report along with either its dismissal of the complaint or its recommendations for further actions. The report will be addressed to the PHAB Accreditation Committee in a timely fashion so the Accreditation Committee can deliberate and act on the report at its next regularly scheduled meeting.

### **Final Resolution of the Complaint:**

The report from the ad hoc panel will be reviewed and deliberated upon by the Accreditation Committee at its next regularly scheduled meeting. The Accreditation Committee shall be the final decision-making body for all complaints. Based on the Accreditation Committee's deliberations, the following actions may be taken:

1. Continue the accreditation status of the Respondent without change;
2. Continue the accreditation status of the Respondent but require the Respondent in its next annual report(s) to detail its remediation efforts and compliance with the specific standard(s) and measure(s) identified by the Accreditation Committee as being deficient to maintain the Respondent's accreditation status, or, in the case of a Respondent in its fourth year of an accreditation status, in the Respondent's application for reaccreditation;
3. Place the Respondent on probation for a period not to exceed twelve (12) months during which time specific follow-up actions, such as regular reporting or a repeat peer review will be required, and the Respondent's probationary status will be noted on the PHAB website during the probationary period; or
4. Revoke the Respondent's accreditation.

The Complainant and the Respondent will be advised of the Accreditation Committee's decision on the complaint, a summary of the process taken to investigate the complaint, and a summary of the findings of the investigation within ten (10) business days of the Accreditation Committee's decision. No other materials related to the complaint will be provided to the Complainant.

All complaints that result in the naming of an ad hoc panel for investigation, and their associated outcomes, will be reported to the full Board of Directors quarterly.

Complaints, and all associated documentation, will be maintained in PHAB records associated with the Respondent for the remainder of that Respondent's accreditation cycle, or no longer than five years.

PHAB will not publicly release the complaints received nor the results of the complaint assessments except as they may be compelled to do so by legal process. De-identified complaint data may be used by PHAB to inform its efforts to improve its services and those of accredited health departments.



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# Policy for National Public Health Department Reaccreditation

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1600 Duke Street  
Suite 200  
Alexandria, VA 22314  
(703) 778.4549

[phaboard.org](https://phaboard.org)