



## NAEC Accreditation Policy and Procedure Manual

### Introduction

The National Association of Epilepsy Centers (NAEC) supports epilepsy centers in delivering quality care to people with epilepsy, by setting standards of epilepsy care, advocating for access to high quality epilepsy care services, and providing knowledge and resources to its member centers. A key component of NAEC's work is the development of guidelines and standards for epilepsy care, the *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Care in the United States*. The Guidelines serve as the basis for the NAEC accreditation process.

The NAEC Accreditation Policy and Procedure Manual outlines the accreditation process and provides policies to facilitate the accreditation process. Please contact NAEC at (202) 524-6766 or [info@naec-epilepsy.org](mailto:info@naec-epilepsy.org) with any questions or comments about this manual.

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### I. Scope of Accreditation

NAEC accredits level 3 and 4 specialized epilepsy centers in the United States that use a multi-disciplinary team approach to provide care to people with seizures and epilepsy.

### II. Accreditation Governance

#### A. NAEC Board

The NAEC Board of Directors is the governing body of NAEC and is responsible for establishing the accreditation criteria, policies, and procedures and for all accreditation decisions.

#### B. Conflict of Interest

NAEC seeks to be aware of and properly manage all actual and possible conflicts of interest. As a result, NAEC has a Conflict of Interest and Confidentiality Policy to ensure that NAEC carries out its mission in an environment which minimizes bias and in accordance with applicable legal requirements and best practices. All Board members and staff sign the NAEC Annual Conflict of Interest Affirmation and Disclosure Statement (Appendix A).

#### C. Accreditation Criteria

The NAEC Board reviews its criteria for accreditation on an annual basis. Member centers are informed of any changes to accreditation criteria when updated criteria charts are released each fall at the beginning of the accreditation process. Charts outlining the criteria for level 4 centers and level 3 centers are available in Appendix B and C. Centers located in “isolated geographic areas” may be exempt from two criteria for level 3 centers. For more information, see the NAEC Board Policy related to rural centers in Appendix D.

### III. Accreditation Process

#### A. Eligibility

- i. Be a NAEC member in good standing, who has paid annual dues.
- ii. Meet minimum criteria for accreditation.

#### B. Requirements

##### i. Complete Center Annual Report.

The Center Annual Report collects data to demonstrate adherence to the accreditation criteria. The report may also include questions that collect information for research purposes, which will not affect a center’s accreditation decision. The report requires the medical director to attest that the information submitted in the report is accurate and that the center will comply with NAEC’s policies, procedures, and standards.

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### ii. Upload required documents.

Centers must upload a series of documents to demonstrate adherence to the accreditation criteria. These documents include the curriculum vitae (CVs) of key center personnel, EMU Caring certificates (if received), de-identified patient reports, protocols, a sample admission order set, and a document demonstrative of a referral relationship with a level 4 partner (level 3 centers only).

**NAEC will not accept patient reports that are not de-identified in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Centers will be notified if any protected health information is found in a report. Centers will be required to properly de-identify and resubmit all reports. Accreditation applications cannot be processed for centers that do not de-identify appropriately; these centers will not be permitted to continue in the application process to become accredited or re-accredited.**

The NAEC Accreditation Instructions identify the documents to upload and provide an overview on how to properly de-identify patient reports in accordance with HIPAA (Appendix E).

### C. Timeline

Accreditation review occurs once a year, following this timeline:

- i. November – Accreditation instructions are sent to all NAEC member centers.
- ii. December/January – Accreditation instructional webinars are held and NAEC staff are available to answer questions by phone and email.
- iii. January 31<sup>st</sup> – Deadline for accreditation application and dues to be submitted.
- iv. February – Review and Revise Period: NAEC staff review accreditation material for completeness and centers have an opportunity to edit responses and provide additional information if necessary.
- v. March 1<sup>st</sup> – Accreditation submissions must be completed; no further revisions allowed.
- vi. March – Final accreditation decisions are made by NAEC Board and centers are notified.
- vii. Fourteen days after notifications are sent out – Deadline for centers to apply for reconsideration of their accreditation decision, as outlined in section VI of this document.
- viii. April – NAEC online directory of accredited centers and accreditation database updated.
- ix. June 1 – Centers are required to update their center websites to reflect their current accreditation level.

### D. Decision Outcomes

The NAEC Board may opt to accredit a center for one or two years as a level 3 or 4 center. Centers who fail to meet the accreditation criteria or do not complete the steps of the accreditation process will not be accredited. A detailed overview of potential decision outcomes is below.

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### i. Available Outcomes for Applicant Centers

**a. Accredited as a level 4 center for two years**

The center met all level 4 accreditation criteria.

**b. Accredited as a level 3 center for two years**

The center met all level 3 accreditation criteria.

**c. Not accredited**

The center failed to meet all level 3 accreditation criteria.

### ii. Available Outcomes for Centers Currently Accredited and Seeking Level 3 Accreditation

**a. Accredited as a level 3 center for two years**

The center met all level 3 criteria.

**b. Accredited as a level 3 center for one year**

The center is deficient in at least one criterion specific to level 3 centers. The center must meet all level 3 criteria in the next accreditation cycle to maintain its level 3 accreditation.

**c. Accredited as a level 3 center for an additional year**

This decision option pertains only to centers who received an accreditation decision of “accredited as a level 3 center for one year” in the previous accreditation cycle. In an extraordinary circumstance, the NAEC Board may vote to provide the center with one additional year to meet all level 3 criteria. The center must demonstrate that it meets all level 3 criteria in the next accreditation cycle to maintain its level 3 accreditation.

**d. Not accredited**

This decision option pertains only to centers who received an accreditation decision of “accredited as a level 3 center for one year” in the previous accreditation cycle. The center failed to meet all level 3 criteria.

### iii. Available Outcomes for Centers Currently Accredited and Seeking Level 4 Accreditation

**a. Accredited as a level 4 center for two years**

The center met all level 4 criteria.

**b. Accredited as a level 4 center for one year**

The center is deficient in at least one criterion specific to level 4 centers. The center must meet all level 4 criteria in the next accreditation cycle to maintain its level 4 accreditation.

**c. Accredited as a level 4 center for an additional year**

This decision option pertains only to centers who received an accreditation decision of “accredited as a level 4 center for one year” in the previous accreditation cycle. In an extraordinary circumstance, the NAEC Board may vote to provide the center with one additional year to meet all level 4 criteria. The center must demonstrate that it meets all level 4 criteria in the next accreditation cycle to maintain its level 4 accreditation.

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### **d. Accredited as a level 3 center for two years**

This decision option pertains only to centers who received an accreditation decision of “accredited as a level 4 center for one year” in the previous accreditation cycle. The center is unable to meet criteria specific to level 4 accreditation, but met all level 3 criteria. The center may apply for level 4 accreditation in the next accreditation cycle if it has resolved its level 4 deficiencies.

### **e. Not accredited**

This decision option pertains only to centers who received an accreditation decision of “accredited as a level 4 center for one year” in the previous accreditation cycle. The center failed to meet all level 4 criteria.

## **E. Notification of Decisions**

- a. Accreditation decisions are sent via email to the center’s medical director, co-medical director, administrator, and other administrative contact by April 1st.
- b. Accredited centers receive an electronic certificate, badge, and text to include on their website and marketing materials to reference their accreditation. Centers are required to update their own websites to reference their accreditation status by June 1st.
- c. Accredited centers are listed in NAEC’s online directory of accredited centers.

## **IV. Continuing Obligations of NAEC-Accredited Centers**

### **A. Remain a member of NAEC**

All centers must pay their annual dues.

### **B. Submit Center Annual Report**

All centers accredited for two years must complete the Center Annual Report at the end of the first year of the two-year accreditation cycle.

### **C. Notify NAEC of Changes to Center’s Listing in the Online Directory**

The medical director on file must submit any changes to a center’s listing in NAEC’s online directory of accredited centers in writing to [info@naec-epilepsy.org](mailto:info@naec-epilepsy.org). In cases where this is not possible, the center staff person should include the reason the medical director is not able to request the change in the email. NAEC will reply to the email within 30 days to confirm that the change was made.

### **D. Continually comply with NAEC Accreditation Criteria**

NAEC expects centers to maintain continual compliance with NAEC accreditation criteria. Centers that are unable to maintain compliance with accreditation criteria are asked to contact NAEC. If NAEC learns (via a center’s report or review of a complaint), that a center may not be in compliance, it may decide to review the center’s accreditation status. If warranted, NAEC may change the accreditation status of a center. Any change in status would be subject to the reconsideration provisions outlined in section VI of these Policies and Procedures.

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### V. Reconsiderations

Decisions to deny accreditation or to change a center's accreditation level are subject to reconsideration upon written request by the center. The correspondence must include the specific basis (or reasons) for the reconsiderations request and, as appropriate, evidence that the original decision was erroneous or that the center had resolved the issues that served as the basis for the decision. Requests for reconsideration must be submitted within 14 days of notice of the accreditation decision. The NAEC Board will review the submission and notify the center of its decision within 30 days.

### VI. Complaints

Complaints alleging that an accredited center is not in compliance with NAEC accreditation criteria may be submitted in writing to the Executive Director of NAEC. The center will be provided with a copy of the complaint and given the opportunity to respond to the allegations. NAEC will: review the response and close the complaint; determine if additional information from the center or the complainant is necessary; or determine if a change in the accreditation status of the center is warranted and close the complaint. The NAEC Board will make the final decision and notify the center of its decision within 30 days. Any decision to change accreditation status would be subject to the reconsideration procedures by NAEC in Section V of these Policies and Procedures.

### VII. Information Sharing

Information obtained in the accreditation process and pertaining to NAEC actions is confidential and is not shared with third parties, other NAEC members, the press, or the public, except as authorized by a center or as required by these Policies and Procedures, government regulation, judicial or administrative process or other legal requirements. In line with the NAEC Board Policy Related to Surveying NAEC Members and Release of NAEC Data to Individuals and Outside Organizations for Research and/or Publication (Appendix F), individuals or entities may submit requests for data in aggregate form. These data requests are subject to Board approval.

Requests for a specific center's data collected during previous accreditation cycles can only be made by the Medical Director, Co-Medical Director, Administrator, and/or the other administrative contact associated with the center in the NAEC online directory. All requests made by other employees of the center are subject to the Medical Director's approval.