



The Joint Commission Accreditation Behavioral Health Care 2010 Fees

Joint Commission accreditation fees are based on a combination of an on-site survey fee billed during the year of the organization's on-site survey and an annual fee billed in January of each year during an organization's accreditation cycle. Approximately 60% of the organization's total accreditation fees are due during the year of the on-site survey.

This document is a tool for your organization to calculate the estimated total fees, including the on-site survey fee and annual fees, for a 3-year period.

Step 1

Calculate your weighted volume.

- Find your type of services, programs or settings in column A.
- Enter the appropriate volume (average daily census, visits, cases, etc.) in column B.
- Multiply column B and C to determine the weighted volume (enter in the "Total" column).
- Complete each line of this sheet for each service, program or setting provided by your organization.
- Total the weighted volume at the bottom of this worksheet.
- Carry the total weighted volume to the reverse side to estimate your annual and on-site survey fees.

Note: If the same individuals served are provided service in more than one category, only count the most restrictive type. Please do not double-count individuals!

Column A	Column B	Column C	Weighted Volume
Inpatient/24 HR Crisis Stabilization [ADC* X 365]	= _____ x	5	= _____
Residential/Group Homes/24 Hr. Therapeutic School [ADC* X 365]	= _____ x	5	= _____
Therapeutic Foster Care/Outdoor Behavioral Health/Supervised/ Transitional/Supportive Living [ADC* X 365]	= _____ x	3	= _____
Partial Hospitalization/Day Treatment/Adult Day Care/Intensive Outpatient/Therapeutic Day School [ADC* X 261]	= _____ x	2.5	= _____
Assertive Community Treatment [Total Cases/Year]	= _____ x	2	= _____
In Home [Total Visits/Year]	= _____ x	1.5	= _____
Technology Based [Total Contacts]	= _____ x	1.5	= _____
Outpatient [Total Visits/Year]	= _____ x	1.5	= _____
Vocational Rehab-Outpatient [Total Visits/Year]	= _____ x	0.5	= _____
Case Management [Total Cases/Year]	= _____ x	0.5	= _____
Foster Care [Total # Of Children/Year]	= _____ x	0.5	= _____
Family Preservation/Wrap Around Services [Total Cases/Year]	= _____ x	0.5	= _____
Shelter (Count Each Family As One) [Total Cases/Year]	= _____ x	0.25	= _____
*Average Daily Census			
			Total Step 1 (Total weighted volume)
			<input style="width: 100px; height: 30px;" type="text"/>

Step 2

Calculate your annual fee.

Weighted Volume	Estimated Annual Fee
< 5,000	\$1,689
< 10,000	\$1,865
< 30,000	\$2,180
< 40,000	\$3,020
< 60,000	\$3,405
< 99,500	\$3,540
< 250,000	\$4,915
< 425,000	\$7,080
< 585,000	\$8,420
< 745,000	\$9,790
< 1,000,000	\$10,590
< 1,200,000	\$12,360
< 1,600,000	\$18,540
> 1,600,000	\$24,715

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 \$ \boxed{} \\
 \text{annual fee}
 \end{array}
 \times \frac{3}{\text{accreditation cycle}} = \$ \boxed{}$$

This is your total annual fee for the 3 year period

Total Step 2

\$

Step 3

Calculate your on-site survey fee.**

Weighted Volume	Estimated On Site Fee
< = 30,000	\$2,835
< = 99,500	\$3,605
< = 250,000	\$4,375
< = 745,000	\$8,225
< = 1,000,000	\$10,535
< = 1,200,000	\$12,845
< = 1,600,000	\$15,155
> 1,600,000	\$19,775

Sites Less Than 60 Miles	Additional Fee
1-6 Sites	No Fee
7-15 Sites	\$3,800
16+ Sites	\$7,700

Sites More Than 60 Miles	Additional Fee
1-3 Sites	\$3,800
4-6 Sites	\$7,700
7-10 Sites	\$11,500

$$\begin{array}{c}
 \$ \boxed{} \\
 \text{on-site fee}
 \end{array}
 + \begin{array}{c}
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 \text{additional site fee}
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 = \$ \boxed{}$$

this is your total on-site fee

**If your organization provides 24 hour care, or day programs including intensive outpatient at more than 1 physical location, add additional site(s) fee(s) to your on-site survey fee. Do not count office site(s) providing only administrative functions and not direct care to individuals. Do not count your main site in this calculation.

**If your organization provides therapeutic or foster care at more than one physical location, add additional site(s) fee(s) to your on-site survey fee. Do not count individual homes as sites, but count office site(s) administrating to the homes. Do not count your main site in this calculation.

**If your organization's weighted volume is between 250,000 and 745,000, additional information about your services and setting is needed to calculate the estimated on-site fee, which will range from \$4,375 to \$8,225.

Total Step 3

\$

Step 4

Total accreditation fee. Add Step 2 and Step 3.

\$

Important items to note when estimating your fees:

- 1 This is not an official estimate.** Fee estimates are based on current published pricing and information about services and service volume provided by your organization. Changes to any of these factors as provided in your organization's application for survey may result in a change in your organization's on-site or annual fees.
- 2** Initial applicants must submit a non-transferable, non-refundable deposit of \$1,700 with the application for survey. This deposit is applied to any accreditation fees billed to the organization until the deposit is exhausted. Credit card payments are also accepted for deposit. To make a credit card payment over the phone, please call (630) 792-5662.
- 3** A pro-rated annual fee is billed at the beginning of the quarter after which an initial application is received.

For further pricing information or for an official quote, email pricingunit@jointcommission.org or contact 630.792.5115.