

American Cleft Palate-Craniofacial Association

Commission on Approval of Teams

Approval Procedures Manual



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Introduction

The 24-hour phone support was established in 1985 by the Cleft Palate Foundation (CPF) to provide information to individuals affected by craniofacial conditions. ACPA's Team Standards Committee developed a listing mechanism for teams that was implemented in 1996. Before that time, teams had been listed in the ACPA Membership Directory and available only to ACPA members. The new process defined criteria for team listings based on minimal standards of care. Additionally, the process included a mechanism for the categorization of teams.

In the spring of 2006, the ACPA established the Task Force on Team Compliance to determine whether the current team standards process appropriately reflected optimal patient care. The Task Force reviewed the current mechanism, other organizations' compliance processes and relevant documentation including the *Parameters for Evaluation and Treatment of Patients with Cleft Lip/Palate or Other Craniofacial Anomalies*.

In order to verify the quality of care provided by teams, the Task Force proposed an approval process. The process would provide:

- standards that identify essential characteristics of quality for team functioning in order to facilitate the improvement of team care.
- accurate information to patients and families regarding services provided by those teams that meet specific standards.

Six components were identified as essential to the quality of care provided by treatment teams:

- Team Composition
- Team Management and Responsibilities
- Patient and Family/Caregiver Communication
- Cultural Competence
- Psychological and Social Services
- Outcomes Assessment

The Task Force on Team Compliance developed the *Standards for Cleft Palate and Craniofacial Teams* which were closely aligned with the ten fundamental principles for optimal care addressed in the *Parameters*. These standards were widely circulated for peer review and comment by ACPA members and related organizations. The *Standards* were approved by both the ACPA Council and the CPF Board in 2008. A pilot program was conducted in 2008 and the approval process was initiated in 2009.

Commission on Approval of Teams

The Commission on Approval of Teams was established in November 2008. The Commission functions to:

- maintain standards for the approval of teams providing interdisciplinary care to individuals and families affected by cleft lip, cleft palate and other craniofacial anomalies;
- evaluate teams that voluntarily apply for approval;
- recognize those teams judged to have met the standards for approval;
- maintain a listing of approved teams; and
- furnish lists of approved teams to appropriate persons and agencies.

The Commission currently consists of eight voting members and one ex-officio non-voting member. Members are asked to serve for a mandatory three-year term, during which time they are ineligible to hold positions on ACPA Board. The Commission includes the following:

- A voting member from each of the three disciplines required for approval as a cleft palate or craniofacial team:
 - One voting member representing orthodontics
 - One voting member representing speech-language pathology
 - One voting member representing surgery
- One voting member representing team coordinators
- One voting member who serves on a craniofacial team
- One voting member representing psychology/social work
- Two voting members representing the public or consumers of services
- One non-voting ex officio member representing the ACPA/CPF National Office Staff

Members are selected by the ACPA Board with input from the Commission. The chair of the Commission serves a two-year term. Commission members select a chair-elect to serve for one year prior to his/her becoming chair.

Standards for Cleft Palate and Craniofacial Teams

ACPA Approved Teams are comprised of experienced and qualified professionals from medical, surgical, dental and allied health disciplines working in an interdisciplinary and coordinated system. The purpose and goal of team approval is to ensure that care is provided in a coordinated and consistent manner with the proper sequencing of evaluations and treatments within the framework of the patient's overall developmental, medical and psychological needs.

As a means to verify the quality of the care provided, ACPA has developed an approval process in order to provide:

- Standards that identify essential characteristics of quality for Team composition and functioning in order to facilitate the improvement of team care.
- Accurate information to patients and families/caregivers regarding services provided by those Teams that meet specified standards.

These standards have received widespread peer-review and represent expectations for approval of Teams providing care to individuals with clefts and craniofacial conditions.

It is important to note that Team approval is a voluntary and non-exclusionary process. There is no judgment or statement of quality made about established Teams that have not selected to apply for approval; nor is holding approval required in order for health care professionals to organize and advertise themselves as a team. However, all Teams that do choose to undergo an external evaluation and demonstrate compliance with the standards for team care will be listed as ACPA Approved Teams. ACPA encourages patients and families to consider ACPA Approved Teams first for cleft and craniofacial healthcare needs.

ACPA has established standards for care and have identified the following six components as essential to the quality of care provided by interdisciplinary teams of health care specialists to patients with cleft lip/palate or craniofacial anomalies, regardless of the specific type of disorder:

- Team Composition
- Team Management and Responsibilities
- Patient and Family/Caregiver Communication
- Cultural Competence
- Psychological and Social Services
- Outcomes Assessment

Standards for Interdisciplinary Team Care

ACPA has adopted the following standards as necessary conditions for approval of both cleft palate and craniofacial teams. Standards appear in **bold**; *italicized* information provides guidance on interpretation or further clarification of the standards.

Standard 1: Team Composition

- 1.1 The Team includes a designated patient care coordinator to facilitate the function and efficiency of the Team, ensure the provision of coordinated care for patients and families/caregivers and assist them in understanding, coordinating, and implementing treatment plans.**

The Team has a clearly identified patient care coordinator who has responsibility for facilitating the operation of the Team. The roles and responsibilities of the coordinator are clearly identified. The coordinator ensures that each patient receives care that is comprehensive and involves interdisciplinary planning to achieve maximum habilitation with efficient use of parent/caregiver and patient time and resources. The coordinator is identified on all materials containing Team listings.

- 1.2 The Team includes Speech-Language Pathology, Surgery, and Orthodontic specialties.**

The Team must have, as a minimum core, professionals from the Speech-Language Pathology, Surgery, and Orthodontics specialties who participate in Team meetings as appropriate to specific patient needs. The participation of these individuals should be documented in each patient's Team reports.

- 1.3 The Team demonstrates access to professionals in the disciplines of psychology, social work, audiology, genetics, general and pediatric dentistry, otolaryngology, and pediatrics/primary care.**

The Team must maintain a list of reliable community resources for any services that are not provided by the Team itself. Some record of assessment and/or treatment follow-up should exist in the centralized Team record.

Craniofacial (surgery involving a transcranial procedure) Teams must meet Standards 1.1 through 1.3 related to Team Composition, as well as the following Standard.

- 1.4 The Craniofacial Team must include a surgeon trained in transcranial cranio-maxillofacial surgery and access to a psychologist who does neurodevelopmental and cognitive assessment. The results of the neurodevelopmental and cognitive assessment must be part of the CFT team assessment record. The Team also must demonstrate access to refer to a neurosurgeon, an ophthalmologist, a radiologist, and a geneticist. The participation of these individuals should be documented in each patient's team report.**

Craniofacial surgery is the type of surgery that may traverse the cranial base and refers to combined plastic surgery/neurosurgery to treat, e.g., hypertelorism, Crouzon disease, Apert syndrome, and simple craniosynostosis with, among others, frontofacial advancement. Broadly considered, a craniofacial surgeon's work may extend into procedures that do not traverse the cranial base and would more typically be considered plastic surgery of the face. However, for the purposes of team approval as a CFT, the Commission on Approval of Teams requires competence in the suite of procedures that approach the brain and perhaps place the brain at some risk.

The qualifications of all Team members should be evident in terms of appropriateness of training and practical and educational experiences specific to the responsibilities and procedures to be performed. Team members must hold credentials of the appropriate professional organizations as well as state and/or provincial licensing.

Standard 2: Team Management and Responsibilities

- 2.1 The Team has a mechanism for regular meetings among core Team members to provide coordination and collaboration on patient care.**

The principal role of the interdisciplinary Team is to provide integrated case management to assure quality and continuity of patient care and longitudinal follow-up. Each patient seen by the Team requires comprehensive, interdisciplinary treatment planning to achieve maximum habilitation with efficient use of parent/caregiver and patient time and resources. Regular meetings help to ensure coordination of care and collaboration among Team members. While face-to-face meetings are preferred, it is recognized that Teams may use alternative means to interact. Teams should demonstrate their mechanism for achieving consensus on treatment plans.

- 2.2 The Team has a mechanism for referral to and communication with other professionals.**

The Team has a process for referring patients to local care providers when necessary and appropriate.

The Team has and implements a process for information exchange with schools, primary care professionals, outside agencies, and other professionals involved with the welfare of the patient.

The Team must have a process for obtaining informed consent consistent with federal, state, and institutional requirements.

2.3 The Team re-evaluates patients based on Team recommendations.

Subsequent evaluations should be scheduled at regular intervals, the frequency and specific content of each of those evaluations being determined by the condition and needs of the individual patient and family/caregiver.

2.4 The Team must have central and shared records.

Comprehensive records on each patient must include histories, diagnoses, reports of evaluations, treatment plans, and reports of treatment. Supporting documentation may include photographs, radiographs, dental models, and audio taped speech records.

Standard 3: Patient and Family/Caregiver Communication

3.1 The Team provides appropriate information to the patient and family/caregiver about evaluation and treatment procedures orally and in writing.

Teams should assist parents/caregivers in making informed decisions on the child's behalf and preparing the child and themselves for all recommended procedures. Parents/caregivers must be given information about recommended treatment plans and any alternatives, benefits, and risk factors. Communication with the patient should follow after each Team evaluation.

3.2 The Team encourages patient and family/caregiver participation in the treatment process.

Teams must have mechanisms that ensure the family/caregiver and patient have opportunities to play an active role in treatment decisions. The Team should educate parents/caregivers about the importance of informing their children about their condition and encourage them to become active participants in treatment decisions (i.e., when the child is mature enough to do so, he or she should be present and have opportunity to have input in treatment decisions.)

3.3 The Team will assist families/caregivers in locating resources for financial assistance necessary to meet the needs of each patient.

Patients and families/caregivers must be made aware of resources such as federal, state and provincial regulations specifically governing the treatment of cleft/craniofacial anomalies (e.g., insurance, state agencies, Public Law 94-142, 504s, and individual educational plans).

Standard 4: Cultural Competence

4.1 The Team demonstrates sensitivity to individual differences that affect the dynamic relationship between the Team and the patient and family/caregiver.

Teams demonstrate sensitivity and flexibility in provision of care to accommodate linguistic, cultural, and ethnic diversity among patients and their families/caregivers, and

ensure that appropriate interpreters are available to assist in both verbal and written communication.

4.2 The Team treats patients and families/caregivers in a non-discriminatory manner.

Services are provided without regard to race, color, religion, sex, national origin, disability, age, sexual orientation, or status as a parent/caregiver. Teams must be in compliance with all applicable federal, state, provincial, and local laws prohibiting discrimination (e.g., the current versions of the Americans with Disabilities Act, the Civil Rights Act, the Age Discrimination in Employment Act, the Age Discrimination Act, Title IX of the Education Amendments to the Higher Education Act, the Rehabilitation Act, etc.)

Standard 5: Psychological and Social Services

5.1 The Team has a mechanism to initially and periodically assess and treat, as appropriate, the psychological and social needs of patients and families/caregivers and to refer for further treatment as necessary.

The Team must have available, either as part of the Team or for referral, social workers and psychologists who are capable of addressing the psychological and social needs of the patient and family/caregiver.

5.2 The Team has a mechanism to assess cognitive development.

Teams must ensure that assessments for cognitive development and learning disabilities have been conducted at appropriate time intervals so that each patient receives appropriate educational services from infancy throughout adolescence. Documentation of these assessments and recommendations should be part of the patient's Team Record.

Craniofacial (surgery involving a transcranial procedure) Teams must meet Standards 5.1 and 5.2 related to Psychological and Social Services, as well as the following Standard.

5.3 The Craniofacial Team conducts formal assessment of cognitive functioning of patients when deemed necessary.

Cognitive psychometric testing must be performed, when necessary, on patients whose age is 4 or older and who have a craniofacial condition requiring transcranial surgery.

Standard 6: Outcomes Assessment

6.1 The Team uses a process to evaluate its own performance with regard to patient assessment, treatment, or satisfaction and to make improvements as a result of those evaluations.

The Team documents its treatment outcomes, including baseline performance and changes over time. Teams must conduct periodic retrospective or prospective studies to

evaluate treatment outcomes. The Team must also have a quality management system to evaluate patient/family satisfaction.

Approval Process

Classifications of Approval

Three classifications exist for program approval. Teams being awarded the status of "Approved" or "Provisional Approval" are considered to be approved programs.

- *Approved.* Approved status is awarded to a team that is in compliance with the Standards. Approval is awarded for a maximum of five years. A statement of concerns may be generated along with awarding approval to assist the team in self-evaluation and improvement. Renewal of approval is contingent upon payment of annual fees and submission of an annual update form.
- *Provisional Approval.* Provisional approval is awarded when a team is judged to be not in compliance with all of the Standards. A team may also be placed on provisional approval because the team has not corrected deficiencies noted earlier by the Commission. Provisional approval results from review of an initial application for approval or from self reporting by the team indicating that it no longer is able to maintain compliance with the Standards. A team will receive provisional approval for a period of one year. The team must file a report by the end of that year. If the team is able to correct the deficiencies and achieve compliance with the Standards, the Commission will consider removing the provisional status following a review of the report any time during that year. If compliance with the Standards is not demonstrated within one year, provisional approval will be withdrawn. Provisional approval may be extended for one additional year only under extenuating circumstances. Provisional approval status may not exceed two years.
- *Denial of Approval.* Denial of approval will be assigned by the Commission when a team is judged to not demonstrate compliance with the Standards. Teams having been assigned the status of Denial of Approval may re-apply during the next review period.

Review Process

The steps in the team approval process are described below. Teams seeking approval should contact the chair of the Commission if questions arise regarding the process or interpretation of the approval standards. The ACPA National Office team is available to provide consultation on procedures for approval.

The Commission and team members may be contacted through the ACPA National Office at:

Commission on Approval of Teams
1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514
Phone: 919-933-9044
E-mail: cat@acpa-cpf.org

Evaluation of Applications

Applications for team approval are due to the ACPA National Office in July of each year. The National Office reviews applications to ensure they are complete and have been redacted appropriately. Programs are notified if applications are incomplete.

The Commission reviews applications and follows these procedures to avoid any actual or implied conflict of interest. Members of the commission must:

- Excuse themselves during any discussions pertaining to the applications or approval decisions involving their own team
- Refrain from participating in the consideration of an approval decision whenever, for any reason, there is a conflict of interest or the appearance of a conflict of interest.

After reviewing and discussing each application, the Commission votes to:

- Award approval for up to five years
- Award provisional approval for a period of one year
- Deny approval.

The Commission's decision is transmitted in writing to the program within 30 days of the decision.

Alternatively, the Commission may defer making a final decision on approval if there is insufficient information upon which to base a decision. The team is notified when a decision is deferred and asked to submit additional information by a specified date. A program's approval status remains unchanged during a period of deferral.

Action on Applications

Upon completion of its review, the Commission will take one of the following approval actions described below.

Approval

Approval is awarded for a maximum of five years to teams that are judged to be in compliance with all program standards.

A statement of concerns may accompany the letter awarding approval, to assist the team in conducting self-evaluation. Continuation of approval is dependent upon submission of an annual update form and timely payment of annual fees.

Provisional Approval

Provisional approval will be assigned when a team is judged to be not in compliance with all Standards. A team may also be placed on provisional approval because the team has not corrected deficiencies noted earlier by the Commission. Provisional Approval is an action taken as a result of a review of an application for approval, or self reporting by the team that it no longer is able to maintain compliance with the Standards. A team will receive provisional approval for a period of one year, at which time the team must file a report. However, if at any time during the year, the team is able to rectify the deficiencies noted and achieve compliance with the Standards, the Commission will consider removing the provisional status when review of the report so warrants. If compliance with the team approval standards is not demonstrated within one year, provisional approval will be withdrawn. Provisional approval may be extended for one additional year only under extenuating circumstances. Provisional approval status may not exceed two years. A provisional approval decision cannot be appealed.

Denial or Withdrawal of Approval

The Commission denies approval from a team when it judges that the team is not in compliance with the Standards. The team's director is informed that approval has been denied or withdrawn when this decision is made.

Notification also includes justification for the decision and informs the team of its opportunity to request a Further Consideration review of the decision by the Commission and subsequently to appeal the decision. A copy of the current further considerations and appeal procedures are made available to the team.

Review of Other Reports

In order to maintain approval, teams must submit an annual update form along with annual fees.

Provisional Approval Reports

Teams designated as having provisional approval must demonstrate compliance with approval standards within one year of the initial determination. If the team fails to demonstrate compliance within the specified time, approval will be withdrawn. Provisional approval may be extended by the Commission for one additional year. A decision to award provisional approval cannot be appealed.

Fees

An initial application fee must accompany the application for team approval. Yearly renewal of approval is dependent upon timely payment of annual approval fees. Information regarding fees is available on the ACPA Web site and from the ACPA National Office.

Information For Stakeholders

Public Disclosure

The Commission will release the following information regarding the approval process:

- Information concerning the policy and procedures associated with the approval process including the members of Commission
- A listing of teams that have been approved.

The Commission will not make available to the public any team's program application, supporting documentation, and/or resulting correspondence.

Conflict of Interest

All representatives of the Commission and the supporting National Office staff must annually document any conflicts of interest and avoid them in all matters concerning the approval of teams. Responsibility for avoiding conflicts will reside with the Commission.

Listing of Approved Teams

The ACPA National Office will publish the list of approved teams. Approved teams may indicate their approval status to the public using the guidelines provided by the Commission. The listing must reflect the current status of approval. Teams providing inaccurate approval information will be notified by Commission. If the information is not corrected, Commission will provide a public notice correcting the listing and may change the approval status.

Procedures For Appeal And Reconsideration

Reconsideration

The Commission will provide justification for any negative decision (denial or withdrawal of approval) regarding a team's application. The applicant team is able to request a reconsideration review of the decision. The reconsideration provides the team with the opportunity to present additional evidence, in writing, attesting to compliance with the appropriate standards.

A team desiring a reconsideration must submit, within 30 days of the Commission decision letter date, a letter containing the formal request and additional evidence addressing each standard for which the team was cited for being out of compliance. A team may submit this information via email to cat@acpa-cpf.org or post to:

Chair, Commission on Approval of Teams
ACPA Team Approval Reconsideration
1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514

The team is responsible for ensuring the request for reconsideration has been received by the Commission, within 30 days of the Commission decision letter date. If the team does not submit a formal request for reconsideration and documentation within 30 days, the decision to deny or withdraw approval is final and cannot be appealed.

The Commission will review reconsideration requests within 60 days of receipt and make a decision. If the Commission reaffirms its original decision, the team may file an appeal.

Appeal

Only decisions to deny or withdraw approval may be appealed. An appeal can be made only after a team has asked for a reconsideration.

An applicant team may appeal only on the following grounds:

- the decision was arbitrary, capricious, or not supported by substantial evidence;
- the Standards were not applied properly; or
- the approval policies and procedures were not followed.

The burden of proof for the appealing program is a preponderance or greater weight of the evidence.

Filing an Appeal

A team desiring an appeal must submit, within 30 days of the Commission reconsideration decision letter date, a letter specifically requesting the appeal, citing one or more of the grounds listed above upon which the team is basing its appeal. The appellant will also provide a written explanation of the grounds for appeal. No new information or supporting documentation shall be included that was not present at the time of the decisions made by the Commission. The team shall submit its appeal to the ACPA President via email to cat@acpa-cpf.org or post to:

ACPA President
Team Appeal
1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514.

The team is responsible for ensuring the request for appeal has been received by the appropriate parties within 30 days of the Commission reconsideration decision letter date.

A copy of the appeal shall be sent to the chair of the Commission. The Commission will provide all information regarding its decision. A response written by the Commission chair shall not introduce any information not present in the original decision.

Appeal Panel

The ACPA President shall select at least five persons as members of the appeal panel. Those selected shall not have a conflict of interest with the team or the decision being appealed. If the president has a conflict of interest with the program or the decision, the president-elect of the Association. After the panel has been appointed, the names will be transmitted to the team representative and the Commission chair. The Team and the chair of the Commission have the ability to challenge any appointment for just cause (e.g., conflict of interest, bias, etc.). Following consideration of any challenges, the presidents shall select three members (one to serve as chair) to hear the appeal. The team and the chair of the Commission shall be informed of the final appointments. Appointment of the panel shall be completed within 30 days of the receipt of the team's appeal.

Appeal Hearing

The panel chair shall schedule an appeal hearing within 60 days of receipt of the written appeal and the written response of the Commission. Each shall have the right to present a statement or argument via telephone conference. After the hearing, the panel shall meet to consider its decision which shall be by majority vote of the panel.

Panel Decision and Report

The appeal panel is charged to review the record and to determine the merits of the appeal. It will determine whether the Commission followed required procedures, properly applied the Standards, and based its decision on evidence that was in the record when it made its decision.

The panel may make one of the following decisions:

- affirm the decision made by the Commission, or
- remand the case to the Commission for reconsideration in light of the panel's findings regarding procedural violations or substantive errors in the decision.

The panel will produce a written report stating the basis for its decision. The report will be disseminated to the team, the ACPA President and the Commission within 15 days of its decision. If the panel upholds the decision of the Commission, that decision becomes final.

When a decision is remanded, the Commission shall reconsider its previous decision no later than 30 days following notification of the panel's decision. The results of the reconsideration will be transmitted to the team and the presidents within 15 days of the reconsidered decision. Reconsidered decisions are final. No further appeals process is available.

Complaints

Complaints Regarding Approved Teams

A complaint about an approved team may be submitted by any professional staff member and/or member of the public.

Criteria

Complaints filed against approved teams must meet the following criteria:

- be related to the Standards for Cleft Palate and Craniofacial Teams,
- describe the specific nature of the complaint, and
- have occurred within two years of the date of the filing of the complaint.

Complaints must be in writing and include the complainant's name, address and telephone contact information and the complainant's relationship to the team. The letter must be signed and submitted in writing via U.S. mail return receipt, overnight courier or hand delivery to:

Chair, Commission on Approval of Teams
ACPA
1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514

Investigation

Within 15 days of the receipt of the complaint, a copy (with identifying information removed) will be forwarded to the chair of the Commission for review. If the Commission determines that the complaint meets the criteria stipulated above, the Commission will investigate the complaint. A majority vote of the Commission will be required to investigate the complaint. If the complaint does not meet the criteria, the individual filing the complaint will be notified within 30 days of the forwarding of the complaint to the Commission.

If the Commission determines to investigate the complaint, the complainant will be notified within 30 days of the transmittal of the original notification of the chair that the investigation will proceed. The complainant will be notified that it may be necessary for him/her to be identified during the investigation. The complainant will be allowed to withdraw the complaint if he or she so elects. If the complainant decides to withdraw the complaint, the investigation will not go forward. If the complainant elects to continue with the complaint, he or she will be asked to sign a waiver of confidentiality.

The team will be notified in writing by the chair of the Commission of the complaint within 15 days of receiving a waiver of confidentiality. A copy of the complaint will accompany the correspondence from the Commission. No identifying information about the complainant will be provided. The team will be given 45 days to provide a written response and any supporting documentation. Within 15 days of receipt of the response to the complaint, the chair of the Commission will forward the information to the Commission members. Identifying information about the complainant and the program under investigation will not be provided unless a majority of the voting members of the Commission consider the information to be needed for the investigation. Additional information can be sought from either the complainant and/or the team

if requested by a majority of the members of the Commission. All conflict of interest policies regarding Commission members' participation in approvals will apply to complaint procedures.

The Commission must make a determination of a course of action within 30 days. Actions to be taken can, but are not limited to, include the following:

- Dismissing the complaint;
- Recommending changes to be implemented within a specified period of time;
- Placing the program on provisional approval; or
- Withdrawing approval.

A finding of placing the team on provisional approval or withdrawing approval will be communicated to the team within 15 days of the Commission decision. The team will have the opportunity to request a reconsideration within 30 days of the notification by the Commission. If the team does not seek a reconsideration, the finding will be final and not grounds for an appeal. After a reconsideration that upholds a decision to place a program on provisional approval or to withdraw approval, the team may appeal the decision.

Complaints Regarding the Commission on Approval of Teams

Criteria

Complaints against the Commission may be filed by any approved team professional staff member and/or member of the public.

Complaints filed against Commission must meet the following criteria:

- be related to the Standards for Cleft Palate and Craniofacial Teams;
- describe the specific nature of the complaint;
- have occurred within one year of the date of the filing of the complaint.

Complaints must be in writing and include the complainant's name, address and telephone contact information and the complainant's relationship to the team and be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery to:

President
ACPA
1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514

Investigation

Within 15 days of the receipt of the complaint, a copy (with identifying information removed) will be forwarded to the ACPA President. The president will determine if the complaint meets the criteria stipulated above. If the complaint does not meet the criteria, the individual filing the complaint will be notified within 30 days of the forwarding of the complaint.

If the president determines to investigate the complaint, the complainant will be notified within 30 days of the transmittal of the original notification of the ACPA President that the investigation will proceed. The complainant will be notified that it may be necessary for him/her to be identified during the investigation. The complainant will be allowed to withdraw the complaint if

he or she so elects. If the complainant decides to withdraw the complaint, the investigation will not go forward. If the complainant elects to continue with the complaint, he or she will be asked to sign a waiver of confidentiality.

The Commission will be notified of the complaint in writing by the president within 15 days of receiving a waiver of confidentiality. A copy of the complaint will accompany the correspondence from the Commission. No identifying information about the complainant will be provided. The Commission will be given 45 days to provide a written response and any supporting documentation.

A review committee of three individuals will be appointed by the president within 30 days of the receipt of the confidentiality waiver. The members shall be familiar with the standards process. None of the members shall have any relationship to or conflict of interest with the complainant. The response from Commission will be forwarded to the review committee within 15 days.

The review committee must make its determination within 60 days of the receipt of the materials. The committee will provide its results and recommendations in writing to the presidents. Recommendations could include:

- Dismissal of the complaint;
- Recommendation of changes in the Commission's policies and procedures;
- Other recommendations.

The recommendation of the review committee will be forwarded to the Commission in writing within 15 days. The Commission will review the recommendations at its next regularly scheduled meeting and will provide a written response to the president detailing how the Commission intends to respond to the recommendations. The written report will be submitted to the president within 15 days of the meeting.

The complainant will be notified within 15 days of the action taken by the Commission. Decisions made by the Commission relative to complaints may not be appealed.