

Commission for Motion Laboratory Accreditation Application Review Policy

Policy:

The Commission for Motion Laboratory Accreditation, Inc. (CMLA) is a nonprofit organization organized and operated to enhance the clinical care of persons with disorders of human motion by evaluating and accrediting clinical motion laboratories by a set of standard criteria. The guidelines provided below are developed for use by reviewers in the decision-making process of determining the accreditation status of a Laboratory application.

Procedure

1. All applications must be submitted electronically at “www.cmlainc.org”
2. An application fee is required (see CMLA website).
3. Applications are not complete until the full application is submitted, and the application fee is received.
4. Upon receipt of both the application and the application fee, a review panel will be assembled to review the application.
 - a. A minimum of three reviewers will be on each review panel, represented by one of each of the following:
 - i. Medical
 - ii. Clinical
 - iii. Technical
 - b. At least one reviewer will be a member of the CMLA board.
 - c. A chairperson will be appointed
 - i. must be a member of the CMLA board
 - ii. is responsible for
 1. coordination review meetings
 2. facilitation of discussion among the review team
 3. compilation and finalizing panel results in the composite “Application Review Form”
 4. Facilitation of any communication between the CMLA and the applicant
 5. Presentation of review panel findings to the Board of Directors
 - d. The review panel will evaluate the application based on the criteria set forth in the:
 - i. Application Review Criteria
 - ii. Applicant and Reviewer Manuals
 - e. Each criterion and sub-criterion is evaluated as sufficient/deficient based on the minimum acceptable data presented in the application according to the Applicant and Reviewer Manuals
 - f. Criteria are classified according to:
 - i. major criteria (all members of the review panel have to agree that a major criterion has/has not been met)
 - ii. minor criteria (all members of the review panel have to agree that a minor criterion has/has not been met)

- g. The review panel will make a recommendation to the CMLA Board of Directors followed by a discussion and vote according to the following classifications:
- i. **Full Accreditation**
An application with no major and no more than 4 minor deficiencies. Accreditation will be granted for a period of 3 years.
 - ii. **Provisional Accreditation**
An application with no major deficiencies and no more than 8 minor deficiencies. The applicant will be recognized as accredited. The applicant granted Provisional Accreditation must resolve the deficiencies within three (3) months to achieve Full Accreditation. If the applicant fails to resolve deficiencies within the 3-month timeframe, the applicant's status will revert to Accreditation Pending until all discrepancies are resolved.
 1. The status of the applicant's Laboratory will be changed from Provisional Accreditation to Full Accreditation at the time that deficiencies are resolved.
 2. The Full Accreditation status will last for three years from the initial declaration of Provisional Accreditation.
 - iii. **Accreditation Pending**
An application with one or more major deficiencies, or more than 8 minor deficiencies. An applicant granted Accreditation Pending status has 12 months after notification to submit a response to all deficiencies.
 1. If the applicant submits a response to all deficiencies within the 12-month time period, no additional fee is necessary. The application will re-enter the review process with the review panel initially assigned. The review panel will submit a recommendation to the Board of Directors for discussion. The applicant will be notified of the accreditation decision within 90-days of submission of the response to deficiencies.

The status Accreditation Pending will remain if the application continues to have remaining deficiencies. The applicant has 12 months after that notification to respond to the remaining deficiencies. This cycle will repeat until a change in accreditation status is recommended by the review panel. A vote of the Board of Directors is required to change the accreditation status. Accreditation status may be changed as follows:

 - i. Full Accreditation
 - ii. Provisional Accreditation
 - iii. **Accreditation Denied.** The applicant is not making active progress toward the resolution of all deficiencies. Active progress is defined as the resolution of at least one or more deficiencies, as determined by the review panel in consultation with the Board of Directors. An on-site visit may be recommended and enacted before a final determination of Accreditation Denied is made. Once Accreditation Denied status is given, the applicant may continue to pursue accreditation by submitting a new application and the associated fee.

2. If the applicant does not submit the first response to all deficiencies within 12 months, a new application with the associated fee must be submitted.
5. The results of the review will be communicated to the applicant through:
 - a. Composite Application Review Form
 - b. Accreditation Notification letter
6. The review panel deliberations, report and recommendation, Board discussion, and Board vote are confidential.

Note: The Board of Directors has the authority to request an on-site visit to the Applicant at any time. If requested, the final determination of the application will not be made until the site visit has occurred.

Re-Accreditation

1. A new application is required for re-accreditation, including the application fee. The review will not be initiated until both are received.
2. The Board will notify the applicant three months prior to the expiration of their accreditation. On the date of expiration, accreditation status will be changed according to one of the following categories:
 - a. **Accreditation Under Review:** This designation is reserved for Laboratories that have submitted an application for re-accreditation that is under active review. Both the application for reaccreditation and the associated fee must be received before the status is changed. If active progress is not made within 9 months after the review process has been initiated, accreditation status will change to Accreditation Pending.
 - b. **Accreditation Inactive:** This designation will be assigned to Laboratories that have failed to submit an application for reaccreditation by the expiration date. This status will be applicable for 3 months. If an application for reaccreditation and the associated fee has been received within 3 months, the applicant's status will be changed to Accreditation Under Review. If active progress is not made within 9 months after the review process has been initiated, accreditation status will change to Accreditation Pending.
 - c. **Accreditation Expired:** This designation will be assigned to Laboratories that have failed to submit an application for re-accreditation within 3 months following their expiration date. Any application submitted 3 months after the expiration date will be considered a new application. The Accreditation Expired status will remain until the review is complete.
3. Once an application has been submitted, the review process described under "Procedure" will be initiated.

Right to Appeal

Any applicant has the right to appeal the accreditation status determined by the Board of Directors in accordance with the CMLA Accreditation Decision Appeal Policy ([CMLA Policy & Procedure - Criteria for Lab Application Review \(cmlainc.org\)](#)).

Reporting Change in Laboratory Personnel or Operations

1. An applicant Laboratory that is accredited or has achieved Accreditation, (i.e., Full Accreditation or Provisional Accreditation) is responsible to report to the CMLA any major change or loss in personnel or procedures that may significantly affect or interrupt the day-to-day operations and competencies within the applicant Laboratory. Note: having to fill one staff position would not be considered a major change. More significant changes may include but are not limited to:
 - a. Changes in institutional resources that constrain the ability to conduct quality laboratory operations.
 - b. Unexpected departure of the laboratory medical director and/or laboratory manager of operations
 - c. Unexpected departure of personnel (technical or clinical), resulting in Laboratory personnel who are not adequately trained to maintain quality operations
 - d. Change in the laboratory location
2. This change(s) must be reported to the CMLA within the Applicant's CMLA forum within 30 days of the change(s) in the Laboratory. Failure to report changes may result in a change in Accreditation status.
3. The Laboratory changes will be reviewed by the Review Panel Coordinator and a report will be given to the Board of Directors.
4. The Laboratory will be notified of the results of the Board's decision within 30 days.
5. In the event that the Board determines that further investigation is warranted, the Review Panel Coordinator will appoint a 3-member review team (similar in make-up to a new application review) to review the changes and submit a recommendation to the Board of Directors.
6. If a change in accreditation status from Full Accreditation to Accreditation Pending is deemed necessary by the Board of Directors, the Applicant will be granted a period of one year to demonstrate the complete resolution of identified insufficiencies and return to the previous accreditation status.
7. These changes of status do not extend the period of initial accreditation.

Appendix – Summary of Accreditation Designations

Full Accreditation – the Laboratory has achieved accreditation for a period of 3 years.

Provisional Accreditation – the Laboratory has achieved accreditation for the period of 3 months during which it must remediate all minor deficiencies. Following remediation of deficiencies, the Laboratory will achieve Full Accreditation. Failure to remediate deficiencies within 3 months will result in designating the lab as Accreditation Pending.

Accreditation Pending – the Laboratory is not accredited, remains under review, and will not achieve Full Accreditation until all deficiencies have been remediated.

Accreditation Denied – the Laboratory’s application will no longer be reviewed secondary to lack of active progress. The Laboratory will need to initiate a new application.

Accreditation Under Review – Laboratories that are making re-application and have submitted an application and fee prior to their accreditation expiration date will maintain their status of Full Accreditation as the review panel evaluates their application.

Accreditation Inactive – Laboratories that are making re-application but did not submit an application and fee by their expiration date will no longer have Full Accreditation status. If the Laboratory submits an application and fee within 3 months following their expiration date their status will be changed to Accreditation Under Review.

Accreditation Expired – This designation will be assigned to Laboratories that have failed to submit an application for re-accreditation within 3 months following their expiration date. The Accreditation Expired status will remain until the review is complete.