

Guidelines to EAP Accreditation

Instructions for Preparing the Self-Study Document

Preparing for the Site Visit

Accreditation Outcomes and the Decision-Making Process



Introduction

Welcome to the EAP Accreditation Program! COA's staff applaud your organization for its interest in improving the quality of services through accreditation.

The *Guidelines to EAP Accreditation* is a short primer on the COA accreditation process. It discusses the nuts and bolts of the accreditation process, from application, to site visit, and accreditation decision. It also extensively addresses how you should prepare your self-study document—providing specific guidelines on producing a neatly prepared document that accurately captures your organization's compliance with the EAP Accreditation Standards (Standards). Lastly, the appendices at the back of this primer provide additional guidance in understanding COA's standards and evidence of compliance.

COA hopes that you find the accreditation experience to be a worthwhile and fruitful process. Dozens of accredited organizations have remarked over the years that accreditation improves staff morale and instills a new sense of professionalism. We hope that you will discover similar benefits through this experience.

Sincerely,

Richard Klarberg
President and Chief Executive Officer

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I. OVERVIEW OF THE EAP ACCREDITATION PROCESS

Application

EAP accreditation begins with the application process. The EAP completes an Application for Accreditation and returns it to COA, along with brochures and descriptions of the services offered by the EAP. COA then notifies the EAP of the acceptance of its application in a Financial Agreement, and COA assigns a staff representative who is knowledgeable of the EAP field. This representative provides technical assistance and support throughout the process. An Accreditation Agreement is developed that outlines applicable services provided by the EAP. COA also establishes a timetable for the on-site review. Lastly, COA sends the *EAP Standards and Self-Study Manual (Manual)*, which contains the material and information necessary for the EAP to begin the self-assessment.

Self-Study

The self-study is a written document that the EAP will submit to COA at least eight (8) weeks prior to its site visit. The function of the self-study is to provide a basis for the review team to evaluate the EAP's compliance with the Standards. Development of the EAP's self-study document is addressed more fully in section II. Preparing the Self-Study Document.

Prior to the site visit, the peer reviewers will assign a preliminary rating for each standard based upon their review of the EAP's self-study. They will use the four-level rating indicators described in Appendix B to the *Guidelines*. These indicators provide added guidance to the EAP about COA's expectations.

Site Visit

The site visit process is a facilitative effort—not an audit. The on-site review allows the peer review team to verify compliance with the applicable standards. The on-site review provides the second major opportunity for the EAP to demonstrate that its policies, procedures, and practices comply with the Standards. Prior to the site visit, the peer review team reads the self-study and familiarizes itself with the EAP's structure and services. During the site visit, the team will conduct activities intended to verify and clarify information contained in the self-study. Such activities include client record review; staff interviews; personnel record review; facility inspections; meeting with members of the board of directors, owners, and other senior management; contact with stakeholders; and review of board of directors' minutes. While on-site, the review team finalizes the level of compliance it assigns for each standard.

The EAP will receive the accreditation report within forty-five (45) days following the site visit.

Accreditation Commission

The Accreditation Commission is COA's volunteer accreditation decision-making body. It is comprised of professionals nominated and elected by COA's Board of Trustees. All Accreditation Commissioners must have the knowledge and skills required to review EAPs for accreditation.

It is the Accreditation Commission's prerogative to upgrade (3 to 2) or downgrade (2 to 3) ratings, when it deems it appropriate to ensure consistency and reliability of the decision-making process. The Accreditation Commission can withhold the decision to accredit/reaccredit based upon any single third order standard being out-of-compliance. The peer review team is provided a copy of the decision notification letter that is distributed to the EAP.

More information on the Accreditation Commission and decision-making process is provided in section IV. Accreditation Decisions and the Decision-Making Process.

II. Preparing the Self-Study Document

As discussed in I. Overview of the EAP Accreditation Process, the EAP's self-study document presents a comprehensive overview of the EAP's operations and services. It is the EAP's first opportunity to demonstrate compliance with the Standards. Proper assembly of this document is the first step to a successful site visit.

A. Getting Started

COA recommends that the EAP begin the self-study process by appointing a task force or coordinating committee that, along with the chief executive officer or designee, will plan the preparation of materials for the self-study and site visit. This group should include representation from the board of directors, owners, other senior management, and personnel. It may be efficient to divide into sub-committees or to use existing committees to help prepare accreditation materials.

Typical Sub-Committees	
Management Personnel Strategic Planning and Quality Improvement	Fiscal Management Service Delivery

Other sub-committees may be added according to the EAP's size and complexity. Sub-groups addressing each specific service may be appropriate.

In organizing their work, these groups should:

1. **Divide responsibility** for various tasks, make specific assignments, and set internal deadlines, keeping in mind the amount of time required to assemble a final document and meet the overall deadline for submission of the self-study document to COA.
2. **Appoint a task force coordinator** to track assignments and work completion. The coordinator's responsibilities are similar to those of any project manager. S/he would most likely report directly to the chief executive officer. The coordinator's responsibilities may also include assembling and editing the final drafts of the self-study.

B. Overview of Required Activities

Required activities include:

1. Address all applicable standards;
2. Address all potential not-applicable ratings;
3. Gather Information;
4. Complete Forms and Questionnaires; and
5. Document Compliance.

1. Address All Applicable Standards

The EAP should address every applicable standard, collecting and appending the required documentation of compliance.

- Unless otherwise indicated, the phrases “as needed” or “as appropriate” used in a standard means “as appropriate to the client.” The EAP must demonstrate how it complies with the standard for those individual persons or eligible participants for whom the standard is applicable. These terms should not be broadly interpreted to mean that the standard is “not applicable” to the EAP. The following standard is an example:

XII.7.06 If the legal services provider identifies other issues relevant to the client, s/he must refer the client back to the EAP, as appropriate.

- **The EAP must also review COA’s website for notice of standards interpretations and clarifications (www.coanet.org).** Any replacement pages will be available on the website. This is a new feature of the *Manual*.

2. Address All Potential Not-Applicable Ratings

The EAP should never decide on its own that a standard is not applicable unless a rating of NA is explicitly permitted. Please use the NA request form provided in the Tool Box section of the *Manual* to inquire about an exception to a standard that does not already provide an NA option after the Evidence of Compliance.

If a rating of NA is permitted and the EAP determines that a rating of NA is applicable, the EAP does not have to submit an NA request form. However, the EAP must still be prepared to provide evidence that supports its determination either pre-site or on-site depending on the given standard.

For example, a standard that allows an NA for organizations that prohibit human subject research is easily validated through pre-site materials in the form of a policy to this effect.

In some instances, an NA appears after the second order standard. If the EAP determines that the NA is applicable, then the EAP would skip the entire second order section and proceed to the next second order section. For example, an EAP that is not subject to third-party audits can select the NA option for VII.4 External Audits in its entirety. In this case, the EAP would proceed to the next section, VII.5 Outcomes Measurement.

Please note, the NA options listed in the *Manual* do not cover every possible situation in which a rating of NA may be permitted. The EAP should use the NA request form in cases where, due to the unique way its service delivery system operates, an NA should be considered. In many situations, the standard can be interpreted in such a way as to apply to the EAP's particular circumstances.

3. Gather Information

In order to demonstrate compliance with the Standards, the EAP must gather information from a variety of sources during the self-study process:

- *From within the EAP itself:*

Prior to the site visit, the EAP will gather information such as copies of policies, procedures, organizational materials, and complete a number of forms and questionnaires found throughout the Manual.

During the site visit the review team will observe the facility and the EAP's services, and interview members of the board of directors, owners, other senior management, personnel, and clients when permissible. The review team will also extensively review documents and records, and ask questions about organizational operation to identify additional information and documentation that supports pre-site information in the self-study document.

- *From other stakeholders:*

The EAP will solicit input from other organizations in the EAP field through a stakeholder questionnaire provided by COA. The EAP will distribute the questionnaire to stakeholders familiar with its work and these organizations will return their completed responses directly to COA. The peer review team will conduct additional follow-up contacts during the site visit, as needed.

- *From clients:*

The EAP will solicit input from individuals that have received services from the EAP. The review team will also interview clients while on-site, when permissible.

4. Complete Forms and Questionnaires

The *Manual* includes a number of checklists, forms, and questionnaires, collectively referred to as "Tools," that support the accreditation process and provide an additional process that augments pre-site documentation. **All tools are located in the *Manual* under the tab labeled "Tool Box."**

Type of Instrument	Examples	Purpose	Where to Submit
Forms	<ul style="list-style-type: none"> • List of Personnel • Aggregate Job Category Form • Outcomes Reporting Form • Service Summary 	To summarize important human resource information.	Forms must be submitted in a separate manila envelope which is sent with the EAP's self-study document. Please do not bend, staple, or otherwise deface any form. Provide one-sided copies only. Forms can be reproduced as often as necessary.
Questionnaires	<ul style="list-style-type: none"> ▪ Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders ▪ Questionnaire for Members of the Board of Directors/Advisory Board ▪ Client Questionnaire ▪ Personnel Questionnaire ▪ Affiliate Questionnaire 	To gather information from various stakeholders on organizational performance.	The EAP must submit the questionnaires to relevant stakeholders who, in turn, mail the information directly to COA.

Forms and Questionnaires

The Manual includes several charts and forms that the EAP must complete and distribute to appropriate stakeholders.

Note: In all cases the EAP must write its full name, city and state, including addresses of branch sites, as appropriate, and COA ID number, on forms and questionnaires before distributing them to the identified individuals or organizations. Every day COA receives dozens of forms and questionnaires. If these forms do not include the EAP's complete name and address, it is difficult, and in some cases impossible, to identify the organization to which these self-study documents belong.

- **Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders (Stakeholder Questionnaire)**

Using criteria set forth by COA, the EAP is asked to poll stakeholders on their experience with the EAP. The EAP directly distributes the Questionnaire for Customer Organizations, Host Organizations, Subcontractors, and Other Stakeholders and an explanatory memo to these organizations. A list of the selected organizations is submitted to COA as part of the EAP's self-study. Organizations are asked to send their responses to the questionnaire directly to COA.

- **Questionnaire for Members of the Board of Directors/Advisory Board (Board Questionnaire)**

To assess relevant compliance with section I. Administration and Management, the Board Questionnaire is to be completed by each member of the board. The questionnaire asks members to give specific data about their participation as members, as well as opinions about board and organizational functioning. Each member must complete the questionnaire as an individual, not in consultation with other board members or personnel, and is required to return the questionnaire directly to COA.

- **Client Questionnaire**

The Client Questionnaire addresses important information on ethical practice that is addressed in the Standards. Each sampled client is to be given a copy of the questionnaire with a cover letter and a stamped envelope addressed to COA. The EAP should enter its name and COA ID number on the questionnaire form before distribution.

At least 100 clients are to be randomly selected from the service population. This sample must be spread evenly over the range of services offered by the EAP. The EAP may choose its own means of random selection: a simple way to sample is to give questionnaires to the first two clients seen each day of a given week. The EAP should be prepared to explain its sampling method during the site visit.

- **Personnel Questionnaire**

The Personnel Questionnaire should be completed by staff. As with other COA questionnaires, the sample that is drawn must be representative, i.e., direct service workers, clerical staff, management, and leadership must be sampled. The sample should not exceed 250 respondents. Prior to photocopying the form for each respondent, the EAP should insert its name and COA ID number where indicated. The EAP should provide each respondent with a stamped envelope addressed to COA and instructions to return the form promptly.

- **Affiliate Questionnaire**

The Affiliate Questionnaire should be completed by the EAP's affiliates. At least 10% of the EAP's affiliate network is to be randomly sampled. The sample should not exceed 250 respondents. The EAP should be prepared to explain its sampling method during the site visit.

Prior to photocopying the form for each respondent, the EAP should insert its name and COA ID number where indicated. The EAP should provide each respondent with a stamped envelope addressed to COA and instructions to return the form promptly.

- **List of Personnel**

The List of Personnel includes the CEO and other senior management, as well as direct service and support staff.

- **Aggregate Job Category Form**

The Aggregate Job Category Form captures information on administrative and management staff, as well as totals for all services provided within the EAP. The Aggregate Job Category Form compiles information on staff ethnicity and turnover rate, among other variables.

- **Outcomes Reporting Form**

The Outcomes Reporting Form is a new tool that must be completed for each service that the EAP provides. The form provides peers with a list of measures/indicators that the service currently measures, and the instruments it uses to collect data on these measures/indicators. The Outcomes Reporting Form will be used by the review team to rate compliance with standard VII.5.01.

- **Service Summary**

The Service Summary provides the peer reviewers with a brief overview of a number of service domains that are directly linked to compliance with service related standards. It also provides general information about the EAP's services to help the review team understand the service as delivered. The service summary will be used by the review team to rate compliance with section XII. Service Delivery.

5. Document Compliance

Each third order standard, and in *some* cases a second order standard, is followed by two subsections related to that standard (see Appendix A: Sample Page from the Self-Study Manual): interpretation and evidence of compliance.

- **Interpretation**

Interpretations of the standard may be found directly under a second or third order standard. Interpretations provide elaboration of whole standards or elements/components within a given standard. It may also provide useful examples of how to comply with the standard it clarifies. **Importantly, interpretations are binding; that is, the EAP must comply with the content of an interpretation, unless it is clearly framed as an example.**

- **Evidence of Compliance**

This subsection is found directly beneath the standard itself and describes the evidence that the team will review either pre-site, as part of the EAP's written self-study document, and/or while on-site.

C. Steps in Producing the Self-Study Document

Please read the following steps carefully. In order to facilitate the review process COA requires that the EAP's self-study document be prepared according to the following guidelines. Do not be creative. Before beginning, the EAP should consult the "service attachment" received from COA to verify the services for which the organization will be reviewed. Please contact your COA representative if a change in service delivery occurs. If this change is not communicated, it is

possible that your site visit could be postponed at the EAP's expense.

Note: If the self-study is not prepared according to these guidelines it will be returned and could result in the postponement of the EAP's site visit.

THE FOLLOWING STEPS SHOULD BE REPEATED FOR EACH SECTION OF THE MANUAL.

Step 1. Assemble the completed sections of the *Manual*, including the related tools, in sequential order in three-ring binders, or separately in individual hard-back binders, one for each section as follows:

INSERT TAB

Place clearly labeled tabs or other dividers in between each **complete** section (e.g., Administration and Management, Management of EAP Human Resources).

AFTER TAB, PLACE THE FOLLOWING:

a. Table of Contents for Pre-Site Documentation:

COA has developed Table of Contents forms for the EAP's use. These forms are provided to the EAP on disk. Please contact your assigned COA staff person if you have not received these forms or if you have any questions regarding them. Please see Appendix D for detailed instructions regarding the completion of the forms.

b. Copy of Standards Section:

Insert a complete copy of the applicable section from the *Manual*.
DO NOT PAGINATE.

c. Pre-Site Documentation:

Append all pre-site evidence sequentially in the order in which the standards appear, e.g., evidence for I.1.01 should be in front of evidence for I.1.02. However, if two standards require review of the same exact piece of evidence, include the evidence only once within a section, the first time it is requested. Indicate all of the standards to which the evidence is linked by labeling the evidence with the standard number as described in "d. Label" below. Include copies of any NA Request Forms that were approved by COA staff as the pre-site evidence for that particular standard. **Do not arrange documentation by type**, e.g., all policies together, all procedures together, all minutes together. Provide documentation for any NA's that require further elaboration.

d. Label:

Write or otherwise label each piece, not page, of evidence with the standard number to which it applies. All standard references should

be placed in the upper right hand corner of the first page of the document. As discussed above in “c. Pre-Site Documentation,” label each piece of evidence for *all* standards that apply, e.g., if the same evidence is required for standards I.9.01 and I.9.02, that evidence only needs to be included once within that section.

- e. Number each page of all documents submitted as evidence:**
For each section, begin with the first document submitted as evidence as page 1, and number each page of each piece of evidence consecutively through the last page of evidence for the last third order standard in that section. Clearly label each page by placing the page number in the lower right-hand corner.

INSERT NEXT TAB: REPEAT

Place a clearly labeled tab at the beginning of the next section and repeat the process described above.

Step 2. Once the self-study is organized, check the final document for completeness.

When the self-study is submitted, it should be complete in every respect. Make sure that:

- the document is assembled according to COA’s instructions;
- all standards sections in the *Manual* have been reproduced and included;
- all listed documentary evidence is provided;
- all forms and questionnaires have been sent or completed as per the instructions; and
- the presentation of material is professional and secure (e.g., pages are not falling out because too much material is submitted in one binder).

Step 3. Send a copy of the entire self-study document to COA for review. After COA reviews the self-study to ensure that it is properly assembled, COA will notify the EAP that it should send a copy of the entire self-study to each member of the site review team, and keep a copy on-site for use by the review team.

III. Preparing for the Site Visit

A. General Information

Approximately eight weeks after the EAP submits to COA its completed self-study, a team of two or more peer reviewers will conduct a site visit. This on-site review provides the second major opportunity for the EAP to present evidence that its policies, procedures, and practices comply with the Standards.

Prior to the site visit, the review team will closely review the self-study. The review team will be very familiar with the EAP by the time it arrives onsite.

The review team consists of experienced professionals who have been trained in COA's process and who, as a team, have the requisite experience to review the EAP's services.

On-site, the team will conduct activities intended to verify and clarify the information contained in the self-study. Such activities include, for example, client record review and staff interviews for which on-site review is essential. While on site the review team will determine the level of compliance for each standard.

The evidence of compliance in the *Manual* specifies the on-site activities that the team will conduct. At its discretion, the review team may conduct additional on-site activities to determine compliance with the standards.

B. Site Visit Arrangements

Prior to the site visit, COA will confirm with the EAP the number, names, and addresses of the peer reviewers that will comprise the review team. As described above, the EAP will ship one full copy of the completed self-study to each peer reviewer by an agreed upon date. If delays are unavoidable, please notify COA personnel immediately to avoid unnecessary inconvenience to the peer reviewers and additional cost to the EAP.

Prior to the site visit the EAP should carefully review the on-site requirements and make sure that the organization is prepared and organized for the visit. Many organizations find that a mock survey or run-through of the site visit prior to the team's arrival is useful. This may help identify a need for further preparation in certain areas of organization operations. **Additionally, the EAP should check COA's website for any up-to-date information on preparation of files for record review, or any other relevant information.**

C. Material to Have Available On-Site

The EAP should be prepared for on-site validation of compliance with all applicable standards. The following documents should be assembled and labeled (e.g., numbered or otherwise identified) and made readily available to the review team while it is on site:

- a copy of the **completed self-study** document including all sections;
- all applicable **licenses**;
- **a record of compliance with applicable laws and regulations** cited in the standards;
- the EAP's **annual report**;
- copies of **contracts and/or written agreements** with other organizations and/or consultants;
- the **personnel manual**;
- **personnel records** (*the peer review team will randomly select these records*);
- **training materials and training attendance records** for the last year;
- the **operations manual** and/or **policy and procedures manual**;
- a **board manual**;
- signed **board of directors meeting minutes**;
- signed **QI minutes and materials** for all committees including attendance sheets;
- a full set of **job descriptions**;
- **client grievance records**;
- **financial records**;
- **critical incident and accident reports**;
- **client records** (*the peer review team will randomly select these records*); and
- **additional pre-site documentation**, as applicable.

Reminder: Please include with your self-study only the specific material that is necessary to demonstrate compliance.

IV. Accreditation Decisions and the Decision-Making Process

A. How the Review Team Assigns Ratings

As a result of its findings, the review team will prepare a report in which it rates the EAP's compliance with each applicable standard against COA's 4-point rating scale.

Third Order Standards

The review team assesses compliance by starting with the third order standards. These are the most measurable, specific standards.

The team will use the Rating Indicator Legend, provided in Appendix B, as a guide in assessing compliance for that standard.

The peer reviewers use their professional judgment and expertise in applying the rating indicators as they assign ratings for each third order standard. Each organization is unique, making it both impossible and undesirable for COA to apply a rigid formula for assessing the wide variety of circumstances presented by the many different organizations it accredits. However, one purpose of the rating indicators, supported by research findings, is to increase inter-rater reliability and ensure that like situations are treated as similarly as possible by different review teams.

If the team decides to apply a rating of partial compliance (3) or non-compliance (4) to a third order standard, it must provide a written, objective reason for the rating. The EAP will have an opportunity to respond to ratings of partial compliance or non-compliance following the site visit.

Second Order Standards

Once every third order standard under a given second order standard has been assigned a rating, the peers rate the second order standard.

The peer reviewers are instructed to use their professional judgment in assigning the compliance ratings.

Peer reviewers do not rely on a mathematical average or mean of the associated third order ratings to assign the second order rating. There may be cases when the second order rating deviates significantly from an average of the third order ratings. It is significant to note that particularly important third order standards may be more heavily weighted in the assignment of the second

order score. As such, a rating of 3 on one third order among several ratings of 2 may very well result in a second order score of 3. These situations often occur when a critical health or safety third order standard exists among other standards.

The peers follow rules that govern the assignment of ratings. These rules preclude the assignment of a rating of 1 at the second order if there are any 3s or 4s at the third order level. Similarly, a rating of 1 at the first order is prohibited if there are any ratings of 3s or 4s at the second order level.

First Order Standards

Ratings for all the second order standards must precede the assignment of a rating to the first order standard. The first order standard's score is equivalent to the assignment for the entire section. The rating assignment process parallels that used for arriving at the score for a second order, with one significant difference. At the first order level, COA provides direction regarding the relative weights to be assigned to the second order standards. This is where the mandatory and critical standards become relevant (see below):

The team will weight the ratings of mandatory and critical second order standards more heavily when determining a rating for the first order standard.

B. Weighted Standards

The most important factor used by COA in reaching an accreditation decision is the EAP's level of compliance with the mandatory and critical standards. Together, these comprise COA's system of weighted standards.

The mandatory and critical standards describe a core set of the essential elements that are indicative of quality organizational practice. All of the standards are important for the operation of a well-functioning EAP, and EAPs must strive to comply with them. However, some standards are more important than others, and an EAP's failure to comply with the mandatory or critical standards reflects a fundamental weakness in its operations.

- **Mandatory Standards***

The EAP must be in full or substantial compliance with all mandatory standards.

- **Critical Standards****

The EAP must comply with 85% of all critical standards. Furthermore, it cannot receive a rating of 3 or 4 on more than one critical second order in any one section.

- **Third Order Standards**

The EAP must comply with 85% of all applicable third order standards.

See Appendix C for a list of mandatory and critical standards.

COA reserves the right to defer or deny accreditation on the basis of a single standard if there is serious cause for concern.

It is the responsibility of the EAP undergoing accreditation to be familiar with the mandatory and critical standards and to be aware of their potential impact on the accreditation decision. In the body of the Manual, mandatory standards are denoted by one asterisk (*) and critical standards are denoted by two asterisks (**).

C. The Preliminary Accreditation Report (PAR) and the EAP's Opportunity to Respond

Following the site visit, the review team will submit a preliminary accreditation report (PAR) to COA that includes the ratings for the sections. The EAP will receive a copy of this report within 45 calendar days following the site visit.

The EAP has 45 calendar days from the receipt of the report to provide a response to the preliminary accreditation report. COA will give the EAP's report and its response to the Accreditation Commission, the body which will make the final determination regarding accreditation. This is the EAP's third major opportunity to provide COA with evidence that it complies with the standards.

Please note that COA interprets an organization's lack of response to a rating of 3 or 4 as agreement with the review team's assessment.

While it is strongly advised that the EAP respond to each rating of partial (3) and non-compliance (4) assigned to a standard, it is especially important that it respond when such ratings are assigned to mandatory and critical standards. Even a **single** rating of partial (3) or non-compliance (4) with a mandatory standard following the Accreditation Commission's review **will** result in a delay in achieving EAP accreditation.

Typical reasons for responding to the preliminary accreditation report (PAR)

1. The EAP completed its efforts towards compliance during the 45-day period following its receipt of the report.

Note: This additional evidence should clearly demonstrate that the EAP is

currently in compliance with the requirements of the standards – written expressions of the EAP’s intent to meet the standard are not sufficient.

2. The review team was not able to find the necessary information or evidence even though it was available at the time of the site visit.
3. There is disagreement with the review team's interpretation of the standard as it applies to the EAP's situation.

The only material regarding the EAP that will be available to the Accreditation Commission for its review is the preliminary accreditation report, any material supplied by the EAP in its response to that report, and the peer review team’s evaluation of the EAP’s response to the preliminary accreditation report. The Accreditation Commission will not have a copy of the EAP’s self-study, so any material from the self-study that the EAP would like the Commission to consider should be copied and submitted as part of its response.

Note: The EAP's response to the PAR must be organized and formatted according to COA’s instructions. COA will not accept responses that are not prepared in accordance with the guidelines. For instructions on preparing a response to the PAR, see Appendix E, Guide to Responding to the Preliminary Accreditation Report (PAR).

To ensure the integrity of the Commission's decision regarding the EAP’s accreditation, the preliminary accreditation report and its response will be reviewed anonymously by the Commission.

A code will be assigned to the EAP by COA staff and all information identifying the organization will be deleted from the preliminary accreditation report prior to the Commission's receiving it. To assist COA and facilitate this process, the EAP must delete all organization-identifying information from the supporting material included with its response. This identifying information includes the EAP’s name, logo, state, all names of clients, and the last names of all personnel and board of directors members.

D. The Accreditation Decision

If the EAP meets all elements of COA’s system of weighted standards, the recommendation will be, in almost all cases, to accredit.

Accreditation Decisions

- **Accreditation** for a four year period.

- A current **accreditation continued in probationary status for up to one year.**
- A current **accreditation suspended with 90 days to correct deficiencies.**
- **Denial or withdrawal of accreditation.**

The Accreditation Commission may defer the accreditation decision to:

- **gather additional information**, if the Commission is unclear about demonstration of compliance; or
- **require additional remediation.** An accreditation decision will be deferred under these circumstances if the EAP does not meet the requirements of COA's system of weighted standards. The time allowed to demonstrate compliance for matters under remediation shall not cumulatively exceed 12 months, regardless of the number of deferrals.

An appeals process is available for any organization whose accreditation is denied or revoked. COA's Board of Trustees or its Executive Committee formally acts on all recommendations of suspension, denial, or revocation of accreditation by the Accreditation Commission.

Appendix A

Sample Page from the Standards and Self-Study Manual

<<NEED NEW PAGE WITH AN INTERPRETATION>>

APPENDIX B

Rating Indicator Legend

COA uses a four-level series of indicators to guide the review team in determining the EAP's compliance with the standard.

COA Rating Indicators	
1	Full Compliance
2	Substantial Compliance
3	Partial Compliance
4	Non-Compliance
NA	A rating of not-applicable is also possible, where permitted.

Ratings of (1) and (2) are considered “passing.”

The following expands on the rating indicators present for each third order standard.

1 Full Compliance

Explanation: The EAP's policies, procedures, and/or practices, whichever is addressed, fully meet the standard as written. All elements or requirements are evident in practice. There is little or no deviation from the standard. Exceptions in compliance are extremely rare and do not impact in any observable way on quality of service or organizational performance.

Examples

- Practice is consistent and competent, in accord with any policies or procedures.
- Services are well-designed and well-executed.
- Documentation is excellent.
- Stakeholders are actively involved in service planning and execution.
- Exceptions are clinically justified and are clearly and thoroughly documented.
- Hours of operation and facilities are appropriate to the population served.
- Training has appropriate comprehensiveness and depth, is current and specific, and is appropriate to the group's knowledge and skills.
- Training occurs at initial assignment and/or within specified timeframes.
- Training is offered at convenient times and locations.
- 90% or more client records meet the standard's requirements.

2 Substantial Compliance

Explanation: The EAP meets the majority of the standard's requirements, but one or more factors are missing or need augmentation to achieve full compliance. Practice is basically sound. The EAP must have implemented the basic framework required by the standard to achieve a rating of 2. For example, policies, procedures, or practices, as appropriate, must be in existence to be rated a 2. Absence of such infrastructure requires the peer to assign a rating of 3 or lower.

A rating of 2 reveals some minor inconsistencies in practice, but such inconsistencies do not jeopardize clients or overall performance in any way.

Examples

- An aspect of compliance could be strengthened, e.g., the EAP's personnel policies state that it will not unlawfully discriminate against any person or category of persons protected by law, but the peers discover that the EAP has not reviewed such laws recently (but plans to do so in the near future) despite nationwide changes in such legal requirements.
- Over 90% of personnel meet the standard's requirements. Additional supervision is provided and tasks are assigned appropriate to the practitioner's level of experience and education. Many of the 10% who do not meet the standard are working toward it or have extensive experience that compensates for the absence of the degree.
- One of several required elements is not met and such element does not jeopardize health or safety.
- A training curriculum exists but is not implemented as often as necessary.
- 85-89% of client records sampled meet the standard.

3 Partial Compliance

Explanation: A significant aspect of the EAP's operations deviates from the standard's requirements. For a rating of three, significant omissions or exceptions to the standard occur with regularity, or procedures are weak. The EAP has not implemented the basic framework required by the standard, but instead has parts of this framework. A rating of 3 is assigned when the peer reviewer determines that, with reasonable effort, a rating of 2 can be achieved.

Moreover, often a rating of 3 is assigned when the standard requires written documentation, but the EAP can only anecdotally describe how it meets the standard. Another common situation where a rating of 3 is assigned occurs when organizational practice, as is, may compromise care of clients or organizational functioning.

Examples

- Necessary administrative or service reviews are conducted, but appear cursory and/or without depth.
- Practice significantly deviates from written procedure.
- Despite the existence of procedures, personnel are poorly informed about procedures or reporting relationships to the extent that practice suffers significantly.
- Procedures are superficial.
- Procedures required by the standard are non-existent, but the standard is met in practice.
- One important element of the standard is not met, although other elements are met, and this aspect is essential to compliance with the standard.
- The standard addresses qualifications of staff, but the EAP's staffing patterns deviate from the standard, and there is an absence of a mechanism for increased supervision or coverage.
- 75-84% of client records sampled meet the standard.

4 Non-Compliance

Explanation: Practice or documentation does not completely address, or is in opposition to, the standard's requirements. Few, if any, of the standard's requirements are met, or in certain cases, a vital element to the standard is not addressed. The EAP does not have any of the necessary components of the basic framework the standard requires. This may be due to glaring lack of attention to practice or service delivery, or administrative decisions that are not consistent with the standard.

Omissions or exceptions occur so frequently that they are the norm. Organizational functioning or integrity is seriously compromised. The health or safety of clients is, or is close to being, jeopardized.

Examples

- Documentation or summaries are consistently missing.
- Practice appears driven by need for resources rather than by service needs.

- There is pervasive insensitivity to the rights of clients.
- Clients receiving service are impaired in instances where unqualified persons occupy key positions or deal with vulnerable persons.
- Several required activities are not conducted.
- Fewer than 75% of client records meet the standard.

APPENDIX C

Weighted Standards

First Order Standards

All first order standards are mandatory. The first order standard is a general topic heading in capital letters at the beginning of the section. The rating for a first order standard is analogous to a rating for the entire section.

Second Order Standards

Mandatory Second Order Standards

The following second order standards are mandatory for **all** EAPs:

- I.1 Legal Compliance *
- I.4 Owners/Senior Management or Board of Directors' Responsibilities*
- I.5 Owners/Senior Management or Board of Directors' Risk Management Responsibilities*
- I.6 Board of Directors' Responsibilities Related to the Chief Executive Officer*
- I.8 EAP Policies*
- I.9 EAP Service Design*
- II.3 Human Resources Policies*
- II.4 Recruitment and Selection Practices*
- III.4 Emergency Response*
- IV.4 Financial Accountability*
- V.3 Record-Keeping Practices and Procedures*
- V.5 Affiliate Agreements*
- V.6 Subcontractor Agreements*
- VI.2 Contractual Agreements*
- VI.5 Reports to Customer Organizations*
- VII.1 Quality Improvement Infrastructure*
- VII.9 Corrective Action*
- IX.4 Training Content*
- X.1 Protection of Rights*
- X.2 Access to Files and Records*
- X.4 Confidentiality and Privacy Protections for Clients*
- X.5 Releases*
- X.7 Conflicts of Interest*
- XI.3 General Assessment Requirements*
- XI.4 Clinical Assessments*
- XI.9 Client Records*
- XII.2 Training of Supervisors and Union Representatives*
- XII.3 Organizational Development*
- XII.4 Critical Incident Stress Management*
- XII.5 Drug Free Workplace Services*
- XII.6 Work-Life Services*
- XII.7 Work-Life: Legal Services*
- XII.8 Informational and Referral, and Assessment and Referral Services*
- XII.9 Short-Term Counseling*

Critical Standards

The following second order standards are critical for all organizations. Organizations must be in compliance with 85% of all critical standards. In addition, an organization may not be out of compliance with more than one critical standard

in any section.

- I.7 Chief Executive Officer**
- II.2 Human Resources Practices**
- II.6 Accountability and Performance Review**
- II.7 Affiliate Engagement**
- III.2 Accessibility**
- III.3 Functional Safety and Compliance with Health and Safety Codes**
- IV.1 Financial Planning**
- IV.2 Financial Information**
- IV.3 Fiscal Management System**
- V.2 Liability Insurance**
- V.4 Security of Information**
- VI.4 Contract Management with Customer Organizations**
- VII.2 Evaluation of Performance**
- VII.3 Internal Quality Monitoring**
- VII.4 External Audits**
- VII.5 Outcomes Measurement**
- VII.6 Quality Improvement with Affiliates**
- VIII.2 Credential Requirements**
- VIII.3 Competence of Affiliates**
- IX.1 Consultation with Staff and Affiliates**
- IX.2 Supervision of Non-Clinical Personnel**
- IX.3 General Staff Training and Development Requirements**
- X.3 Grievance Procedures**
- X.6 Conduct of Staff and Affiliates**
- X.9 Ethical Considerations Related to Web-Based Services**
- X.10 Ethical Considerations Related to the Use of Specific Technologies**
- XI.1 Access Procedures**
- XI.2 Intake Process**
- XI.7 Special Service Delivery Considerations**
- XI.8 EAP Staffing Patterns and Ratios**
- XII.1 Prevention Services**

Third Order Standards

The organization must be in compliance with 85% of all applicable third order standards.

APPENDIX D

Instructions for Table of Contents for Pre-Site Documentation

NOTE: A disk containing prepared Table of Contents Charts for each section is mailed to each new applicant for accreditation or reaccreditation along with the *Manual*. A sample chart is included in the *Tool Box* section of the *Manual*. The Table of Contents Charts serve to structure the submission of pre-site documentation, as well as note any not-applicable standards and intra-document references.

INSTRUCTIONS

1. **Organization and Pagination of the Self-Study:** As noted in section II(C) of this guide, Steps in Producing the Self-Study Document, pagination for each standards section must start with the first piece of evidence presented under the first standard of a given section. Documents should be arranged and paginated as follows:
 - a. Immediately following the completed Table of Contents Chart, insert a complete copy of the standards for this section. Leave the original pagination on the standards (do not add page numbers).
 - b. Immediately following the standards, insert completed forms or questionnaires required by that standards section. Do not paginate.
 - c. Beginning with the first standard in the section that requires pre-site evidence, insert up to a maximum of three documents that demonstrate compliance, as required in the standards. Clearly label each document in its upper right-hand corner with the standard(s) to which the document applies. **Number the first page of the first piece of evidence for a section as page 1, and continue consecutively numbering each page in the lower right-hand corner until the last page of the last piece of evidence for that section of standards.** Please reference section C. Steps in Producing the Self-Study Document, for additional information.
2. **Completion of the Table of Contents Chart:** The Table of Contents Chart lists each standard in a section for which pre-site documentation is required. Next to the standard citation, list up to three pieces of evidence included in the self-study and any additional documents that will be available on site. If a standard requires review of a piece of evidence previously listed in the same section, do not provide it again. Instead, indicate the evidence and the page number where the evidence appears earlier in that section; and in the “reference” column, indicate the specific standard where the evidence is located.

APPENDIX E

Guide to Responding to the Preliminary Accreditation Report (PAR)

The response the EAP submits to the PAR must be organized and formatted according to COA's instructions. COA will not accept responses that are not prepared in accordance with the following guidelines.

Format of Response

- Return a copy of the entire PAR to COA with each response to a specific standard placed directly behind the section that it applies to.
- Do not** include double-sided pages and **do not** submit the responses on colored paper.
- Redact the following information from the response to the PAR:
 - a. EAP's name and address (including all references to the city and state);
 - b. the name of the Executive Director/Chief Executive Officer;
 - c. the last names of clients, staff, and board of directors members; and
 - d. all references to the EAP and its location on the EAP's letterhead.
- Do not** staple, binder clip, or otherwise bind any pages in the EAP's response.
- Do not** place the response pages in plastic or protective sheets or use tab dividers.
- Separate each section by placing a sheet of paper between the sections or documents and label it accordingly.
- The EAP must paginate the PAR and the EAP's response to the PAR. Begin the page numbering on the first page of the PAR and continue numbering consecutively until the last page of the response.
- Do not** provide duplicate copies of documents. If the EAP chooses to reference a document that has already been submitted, insert a page referring to the name of the document and the applicable page number where it is located in the response. The Accreditation Commission will not change ratings of non-compliance if it is unable to locate the appropriate documentation.

Content of the EAP's Response

- COA recommends that the EAP respond to each standard rated out-of-compliance. The Accreditation Commission can withhold accreditation on the basis of any single third order standard. The EAP should always respond to third order standards within a mandatory second order rated out-of-compliance and any third order standards that relate to the health and safety of clients and staff.
- The Accreditation Commission is not provided with the self-study the EAP submitted prior

to the site visit. If the EAP chooses to reference any material provided with the self-study, submit the documentation with the EAP's response to the PAR.

- Expressions of intent will not suffice as evidence of compliance to a standard. The EAP must document that a policy, procedure, or practice is in place in order to allow the Accreditation Commission to bring the rating into full "1" or substantial "2" compliance.
- If the EAP submits a policy as evidence of compliance, provide documentation that the policy has been reviewed and approved by the owners or board of directors (i.e., board minutes). If the EAP submits a procedure as evidence of compliance, provide a copy of the memo that was disseminated to the EAP's staff informing them of the new/revised procedure.
- Blank forms will not suffice as evidence of implementation. Provide at least five (5) completed samples of a form that is being utilized by the EAP.