

HR Compliance Guide

for Behavioral Health Leaders

Author: Mitchell Jeffery

Founder, The Ember Collective

www.embercollectivellc.com

(865) 255-8330

Table of contents

About The Ember Collective	3
Contact and Services Snapshot	3
Meet the Founder	4
Using This Guide	6
Introduction: Why HR Compliance Matters in Behavioral Health	6
Federal Compliance and Core Acts	8
Federal Compliance Timeline	8
ADA Compliance	9
Family and Medical Leave Act (FMLA)	10
EEO-1 Reporting	12
OSHA Reporting	12
Contractor Classification Risk Worksheet	13
Contractor Risk Results	13
Behavioral Health HR Compliance	15
Completion vs Compliance	15
How HR Systems Actually Work	16
Medicaid Compliance Requirements	18
Accreditation and HR File Compliance	18
CARF and Joint Commission File Expectations	19
Behavioral Health HR Compliance Checklist	21
Survey Readiness Self-Assessment	25
Important Reminder	27
Complimentary HR Compliance Consultation	27
Strategic Insight and Next Steps	29
How The Ember Collective Helps	29
Complimentary HR Consultation	30
The Ember Collective	31

About The Ember Collective

The Ember Collective was founded to solve a common problem in healthcare organizations. Growing behavioral health providers often need senior HR expertise but cannot justify the cost of a full-time executive.

Our team provides fractional HR leadership, recruitment strategy, and compliance support designed specifically for behavioral health organizations.

We specialize in:

- Substance use disorder treatment programs
- Psychiatric care providers
- ABA therapy organizations
- Behavioral health organizations experiencing rapid growth.

Our work focuses on building HR systems that protect organizations, support leadership, and strengthen culture.

Contact and Services Snapshot

For organizations seeking immediate support, The Ember Collective offers advisory and implementation services, including HR audits, policy development, file remediation, competency frameworks, onboarding redesign, people analytics, recruitment process optimization, and leadership coaching. Whether you are preparing for an announced survey, addressing corrective action plans, or scaling from a single facility to multi-site operations, fractional leadership provides expertise without the fixed cost of a full-time executive. Visit www.embercollectivellc.com or call 865-255-8330 to learn more or to request a complimentary consultation described later in this guide.



Meet the Founder

Mitchell Jeffery, M.A., CDP founded The Ember Collective to help behavioral health organizations build HR systems that balance compliance and culture.

Across his career he has led

- Led **8 mergers and acquisitions**
- Implemented more than **10+ HRIS systems**
- Built compliance dashboards resulting in **zero findings across Joint Commission, CARF, and state surveys**
- Reduced turnover by **10%** while onboarding **800** new employees

Mitchell holds a Master of Arts in Sociology from Wayne State University and is a Certified Diversity Professional. He is also a DisruptHR speaker known for his candid and practical leadership approach.

Injury report form

Please print clearly and tick the correct box

Status:

Outcome:

miss

7. DETAILS OF INJURY



Using This Guide

Each subsequent section builds from foundational compliance context to practical checklists, scorecards, and examples. You will find: federal thresholds and timelines; ADA and FMLA fundamentals; EEO-1 and OSHA reporting reminders; a contractor classification risk worksheet and scoring rubric; behavioral health-specific compliance expectations; a file compliance checklist; and a survey readiness self-assessment with scoring. Feel free to print the checklists, compare against your HRIS or credentialing tracker, and use the self-assessments in monthly compliance reviews.

Introduction: Why HR Compliance Matters in Behavioral Health

Behavioral health organizations operate in one of the most complex regulatory environments in healthcare.

Leaders must navigate

- Federal employment law
- State labor regulations
- Clinical credentialing requirements
- Joint Commission accreditation
- CARF accreditation
- State licensing surveys.

All of these expectations require documentation, structure, and defensibility.

Most organizations do not fail audits because they are careless. They fail because they believe they are compliant when their systems cannot prove it.

This guide explains how behavioral health organizations can build HR systems that support compliance, growth, and operational stability.



Federal Compliance and Core Acts

Understanding when federal employment laws apply is foundational to staffing strategy and risk management. Thresholds are tied to headcount across the enterprise. Plan ahead for growth triggers so you can implement policies, notices, and data collection before the law applies.

Federal Compliance Timeline

Number of Employees	Compliance Requirements
1+	FLSA, OSHA, I-9 verification, Equal Pay Act
15+	Title VII, ADA, Pregnancy Discrimination Act
50+	FMLA and Affordable Care Act
100+	EEO-1 reporting and expanded OSHA reporting

ADA Compliance

One of the **most misunderstood employment laws** is the ADA.

Many leaders assume ADA only applies to **visible disabilities**.

In reality, ADA protections apply to a wide range of conditions including:

- **mental health conditions**
- **chronic illnesses**
- **neurological conditions**
- **temporary impairments**
- **recovery from substance use disorders**

This is particularly relevant in behavioral health environments.

ADA Requests Do Not Need to Be Explicit

Employees **do not need to say**:

“I am requesting an ADA accommodation.”

An accommodation request may occur whenever an employee indicates **a medical condition affecting their ability to work**.

Examples include:

- requesting time off for treatment
- requesting schedule adjustments
- requesting modified duties

Once an employer becomes aware of a potential disability-related need, they must begin the **ADA interactive process**.

ADA Leave vs FMLA Leave

ADA may require **leave as a reasonable accommodation** even when FMLA does not apply.

For example:

- the employee may not qualify for FMLA yet
- the employer may have fewer than 50 employees

This is an area where **many organizations unintentionally violate the law.**

Family and Medical Leave Act (FMLA)

Employers with **50 or more employees** must comply with the Family and Medical Leave Act.

Eligible employees may receive **12 weeks of protected leave** for qualifying medical or family reasons.

However, FMLA compliance includes **strict administrative deadlines.**

Critical FMLA Deadlines

When an employer becomes aware of a potential FMLA need:

Within 5 business days

The employer must provide the employee with a **Notice of Eligibility and Rights and Responsibilities.**

Employers must also:

- provide **medical certification forms**
- issue a **designation notice**
- track leave accurately

Failure to follow these administrative steps can create **legal liability even when leave is granted.**



EEEOC

Equal Employment Opportunity C

EEO-1 Reporting

Employers with **100 or more employees** must submit an annual **EEO-1 workforce demographic report**.

The report categorizes employees by:

- **race and ethnicity**
- **gender**
- **job category**

While the reporting process itself is straightforward, organizations must maintain **accurate workforce data and consistent job classifications**.

OSHA Reporting

OSHA requires employers to report certain serious workplace incidents **within strict timelines**.

Examples include:

- **workplace fatalities**
- **inpatient hospitalizations**
- **amputations**
- **loss of an eye**

Failure to report within the required time frame can result in **significant fines**.

Real Example

At a previous organization I worked for, I indicated that a workplace incident **should be reported to OSHA**. Our enterprise CEO initially declined to report it.

After consulting legal counsel, several days later, we confirmed that the incident **did in fact require reporting**.

Because the report was late, OSHA issued a **\$10,000 fine solely for delayed reporting**.

This situation illustrates how **even well-intentioned organizations can incur penalties if compliance timelines are not understood**.

Contractor Classification Risk Worksheet

Contractor Name: _____

Check each question that is a yes

- Does your organization control how the work is performed?
o
- Does the worker follow company schedules or assigned shifts?
o
- Does your organization train the worker?
o
- Is the worker performing work central to your services?
o
- Does the worker rely primarily on your organization for income?
o
- Does your organization provide workspace or equipment?
o
- Does the worker operate without an independent business structure?
o
- Is the relationship ongoing rather than project-based?
o
- Does the worker appear on schedules alongside employees?
o
- Does the worker represent themselves as part of your organization?
o

Contractor Risk Results

Number Of Checks	Risk Score	Outcome
0 - 2	Low Risk	Low risk of misclassification.
3 - 5	Moderate Risk	Moderate risk. The relationship should be reviewed.
6+	High Risk	High risk. The worker likely should be classified as an employee.

SALARY

OVERTIME



105,000
90,000
75,000

product

Behavioral Health HR Compliance

Behavioral health providers must meet compliance requirements from multiple regulatory and accreditation bodies, including:

- **Joint Commission**
- **CARF accreditation**
- **State licensing agencies**
- **Medicaid program requirements**

These standards place significant emphasis on **employee credentialing, training, and documentation.**

In many surveys, employee files become one of the primary ways regulators determine whether an organization is truly operating in compliance with these expectations.

Completion vs Compliance

One of the most common HR mistakes in behavioral health organizations is confusing **completion** with **compliance.**

Completion means something was **uploaded, documented, or marked as done.**

Compliance means knowing and tracking whether **every employee has what they are supposed to have — regardless of whether it currently exists in the system or not.**

In other words:

Completion tells you **what has been entered.**

Compliance tells you **what should exist — and whether anything is missing.**

This distinction is critical in behavioral health environments where credentialing, training, and documentation requirements vary by role and are frequently reviewed during surveys.

How HR Systems Actually Work

Many organizations assume that implementing an HR system automatically ensures compliance.

In reality, **most HR systems track completion, not compliance.**

They track **what is entered into the system.**

However, they typically **do not have the ability to identify when something should exist but does not.**

For example, if a license or certification is never entered into the system, the HR platform often has **no way to notify you that it is missing.**

The system confirms what has been uploaded — but it cannot always confirm whether **every required item is actually there.**

This limitation is one of the main reasons organizations believe they are **survey-ready**, only to discover gaps when regulators begin reviewing employee files.

Example

Imagine a nurse named Johnny.

If I upload Johnny's nursing license into the HR system, the system records that license.

But if another nurse **should have a license and it is missing**, the system does not identify that gap.

The system only knows **what was entered into it.**

This is why organizations often believe they are **survey ready** — until a surveyor reviews the files.

COMPLIANCE



Medicaid Compliance Requirements

Medicaid-certified behavioral health providers must implement compliance training for **all staff** — **clinical and non-clinical**.

Training is typically required:

- at hire (within 30–90 days)
- annually thereafter

Key areas include:

Fraud, Waste, and Abuse (FWA)- Training on identifying false claims and improper billing.

Compliance Program Policies- Training on code of conduct and regulatory expectations.

HIPAA and 42 CFR Part 2- Privacy rules specific to behavioral health and substance use treatment.

Exclusion Screening- Ensuring employees are not listed on the **OIG exclusion list**.

Mandatory Reporting- Procedures for reporting abuse, neglect, or exploitation.

Accreditation and HR File Compliance

For behavioral health organizations accredited by **CARF or The Joint Commission**, employee files play a critical role in demonstrating compliance during surveys.

Surveyors frequently review employee records to verify that staff are:

- **qualified for their role**
- **properly trained**
- **appropriately supervised**
- **maintaining required credentials**

This review often focuses on documentation such as:

- job descriptions and hiring documentation
- background checks and credential verification
- required orientation and training
- competency validation
- performance evaluations and supervision records

Surveyors are not simply confirming that these activities occur — they are verifying that

CARF and Joint Commission File Expectations

While CARF and Joint Commission standards differ in structure, both accreditation bodies place strong emphasis on **staff qualifications, competency, and ongoing oversight**.

Employee files are typically expected to demonstrate that:

- staff meet the **education and licensing requirements for their role**
- required **training and orientation were completed**
- staff competencies are **validated and periodically reassessed**
- supervisors provide **ongoing performance oversight**
- licenses and certifications are **current and actively monitored**

Because of this, **HR file documentation becomes a major focus during accreditation surveys**.

Why Organizations Are Often Surprised During Surveys

Many behavioral health organizations believe they are compliant because:

- the employee completed orientation
- the training occurred
- the credential exists somewhere in the organization

However, accreditation surveys evaluate **documentation within employee files**.

If documentation cannot be quickly located or verified, surveyors may treat the requirement as **missing or incomplete**.

This is one of the most common reasons organizations that believe they are **survey-ready** receive **unexpected findings**.

“

In many behavioral health surveys, HR documentation gaps are among the most common findings — not because organizations ignore requirements, but because systems for tracking compliance are inconsistent.

Mitchell Jeffery

Behavioral Health HR Compliance Checklist

Use this checklist as a reference to help evaluate whether your employee documentation support **federal regulations, Medicaid requirements, and accreditation expectations.**

Note: Specific requirements may vary based on **state regulations, accreditation body standards, and program type.**

Employee Information

(for printed checklist use)

Employee Name: _____ Job Title: _____

Department: _____ Hire Date: _____

Supervisor: _____

Core Employment Documentation *(Federal + Accreditation)*

- Signed job description in file
- Signed offer letter or employment agreement
- Resume or application documenting qualifications
- Background check documentation
- I-9 employment verification completed
- Confidentiality agreement signed
- Code of conduct acknowledgment signed

Credentialing and Licensure *(Accreditation + State Licensing)*

- Primary source verification of professional license (if applicable)
- Degree verification when required
- License or certification documentation in file
- License expiration dates documented
- System in place to monitor license expiration

Orientation and Training (*Medicaid + Accreditation*)

- Orientation checklist completed and signed
- HIPAA training documentation
- 42 CFR Part 2 training documentation (for SUD programs)
- Fraud, Waste, and Abuse training completed
- Cultural competency training completed
- Emergency procedures training completed
- Bloodborne pathogens training completed (if applicable)
- CPR / First Aid certification documented (if required)
- Program-specific training completed (de-escalation, trauma-informed care, etc.)

Clinical Competency and Supervision (*Joint Commission + CARF*)

- Role-based competencies defined
- Initial competency validation documented
- Ongoing competency reassessment documented
- Clinical supervision documentation (if applicable)

Performance Oversight (*Accreditation Expectations*)

- 90-day performance evaluation completed
- Annual performance evaluation completed
- Performance reviews signed by employee and supervisor

Compliance Monitoring Systems (*Federal + Medicaid*)

- OIG exclusion screening completed
- Process in place to monitor license renewals
- Training expiration tracking system in place
- Monthly or quarterly HR file audit process

Compliance Insight

Completing documentation is important, but **true compliance requires systems that track what should exist — not just what has already been uploaded.**

Many organizations discover gaps during surveys because their systems track **completion rather than compliance.**

If you are unsure whether your HR documentation systems would withstand a regulatory survey, a short compliance review can often identify gaps before regulators do.



Survey Readiness Self-Assessment

Use this assessment to evaluate whether your HR systems and employee documentation processes would hold up during a regulatory or accreditation survey.

Answer each question honestly to identify potential compliance gaps before regulators do.

Are You Survey-Ready?

Behavioral Health HR Compliance Self-Assessment

Check all that are yes, or that do not apply

HR Compliance Systems

- Do you have a system that tracks required credentials and training for each role, not just documents that have been uploaded?
o
- Does someone review HR compliance items monthly to ensure licenses, certifications, and trainings remain current?
o
- Are license expirations, certification renewals, and training deadlines tracked in a structured system rather than spreadsheets or manual reminders?
o
- Are HR compliance processes documented so that multiple team members could maintain them if needed?
o

Employee File Documentation

- Does every employee file contain a signed job description?
o
- Do employee files contain background checks and credential verification when required?
o
- Can HR quickly produce orientation documentation for every employee?
o
- Do employee files contain required licenses and certifications when applicable?
o

Training and Competency

- Are employees completing required Medicaid and regulatory trainings within the required timeframes?
o
- Are role-based competencies defined and documented for clinical staff?
o
- Is there documentation showing that competencies are validated and periodically reassessed?
o
- Do employees receive training related to privacy, ethics, and compliance expectations?
o

Performance and Oversight

- Do employees receive 90-day performance evaluations?
o
- Are annual performance reviews consistently completed?
o
- For clinical roles, are supervision meetings documented and signed?
o
- Is there documentation showing ongoing oversight of staff performance and competency?
o

Regulatory Compliance

- Are employees screened against the HHS Office of Inspector General (OIG) exclusion list?
o
- Does your organization provide Fraud, Waste, and Abuse training?
o
- Do staff receive HIPAA and 42 CFR Part 2 training when applicable?
o
- Is documentation of required trainings maintained in employee files?
o

Scoring Your Results

Number Checked	Score
16 - 20	Your organization likely has strong HR compliance systems in place and may be well prepared for regulatory review.
10 - 15	Your organization may have moderate compliance risk, particularly in documentation or monitoring systems.
9 or less	Your organization may face significant risk during regulatory or accreditation surveys, especially if employee files are reviewed.

Important Reminder

Many behavioral health organizations believe they are compliant because **training occurred or documents exist somewhere in the organization.**

Surveyors evaluate **documentation within employee files and compliance tracking systems.** If documentation cannot be quickly produced, the requirement may be considered **missing during a survey.**

Complimentary HR Compliance Consultation

If you're unsure whether your HR systems would withstand a survey, The Ember Collective offers a **complimentary 20-minute HR compliance consultation** for behavioral health leaders.

During this session, we will:

- Discuss one current HR compliance challenge
- Identify potential documentation or system risks
- Provide practical next steps you can implement immediately

Learn more at: www.embercollectivellc.com

Or call: **865-255-8330**



Strategic Insight and Next Steps

Many behavioral health organizations assume that HR compliance problems happen because someone forgot to complete a task.

In reality, most compliance issues occur because **the organization lacks a system that consistently tracks what should exist across the workforce.**

In behavioral health environments where roles vary, training requirements differ, and regulatory oversight is constant, compliance cannot rely on memory or manual tracking.

Organizations that successfully navigate surveys typically have three things in place:

- **Clear documentation standards for employee files**
- **Systems that monitor licenses, credentials, and training requirements**
- **Regular internal audits that identify gaps before regulators do**

Without these systems, even well-run organizations can discover compliance gaps during accreditation surveys or regulatory reviews.

This is not a reflection of poor leadership—it is simply the reality of operating in a highly regulated environment.

How The Ember Collective Helps

The Ember Collective partners with behavioral health organizations to build **practical HR systems that support both compliance and operational stability.**

Our work focuses on helping organizations move from **reactive HR management to structured compliance systems.**

This often includes:

- HR file compliance audits
- Credential and training tracking systems
- Accreditation readiness preparation
- HRIS system configuration and optimization
- Leadership coaching for HR and operations teams

Our goal is not to create dependence on outside consultants. Our goal is to help organizations **build systems that remain compliant long after the engagement ends.**

Complimentary HR Consultation

If you are unsure whether your HR systems would withstand a regulatory survey, The Ember Collective offers a **complimentary 20-minute HR consultation** for behavioral health leaders.

This is a working session designed to help you **quickly assess risk and identify next steps.**

During this conversation we will:

- Discuss one pressing HR compliance challenge
- Identify potential documentation or system gaps
- Provide practical guidance you can implement immediately
- Help you determine whether additional support may be helpful

This is **not a sales pitch.**

If we are not the right fit, we will tell you.

Our goal is simply to help leaders in behavioral health **protect their organizations and the clients they serve.**

Schedule Your Complimentary Consultation

www.embercollectivellc.com

(865) 255-8330

The Ember Collective

www.embercollectivelc.com

(865) 255-8330

**Ignite Culture. Fuel
Results.**