

TABLE OF CONTENTS

Purpose	01
Goal	01
About AAPACE	02
AAPACE Organizational Chart	02
ACE at a Glance	03
Eligibility Requirements	04
Procedures for initial Designation	04
Remediation Plan	04
Resources and Guidelines for Completion of Part 2 Application	05
Evaluation of Applications	07
Timeline	08
Fees	09
Roles and Responsibilities of the Reviewer	09
Roles and Responsibilities of the Applicant	09
Expectations of AAPACE Ethics Designees	10
Continuing Designation Process	10
Frequently asked Questions	11
Terms and Definitions	16

PURPOSE

AAPACE Certified for Ethics® (ACE) is a voluntary national quality improvement award program which recognizes those post-acute care facilities that have made ethics a priority within their organization.

The AAPACE Standards of Ethics provides a road map for post-acute care facilities to evaluate their current ethical practices and identify areas for improvement. After demonstrating sustained evidence-based practices and

a commitment to a higher level of ethical standards, the facility is awarded the distinguished honor of AAPACE Certified for Ethics or ACE.

The role of the ACE program is to provide facilities with an objective review of their current practices and provide guidance to support safe, effective and ethical practices.

GOAL

The ultimate goal of the ACE program is to ensure health care facilities are operating and staff are practicing under the guiding principles of the highest ethical standards set for the health care industry. It is our hope that through the AAPACE Standards for Ethics, post-acute care facilities will adopt and demonstrate an organizational model which:

- Promotes the highest level of professional and ethical behavior
- Incorporates the highest ethical principles throughout all operational, clinical & financial areas of its daily processes.
- Has code of ethics that is clear, visible and regularly referenced
- Supports ethical practices through collaboration, education, and advocacy
- Identifies and eliminates gaps in ethical practice
- Ensures all patients receive care guided by the 4 principles of ethics: Autonomy, Beneficence, Non-Maleficence, and Justice
- Demonstrates the values of respect, honor and integrity
- Provides staff with a platform to openly discuss areas for growth
- Delivers quality, affordable and accessible care to all
- Conducts business in a resourceful and financially ethical manner
- Maintains practices and resources to support an ongoing focus on issues of medical ethics & meets regularly and as need to address ethical concerns
- Implements practices which provide patients with confidentiality and privacy health of information
- Consistently demonstrates cultural sensitivity and competence by recognizing and applying cultural considerations throughout all daily interactions, processes and procedures
- Promotes patient safety, protects patient privacy, and ensures ethical billing practices
- Is committed to the professional growth of nurses
- Maintains an organizational culture that instills and promotes healthy values
- Operates in a manner that upholds high ethical standards in all areas of its operation
- Provides a safe and healthy work environment that protects the physical and psychosocial wellbeing of all members and constituents

ABOUT AAPACE

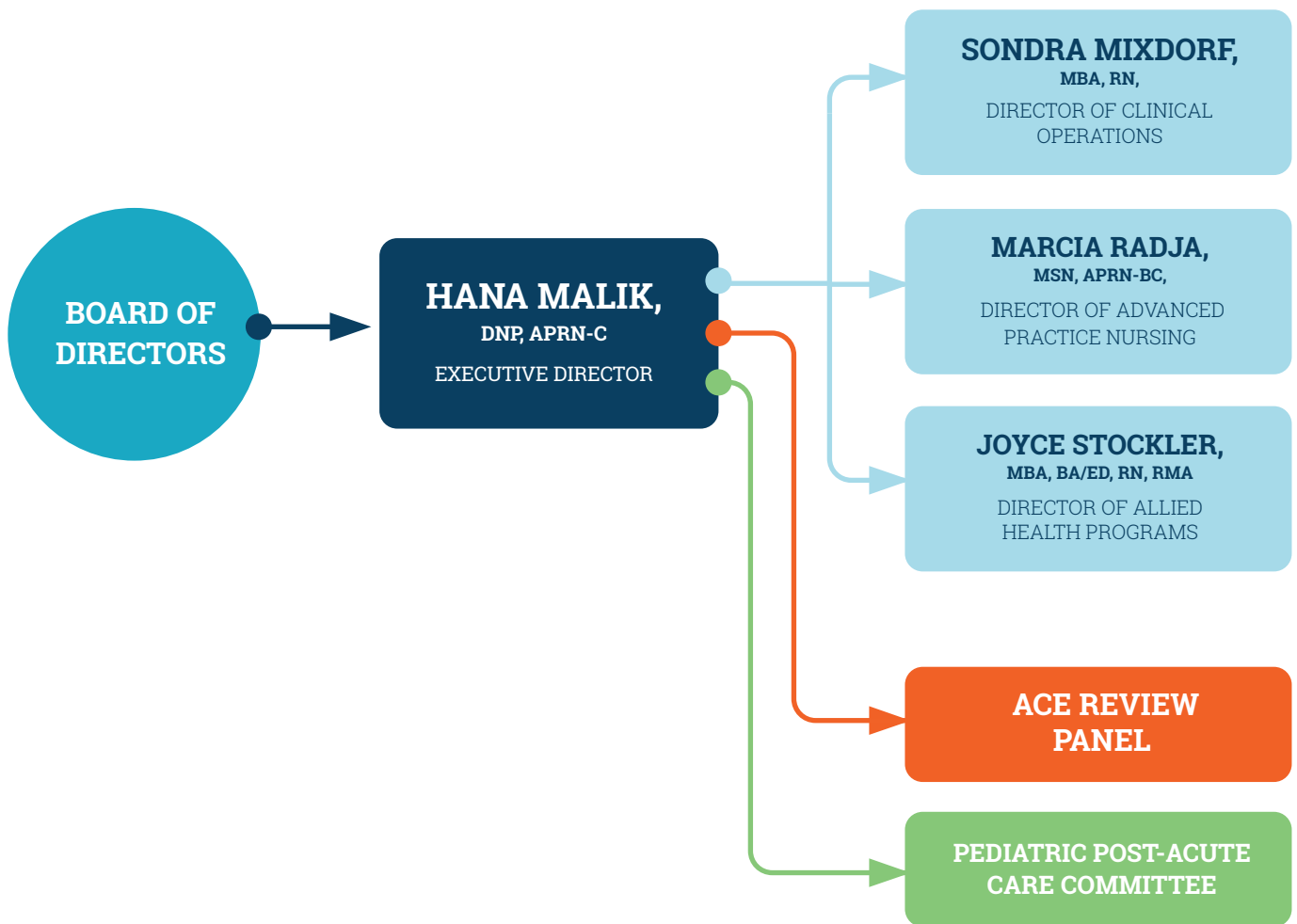
The Association for the Advancement of Post-Acute Care Excellence (AAPACE) is a professional organization dedicated to improving patient, facility, and healthcare outcomes within post-acute care.

With a focus on providing healthcare facilities with the necessary guidance, training, and support, as well as standardizing healthcare practices and policies, we

believe we can achieve post-acute care excellence. patient outcomes, we believe our mission can be achieved by strengthening and stabilizing the nursing workforce and advancing the nursing profession.

AAPACE strives to achieve this by providing nurses with the necessary guidance, training and support, as well as standardizing healthcare practices and policies.

AAPACE ORGANIZATIONAL CHART



NURSING EXCEL AT A GLANCE



ELIGIBILITY REQUIREMENTS

To be considered for Ethics Certification, the applicant must:

- Be a post-acute care facility (skilled nursing facility, long-term care facility, nursing home, assisted living, rehabilitation facility) whose primary service is to provide nursing care to the geriatric, adult and/or pediatric population
- Meet all regulatory requirements as set forth by the state for which they are located
- If at any time the facility has regulatory active or pending sanctions the facility must notify AAPACE for ongoing consideration of certification. (Sanctions defined as any survey resulting in a substandard federal/state citation or with a scope & severity of G or higher, or a conditional license)
- Have sufficient resources to meet or exceed Ethics Standards without negatively impacting current patient, facility or organizational needs

PROCEDURES FOR INITIAL DESIGNATION

1. Submit a Letter of Intent to Pursue Designation (LOI) plus applicable fees. The LOI will help determine the facilities eligibility and identify any major regulatory concerns that may negatively affect the facilities ability to pursue designation at the time of application. Once approved, the application will be assigned to a reviewer who will be the facilities point-person to provide clarification, guidance and support throughout the accreditation process. Within 90 days of being assigned a reviewer, the Systematic Review and Reporting (SRR)- Part 2 of the application that

details the ways in which the facility meets all of the Standards of Ethics must be submitted to the reviewer. The reviewer will thoroughly review the submission and provide feedback on strengths and areas of improvement if needed

- 2.** Upon receiving feedback from your reviewer, submit any required responses or documents addressing any gaps or concerns that were noted in initial submission. This submission and review process may be required to be repeated several times. Facilities will have 6 months from the submission of their initial Part 2 application to address all deficiencies so they can be approved for certification.
- 3.** Once Part 2 of the application is formally accepted by the reviewer as having met all standards sufficiently, the facility will be placed on the next monthly review panel meeting agenda where the evaluator will present findings.
- 4.** Once the application is deemed as complete it will be presented to the review panel who will vote on granting the facility Ethics Certification.
- 5.** Facilities that are granted Ethics Certification must agree and sign a Terms of Use outlining how the facility may utilize the designation in their advertisements and marketing.

REMEDIATION PLAN

For any facilities that are unable to demonstrate the standards through the requested documentation process will be required to undergo the remediation plan as follows:

- a.** If during the review process the facility was not able to demonstrate meeting all of the Standards, the facility will be provided a summary of findings within 30 days that would need to be addressed. The facility would then have to submit the requested information and/or documents within 30 days.

- b. The facility will only have three attempts of submitting requested information over a one-year period in total before the application will be annulled.
- c. For annulled applications, facilities will then have to go through the process of steps 1-3 as mentioned in Procedures for Initial Designation all over again.

RESOURCES AND GUIDELINES FOR COMPLETION OF PART 2 APPLICATION

Each facility must meet the required elements for each standard. To further assist the facility in meeting each standard, further clarification and suggested resources are provided below.

STANDARD 1: LEADERSHIP

- A. Submit proof that facility leadership has completed ethics training

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 2: ORGANIZATIONAL ETHICS

- B. For more information on Office of Attorney General (OIG) 7 elements of compliance see <https://oig.hhs.gov/compliance/provider-compliance-training/files/Compliance101tips508.pdf> and

https://oig.hhs.gov/compliance/compliance-guidance/docs/complianceguidance/nhg_fr.pdf and <https://oig.hhs.gov/authorities/docs/cpgnf.pdf>

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 3: MEDICAL ETHICS

- A. For more information on the 4 guiding principles of Medical Ethics, visit <https://web.stanford.edu/class/siw198q/websites/reprotech/New%20Ways%20of%20Making%20Babies/EthicVoc.htm>

- B. Submit copy of meeting minutes for one Medical Ethics Committee event and signed attendance sheet with all attendee signatures. All personal identifying information must be redacted to maintain HIPAA compliance

- C. Additional information on the American Medical Association Code of Ethics can be found here https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-of-medical-ethics.pdf?source=post_page-----

Click here for the American Nurses Association Code of Ethics <https://nursing.rutgers.edu/wp-content/uploads/2019/06/ANA-Code-of-Ethics-for-Nurses.pdf>

or <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/>

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 4: CONFIDENTIALITY & PRIVACY

- B. Compliance Committee components
https://www.govregs.com/regulations/title42_chapterIV_part483_subpartB_section483.85
and
<https://oig.hhs.gov/authorities/docs/cpgnf.pdf>

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 5: CULTURAL AWARENESS

- <https://www.qualityinteractions.com/blog/cultural-awareness-in-healthcare-checklist>

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 6: COMPLIANCE ETHICS

- B. Compliance Committee components
https://www.govregs.com/regulations/title42_chapterIV_part483_subpartB_section483.85
and
<https://oig.hhs.gov/authorities/docs/cpgnf.pdf>
- D. Verify vendors are not on Office of Inspector General exclusion list by checking this link
<https://exclusions.oig.hhs.gov/>

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 7: ETHICS AND COMPLIANCE EDUCATION

- For elements A-D: Provide copy of course description, course objectives and either post-test or course assignments.
- For elements A-C: Include training schedule
- For element D: Provide orientation checklist or outline that provides evidence of ethics and compliance training

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 8: ORGANIZATIONAL VALUES

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 9: OPERATIONS

- G. Meeting minutes must clearly state financial, malpractice, litigation concerns were addressed. For example, "Financial discrepancies were addressed and resolved" or "No current financial concerns made aware." See Standard 4, element B.

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 10: WORK ENVIRONMENT

For All Elements

Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 11: PHYSICIAN/NP LEAD MEDICAL GROUPS, MEDICAL PRACTICES, HEALTHCARE CLINICS

For the purpose of this application, Physician/NP Lead Medical Groups, Medical Practices, Healthcare Clinics are defined as those medical practices/clinics/groups whose healthcare providers (MD, DO, NP) provide a significant amount of care for the adult and geriatric post-acute care population. The aforementioned health care providers are required to meet all required elements in Standards 1-11. (Standards 12 and 13 do not apply.)

For All Elements Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 12: HOME CARE AND HOSPICE AGENCIES

For the purpose of this application, home care and hospice agencies are defined as those healthcare groups and medical practices which provide home care and hospice services primarily for the adult and geriatric post-acute care population. Home care and hospice agencies are required to meet all required elements in Standards 1-10 in addition to Standard 12. (Standards 11 and 13 do not apply.)

For All Elements Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.

STANDARD 13: ANCILLARY HEALTH CARE PROVIDERS

For the purpose of this application, ancillary health care providers are defined as those practitioners (dentists, podiatrists, psychiatrist/psychologist/mental health providers) whose clinical care significantly includes the adult and geriatric post-acute care population. Ancillary health care providers are required to meet all required elements in Standards 1-10 in addition to Standard 13. (Standards 11 and 12 do not apply.)

For All Elements Proof of ethics process, conduct and compliance can be evidenced by written policies, conduct codes, ethical statements, handbooks, training materials, etc. by which all staff members are aware of, trained on, and regularly referenced. Narrative summary must be provided explaining facility process and provide evidence when applicable.



EVALUATION OF APPLICATIONS

Each facility must demonstrate proficiency in each of the Standards of Ethics. Each application submission will be thoroughly reviewed and each standard will be rated according to the extent to which it meets the requirement. The following rating tool will be used to guide reviewers in their determinations:

- 0- Does not demonstrate evidence of meeting standard
- 1- Limited demonstration of standard, inconsistencies present
- 2- Limited demonstration of standard but consistent throughout organizational processes
- 3- Sufficient evidence of meeting standard but inconsistent throughout organizational processes
- 4- Standards met consistently throughout organizational processes

In order to successfully meet each required element of each standard, the facility must receive a 3 or higher.

Once the facility's application is found to sufficiently meet all standards, their application will be scheduled to be presented to the review panel. Upon application determination, the reviewer will contact the facility with the decision and how to proceed with the next steps in the certification process.

TIMELINE

01	Letter of Intent to Pursue Designation (LOI) (Part 1) Accepted on a rolling basis. Once eligibility is determined, the facility will be notified that their application has been assigned to a reviewer. A reviewer will usually be assigned within 30 days from LOI submission.	
02	Ethics Application Part 2 Part 2 must be submitted within 90 days of being assigned to a reviewer. Once received by the reviewer, the reviewer will review the submission and provide feedback. The facility may be required to make adjustments to their practices or provide additional information or evidence of meeting specific standards/elements. This submission and review process may be required to be repeated several times. Facilities will have 6 months from the initial submission of their application part 2 to address all deficiencies so they can then be approved for certification	
03	Remediation If any deficiencies are noted with the application, facilities will have 30 days to submit the information and 30 days to remedy any deficiencies found. If additional deficiencies are noted, again the facility will have 30 days to submit a plan of correction.	
04	Application Decision Upon successfully meeting the application requirements, the facility will be placed on the agenda for application determination by the review panel, the following month	
05	Certification Once approved by the review panel, the facility will receive a formal notice of Certification within 30 days	

FEES

Letter of Intent to Pursue Designation Fee	\$250
Application Review and Reporting	\$2,500
Renewal Fee (every 2 years)	\$1,500
Annual AAPACE Membership Fee	\$400
Re-instatement Fee	\$800

ROLES AND RESPONSIBILITIES OF THE REVIEWER

REVIEWING THE APPLICATION PART 2

- Review the application and determine if the facility has met all Standards of Ethics.
- If additional information is needed contact the applicant and request the additional information to be submitted to meet the intent of the standards

DURING THE REVIEW PROCESS

- Provide guidance on meeting Standards
- Encourage an open creative thinking process and dialogue
- If the application is sufficient notify facility of the date their application will be presented to the review panel; if not sufficient provide guidance on the remediation process

The reviewer will never make suggestions on the outcome of an application.

ROLES AND RESPONSIBILITIES OF THE APPLICANT

APPLICATION SUBMISSION

- Ensure key team members are present and available as needed
- Ensure all documentation are well organized for easy referencing by reviewer
- Arrange for the reviewer to conference with individual staff members or groups that may be relevant to the facilities application as requested.
- Encourage staff members to be transparent and honest with the reviewer about their employment experience, daily work routine, suggestions they may have for the facility, etc.
- Encourage staff members to ask any questions they may have for the reviewer regarding the certification process
- Provide the reviewer with supplemental documentation related to the application if requested by the reviewer

- Provide the reviewer with supporting materials and/or explanations in order to help the reviewer gain a full understanding of the facilities practices

It is the responsibility of the facility to present itself in a transparent manner that honestly reflects their routine practices.

FOLLOWING THE INITIAL REVIEW & ANY REMEDIATION

- Provide feedback to reviewer about the applicants experience with the certification process
- Expect a summary of findings from reviewer within 30 days
- An application may be amended and/or supporting documentation may be submitted during the remediation process only

THINGS TO REMEMBER

- The applicant or any of its representatives may not give the reviewer any honorarium or gifts
- The applicant should take all measures to protect their patient's privacy and safety

EXPECTATIONS OF AAPACE ETHICS DESIGNEES

Applicants that are granted the Nursing ExCEL accreditation designation are expected to:

Applicants that are granted the Ethics Certification designation are expected to:

- Authorize use of their name on AAPACE's published facility approval lists and marketing materials
- Participate in interviews and surveys as a performance improvement measure to ensure Ethics Certification is meeting community and facility needs

- Continue designation by continually meeting Standards of Ethics and submitting renewal application and fees in a timely fashion
- Continue to be members of AAPACE
- Provide AAPACE with feedback and recommendations as facility, community and health care needs and trends change
- Notify APPACE if the facility incurs any active or pending regulatory sanctions (Sanctions defined as any survey resulting in a substandard federal/state citation or with a scope & severity of G or higher, or a conditional license)
- Conduct business in a manner of high professional and ethical standards
- Represent AAPACE Ethics Certification program in a positive light in accordance with Terms of Use and Ethics Contract

CONTINUING DESIGNATION PROCESS

The designation of Ethics Certification, once it has been granted, does not renew automatically. To maintain active certification, the facility must remain an active member of AAPACE and submit all correlating membership and Ethics Certification fees. In addition, each applicant must meet the requirements listed below:

- Maintain regulatory requirements and notify AAPACE should they receive the sanctions
- Submit a Letter of Intent for Renewal Request no later than 90 days prior to the renewal process (Disclaimer: You may or may not get a reminder notice. It is the facility's responsibility to track and submit renewal timely)
- Complete Application Part 2 with supporting documentation as required/requested to submit to review panel for approval
- Continuing designation will be granted for a two year period of time

FREQUENTLY ASKED QUESTIONS

Why do facilities seek AAPACE Ethics Certification??

Facilities often seek certification as a systematic road map on how to enhance and maintain quality standards and meet the intent of federal regulations. Facilities that are dedicated to improving health care outcomes often seek certification to receive guidance and support to improve patient and employee satisfaction, reduce litigation, reduce cost and improve patient outcomes.

How long does AAPACE Ethics Certification designation last?

Initial designation as well as subsequent designations will last for two years each, given that each facility maintains certification standards, keeps AAPACE membership active and pays annual fees on time.

How much does it cost to pursue Ethics certification?

Below is a table to show the initial and ongoing costs related to Ethics Certification

Year Intervals	Letter of Intent Fee	Application or Renewal Fee	Annual Membership Fee
Initial	\$250	\$2,500	-----
Year 2	-----	-----	\$400
Year 3	-----	\$1,500	\$400
Year 4	-----	-----	\$400
Year 5	-----	\$1,500	\$400
Year 6	-----	-----	\$400
Year 7	-----	\$1,500	\$400

What kind of recognition will my organization receive if designated as Ethics Certified?

Ethics Certification designees all receive a certificate to display at their facility so they may be acknowledged for their commitment to higher Ethical Standards. The organization will be provided with the opportunity to purchase additional marketing material (plaques, displays, banners, flags etc.) to showcase if they please. The certified facility will also be authorized to utilize the Ethics Certification logo to showcase on their own facility's website as well as being listed on the AAPACE website. The recipients are also announced in AAPACE publications and at AAPACE events.

When is AAPACE Ethics designation awarded?

A facility is designated as Ethics certified after they have demonstrated compliance with all ethical standards and met all requirements of the certification process including application and fee submission, panel review and application approval.

What happens if a facility forgets to renew their application?

Ethics designation does not renew automatically and requires each applicant to keep their designation status active by complying with all requirements of renewal. If the facility has allowed their certification to expire without renewing within the designated time-frame, the facility will incur the re-instatement fee of \$800 in addition to the renewal application fee. However, if more than six months has lapsed from the time the application was to be renewed, the facility is no longer eligible for renewal or re-instatement and must begin the application process from the beginning.

Does our organization/facility have to be a member of AAPACE in order to pursue Ethics Certification?

Yes, the applicant is required to be a member of the Association for the Advancement of Post-Acute Care Excellence to seek or obtain certification. Once

awarded Ethics Certification, the facility must maintain membership during the designation period.

If my organization has multiple facilities, do we have to seek certification for each facility?

Yes. Many facilities within the same company may still function with a different set of rules, standards and policies. It is critical that each facility goes through the systematic process of evaluating their processes to make sure they operate in line within Ethical Standards. Once a facility is granted Ethics Certification, only that facility within their company's organization can advertise that they are Ethics Certified. For organizations with multiple facilities, they must clearly distinguish which facilities are Ethics Certified.

Can an organization that has more than one facility seek Ethics Certification for all of their facilities, or several of their facilities, at the same time?

Absolutely, and we greatly encourage this! Creating a culture of systematic growth and evolution, empowering each facility to coordinate and support one another and promoting an environment that encourages each facility to share best practices to create a successful healthcare environment.

Do we have to meet all of the Ethics Standards, or just some of them?

Facilities are required to show sufficient evidence of compliance with all standards. However, only those elements marked with an asterisk in each standard are mandatory.

If our facility becomes ACE Certified, which logo can we use to advertise our designation?

AAPACE will provide the facility with the Ethics Certification logo to showcase on their facility's website.

Can we use the Ethics designation to market our organization?

Yes, as long as a facility is in good standing with current certification status you may market this for your specific facility.

Under what circumstance would a facility have its Ethics certification status revoked?

A facility may lose their certification for a variety of ethical and legal violations including misuse of the logo, mis-representing the facility or certification status, false marketing, and facility regulatory issues/sanctions.

How would a facility get re-certified if their certification was revoked?

If a facility has their certification revoked, a facility will be required to submit a written attestation with correlating proof that corrective action was taken and the violation has been corrected. The facility will also incur an \$800 re-instatement fee.

What happens if we have received Ethics certification but no longer meet our states regulatory requirements, or have an active or pending action against the facility?

The facility must report this to AAPACE for consideration by the review panel. Upon review, the panel will make a determination on continuing certification.

What happens if our facility is being sold and will now be under new management?

The facility should notify AAPACE & submit "Proof of Operating Authority" as was required on the initial letter of intent.

Do all organizations achieve certification if their Letter of Intent is accepted?

Approval of Letter of Intent does not guarantee

certification. A facility will be denied certification if they are unable to successfully meet all standards after three attempts of the application "Part 2 Systematic Review and Reporting."

If we made three unsuccessful attempts of the Systematic Review and Reporting application but were not approved, can we reapply?

Yes. However, before re-applying, it is highly recommended that the facility take the time to review its processes and its previous certification application, particularly reviewer feedback, and correct any deficiencies which prevented its previous attempt to certification. Once a facility re-applies, they must start the certification process from the beginning including all associated fees.

If we re-apply, do we have to pay our fees all over again?

Yes, all the fees will pertain as outlined in the initial process.

If our organization begins the application process but fails to complete the process within the designated amount of time, will our fees be refunded?

The facility may receive a partial refund depending where they are in the process. If the facility has paid the letter of intent fee but does not follow through with application and fee, then there will be no refund of the \$250 as this is considered an administration fee. If the facility has paid the application fee and the facility makes a decision to not move forward, no refund will be given if the application was submitted more than 30 days prior to the request to end process.

How long does it take to complete the certification process from the beginning to the end?

Typically, the certification process is 6 to 9 months from submission of Letter of Intent to certification designation. However, the time frame may be longer for

those facilities requiring submission of additional documentation or remediation.

Which parts of the application process are kept confidential?

All parts of the application process and findings are kept confidential.

How do we start the certification process?

The certification process is started by the facility completing and submitting the Letter of Intent along with the associated fee and supporting documentation.

What kind of feedback can we expect if we fail to meet standards or receive Ethics certification?

The assigned reviewer will respond with a feedback tool upon review of your application which will let you know if any required elements under a standard have not been met. If a facility will not receive certification they will be clearly informed of the reasons their certification was denied and what steps will need to be taken if they chose to continue to pursue certification.

Who decides whether or not a facility receives Ethics Certification?

AAPACE has a designated review panel comprised of appointed industry professionals, that review the final facility application to determine whether the facility has met all the required standards.

How will we be notified of the final decision about our application?

You will receive email notification followed by the official notification of a certification packet in the mail containing all the information on your certification.

Are any extensions granted during the accreditation process?

If a facility requests an extension the AAPACE team will review the circumstances and make a determination.

How are individuals selected to be on the review panel?

The individuals on the panel will either request to be considered or invited to complete the application process. The AAPACE Director Team will then review and select the members.

Do members of the review panel get paid or receive an honorarium?

The members of the review team will receive annual membership to AAPACE as long as they remain active members of the review panel.

What happens if I think there is a conflict of interest between the reviewer or an evaluator assigned to the facility?

If a facility feels there is a conflict at any point of the process, the Director of Clinical Operations should be contacted and the concerns will be reviewed and managed in the best interest of all parties with a final determination by the AAPACE Executive Director.

For continuing designation, does the review panel have access to my initial or previous applications for reference?

Initial and subsequent reviews will all be available to the review panel upon request.

TERMS AND DEFINITIONS

Certification-The action or process of officially recognizing a facility as having achieved the status of and meeting standards which gives them a professional designation through a review process

Applicant facility/organization applying for Ethics designation

Reviewer- The AAPACE team member assigned to a facility to guide and review the facility during the initial certification process

Designee- facility/organization applying for Ethics certification or designation

Designation- the granting of Ethics certification

Facility- post-acute care facility

LOI- Letter of Intent to Pursue Initial or Renewal Designation

Post-acute care facility- A skilled nursing facility that participates in the delivery of skilled post acute care and rehabilitation

Reviewer- AAPACE representative that is assigned to review a facilities application & assist them to ensure all elements are met prior to certification approval

Standard(s)- A set of elements (criteria) used as a measurement of excellence in comparative evaluations to determine a facility's certification.