2026

July 1, 2026–June 30, 2027

Standards Workbook for Unaccredited Participating Providers

CARF INTERNATIONAL

CARF International
6951 East Southpoint Road
Tucson, Arizona 85756 USA
Toll free (888) 281-6531

CARF International is a group of private, nonprofit companies (including CARF, CARF Canada, and CARF Europe) that accredit health and human services. For more information, please visit *www.carf.org*.

CONTENTS

Standards Workbook for Unaccredited Participating Providers

Introduction

In accordance with the standards for a Network seeking CARF accreditation, the network implements a quality review process for all participating providers, regardless of size or budget, with which the network has a contract.

For service delivery networks, this quality review applies to their network-related service provision and can be met in the following ways:

- CARF accreditation of the participating providers.
- Accreditation of the participating providers by another nationally or internationally recognized accreditation organization.
- If the participating providers are not accredited, network implementation of a regular site review process of the providers that addresses their application of the standards in this document, which are a subset of CARF's ASPIRE to Excellence® standards for business practices.

Please note that the network can use any combination of these approaches for its participating providers, or it can choose a single approach for all providers. For example, some providers might be CARF accredited, some might be accredited by other accreditors, and some might implement the standards in this document.

If a participating provider is accredited, its accreditation should clearly include the programs/services provided to persons served in the network.

The standards included in this document have been carefully selected with consideration of the diversity, capacity, and volume of participating providers in networks seeking accreditation to address key topics in the areas of legal requirements, financial planning and management, health and safety, workforce development and management, rights of persons served, and accessibility.

The site reviews of unaccredited participating providers correspond to Standard A.8.a. in the *CARF Standards Manual Supplement for Networks* regarding the contract between the network and the participating provider and Standard A.11.b. regarding the network's quality-review process for participating providers. Network administration should carefully consider the frequency for these reviews to be able to explain to CARF surveyors how their review process and frequency is sufficient to promote service excellence and minimize risk.

NOTE: *The survey preparation questions in this document are geared to the network's participating providers and reference their specific organization.*

Standards for Unaccredited Participating Providers

Network B.

1. The participating provider demonstrates a process to comply with the following obligations:

- **a. Legal.**
- **b. Regulatory.**
- **c. Confidentiality.**
- **d. Reporting.**
- **e. Licensing.**
- **f. Contractual.**
- **g. Debt covenants.**
- **h. Corporate status.**
- **i. Rights of the persons served.**
- **j. Privacy of the persons served.**
- **k. Employment practices.**
- **l. Mandatory employee testing.**

Intent Statements

The participating provider should engage in activities designed to promote awareness, understanding, and satisfaction of its various obligations at all times. Satisfaction of obligations is necessary for the participating provider's success, sustained existence, and ability to positively affect the lives of persons served. Failure to satisfy obligations may result in monetary or other penalties, potentially impacting the viability of the participating provider, as well as harm to those the obligations are intended to protect. The participating provider should monitor its environments for new and revised obligations and utilize knowledgeable resources to become familiar with obligations and the requirements to meet them.

Survey Preparation Questions

1. Describe your process to comply with the following obligations:

- Legal.

- Regulatory.

- Confidentiality.

- Reporting.

- Licensing.

- Contractual.

- Debt covenants.

- Corporate status.

- Rights of the persons served.

- Privacy of the persons served.

- Employment practices.

- Mandatory employee testing.

Network B.

2. The participating provider's policies and written procedures address:
   a. Confidential administrative records.
   b. The records of the persons served.
   c. Security of all records.
   d. Confidentiality of records.
   e. Compliance with applicable laws concerning records.
   f. Timeframes for documentation in the records of the persons served.

Intent Statements

In order to protect the privacy of all stakeholders and any confidential information that its records may contain, a participating provider ensures that it addresses the applicable legal and regulatory requirements concerning privacy of health information and confidential records. Security includes such things as storage, protection, retention, and destruction of records. Safeguards such as reasonable protection against fire, water damage, and other hazards do not need to be described in writing.

This standard applies to current and historical records and to hard copy records as well as electronic records.

Participating providers are encouraged to review current provisions of legislation on freedom of information and protection of privacy, such as HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) in the U.S. and provincial/territorial privacy laws in Canada, for potential impact on the maintenance and transmission of protected health information. Of particular note are provisions related to information security, privacy, and electronic data interchange.

Survey Preparation Questions

2. Do you have policies and written procedures addressing:

- Confidential administrative records? ❑ Yes ❑ No
- The records of the persons served? ❑ Yes ❑ No
- Security of all records? ❑ Yes ❑ No
- Confidentiality of records? ❑ Yes ❑ No
- Compliance with applicable laws concerning records? ❑ Yes ❑ No
- Timeframes for documentation in the records of the persons served? ❑ Yes ❑ No

Describe the safeguards used to protect and secure:

- Confidential administrative records.

_____

_____

- The records of the persons served.

_____

_____

Network B.

3. The participating provider's financial planning and management activities:

a. Are designed to meet:

(1) Established outcomes for the persons served.

(2) Organizational performance objectives.

b. Include:

(1) Preparation of an annual budget.

(2) Fiscal policies and written procedures, including internal control practices.

(3) Documented evidence of annual review or audit of the financial statements of the participating provider conducted by an independent accountant authorized by the appropriate authority.

Intent Statements

3.b.(2) To reduce risk, it is important that the participating provider, regardless of size, establishes who has responsibility and authority in all financial activities, such as

in purchasing materials and capital equipment, writing checks, managing investments, and billing.

3.b.(3) An *accountant authorized by the appropriate authority* means a CPA in the U.S.; in countries outside the U.S., the terminology for a similar accountant qualified to conduct a review or audit would be used. The CPA, chartered accountant, or similar accountant retained must be independent of the organization; i.e., may not be contracted with the organization for its regular accounting needs, represent the organization's funding sources, or be a member of the governance authority.

It is important for the participating provider to determine that its financial position is accurately represented in its financial statements. Accountants may typically undertake three types of engagements: audit, review, and compilation. Each is described in more detail below, but in summary, the audit is the most extensive effort and accordingly the highest cost to the participating provider.

An audit requires an examination of the financial statements in accordance with generally accepted auditing standards, including tests of the accounting records and other auditing procedures as necessary. An audit will result in a report expressing an opinion as to conformance of the financial statements to generally accepted accounting principles.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an examination using generally accepted auditing standards. Typically, a review will result in a report expressing limited assurance that there are not material modifications that should be made to the statements.

As part of a compilation engagement, an accountant will compile the financial statements based on management representations without expressing any assurance on the statements. A compilation will not meet this standard.

Survey Preparation Questions

3. Explain how financial planning and management are designed to meet:

- Established outcomes for the persons served.

- Organizational performance objectives.

Do you prepare an annual budget? ❑ Yes ❑ No

Describe your fiscal policies and written procedures, including internal control practices.

Explain your process for obtaining annual financial review or audit of your organization's financial statements by an independent accountant.

Network B.

4. The participating provider demonstrates ongoing attention to the health and safety of the environment.

Intent Statements

The participating provider demonstrates an overall concern for the health and safety of the persons served and personnel including ongoing attention to safe practices and reduction of health and safety risks in the environment and consideration of any applicable health and safety requirements of local or other governmental authorities. Documentation of daily maintenance tasks is not required.

Survey Preparation Questions

4. Beyond inspections and tests of emergency procedures, what are some ways in which you strive to provide a healthy and safe environment?

List any health or safety concerns that have been identified.

Describe the steps that will be taken to address those concerns and the personnel responsible.

If no physical locations are used for administration or delivery of any services, describe how you address health and safety of the environment in the location of the persons served.

Network B.

5. Personnel receive documented competency-based training:

a. At orientation in the following areas:

(1) Health and safety practices.
(2) Identification of unsafe environmental factors.
(3) Emergency procedures.
(4) Evacuation procedures, if appropriate.
(5) Identification of critical incidents.
(6) Reporting of critical incidents.
(7) Medication management, if appropriate.
(8) Reducing physical risks.
(9) Workplace violence.

b. At least annually in the following areas:

(1) Health and safety practices.
(2) Identification of unsafe environmental factors.
(3) Emergency procedures.
(4) Evacuation procedures, if appropriate.
(5) Identification of critical incidents.
(6) Reporting of critical incidents.
(7) Medication management, if appropriate.
(8) Reducing physical risks.
(9) Workplace violence.

Survey Preparation Questions

5. Describe the competency-based training provided to personnel at orientation in the following areas:

- Health and safety practices.

- Identification of unsafe environmental factors.

- Emergency procedures.

- Evacuation procedures, if appropriate.

- Identification of critical incidents.

- Reporting of critical incidents.

- Medication management, if appropriate.

- Reducing physical risks.

- Workplace violence.

Where is the training provided to personnel at orientation documented?

Describe the competency-based training for personnel at least annually in the following areas:

- Health and safety practices.
- Identification of unsafe environmental factors.
- Emergency procedures.
- Evacuation procedures, if appropriate.
- Identification of critical incidents.
- Reporting of critical incidents.

- Medication management, if appropriate.

- Reducing physical risks.

- Workplace violence.

Where is the training provided to personnel at least annually documented?

Network B.

6. There are written emergency procedures:
- **a. For:**
  - **(1) Fires.**
  - **(2) Bomb threats.**
  - **(3) Natural disasters.**
  - **(4) Utility failures.**
  - **(5) Medical emergencies.**
  - **(6) Violent or other threatening situations.**
- **b. That satisfy:**
  - **(1) The requirements of applicable authorities.**
  - **(2) Practices appropriate for the locale.**
- **c. That address, as follows:**
  - **(1) When evacuation is appropriate.**
  - **(2) Complete evacuation from the physical facility.**
  - **(3) When sheltering in place is appropriate.**
  - **(4) The safety of all persons involved.**
  - **(5) Accounting for all persons involved.**
  - **(6) Temporary shelter, when applicable.**
  - **(7) Identification of essential services.**
  - **(8) Continuation of essential services.**
  - **(9) Emergency phone numbers.**

(10) Notification of the appropriate emergency authorities.

(11) Communication with relevant stakeholders.

Intent Statements

Established emergency procedures that detail appropriate actions to be taken, including communication with relevant stakeholders, consider any unique needs of persons served, and are appropriate and specific to the service delivery site or location promote safety in all types of emergencies.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation. The evacuation procedure guides personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

Survey Preparation Questions

6. Describe your emergency procedures in the following areas:

- Fires.

- Bomb threats.

- Natural disasters.

- Utility failures.

- Medical emergencies.

- Violent or other threatening situations.

Describe how these procedures meet the requirements of applicable authorities.

How do you ensure that they are appropriate to your locale?

How do your evacuation procedures address:

- When evacuation is appropriate?

- Complete evacuation from your physical facility?

- When sheltering in place is appropriate?

- Safety of all persons involved?

- Accounting for all persons involved?

- Temporary shelter, when applicable?

- Identification of essential services?

- Continuation of essential services?

- Emergency phone numbers?

- Notification of the appropriate emergency authorities?

- Communication with relevant stakeholders?

Network B.

7. The participating provider has evacuation routes that are:
- **a. Accessible.**
- **b. Understandable to:**
  - **(1) Persons served.**
  - **(2) Personnel.**
  - **(3) Other stakeholders, including visitors.**

Survey Preparation Questions

7. Describe how you ensure that evacuation routes are accessible.

How did you ensure that evacuation routes are understandable to:

- Persons served?

- Personnel?

- Other stakeholders, including visitors?

Network B.

8. An unannounced test of each emergency procedure:

a. Is conducted:

(1) At least annually.

(2) On each shift.

(3) At each location.

b. Includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill.

c. Is analyzed for performance that addresses:

(1) Areas needing improvement.

(2) Actions to address the improvements needed.

(3) Implementation of the actions.

(4) Necessary education and training of personnel.

(5) Whether the actions taken accomplished the intended results.

d. Is evidenced in writing, including the analysis.

NOTE: *This standard does not apply to services provided in private homes or private apartments.*

Intent Statements

Each emergency procedure addressed in Standard B.6. (fires, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations) is tested, analyzed for performance, and documented, including the analysis. Practicing emergency procedures helps the persons served and personnel to better respond in actual emergency situations. Simulated evacuations should be limited to situations where actual evacuations are not possible. Emergency procedure testing is part of a participating provider's performance improvement activities. Analysis of results of the tests may indicate ways to improve performance.

Survey Preparation Questions

8. Describe how you test your emergency procedures, including:

- Methods used.

_____

_____

_____

- How often.

_____

_____

Are tests of each emergency procedure conducted:

- At least annually? ❑ Yes ❑ No
- On each shift? ❑ Yes ❑ No
- At each location? ❑ Yes ❑ No

Do the tests include, as appropriate to the procedure, a complete actual or simulated physical evacuation drill? ❑ Yes ❑ No

Explain how information gathered from tests of the emergency procedures is analyzed.

Does the analysis address:

- Areas needing improvement? ❑ Yes ❑ No
- Actions to address the improvements needed? ❑ Yes ❑ No
- Implementation of the actions? ❑ Yes ❑ No
- Necessary education and training of personnel? ❑ Yes ❑ No
- Whether the actions taken accomplished the intended results? ❑ Yes ❑ No

Are the tests of emergency procedures and the analyses documented? ❑ Yes ❑ No

How has the analysis either resulted in improvements or verified existing practice?

Network B.

9. If a participating provider provides services in locations that are not owned/leased or controlled/operated by the participating provider, it implements written procedures that address safety at the service delivery site:

a. For:

(1) Persons served.

(2) Personnel.

b. Including:

(1) Consideration of any emergency procedures that may already be in place at the service delivery site.

(2) The physical environment, including accessibility, of the service delivery site.

(3) Basic needs in the event of an emergency.

(4) Actions to be taken in the event of an emergency.

(5) Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services.

Intent Statements

Please refer to the Glossary for the definition of *controlled/operated*.

Written procedures address the uniqueness of the settings and types of situations that may be encountered, and when decisions need to be made, potentially on an immediate basis, to ensure the safety of persons served and personnel under a variety of circumstances.

This standard applies to programs that include community outings or community integration activities for the persons served and to programs that provide all of their services in locations that are not owned/leased or controlled/operated by the participating provider, including private homes.

9.b.(1) If services are provided in a location that is separately licensed or regulated, there may already be emergency procedures in place. If personnel or persons served are present in the event of an emergency, they would follow those procedures.

Examples

Services may be provided at sites including, but not limited to, a library, school, sports or performing arts venue, movie theatre, volunteer site, job site, private home, etc. Based on the service delivery site, the participating provider considers actions to be taken in the event of emergencies such a fires, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations.

Survey Preparation Questions

9. Does the participating provider provide any services in locations that are not owned/leased or controlled/operated by the participating provider, such as locations in the community or private homes?

❑ Yes ❑ No

If *Yes,* describe what services are provided in these locations.

_____

_____

_____

_____

Are there written procedures in place that address safety at the service delivery site for:

- Persons served? ❑ Yes ❑ No
- Personnel? ❑ Yes ❑ No

Do the written procedures include:

- Consideration of any emergency procedures that may already be in place at the service delivery site? ❑ Yes ❑ No

- The physical environment, including accessibility, of the service delivery site? ❑ Yes ❑ No
- Basic needs in the event of an emergency? ❑ Yes ❑ No
- Actions to be taken in the event of an emergency? ❑ Yes ❑ No
- Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services? ❑ Yes ❑ No

Where are these procedures documented?

How do you ensure that personnel and persons served are aware of and know how to consistently implement these procedures if necessary?

Network B.

10. There is ready access:

a. At each location.

b. To:

(1) First aid expertise.

(2) First aid equipment.

(3) First aid supplies.

(4) Relevant emergency information on the:

(a) Persons served.

(b) Personnel.

Intent Statements

It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population served and the service setting. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during hours of operation. First aid supplies are checked for expiration and availability of adequate supply through a systematic process and replenished and replaced as needed.

10.b.(4) The participating provider has a mechanism in place to ensure that emergency information is kept current on persons served and personnel.

Survey Preparation Questions

10. Describe how your organization has ready access to the following at each location:

- First aid expertise.

- First aid equipment.

- First aid supplies.

- Relevant emergency information on:
  - Persons served.
  - Personnel.

Network B.

11. The participating provider implements written procedures regarding critical incidents that:

a. Specify the following critical incidents:

(1) Medication errors.
(2) Use of seclusion.
(3) Use of restraint.
(4) Incidents involving injury.
(5) Communicable disease.
(6) Infection control.
(7) Aggression or violence.
(8) Use and unauthorized possession of weapons.
(9) Wandering.
(10) Elopement.
(11) Vehicular accidents.

(12) Biohazardous accidents.
(13) Unauthorized use and possession of legal or illegal substances.
(14) Abuse.
(15) Neglect.
(16) Suicide and attempted suicide.
(17) Sexual assault.
(18) Overdose.
(19) Other sentinel events.

b. Include:

(1) Prevention.
(2) Reporting.
(3) Documentation.
(4) Remedial action.
(5) Timely debriefings conducted following critical incidents.

Intent Statements

Any of the incidents listed above could occur in any organization. In developing its procedures for critical incidents, a participating provider should consider the persons served, personnel, and other stakeholders, such as visitors to its program. A participating provider is not required to have a separate procedure for each type of incident; however, the organization's written procedures for prevention, reporting, documentation, remedial action, and timely debriefings should consider the possibility of each type of occurrence.

Survey Preparation Questions

11. Describe your written procedures for critical incidents, including:

- Medication errors.

- Use of seclusion.

- Use of restraint.

- Incidents involving injury.

- Communicable diseases.

- Infection control.

- Aggression or violence.

- Use and unauthorized possession of weapons.

- Wandering.

- Elopement.

- Vehicular accidents.

- Biohazardous accidents.

- Unauthorized use and possession of legal or illegal substances.

- Abuse.

- Neglect.

- Suicide and attempted suicide.

- Sexual assault.

- Overdose.

- Other sentinel events.

How do you address prevention of critical incidents?

How are critical incidents reported?

How are critical incidents documented?

When necessary, how is remedial action identified?

How do you ensure that such actions are completed?

Describe your process for conducting timely debriefings following critical incidents.

Network B.

12. A written analysis of all critical incidents is provided to or conducted by leadership:

- **a. At least annually.**
- **b. That addresses:**
  - **(1) Causes.**
  - **(2) Trends.**
  - **(3) Areas needing improvement.**
  - **(4) Actions to address the improvements needed.**
  - **(5) Implementation of the actions.**
  - **(6) Whether the actions taken accomplished the intended results.**

(7) Necessary education and training of personnel.
(8) Prevention of recurrence.
(9) Internal reporting requirements.
(10) External reporting requirements.

Intent Statements

An integrated approach to the management of critical incidents is essential to effective risk management.

Survey Preparation Questions

12. Describe the analysis of all critical incidents provided to or conducted by leadership.

Is this written analysis completed at least annually? ❑ Yes ❑ No

Describe how it addresses:

- Causes.
- Trends.
- Areas needing improvement.
- Actions to address the improvements needed.

- Implementation of the actions.

- Whether the actions taken accomplished the intended results.

- Necessary education and training of personnel.

- Prevention of recurrence.

- Internal reporting requirements.

- External reporting requirements.

Network B.

13. The participating provider implements written procedures regarding infections and communicable diseases:

a. That address:

(1) Prevention, including:

(a) Appropriate use of standard or universal precautions.

(b) Vaccination, if applicable.

(c) Screening, if applicable.

(2) Identification.

(3) Reporting.

(4) Investigation.

(5) Control/mitigation.

b. That include training on the procedures for:

(1) Persons served.

(2) Personnel.

(3) Other stakeholders.

Intent Statements

The participating provider takes a comprehensive approach to prevention and management of infections and communicable diseases. This includes consideration of legal and regulatory requirements to which the organization is subject, which may vary by state/province or other jurisdiction as well as type of organization, and relevant training for persons served, personnel, and other stakeholders.

13.a.(1)(a) In Canada this may be referred to as *routine practices*.

Survey Preparation Questions

13. Are there written procedures in place regarding infections and communicable diseases?

❑ Yes ❑ No

Do these procedures address:

- Prevention, including:
  - Appropriate use of standard or universal precautions? ❑ Yes ❑ No
  - Vaccination, if applicable? ❑ Yes ❑ No
  - Screening, if applicable? ❑ Yes ❑ No
- Identification? ❑ Yes ❑ No
- Reporting? ❑ Yes ❑ No
- Investigation? ❑ Yes ❑ No
- Control/mitigation? ❑ Yes ❑ No

How do you ensure that these procedures are consistently implemented?

Describe how training on these procedures is provided for:

- Persons served.

- Personnel.

- Other stakeholders.

Network B.

14. When transportation is provided for persons served, there is evidence of:

- **a. Appropriate licensing of all drivers.**
- **b. Regular review of driving records of all drivers.**
- **c. Insurance covering:**
  - **(1) Vehicles.**
  - **(2) Passengers.**
- **d. Safety features in vehicles.**
- **e. Safety equipment.**
- **f. Accessibility.**
- **g. Training of drivers regarding:**
  - **(1) The organization's transportation procedures.**
  - **(2) The unique needs of the persons served.**
- **h. Written emergency procedures available in the vehicle(s).**
- **i. Communication devices available in the vehicle(s).**
- **j. First aid supplies available in the vehicle(s).**
- **k. Maintenance of vehicles owned or operated by the organization according to manufacturers' recommendations.**
- **l. If services are contracted, a documented review of the contract at least annually against elements a. through k. of this standard.**

NOTE: *This standard applies only to participating providers that provide transportation for persons served. It does not apply to vehicles that are used only for transporting materials.*

Intent Statements

Transportation for the persons served is provided in a safe manner consistent with the regulations of the local authorities. This standard will apply when any vehicle, including a personal vehicle, is used to provide transportation for persons served.

14.j. First aid supplies are checked for expiration and availability of adequate supply through a systematic process and replenished and replaced as needed.

14.l. Please refer to the Glossary for the definition of *contract*.

Survey Preparation Questions

14. If you provide transportation services for persons served, describe where and how you maintain evidence of:

- Appropriate licensing of all drivers.
- Review of driving records.
- Insurance for vehicles and passengers.
- Safety features in vehicles.
- Safety equipment.
- Accessibility.
- Training of drivers in your organization's transportation procedures.
- Training of drivers on the unique needs of the persons served.

- Written emergency procedures available in the vehicle(s).

- Communication devices available in the vehicle(s).

- First aid supplies available in the vehicle(s).

- Maintenance of vehicles owned or operated by the organization according to manufacturers' recommendations.

If you contract transportation services, is there a documented review of contracts at least annually that includes all of the above elements? ❑ Yes ❑ No

Network B.

15. Comprehensive health and safety self-inspections:

a. Are conducted:

(1) At least semiannually.

(2) On each shift.

b. Result in a written report that identifies:

(1) The areas inspected.

(2) Recommendations for areas needing improvement.

(3) Actions taken to respond to the recommendations.

Intent Statements

Regular self-inspections help personnel to internalize current health and safety requirements into everyday practices. Self-inspections must include all facilities regularly utilized by the participating provider.

Survey Preparation Questions

15. Describe the process for self-inspections of your facilities, including how often they are done.

Are self-inspections conducted:

- At least semiannually? ❑ Yes ❑ No
- On each shift? ❑ Yes ❑ No

In the written report of self-inspections, are the following addressed:

- Areas covered? ❑ Yes ❑ No
- Recommendations for improvement? ❑ Yes ❑ No
- Action plans for improvement? ❑ Yes ❑ No
- Results of the actions taken? ❑ Yes ❑ No

Network B.

16. Comprehensive health and safety inspections:

a. Are conducted:

(1) At least annually.

(2) By a qualified external authority.

b. Result in a written report that identifies:

(1) The areas inspected.

(2) Recommendations for areas needing improvement.

(3) Actions taken to respond to the recommendations.

Intent Statements

External inspections are completed at least annually to enhance and maintain the participating provider's health and safety practices. External inspections must include all facilities regularly utilized by the participating provider.

Survey Preparation Questions

16. Are comprehensive health and safety inspections conducted at least annually?

❑ Yes ❑ No

Does the inspection result in a written report? ❑ Yes ❑ No

Describe the process for annual external health and safety inspections of your facilities, including:

- What areas are covered.

- How you determined what areas to include to ensure a comprehensive inspection.

- Who conducts the inspection.

- How the inspector is external to your organization and what the inspector's qualifications are.

In the written report of external inspections, are the following addressed:

- Areas covered? ❑ Yes ❑ No
- Recommendations for improvement? ❑ Yes ❑ No
- Action plans for improvement? ❑ Yes ❑ No
- Results of the actions taken? ❑ Yes ❑ No

Network B.

17. The participating provider implements written procedures that address:
a. Verification of:
(1) Backgrounds of the workforce in the following areas, if required:
(a) Criminal checks.
(b) Immunizations.

(c) **Fingerprinting.**
(d) **Drug testing.**
(e) **Vulnerable population checks.**
(f) **Driving records.**

(2) **The credentials of all applicable workforce (including licensure, certification, registration, and education):**
(a) **With primary sources.**
(b) **In all states/provinces or other jurisdictions where the workforce will deliver services.**

(3) **Fitness for duty, if required.**

b. **Actions to be taken in response to the information received concerning:**
(1) **Background checks.**
(2) **Credentials verification.**
(3) **Fitness for duty.**

c. **Timeframes for verification of backgrounds, credentials, and fitness for duty, including:**
(1) **Prior to the delivery of services to the persons served or to the organization.**
(2) **Throughout employment.**

Intent Statements

The participating provider demonstrates how each of the areas listed is verified. CARF expects that the provider will follow all of the established procedures and timeframes and that it complies with all applicable legal requirements in determining its procedures.

17.a.(1) The participating provider is aware of and adheres to any external requirements (e.g., of funders, regulatory entities, contractual agreements, etc.) for background checks of its workforce as well as any requirements it may have established internally. The participating provider determines whether it will conduct background checks in more than one state/province or jurisdiction for all or select members of the workforce.

17.a.(2)(a) Primary source verification can occur when credentials are initially earned, at the time of hire, or, for existing members of the workforce, prior to an accreditation survey. Verbal, written, or electronic confirmation of credentials (including degrees) from state/provincial or other jurisdictional boards, schools or institutions, and/or trade associations, or verification through a credentials verification organization, is required. Copies of credentials provided directly by personnel do not meet the primary source verification requirement.

High school diplomas do not need primary source verification, but college degrees, when required for the position, would need to be verified with primary sources. When a licensing authority requires and verifies the education required for the license, evidence of licensing from the licensing authority as the primary source will also serve as evidence that the education has been verified.

17.a.(2)(b) If services are delivered in more than one state/province or jurisdiction, the organization is knowledgeable about reciprocity of credentials such as licensure, certification, or registration; how credentialing requirements may differ from one state/province or jurisdiction to another; and how this would impact in-person service delivery or service delivery via information and communication technologies.

17.a.(3) A fitness-for-duty exam is a medical examination used to determine whether a worker is physically or psychologically able to perform the essential functions of the job.

17.b. The participating provider has procedures in place in the event that backgrounds, credentials, or fitness for duty cannot be verified.

17.c. Timeframes are established by external authorities or, in their absence, by the participating provider.

Survey Preparation Questions

17. Do you have written procedures that address:

- Verification of:
  - Backgrounds of the workforce in the following areas, if required:
    - Criminal checks? ❑ Yes ❑ No
    - Immunizations? ❑ Yes ❑ No
    - Fingerprinting? ❑ Yes ❑ No
    - Drug testing? ❑ Yes ❑ No
    - Vulnerable population checks? ❑ Yes ❑ No
    - Driving records? ❑ Yes ❑ No
  - The credentials of all applicable workforce (including licensure, certification, registration, and education):
    - With primary sources? ❑ Yes ❑ No
    - In all states/provinces or other jurisdictions where the workforce will deliver services? ❑ Yes ❑ No
  - Fitness for duty, if required? ❑ Yes ❑ No
- Actions to be taken in response to the information received concerning:
  - Background checks? ❑ Yes ❑ No
  - Credentials verification? ❑ Yes ❑ No
  - Fitness for duty? ❑ Yes ❑ No
- Timeframes for verification of backgrounds, credentials, and fitness for duty, including:
  - Prior to the delivery of services to the persons served or to the organization? ❑ Yes ❑ No
  - Throughout employment? ❑ Yes ❑ No

Where are these procedures documented?

How do you ensure that the written procedures are consistently implemented?

Network B.

18. Onboarding and engagement activities include:

- **a. Orientation.**
- **b. On-the-job training.**
- **c. Position roles and responsibilities.**
- **d. Position performance expectations.**
- **e. Communication systems and expectations.**
- **f. Documented training that addresses the identified competencies needed by personnel.**

Survey Preparation Questions

18. Explain how your organization provides onboarding and engagement activities for personnel that include:

- Orientation.
- On-the-job training.
- Position roles and responsibilities.
- Position performance expectations.

- Documented training that addresses the identified competencies needed by personnel.

Where and how is the training documented?

Network B.

19. Performance management includes:

a. Written job descriptions that are reviewed and updated in accordance with organizational needs and/or the requirements of external entities.

b. Performance appraisals for all personnel directly employed by the participating provider.

c. Documented reviews of all contract personnel utilized by the participating provider.

Survey Preparation Questions

19. Describe how you address the review of job descriptions and keeping them updated.

Describe the performance appraisal process with consideration of the different groups that comprise your workforce.

Describe how you address reviews of contract personnel, including where the reviews are documented.

Network B.

20. As applicable, the participating provider demonstrates a process to address the provision of services by the workforce consistent with relevant:

a. Regulatory requirements.
b. Licensure requirements.
c. Registration requirements.
d. Certification requirements.
e. Professional degrees.
f. Training to maintain established competency levels.
g. On-the-job training requirements.

Intent Statements

The participating provider is knowledgeable about and ensures that services are provided in accordance with external and internal requirements and education relevant to its workforce.

Survey Preparation Questions

20. Describe your process for ensuring that personnel provide services consistent with:

- Regulatory requirements.

- Licensure requirements.

- Registration requirements.

- Certification requirements.

- Professional degrees.

- Training to maintain established competency levels.

- On-the-job training requirements.

Network B.

21. The participating provider implements policies promoting the following rights of the persons served:

- **a. Confidentiality of information.**
- **b. Privacy.**
- **c. Freedom from:**
  - **(1) Abuse.**
  - **(2) Financial or other exploitation.**
  - **(3) Retaliation.**
  - **(4) Humiliation.**
  - **(5) Neglect.**
  - **(6) Discrimination.**
- **d. Access to:**
  - **(1) Information pertinent to the person served in sufficient time to facilitate the person's decision making.**
  - **(2) Their own records.**
- **e. Informed consent or refusal or expression of choice and withdrawal of consent regarding:**
  - **(1) Service delivery.**
  - **(2) Release of information.**
  - **(3) Concurrent services.**
  - **(4) Composition of the service delivery team.**
  - **(5) Involvement in research projects, if applicable.**

f. Access or referral to:

(1) Legal entities for appropriate representation.

(2) Self-help support services.

(3) Advocacy support services.

g. Adherence to research guidelines and ethics when persons served are involved, if applicable.

h. Investigation and resolution of alleged infringement of rights.

i. Other legal rights.

Intent Statements

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the participating provider implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

Survey Preparation Questions

21. Explain your policies on the rights of persons served in the following areas:

- Confidentiality of information.

- Privacy.

- Freedom from:
  - Abuse.
  - Financial or other exploitation.
  - Retaliation.

- Humiliation.

- Neglect.

- Discrimination.

Explain how your organization gives the person served access to information in sufficient time to make decisions.

How do the persons served gain access to their records?

How are they informed of this process?

Describe your processes for informed consent or refusal or expression of choice and withdrawal of consent regarding:

- Service delivery.

- Release of information.

- Concurrent services.

- Composition of service delivery team.

- Involvement in research projects, if applicable.

Explain how persons served have access or referral to:

- Legal entities for representation.

- Self-help support services.

- Advocacy support services.

If you have research projects in which persons served are involved, describe the research guidelines and ethics practiced.

How does your organization deal with allegations of infringements of a person's rights?

How does your organization identify and ensure other legal rights of the persons served?

Network B.

22. The rights of the persons served are:

- **a. Communicated to the persons served:**
  - **(1) In a way that is understandable.**
  - **(2) Prior to the beginning of service delivery or at initiation of service delivery.**
  - **(3) At least annually for persons served in a program for longer than one year.**
- **b. Available at all times for:**
  - **(1) Review.**
  - **(2) Clarification.**

Intent Statements

To ensure that the persons served have a clear understanding of their rights, the participating provider communicates and shares these rights in a manner that is understandable to the persons served.

Survey Preparation Questions

22. Explain how rights are communicated in a way that is understandable, available at all times, and shared with persons served prior to or at the start of service delivery.

If persons are served longer than one year, how do you ensure that a review of rights is done at least annually?

Network B.

23. The participating provider:

- **a. Implements a policy and written procedure by which persons served may formally complain to the provider that specify:**
  - **(1) Its definition of a formal complaint.**
  - **(2) That the action will not result in retaliation or barriers to services.**
  - **(3) How efforts will be made to resolve the complaint.**
  - **(4) Levels of review, which include availability of external review.**
  - **(5) Timeframes that:**
    - **(a) Are adequate for prompt consideration.**
    - **(b) Result in timely decisions for the person served.**
  - **(6) Procedures for written notification to persons served regarding the actions to be taken to address the complaint.**
  - **(7) The rights of each party.**
  - **(8) The responsibilities of each party.**
  - **(9) The availability of advocates or other assistance.**
- **b. Makes complaint procedures and, if applicable, forms:**
  - **(1) Readily available to the persons served.**
  - **(2) Understandable to the persons served.**
- **c. Documents formal complaints received.**

Intent Statements

The participating provider identifies clear protocols related to formal complaints, as defined by the participating provider.

Survey Preparation Questions

23. Describe your formal complaint policy, including how your organization defines a formal complaint.

Describe how the complaint procedure addresses:

- That any action will not result in retaliation or a barrier to service.
- How the complaint will be resolved.
- Levels of review including the availability of external review.
- Timeframes that are adequate for prompt consideration and result in timely decisions.
- Written notification to persons served regarding actions to be taken.
- Rights and responsibilities of each party.

- Availability of advocates or other assistance.

- The ease of availability to the person served of complaint procedures and, if applicable, forms.

How do you know that the information provided is understandable to persons served?

Are all formal complaints documented? ❑ Yes ❑ No

Network B.

24. The participating provider:

a. Assesses the accessibility needs of the:

(1) Persons served.

(2) Personnel.

(3) Other stakeholders.

b. Implements an ongoing process to consider barriers in each of the following areas:

(1) Architecture.

(2) Environment.

(3) Attitudes.

(4) Finances.

(5) Employment.

(6) Communication.

(7) Technology.

(8) Transportation.

(9) Community integration, when appropriate.

(10) Any other barrier identified by the:

(a) Persons served.

(b) Personnel.

(c) Other stakeholders.

Intent Statements

The participating provider demonstrates a commitment to accessibility and the removal of barriers. Participating providers address accessibility issues in order to:

- Foster a person-centered approach to service delivery, facilitate inclusion, and enhance the quality of life for the persons served.
- Implement nondiscriminatory employment practices.
- Meet legal and regulatory requirements.
- Meet the expectations of stakeholders in the area of accessibility.

The participating provider should address how input was solicited from the persons served, personnel, and other stakeholders to assist in the identification of barriers, and take into consideration any accessibility needs—physical, cognitive, sensory, emotional, or developmental—that may hinder full and effective participation on an equal basis with others.

Survey Preparation Questions

24. How does the leadership assess the accessibility needs of:

- Persons served?

- Personnel?

- Other stakeholders?

List the barriers, if any, you have identified in the following areas:

- Architecture.

- Environment.

- Attitudes.

- Finances.

- Employment.

- Communication.

- Technology.

- Transportation.

- Community integration, as appropriate.

Explain how you received ongoing input from persons served, personnel, and other stakeholders about barriers they have identified.

Describe the process you have in place for identifying barriers in the above areas on an ongoing basis.

Appendix A. Required Written Documentation

The following tables list standards in this document that explicitly require some form of written evidence in order to demonstrate conformance. When interpreting CARF standards, the following terms *always* indicate the need for written evidence: *policy*, *plan*, *documented*, *documentation*, and *written*. Other terms may also indicate the need for specific written information.

Standard	Requirements	Location of Documentation
B. Standards for Unaccredited Participating Providers		
2.	Policies and written procedures on records	
3.b.	Written budget, fiscal policies and written procedures including internal controls, and documented evidence of annual financial statement review or audit of the participating provider	
5.	Documentation of competency-based training in health and safety for personnel at orientation and at least annually	
6.	Written emergency and evacuation procedures	
8.	Written evidence of unannounced tests of each emergency procedure, including analysis	
9.	For participating providers that provide services in locations that are not owned/leased or controlled/operated by the participating provider, written procedures that address safety at the service delivery site for persons served and personnel	
11.	Written procedures regarding critical incidents	
12.	Written analysis of critical incidents	
13.	Written procedures regarding infections and communicable diseases	
14.h.	Written emergency procedures related to transportation services	
14.l.	Documented reviews of contracts for transportation services, if applicable	
15.b.	Health and safety self-inspection reports	
16.b.	External health and safety inspection reports	
17.	Written procedures related to verification of backgrounds. credentials, and fitness for duty, if required, of the workforce	

Standard	Requirements	Location of Documentation
18.f.	Documented training that addresses the identified competencies needed by personnel	
19.a.	Written job descriptions	
19.c.	Documented reviews of all contract personnel utilized by the participating provider	
21.	Policies on the rights of persons served	
23.a.	Policy and written procedure by which persons served may make a formal complaint	
23.b.	Complaint forms, if applicable	
23.c.	Documentation of formal complaints	

Appendix B. Operational Timelines

The following tables list standards that require activities be conducted at specific time intervals. The documents assembled for the network review should provide evidence that these activities occur.

Standards that specify an activity be conducted *at least* or *no less than* a specific time period are listed in the table for the maximum timeframe within which they may occur.

Activities to be Conducted at least Annually

Related Standard	Activity	Date of Last Occurrence	Document Source
Standards for Unaccredited Participating Providers			
3.b.(1)	Preparation of an annual budget		
3.b.(3)	Review or audit of participating provider's financial statements by an independent accountant authorized by the appropriate authority		
5.b.	Competency-based training for personnel on health and safety topics listed in the standard		
8.	Unannounced test of each emergency procedure, including as relevant to the procedure complete actual or simulated physical evacuation, and written analysis of performance		
12.	Written analysis of all critical incidents provided to or conducted by leadership		
14.l.	If transportation services are contracted, contract reviewed against elements a.–k. of the standard		
16.a.(1)	Comprehensive external health and safety inspection conducted		
22.a.(3)	Rights of persons served communicated to persons served in a program longer than one year		

Activities to be Conducted at least Semiannually

Related Standard	Activity	Date of Last Occurrence	Document Source
Standards for Unaccredited Participating Providers			
15.a.	Comprehensive health and safety self-inspections conducted		

Appendix C. Required Training

The following tables list the standards that explicitly require an organization to provide some form of education or training to personnel, persons served, and/or other stakeholders.

Some standards require competency-based training or education. As defined in the Glossary, competency-based training is an approach to education that focuses on the ability to demonstrate adequate skills, knowledge, and capacity to perform a specific set of job functions.

What is *not* included in this Appendix:

- Standards that require specifically qualified or trained personnel to provide certain services or require an organization to verify or ensure that personnel have appropriate qualifications, education, and/or training but do not require the organization to directly provide the requisite education or training are not listed in this Appendix.
- Many standards require sharing or exchange of information with persons served, personnel, and/or other stakeholders. Although this may be accomplished through educational efforts, such standards are not listed in this Appendix.

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
Standards for Unaccredited Participating Providers				
B.5.	Health and safety training that addresses all areas listed in the standard	Personnel	Yes	Orientation and at least annually
B.8.c.(4)	Necessary education and training related to tests of the emergency procedures	Personnel	No	None specified
B.12.b.(7)	Necessary education and training related to critical incidents	Personnel	No	None specified
B.13.b.	Training on procedures regarding infections and communicable diseases	Persons served, personnel, and other stakeholders	No	None specified
B.14.g.	If the program provides transportation for persons served, training regarding the transportation procedures and unique needs of persons served	Personnel with driving responsibilities	No	None specified
B.18.b.	Onboarding and engagement activities include on-the-job training	Personnel	No	None specified
B.18.f.	Onboarding and engagement activities include training that addresses identified competencies	Personnel	Yes	None specified

Glossary

Note: *This glossary has been prepared for use with all CARF standards manuals. Terms have been selected for definition because they are subject to a wide range of interpretation and therefore require clarification of their usage in CARF's standards and materials. The glossary does not define practices or disciplines.*

CARF has not attempted to provide definitions that will be universally applicable. Rather, the intention is to define the meanings of the terms as they are used by CARF.

These definitions apply to all programs and services seeking accreditation. In some instances, glossary terms are used differently in different standards manuals. In such cases, the applicable manual is noted in parentheses after the term heading and before the definition.

Access: Barriers or lack thereof for persons in obtaining services. May apply at the level of the individual persons served (timeliness or other barriers) or the target population for the organization.

Acquired brain injury: Acquired brain injury (ABI) is an insult to the brain that affects its structure or function, resulting in impairments of cognition, communication, physical function, or psychosocial behavior. ABI includes both traumatic and nontraumatic brain injury. Traumatic brain injuries may include open head injuries (e.g., gun shot wound, other penetrating injuries) or closed head injuries (e.g., blunt trauma, acceleration/deceleration injury, blast injury). Nontraumatic brain injuries may include those caused by strokes, nontraumatic hemorrhage (e.g., ruptured arterio-venous malformation, aneurysm), tumors, infectious diseases (e.g., encephalitis, meningitis), hypoxic injuries (e.g., asphyxiation, near drowning, anesthetic incidents, hypovolemia), metabolic disorders (e.g., insulin shock, liver or kidney disease), and toxin exposure (e.g., inhalation, ingestion). ABI does not include brain injuries that are congenital, degenerative, or induced by birth trauma.

Acquired impairment: An impairment that has occurred after the completion of the birthing process.

Acquisition: The purchase by one legal entity of some or all of the assets of another legal entity. In an acquisition, the purchasing entity may or may not assume some or all of the liabilities of the selling entity. Generally, the selling entity continues in existence.

Activities of daily living (ADL): The instructional area that addresses the daily tasks required to function in life. ADL encompass a broad range of activities, including maintaining personal hygiene, preparing meals, and managing household chores.

Activity: The execution of a task or action by an individual. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Activity limitations: Difficulties an individual may have in executing activities. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Adaptive equipment: Equipment or devices, such as wheelchairs, walkers, communication devices, adapted utensils, and raised toilet seats, that help persons perform their activities of daily living.

Adjudicated: (Behavioral Health, Child and Youth Services) Sentenced by a juvenile court or criminal court.

Administration: The act of managing or supporting management of an organization's business affairs. Business affairs include activities such as strategic planning, financial planning, and human resources management.

Administrative location: Sites where the organization carries out administrative operations for the programs or services seeking accreditation and/or personnel who provide the programs or services seeking accreditation are located.

Adolescence: The period of life of an individual between childhood and adulthood, beginning at puberty and ending when one is legally recognized as an adult in one's state or province.

Advance directives: Specific instructions given by a person served to a care provider regarding the level and extent of care he or she wishes to receive. The intent is to aid competent adults and their families to plan and communicate in advance their decisions about medical treatment and the use of artificial life support. Included is the right to accept or refuse medical or surgical treatment. Includes psychiatric advance directives where allowed by law.

Adverse events: An untoward, undesirable, and usually unanticipated event such as a death of a person served, an employee, a volunteer, or a visitor in a provider organization. Incidents such as a fall or improper administration of medications are also considered adverse events even if there is no permanent effect on the individual or person served.

Advocacy services: Services that may include one or more of the following for persons with disabilities or other populations historically in need of advocacy:

- Personal advocacy: one-on-one advocacy to secure the rights of the person served.
- Systems advocacy: seeking to change a policy or practice that affects the person served.
- Legislative advocacy as permitted by law: seeking legislative enactments that would enhance the rights of and/or opportunities for the person served.
- Legal advocacy: using the judicial and quasi-judicial systems to protect the rights of the person served.
- Self-advocacy: enabling the person served to advocate on his/her own behalf.

Affiliation: A relationship, usually signified by a written agreement, between two organizations under the terms of which one organization agrees to provide specified services and personnel to meet the needs of the other, usually on a scheduled basis.

Affirmative enterprises: Operations designed and directed to create substantial economic opportunities for persons with disabilities.

Assessment: Process used with the person served to collect information related to his or her history and strengths, needs, abilities, and preferences in order to determine the diagnosis, appropriate services, and/or referral.

Assistive technology: Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase or improve functional capabilities of individuals.

Aversive conditioning: Procedures that are punishing, physically painful, emotionally frightening, deprivational, or put a person served at medical risk when they are used to modify behaviors.

Behavioral health: A category of medicine and rehabilitation that combines the areas of alcohol and other drug services, mental health, and psychosocial rehabilitation.

Behavioral change approach: (Employment and Community Services) A behavioral change approach is a method or technique used to promote desirable behaviors and eliminate unwanted behaviors. Behavioral change approaches include planned activities, interventions, and strategies developed and carried out with the purpose of reinforcing desirable behaviors and eliminating unwanted behaviors over a period of time.

Board: See *Governing board*.

Catastrophe: A disaster or accident that immediately impacts an organization's ability to provide its programs or services or significantly impacts how the programs or services will be provided in the future.

Child/adolescent: An individual up to the age at which one is legally recognized as an adult according to state or provincial law.

Commensurate wage: A wage that is proportionate to the prevailing wage paid to experienced workers in the vicinity for essentially the same type of work. It is based on the quantity and quality of work produced by the worker with a disability compared to the work produced by experienced workers.

Communication skills: The instructional area that teaches the use of adaptive skills and assistive technology for accomplishing tasks such as reading, writing, typing, managing finances, and storing and retrieving information.

Community integration: (Aging Services, Child and Youth Services) Being part of the mainstream of family and local community life, engaging in typical roles and responsibilities, and being an active and contributing member of one's social groups, local town or area, and of society as a whole.

Community relations plan: (Opioid Treatment Program) Supports program efforts to help minimize negative impact on the community, promote peaceful coexistence, and plan for change and program growth.

Community resources: Services and/or assistance programs that are available to the members of a community. They commonly offer persons help to become more self-reliant, increase their social connectedness, and maintain their human rights and well being.

Community settings: Locations in the community that are owned or leased and under the control of another entity, organization, or agency, and where organization personnel go for the purpose of providing services to persons in those locations. Examples include: community job sites that are owned or leased by the employer(s) where the organization may provide employment supports such as job coaching, vocational evaluation, or work adjustment; school settings where services such as early intervention or prevention services may be provided during the school's regular school, pre-school, or after-school program hours; or public or private sites such as libraries, recreational facilities, shopping malls, or museums where services such as community integration, case management, or community support may be provided.

Comparative analysis: The comparison of past and present data to ascertain change, or the comparison of present data to external benchmarks. Consistent data elements facilitate comparative analysis.

Competency: The criteria established for the adequate skills, knowledge, and capacity required to perform a specific set of job functions.

Competency-based training: An approach to education that focuses on the ability to demonstrate adequate skills, knowledge, and capacity to perform a specific set of job functions.

Computer access training: The instructional area that teaches the skills necessary to use specialized display equipment in order to operate computers. This includes evaluating the person served with large print, synthetic speech, and Braille access devices in order to perform word processing functions and other computer-related activities.

Concurrent physician care: Services delivered by more than one physician.

Concurrent services: Services delivered by multiple practitioners to the same person served during the same time period.

Congenital impairment: An impairment that is present at the completion of the birthing process.

Consolidation: The combination of two or more legal entities into a single legal entity, where the entities unite to form a new entity and the original entities cease to exist. In a consolidation, the consolidated entity has its own name and identity and acquires the assets and liabilities of the disappearing entities.

Continuum of care/Continuum of services: A system of services addressing the ongoing and/or intermittent needs of persons at risk or with functional limitations resulting from disease, trauma, aging, and/or congenital and/or developmental conditions. Such a system of services may be achieved by accessing a single provider, multiple providers, and/or a network of providers. The intensity and diversity of services may vary

depending on the functional and psychosocial needs of the persons served.

Contract: A written agreement between two or more parties that sets forth enforceable obligations between or among the parties.

Controlled/operated: The right or responsibility to exercise influence over the physical conditions of a facility where service delivery/administrative operations occur. An organization is considered in control of all facilities where it delivers services to persons who are present at the time of service delivery for the sole purpose of receiving services from the organization (e.g., services provided to students at a school outside of the school's regular school, pre-school, or after-school program hours). An organization is not considered in control of facilities where it delivers services to persons who are present at the time of service delivery for purposes other than receiving services from the organization (e.g., services provided at a school to students who are present at the school to participate in the school's regular school, pre-school, or after-school programs).

Co-pharmacy: The use of two or more medications from the same class, e.g., two antidepressant medications or two antipsychotic medications.

Core values: The essential and enduring tenets of an organization. They are a small set of timeless guiding principles that require no external justifications. They have intrinsic value and importance to those inside the organization.

Corporate citizenship: An organization's efforts, activities, and interest in integrating, contributing, and supporting the communities where it delivers services to better address the needs of persons served.

Corporate status: The existence of an entity as a corporation under applicable law. Maintenance of corporate status typically requires ongoing compliance with state requirements.

Costs: The expenses incurred to acquire, produce, accomplish, and maintain organizational goals. These include both direct costs, such as those for salaries and benefits, materials, and equipment, and indirect costs, such as those for electricity, water, building maintenance, and depreciation of equipment.

Cultural competency: An organization's ability to recognize, respect, and address the unique and diverse needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, and/or social groups or sexual orientation.

Culturally normative: Providing the persons served with an opportunity to experience patterns and conditions of everyday life that match as closely as possible those patterns and conditions typical of the mainstream experience in the local society and community. This requires the use of service delivery systems and settings that adapt to the changing norms and patterns of communities in which the persons served function so as to incorporate the following features:

- Rhythms of the day, week, and year and life cycles that are "normal" or typical of the community.
- A range of choices, with personal preferences and self-determination receiving full respect and consideration.
- A variety of social interactions and settings, including family, work, and leisure settings and opportunities for personal intimacy.
- Normal economic standards.
- Life in housing typical of the local neighborhoods.

Culture: The integrated pattern of human behavior that includes the thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, social, or other group.

Customers: The persons served, families, communities, funding agencies, employers, etc., who receive or purchase services from the organization.

Data: A set of values of qualitative or quantitative variables, e.g., facts, objective information, or statistics collected, assembled, or compiled for reference, analysis and use in decision-making.

Demonstrate: To show, explain, or prove by evidence presented in program documentation,

interviews, and behavior how an organization or a program consistently conforms to a given standard.

Debt covenants: Requirements found in loan documents that require an organization to meet certain predefined performance targets to be measured at predefined time periods. The performance targets can be financial (for example, the organization must maintain a certain level of days with cash on hand) or nonfinancial (an organization must maintain a certain occupancy level).

Discharge summary: (Aging Services, Behavioral Health, Child and Youth Services, and Opioid Treatment Program) A document prepared at discharge by the staff members designated with the responsibility for service coordination that summarizes the person's course of treatment, level of goal(s) achievement, final assessment of current condition, and recommendations and/or arrangements for further treatment and/or aftercare.

Diversion control plan: (Opioid Treatment Program) A document that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use and must assign specific responsibility to medical and administrative staff for implementation.

Diversity: Differences due to cognitive or physical ability, culture, ethnicity, language, religion, economic status, gender, age, or sexual orientation.

Donated location/space: Physical space not owned or leased by the organization but made available to the organization without charge for the purposes of delivering services or for administrative operations on an ongoing basis and which the organization controls or operates during the time of service delivery/administrative operations. The location and availability of the space does not vary at the discretion of the donating entity.

Durability: Maintenance or improvement over time of outcomes achieved by persons served at the time of discharge.

Duty of care: Obligation of governing board members to act with the care that an ordinarily prudent person in a similar position would use under similar circumstances. This duty requires governing board members to perform their duties in good faith and in a manner they reasonably believe to be in the organization's best interest.

Duty of loyalty: Obligation of governing board members to refrain from engaging in personal activities that would harm or take advantage of the organization. This duty prohibits governing board members from using their position of trust and confidence to further their private interests. It requires an undivided loyalty to the organization and demands that there be no conflict between a governing board member's corporate duty and self-interest.

Duty of obedience: Obligation of governing board members to perform their duties according to applicable statutes and the provisions of the organization's articles of incorporation and bylaws.

Effectiveness: Results achieved and outcomes observed for persons served. Can apply to different points in time (during, at the end of, or at points in time following services). Can apply to different domains (e.g., change in disability or impairment, function, participation in life's activities, work, and many other domains relevant to the organization).

Efficacy: The ability to produce an effect, or effectiveness.

Efficiency: Relationship between resources used and results or outcomes obtained. Resources can include, for example, time, money, or staff/FTEs. Can apply at the level of the person served, program, or groups of persons served or at the level of the organization as a whole.

Employee-owner: An individual who delivers administration or services on behalf of an organization if such individual is also:

- with respect to a for-profit organization, a person holding an ownership interest in the organization; or
- with respect to a nonprofit organization, a person with the right to vote for the election of the organization's directors, unless that right derives solely from the person's status as a delegate or director.

Entitlements: Governmental benefits available to persons served and/or their families.

Executive leadership: The organization's principal management employee, often referred to as the chief executive officer, president, or executive director. The executive leadership is hired and evaluated directly by the organization's governing board and is responsible for leading management in conducting the organization's business and affairs.

Family/support system: (Aging Services, Continuing Care Retirement Communities, and Medical Rehabilitation) A group of persons of multiple ages bonded by affection, biology, choice, convenience, necessity, or law for the purpose of meeting the individual needs of its members.

Family: (Behavioral Health, Child and Youth Services, Employment and Community Services, Vision Rehabilitation Services) A person's parents, spouse, children, siblings, extended family, guardians, legally authorized representatives, or significant others as identified by the person served.

Family of origin: Birth family or first adoptive parents.

Fee schedule: A listing of prices for services rendered. These prices may be designed for and used with third-party payers, outside funding sources, and/or the persons served, their families, and caregivers.

Functional literacy: The ability to read, comprehend, and assimilate the oral and written language and numerical information required to function in a specific work or community environment. Accommodation strategies for those with reduced functional literacy may include picture instructions and audio or video recordings.

Governance authority: (Medical Rehabilitation, Opioid Treatment Program) The individual or group that provides direction, guidance, and oversight and approves decisions specific to the organization and its services. This is the individual or group to which the chief executive reports.

Governing board: The body vested with legal authority by applicable law to direct the business and affairs of a corporate entity. Such bodies are often referred to as boards of directors, trustees, or governors. Advisory and community relations boards and management committees do not constitute governing boards.

Governmental: Regarding any city, county, state, federal, tribal, provincial, or similar jurisdiction.

Grievance: A perceived cause for complaint.

Home: (Employment and Community Services) The individual's living environment as impacted by the individual's personal articles, friends, roommates, or significant others. Individuals' homes are considered central to their identity.

Host organization: Employer of an individual eligible for employee assistance program services.

Impairment: Problems in body function or structure such as a significant deviation or loss. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Implement: Consistent actions that demonstrate a policy, plan, procedure, or practice is in effect.

Independent (board representation): The absence of conflict of interest by a governing board member with respect to any organizational transaction. A governing board member is typically independent with respect to a transaction if neither the individual nor any related person or entity benefits from the transaction or is subject to the direction or control of a person or entity that benefits from the transaction. (See definition of *unrelated*.) For purposes of the foregoing,

direction or control is often evidenced by the existence of an employment relationship or other compensation arrangement.

Indigenous: Indigenous people are the descendants—according to a common definition—of those who inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived. CARF is using the term *indigenous* as a generic term as defined by the United Nations for many years. Practicing unique traditions, indigenous people retain social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live. In some countries, there may be preference for other terms including tribes, first peoples, or Aboriginals; specific examples include Native Americans, First Nations, Métis, and Inuit.

Individual plan: An organized written statement of the proposed service/treatment process to guide a provider and a person served throughout the duration of service/treatment. It identifies the input from the person served regarding goals and objectives and services to be provided, persons responsible for providing services, and input from the person served.

Information: Understanding derived from looking at facts; conclusions from looking at data.

Informed choice: A decision made by a person served that is based on sufficient experience and knowledge, including exposure, awareness, interactions, or instructional opportunities, to ensure that the choice is made with adequate awareness of the alternatives to and consequences of the options available.

Integration: (Behavioral Health, Child and Youth Services) Presence and participation in the mainstream of community life. *Participation* means that the persons served maintain social relationships with family members, peers, and others in the community who do not have disabilities. In addition, the persons served have equal access to and full participation in community resources and activities available to the general public.

Integration: (Aging Services, Continuing Care Retirement Communities, Employment and Community Services, Medical Rehabilitation, Vision Rehabilitation Services) The opportunity for involvement in all aspects of community life. Integration into communities, work settings, and schools provides all individuals opportunities to be active, fully participating members of those communities or environments. In integrated settings, diversity is viewed as a goal; it is recognized that diversity enriches all community members.

Interdependence: Movement from dependence toward interdependence may be demonstrated by an increase in self-sufficiency, self-advocacy, or self-determination, with offsetting decreases in artificial or paid services.

Interdisciplinary: Characterized by a variety of disciplines that participate in the assessment, planning, and/or implementation of a person's program. There must be close interaction and integration among the disciplines to ensure that all members of the team interact to achieve team goals.

Investigation: A detailed inquiry or systematic examination by a third party into the appropriateness of acts by an organization or its personnel, if such acts: (a) relate directly to conformance or nonconformance to applicable standards; or (b) are of such breadth or scope that the organization's entire operations may be affected. Without limiting the foregoing, an investigation includes any governmental notice of regulatory or other noncompliance that requires submission of a written corrective action plan.

Joint venture: A business undertaking by two or more legal entities in which profits, losses, and control are shared, which may or may not involve the formation of a new legal entity. If a new entity is formed, the original entities continue to exist.

Kinship care: (Child and Youth Services) Kinship care is the full-time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection.

It allows a child to grow to adulthood in a family environment. (This definition is from the Child Welfare League of America [CWLA].)

Leadership: Leadership creates and sustains a focus on the persons served, the organization's core values and mission, and the pursuit of organizational and programmatic performance excellence. It is responsible for the integration of the organization's core values and performance expectations into its management system. Leadership promotes and advocates for the organization's and community's commitment to the persons served.

Legal representative: An individual who is legally authorized to make decisions on behalf of the person served regarding healthcare choices, financial decisions, or life care planning. Legal terminology may vary from jurisdiction to jurisdiction; e.g., healthcare power of attorney, power of attorney, and guardianship.

Linkages: Established connections and networks with a variety of agencies, companies, and persons in the community.

Living arrangements: (Employment and Community Services) The individual model of services delivered—Supported Living, Independent Living, Group Home, Intermediate Care Facility (ICF), etc.

Long-term withdrawal management: (Opioid Treatment Program) Withdrawal management for more than 30 days but no more than 180 days.

Maladaptive behavior: Behavior that is destructive to oneself, others, or the environment, demonstrating a reduction or lack of the ability necessary to adjust to environmental demands.

Manual skills: The instructional area that is designed to assess and enhance skills in all aspects of sensory awareness with an emphasis on adaptive and safety techniques. Skill training focuses on organization, tactual awareness, spatial awareness, visual skills, memory sequencing, problem solving, and confidence building. Activities range from basic tasks using hand tools to advanced tasks using power tools and woodworking machinery.

Material litigation: A legal proceeding initiated by a third party concerning the appropriateness of acts by an organization or its personnel, if such acts: (a) relate directly to conformance or nonconformance to applicable standards; or (b) are of such breadth or scope that the organization's entire operations may be affected.

Medical director: (Opioid Treatment Program) A physician, licensed to practice medicine in the jurisdiction in which the opioid treatment program is located, who assumes responsibility for administering all medical services performed by the program either by performing them directly or delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision.

Medical practitioner: (Opioid Treatment Program) A health care professional who is appropriately licensed by a State to prescribe and/or dispense medications for opioid use disorders and, as a result, is authorized to practice within an OTP. (Definition from SAMHSA, "practitioner" definition.)

Medically complex: (Behavioral Health, Child and Youth Services) Persons who have a serious ongoing illness or a chronic condition that meets at least one of the following criteria:

- Has lasted or is anticipated to last at least twelve months.
- Has required at least one month of hospitalization.
- Requires daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members.
- Requires the routine use of a medical device or the use of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.
- The medically complex condition of the person served presents an ongoing threat to his or her health status.

Medically fragile: (Employment and Community Services) An individual who has a serious ongoing illness or a chronic physical con-

dition that has lasted or is anticipated to last at least 12 months or who has required at least one month of hospitalization. Additionally, this individual may require daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members. Moreover, this individual may require the routine use of a medical device or the use of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.

Medically supervised withdrawal (MSW): A medically supervised, gradual reduction or tapering of dose over time to achieve the elimination of tolerance and physical dependence to methadone or other opioid agonists or partial agonists.

Medication control: (Aging Services, Behavioral Health, Child and Youth Services, Employment and Community Services, Opioid Treatment Program) The practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the person served. This would include medications self-administered by the persons served or the use of samples.

Medication for opioid use disorder: (Opioid Treatment Program) Medication for opioid use disorder (MOUD) means medications, including opioid agonist medications, approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for use in the treatment of opioid use disorder. (Definition from SAMHSA)

Medication management: (Aging Services, Employment and Community Services, Medical Rehabilitation, Vision Rehabilitation Services) The practice of prescribing, administering, and/or dispensing medication by qualified personnel.

It is considered management when personnel in any way effect dosage, including taking pills out of a bottle or blister pack; measuring liquids; or giving injections, suppository, or PRN medications.

Medication management: (Opioid Treatment Program) The practice of prescribing, administering, and/or dispensing any medications approved for the treatment of opioid use disorder by qualified medical personnel.

Medication monitoring: (Employment and Community Services, Vision Rehabilitation Services) The practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the person served. The person served must take the medication without any assistance from personnel.

Medication unit: (Opioid Treatment Program) A facility that is part of but geographically separate from an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis.

Medication use: (Aging Services, Behavioral Health, Child and Youth Services, Employment and Community Services, Opioid Treatment Program) The practice of handling, prescribing, dispensing and/or administering medication to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious.

Mental status: A person's orientation, mood, affect, thought processes, developmental status, and organic brain function.

Merger: The combination of two or more legal entities into a single legal entity, where one entity continues in existence and the others cease to exist. In a merger, the surviving entity retains its name and identity and acquires the assets and liabilities of the disappearing entities.

Mission: An organization's reason for being. An effective mission statement reflects people's idealistic motivations for doing the organization's work.

Natural proportions: A principle that states that the number of persons served in any given setting, such as a work setting, should be in proportion to the number of persons with disabilities in the general population.

Natural supports: (Behavioral Health, Child and Youth Services) Supports provided that assist the persons served to achieve their goals of

choice and facilitate their integration into the community. Natural supports are provided by persons who are not paid staff members of a service provider but may be initiated or planned, facilitated in partnership with such a provider.

Natural supports: (Employment and Community Services, Vision Rehabilitation Services) Supports that occur naturally in the community, at work, or in a social situation that enable the persons served to accomplish their goals in life without the use of paid supports.

Offender: An inmate, detainee, or anyone under the community supervision of a criminal justice agency.

On-the-job evaluation: An evaluation performed in a work setting located outside the organization in which a person is given the opportunity to experience the requirements necessary to do a specific job. Real work pressures are exerted by the employer, and the person's performance is evaluated by the employer and the evaluator.

Opioid agonist treatment medication: (Opioid Treatment Program) Any opioid agonist drug approved by the U.S. Food and Drug Administration under Section 505 of the Federal Food, Drug, and Cosmetic Act for use in the treatment of opioid use disorder.

Organization: A legal entity that provides an environment within which services or programs are offered.

Orientation and Mobility (O&M): The instructional area that addresses the use of the remaining senses in combination with skill training utilizing protective techniques and assistive devices in order to travel independently in a safe, efficient, and confident manner in both familiar and unfamiliar environments.

Outcome: Result or end point of care or status achieved by a defined point following delivery of services.

Outcomes measurement and outcomes management: A systematic procedure for determining the effectiveness and efficiency of results achieved by the persons served during service delivery or following service completion and of the individuals' satisfaction with those results. An outcomes management system measures outcomes by obtaining, aggregating, and analyzing data regarding how well the persons served are functioning after transition/exit/discharge from a specific service. Outcomes measures should be related to the goals that recent services were designed to achieve. Other measures in the outcomes management system may include progress measures that are appropriate for long-term services (longer than six months in duration) that serve persons demonstrating a need for a slower pace in order to achieve gains or changes in functioning.

Paid work: Employment of a person served that results in the payment of wages for the production of products or provision of services. Paid work meets the state and/or federal definition of employment.

Participation: An individual's involvement in life situations. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Participation restrictions: Problems an individual may experience in involvement in life situations. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Pathological aging: Changes due to the impact of disease versus the normal aging process.

Pediatric medicine: The branch of medicine dealing with the growth, development, and care of infants, children, and adolescents and with the treatment of their diseases.

Performance indicator: A quantitative expression that can be used to evaluate key performance in relation to objectives. It is often expressed as a percent, rate, or ratio. For example, a performance indicator on return to work might be: percentage of clients in competitive employment 90 days after closure.

Performance target: Measurable level of achievement identified to show progress toward an overall objective. This could be set internally by the program, organization, or it could be a target established by an external entity. The

performance target could be expressed as a certain percentage, ratio, or number to be reached.

Periodically: Occurring at intervals determined by the organization. The organization uses information about and input from the persons served and other stakeholders to determine the frequency of the intervals.

Person served: Persons served are the primary consumers of services. They are the principal decision makers throughout the course of a program/service. Persons served have the right to choose whether members of the family, support system, or advocates may participate in that decision-making process. In circumstances when the person served is unable to exercise self-representation at any point in the decision-making process, person served is interpreted to also encompass those persons legally authorized to make decisions on behalf of the person served.

Personal care: Services and supports, including bathing, hair care, skin care, shaving, nail care, and oral hygiene; alimentary procedures to assist one with eating and with bowel and bladder management; positioning; care of adaptive personal care devices; and feminine hygiene.

Personal representative: An individual who is designated by a person served or, if appropriate, by a parent or guardian to advocate for the needs, wants, and rights of the person served.

Personnel: Workers involved in the delivery, oversight, and support of the programs/services seeking accreditation, regardless of employment status.

Persons with severe and persistent mental illness: (Behavioral Health) Adults with a primary diagnosis of schizophrenia, psychiatric disorders, major affective disorders (such as treatment resistant major depression and bipolar disorder), or other major mental illness according to the current *Diagnostic and Statistical Manual of Mental Disorders,* which may also include a secondary diagnosis.

Pharmacotherapy: Any treatment of the persons served with prescription medications, including methadone or methadone-like drugs.

Plan: Written direction that is action oriented and related to a specific project or defined goal, either present and/or future oriented. A plan may include the steps to be taken to achieve stated goals, a timeline, priorities, the resources needed and/or available for achieving the plan, and the positions or persons responsible for implementing the identified steps.

Plan of care: The document that contains the program that has been designed to meet the needs of the person served. This document is prepared with input from the team, including the person served. The plan is modified and revised, as needed, depending upon the needs of the person served.

Policy: Written course of action or guidelines adopted by leadership and reflected in actual practice.

Polypharmacy: The use of multiple medications to treat different conditions.

Positive intervention: (Employment and Community Services) Positive intervention is an evidenced-based, proactive approach to facilitate behavioral change and promote alternative positive behaviors. Positive interventions use behavioral strategies to promote well-being and social acceptance, increase or accentuate positive behaviors, minimize maladaptive and/or unsafe behaviors, and prevent or reduce the use of restrictive interventions and practices.

Predicted outcomes: The outcomes established by the team at the time of the completion of the initial assessment.

Preferred practice patterns: Statements developed as a guideline for blind rehabilitation specialists that specify procedures, clinical indications for performing the procedures, clinical processes, setting, equipment specifications, documentation aspects, and expected outcomes.

Primary care: Active, organized, structured treatment for a presenting illness.

Private homes: An apartment, duplex, house, or condominium owned or leased by a person served.

If a person served and the organization co-sign a lease for the person served for an apartment,

duplex, or townhouse, this living arrangement will be considered a private home. The organization will not technically be considered a lessor of this private home for the person served, but will be considered a financial guarantor for the person served who is leasing his or her own private home.

Procedure: A "how to" description of actions to be taken. Not required to be written unless specified.

Prognosis: The process of projecting:

- The likelihood of a person achieving stated goals.
- The length of time necessary for the person to achieve his or her rehabilitation goals.
- The degree of independence the person is likely to achieve.
- The likelihood of the person maintaining outcomes achieved.

Program: A system of activities performed for the benefit of persons served.

Program sponsor: (Opioid Treatment Program) The person named in the application for certification as responsible for the opioid treatment program and who assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any medication units.

Proprietary organization: An organization that is operated for profit.

Publicly operated organization: An organization that is operated by a governmental entity.

Qualified behavioral health practitioner: (Behavioral Health, Child and Youth Services, Opioid Treatment Program) A person certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the educational, experiential, or competency requirements necessary to provide mental health or alcohol and other drug services. Persons other than a physician who are designated by a program to order seclusion or restraints must be permitted to do so by federal, state, provincial, or other regulations.

Qualified practitioner: (Child and Youth Services) A person who is certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the educational, experiential, or competency requirements necessary to provide human services.

Reasonable accommodations: Modifications or adjustments, which are not unduly burdensome, that assist the persons served or staff members to access benefits and privileges that are equal to those enjoyed by others. Examples taken from the Americans with Disabilities Act include making existing facilities readily accessible to and usable by persons with disabilities; restructuring jobs; modifying work schedules; reassigning persons to vacant positions; acquiring or modifying equipment or assistive devices; adjusting or modifying examinations, training materials, policies, and procedures; and providing qualified readers or interpreters.

Regular: Occurring at fixed, uniform intervals of time determined by the organization. The organization assesses and uses information about and input from the persons served and other stakeholders to determine the frequency necessary.

Rehabilitation: The process of providing those comprehensive services deemed appropriate to the needs of persons with disabilities in a coordinated manner in a program or service designed to achieve objectives of improved health, welfare, and realization of the person's maximum physical, social, psychological, and vocational potential for useful and productive activity. Rehabilitation services are necessary when a person with a disability is in need of assistance and it is beyond the person's personal capacities and resources to achieve his or her maximum potential for personal, social, and economic adjustment and beyond the capabilities of the services available in the person's usual daily experience. Such assistance continues as long as the person makes significant and observable improvement.

Rehabilitation nursing services: The formalized organizational structure that delineates the appropriate accountability, staff mix, and competencies and provides a process for establishing,

implementing, and maintaining patient care standards and nursing policies that are specific to rehabilitation nursing. The nursing staff includes members who provide direct care and those who provide supervision and perform support functions. This staff usually includes clinical nurse specialists, registered nurses, licensed practical (vocational) nurses, nursing assistants, and unit clerical support. Nursing services are provided under the direct supervision of a registered nurse unless supervision is otherwise defined by applicable state practice acts or provincial legislation for nursing.

Rehabilitative treatment environment: A rehabilitation setting that provides for:

- The provision of a range of choices, with personal preference and self-determination receiving full respect and consideration.
- A variety of social interactions that promote community integration.
- Treatment of a sufficient volume of persons served to ensure that there is an environment of peer support and mentorship.
- Treatment of a sufficient volume of persons served to support professional team involvement and competence.
- A physical environment conducive to enhancing the functional abilities of the persons served.

Reliability: The process of obtaining data in a consistent or reproducible manner.

Representative sample/sampling: A group of randomly selected individuals determined through a procedure such that each person has an equal probability of inclusion in the sample. If sampling is used, the sample should reflect the population to which the results are generalized. Although no specific percentage of persons served is required to be included in the sample, general principles of data analysis state that the larger the sample, the less the error that is expected in comparing the sample to the entire population of persons served. The number of persons sampled within each program area or subgroup should be sufficient to give confidence that the characteristics of the sample reflect the distribution of the entire population of persons served.

Residence: (Employment and Community Services) The actual building or structure in which a person lives.

Residential settings: (Employment and Community Services) The individual model of services delivered—Supported Living, Independent Living, Group Home, Intermediate Care Facility (ICF), etc.

Restraint: The use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. Restraint is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm.

Risk: Exposure to the chance of injury or loss. The risk can be external, such as a natural disaster, injury that occurs on the property of a program, or fire. The risk can be internal to the organization and include things such as back injuries while performing job duties, it can involve liability issues such as the sharing of information about a person served without consent, or it can jeopardize the health of those internal or external to the organization due to such things as poor or nonexistent infection control practices.

Risk factors: (Behavioral Health) Certain conditions and situations that precede and may predict the later development of behavioral health problems. Examples of risk factors may include poverty, family instability, or poor academic performance. Examples of protective factors may include an internal locus of control, a positive adult role model, and a positive outlook.

Risk factors: Aspect of personal behavior or lifestyle, environmental exposure, or variable or condition that increases the likelihood of an adverse outcome.

Screening: A face-to-face, computer-assisted, or telephone interview with a person served to determine his or her eligibility for services and/or proper referral for services.

Seclusion: The separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion.

Sentinel event: An unexpected occurrence within a CARF-accredited program involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such an event is called sentinel because it signals the need for immediate investigation and response. Without limiting the foregoing, a sentinel event includes any governmental notice of regulatory or other noncompliance that results in immediate jeopardy to the health or safety of any person (e.g., a Level 4 deficiency issued by the U.S. Centers for Medicare & Medicaid Services).

Service: Activities performed for the benefit of persons served.

Service access: The organization's capacity to provide services to those who desire or are in need of receiving it.

Service referral: The practice of arranging for a person to receive the services provided by a given professional service unit of the organization or through some other appropriate agent. This arrangement, which is usually made by the individual responsible for the program of the person served, should be documented by notation in the person's permanent record.

Short-term withdrawal management : (Opioid Treatment Program) Withdrawal management for no more than 30 days.

Should: Inasmuch as CARF is a standards-setting and consultative resource rather than a regulatory or enforcement agency, the term *should* is used synonymously with the term *shall*. CARF's intent is that each applicable standard and each policy within this document will be addressed and met by organizations seeking to become accredited or maintain current accreditation.

Skilled healthcare provider: Licensed, certified, or registered healthcare provider (e.g., nurse, physician, or respiratory therapist).

Skilled healthcare provider: (Behavioral Health, Child and Youth Services) Licensed, certified, or registered healthcare provider (e.g., nurse, physician, or respiratory therapist). Can also include specifically trained natural or foster family member knowledgeable in the care of the specific individual.

Staff member: A person who is directly employed by an organization on either a full- or part-time basis.

Stakeholders: Individuals or groups who have an interest in the activities and outcomes of an organization and its programs and services. They include, but are not limited to, the persons served, families, governance or designated authority, payers, regulators, referral sources, personnel, employers, advocacy groups, contributors, supporters, landlords, business interests, and the community. In the context of any standard, "other stakeholders" refers to all stakeholders of any type not specifically identified in the standard.

Strategic planning: An organization's directional framework, developed and integrated from a variety of sources, including but not limited to financial planning, environmental scans, and organizational competencies and opportunities.

Supervisor: The lead person who is responsible for an employee's job performance. A supervisor may be a manager or a person with another title.

Supports: Individuals significant to a person served and/or activities, materials, equipment, or other services designed and implemented to assist the person served. Examples include instruction, training, assistive technology, and/or removal of architectural barriers.

Team: At a minimum, the person served and the primary personnel directly involved in the participatory process of defining, refining, and meeting the person's goals. The team may also include other significant persons such as employers, family members, and/or peers at the option of the person served and the organization.

Team integration: The process of bringing individuals together or incorporating them into a collaborative team. The entire team becomes the dominant culture and decision-making body for the rehabilitation process. There is recognition of and respect for the value of information provided by an individual team member, with a focus on the interdependence and coordination of all team members. Through coordinated communication, there is accountability by the team 24 hours per day, 7 days per week for all decisions made.

Transition *(from school)*: (Employment and Community Services) The process of moving from education services to adult services, including living and working in the community.

Transition: The process of moving from one level of care or service/support to another, changing from child/adolescent service systems to adult systems, or leaving care or services/supports.

Transition plan: (Aging Services, Behavioral Health, Child and Youth Services, Opioid Treatment Program) A document developed with the full participation of the person served that (a) focuses on a successful transfer/transition between program or service phases/levels/steps or (b) focuses on a successful transition to a community living situation. The plan could be part of the individual plan and details how the person served will maintain the gains made during services and support ongoing recovery and/or continued well-being at the next phase/level/step.

Treatment: A professionally recognized approach that applies accepted theories, principles, and techniques designed to achieve recovery and rehabilitative outcomes for the persons served.

Unrelated (board representation): The absence of an affiliation between a governing board member and any person or entity that benefits from any organizational transaction. For purposes of the foregoing, *affiliation* generally means a relationship that is:

- Familial;
- Characterized by control of at least a 35 percent voting, profits, or beneficial interest by the member; or
- Substantially influenced by the member.

Validity: Refers to the appropriateness, meaningfulness, and usefulness of a measure and the inferences made from it. Commonly regarded as the extent to which a test measures what it is intended to measure.

Value: The relationship between quality and cost.

Visit: Episode of service delivery to one person served on one day by one service or discipline.

Visual skills: The instructional area that addresses the needs of persons with partial vision to gain a better understanding of their eye problems through patient education and teaches them how to utilize their remaining vision effectively through the use of low vision techniques. It also includes assessment and training with special optical aids and devices designed to meet the various needs of the persons served. These needs may include reading, activities of daily living, orientation, mobility, and home repairs.

Wellness education: Learning activities that are intended to improve the patient's health status. These include but are not limited to healthcare education, self-management of medication(s), nutritional instruction, exercise programs, and training in the proper use of exercise equipment.

Withdrawal management: (Opioid Treatment Program) Dispensing an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state within such period.

Youth: The time a person is young—generally referring to the time between childhood and adulthood.

carf INTERNATIONAL

carf CANADA

carf EUROPE