



A Pathway to Medicare Certification for Home Health Providers: The Joint Commission's Deemed Status Survey Option

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Objectives of Teleconference:

- ▶ Describe the Deem Status Option for home health accreditation
- ▶ List the value added features of using this option for accreditation
- ▶ Discuss the Deem Status Accreditation Process
- ▶ Determine how the Deem Status option can best meet your accreditation needs.



What is Deemed Status?

- ▶ Process for determining compliance with Federal Conditions of Participation (CoP) requirements and conditions of coverage and evaluates compliance with The Joint Commission's standards
- ▶ Not a state licensure survey
- ▶ The Joint Commission is recognized in many states for licensure
- ▶ Some states require licensure before certification



Benefits of Joint Commission Accreditation with Deemed Status recognition

- ▶ Lessens burdens imposed by duplicative federal and state regulatory surveys
- ▶ Accreditation by The Joint Commission indicates a proven commitment to high quality patient care
- ▶ Strengthens community confidence and recognition
- ▶ Provides professional consultation and enhances staff education
- ▶ Exposure to wide array of professional and practice resources
- ▶ Liability insurance coverage
- ▶ Fulfills licensure renewal requirements in many states
- ▶ Assists in achieving initial Medicare certification in a timely manner





Who is Eligible?

An organization must meet both the criteria of The Joint Commission and CMS to be eligible for home health accreditation.

- ▶ Licensure Status
- ▶ Structure of the Organization
- ▶ Operational Status



Home Health Eligibility

The Joint Commission

- ▶ Provision of health care services by health care professionals to patients in their place of residence.
- ▶ Services may include nursing, therapy, and other licensed professionals.
- ▶ Served 10 patients and 7 active at time of survey

CMS

- ▶ Provision of part time or intermittent skilled nursing services provided
- ▶ At least one other therapeutic service OR home health aide services are provided
- ▶ One of the qualifying services MUST be provided directly through agency employees.



Personal Care and/or Support Services Eligibility

The Joint Commission

- ▶ Provision of assistance because of a health-related condition by paraprofessionals.
- ▶ Provision of services by HHAs, personal care aides, companions, and homemakers.
- ▶ Served 10 patients and 2 active at time of survey

CMS

- ▶ Provision of part time or intermittent skilled nursing services provided
- ▶ At least one other therapeutic service OR home health aide services are provided
- ▶ One of the qualifying services MUST be provided directly through agency employees.



General Eligibility

- ▶ No track record of compliance with standards
- ▶ Must be in compliance with all applicable standards at time of on-site survey
- ▶ Services provided through written agreement or contract are eligible and survey able
- ▶ All other eligible services are survey able (includes HME, Pharmacy, PC/SS)

Overview of the Process



Three Step Process

- Pre-survey Preparation
- Onsite Survey Visit
- Post-Survey Report Preparation and Evidence of Standards Compliance

Application Process

- ▶ Completed Electronically
- ▶ Interactive Process with your Account Representative
- ▶ Requires the payment of a non-refundable deposit
- ▶ You determine when you are ready



How to Apply – It's Easy!

- ▶ Contact Jasmina Juric, Business Development Specialist to request access to our online application:
jjuric@jointcommission.org, 630.792.5251
- ▶ Will receive an email containing a password to access the application at our website, www.jointcommission.org, Joint Commission Connect™
- ▶ Access to an electronic manual and a complimentary hard copy of the home care manual sent to organization after deposit received

When can I be scheduled for survey?

The following steps be completed before a survey can be scheduled:

- ▶ Copy of CMS approved 855A form
- ▶ Copy of letter notifying the state of intent to use The Joint Commission accreditation for Medicare certification
- ▶ Copy of printed report confirming successful OASIS data test transmission to the state agency (HH only)
- ▶ Verification of state licensure in states that require a license
- ▶ Verification from Account Representative of a completed application
- ▶ Deposit accepted
- ▶ Provided care to at least 10 patients
 - 7 receiving care at time of survey for Home health (CMS requirement)



How should I prepare for survey?

- ▶ **Become familiar with Comprehensive Accreditation Manual for Home Care**
 - Contact Standards Interpretation Group 630-792-5900 for assistance if questions
 - Use your electronic manual to sort out the standards and National Patient Safety Goals that you are required to satisfy,
 - Use the Applicability grid to determine which standards apply to the services you provide
- ▶ **Look for the **D** that indicates documentation is required to comply**
- ▶ **Review the Required Written Documentation Section of the manual**
- ▶ **Review Accreditation Participation Requirements**
- ▶ **National Patient Safety Goals**
- ▶ **Review Speak Up campaign – free download at www.jointcommission.org**

Helping Staff Prepare...

- ▶ Focus on integration of the standards into every day practice
- ▶ Be rational and talk about the rationale
- ▶ Keep the manual where people can refer to it.
- ▶ Have a question, call us...
- ▶ Model the actions that you expect to see.



What Happens During the Onsite Survey?

- ▶ **Unannounced**
Posted on extranet at 7:30 a.m.
Surveyor bio and picture
Survey agenda
- ▶ **Surveyor Planning**
Review documents (Appendix A)
Home visit schedules
Guided by Priority Focus Areas (PFA)
- ▶ **Opening Conference and Orientation to your organization**
- ▶ **Staff interviews**
- ▶ **Home Visits & Patient Record Review**
Typically 3-6 patient tracers on a two day survey
Patient consent
- ▶ **Systems Tracers e.g. Data Use**
- ▶ **Daily Briefings**
- ▶ **CEO Exit Briefing prior to Exit Conference**



What happens after our survey?

- ▶ Scores and decisions are validated for accuracy
- ▶ Clarification Period – 10 days after report posted on your extranet site
- ▶ If your organization has a standard out of compliance - 45 days after receipt of accreditation report must show compliance through Evidence of Standards Compliance (ESC). Can submit sooner
- ▶ Accreditation decision is effective from the day The Joint Commission approves the ESC if there are any Requirements for Improvement
- ▶ Once accredited, CMS is notified and they make the final certification notification

For first time Medicare certification surveys The Joint Commission can not recommend Medicare certification to CMS until Condition-level deficiencies are corrected

Standard-level deficiencies must be corrected prior to recommendation of certification to CMS



Survey Fees

Fees for accreditation are allowable costs & may be included in your cost report if required to file

Home Health

- ▶ Initial deposit \$1,700 credited to assessed fee
- ▶ On-site and annual survey fee based on Average Daily Census
- ▶ Average Initial Deemed Status onsite survey fee \$5,450.
- ▶ Additional location fees based on miles from main site
- ▶ CMS required Interim survey: \$3,040



Benefits of Joint Commission Accreditation with Deemed Status recognition

- Recognized by insurers, and other third parties
- Enhanced opportunities to participate in networks of providers
- Attracts professional referrals
- Financing capabilities
- Liability insurance coverage
- Fees for accreditation are allowable costs & may be included in cost report





How to Decide if Deemed status is the Best Option for Your Organization

- ▶ You want to lessen the burden of duplicative surveys that can disrupt business.
- ▶ You want a timely Medicare certification survey
- ▶ You want an educational evaluation of your organizations services
- ▶ You and your staff want additional insight into how you can use the accreditation and the data you are collecting to your advantage
- ▶ You want the ability to talk one-on-one with a trained professional to discuss best practices and your challenges
- ▶ You want access to an ever-updated body of professional knowledge and a forum for discussing current home health



Frequently Asked Questions...

▶ **If my organization is already Medicare certified, are we automatically given deemed status ranking?**

No, deemed status is an option and must be selected by the organization on the application.

▶ **If our hospital is already accredited by the Joint Commission, is the home health agency or hospice automatically granted accreditation?**

No, organizations are not automatically granted accreditation. If the hospital is Joint Commission accredited and the home health agency or hospice is part of the hospital organization, the organization is surveyed under the applicable hospital and home care standards



Frequently Asked Questions...

▶ **Can we just use the Joint Commission to become Medicare-Certified but not accredited?**

No, The Joint Commission's deemed recognition by CMS is for accreditation and therefore The Joint Commission can not conduct surveys for Medicare certification only. Surveys conducted by The Joint Commission are for the purpose of accreditation with or without the deemed status option.

▶ **How does a deemed status survey differ from a regular Joint Commission survey?**

- Minor modifications to the survey process as required by CMS
- Includes evaluation of the CoPs and standards
- CMS requirements for record reviews and home visits



Frequently Asked Questions...

▀ Will we be surveyed more frequently because we chose the deemed status option?

First time Home Health Agencies who elect the deemed status option may receive one or more interim surveys based on the direction of CMS and the performance of the organization.

▀ How long is a deemed status survey?

Typically 2-4 days depending on the size of an organization



Frequently Asked Questions...

▀ How many more standards are we surveyed against in a deemed status survey?

Because of the broad scope of the Joint Commission's Accreditation survey process, the Conditions of Participation and the standards that comprise these Conditions are included within the scope of a full survey event.

▀ How many surveyors?

Generally one surveyor however other surveyors may be assigned depending on the number of eligible services surveyed e.g. Pharmacy or DMEPOS



Frequently Asked Questions...

▀ **How soon can I expect to be surveyed after I submit my application?**

Generally 3 months from the date your completed application is processed and all appropriate documents and survey deposit are received at the Joint Commission.

▀ **Are the costs of a deemed status survey allowable?**

Yes, CMS has determined that fees for surveys by The Joint Commission are allowable costs and may be included in a health care organization's cost report for those organizations required to file cost reports.



Additional Resources

- ▶ To apply for accreditation: 630-792-5251, jjuric@jointcommission.org
- ▶ For assistance with standards interpretation: 630-792-5900 or Frequently Asked Questions at www.jointcommission.org
- ▶ For information about educational seminars: 877-223-6866 or www.jcrinc.com
- ▶ For publications to assist in preparation for survey: 877-223-6866 or www.jcrinc.org
- ▶ Read the Home Care Bulletin, a complimentary newsletter: 630-792-5771 to receive
- ▶ Read the official Joint Commission *Perspectives* newsletter published monthly free to accredited organizations. To subscribe 800-746-6578
- ▶ Visit www.jointcommission.org/hctoolkit for information about home care accreditation
- ▶ To request a speaker on topics such as standards, survey process or performance improvement: 630-792-5633
- ▶ Joint Commission Resources an affiliate of the Joint Commission can provide consulting and technical assistance: 630-268-7400 or www.jcrinc.com