

# Understanding Joint Commission's Home Health and Hospice Deemed Status Option

A Q&A Guide Covering Federal Deemed Status and State Recognition

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### **? What is federal deemed status?**

For your Home Health Agency or Hospice to participate in and receive payment from the Medicare or Medicaid programs, you must be certified as complying with the standards, called Conditions of Participation, set forth in federal regulations. This certification is usually based on a survey conducted by a state agency on behalf of the Center for Medicare/Medicaid (CMS).

However, if a national accrediting organization has and enforces standards that meet the federal Conditions of Participation, CMS may grant that organization “deeming” authority to conduct these types of surveys and “deem” each subsequently accredited health care organization as meeting the Medicare and Medicaid certification requirements.

The health care organization would have “deemed status” and would not be subject to a separate Medicare survey and certification process conducted by the state.

If you select the deemed status option and your Joint Commission accreditation survey is successful, The Joint Commission recommends to CMS that you receive Medicare certification.

CMS makes the final determination on whether or not your organization will be Medicare certified. CMS retains the authority to conduct random validation surveys and complaint investigations for Medicare certified organizations.

### **? What are the advantages of choosing a deemed status survey?**

The deemed status option offers several advantages. First, accreditation by The Joint Commission is recognized nationwide as a “seal of approval” which indicates that an organization meets certain performance standards.

Accreditation offers many benefits, including:

- Improved patient care
- Improved business processes
- Strengthened community confidence in your organization
- Professional consultation and enhanced staff education
- Recognition and expedited payment from insurers and other third party payers
- Enhanced risk management

Second, The Joint Commission is actively working to reduce survey duplication on behalf of health care providers. The deemed status option is one way of combining compliance activities and reducing duplicative regulatory surveys.



### ***Is my organization eligible for a deemed status survey option?***

To participate in a Joint Commission deemed status survey, you must first meet both The Joint Commission and Medicare's eligibility criteria as a home health agency or a hospice.

**Joint Commission Hospice Eligibility.** An organized program that consists of services provided and coordinated by an interdisciplinary team to meet the needs of patients who are diagnosed with a terminal illness and have a limited life span. The program specializes in palliative management of pain and other physical symptoms, meeting the psychosocial and spiritual needs of the patient and the patient's family or other primary care person(s), utilization of volunteers and provision of bereavement care to survivors. This includes, but is not limited to; all programs licensed as hospices, and Medicare-certified hospice programs. All services provided by the hospice (e.g., pharmacy and HME services), and care provided in all settings (in-patient, nursing home, etc.) are included.

**Medicare Hospice Eligibility.** Hospice care is an approach to caring for terminally ill individuals that stresses palliative care (relief of pain and uncomfortable symptoms), as opposed to curative care. In addition to meeting the patient's medical needs, hospice care addresses the physical, psychosocial, and spiritual needs of the patient, as well as the psychosocial needs of the patient's family/caregiver.

**Joint Commission Home Health Eligibility.** The provision of any health care services by health care professionals to patients in their place of residence. This includes, but is not limited to, performing assessments, provision of care, treatment, counseling, and/or monitoring of the patient's clinical status by nurses (both intermittent skilled and private duty), occupational therapists, physical therapists, speech-language pathologists, audiologists, social workers, dietitians, dentists, physicians, and other licensed health care professionals in the patient's home. It includes the extension or follow-up of health care services provided by hospital professional staff in the patient's home.

**Medicare Home Health Definition.** A Medicare-certified home health agency is one in which part-time or intermittent skilled nursing services and at least one other therapeutic service (physical, speech, or occupational therapy; medical social services; or home health aide services) are made available on a visiting basis, in a place of residence used as a patient's home. An HHA must provide at least one of the qualifying services directly through agency employees, but may provide the second qualifying service and additional services under arrangements with another agency or organization.



***Is there a minimum number of patients my organization needs to have in order to be eligible for a deemed status survey to be conducted?***

Yes.

We require home health agencies to have serviced at least 10 patients in the last 12 months and have 7 active at the time their onsite survey is conducted.

We require hospice agencies to have serviced at least 5 patients in the last 12 months and have 3 active at the time their onsite survey is conducted.



***My organization is already Joint Commission accredited and would like to move forward with this option for survey. What do we do?***

Because this is a voluntary option, *you must elect deemed status in writing.*

If you are a currently accredited Joint Commission organization and would like to select this option, you may indicate your choice to The Joint Commission in one of two ways: complete the form provided in the application or email or write to The Joint Commission before your survey is conducted.

The letter, addressed to your Account Representative in Accreditation Operations, should include the following:

- your agency's decision to elect the deemed status survey option;
- your Medicare provider number, and whether you are a home health agency, hospice, or both;
- the date of your most recent Medicare survey; and
- the date of your previous Joint Commission survey.

Once you make the decision to select the deemed status option, you will want to inform your state of your decision to use the Joint Commission process. You will need to provide the Joint Commission with the copy of the letter you sent your state

DOH. This will decrease the possibility of a state surveyor arriving to conduct the routine Medicare survey prior to The Joint Commission.

The CMS form HCFA-855a (Medicare General Enrollment Health Care Provide/Supplier Application) must be filed and accepted by the state agency as well. This can be found on the CMS website, under the “forms” section. You will need to provide us a copy of the acceptance letter from CMS.

We also suggest contacting your Account Executive by phone to verify the written information has been successfully received and to discuss any additional questions you may have. Their main number is 630.792.3007.



***I am not Joint Commission accredited and would like to select this option. How do I apply?***

After verifying that your organization meets the eligibility requirements and necessary patient volumes, you can request access to the application at [www.jointcommission.org/applicationhomecare](http://www.jointcommission.org/applicationhomecare).

You will then receive an email within 3-5 business days containing your password to access and complete the application on our website [www.jointcommission.org](http://www.jointcommission.org), at Joint Commission Connect.

The following steps need to be completed before new organizations can have a survey scheduled:

- The CMS form HCFA-855a (Medicare General Enrollment Health Care Provide/Supplier Application) must be filed and accepted by the state agency. These can be found on the CMS website under the “forms” section. You will need to provide us with the acceptance letter from CMS.
- For initial certification for home health agencies, demonstration of successful transmission of OASIS data to the state agency.
- If required to have a state license, and the state does not recognize Joint Commission accreditation for state licensure, verification of state licensure.
- Submit a letter to the state agency indicating the organization’s intent to use The Joint Commission’s survey process for Medicare certification.
- A \$1700 application deposit must be paid. Contact our pricing unit to pay by credit card or check, 630.792.5665.

Please also be sure to complete the Joint Commission application with the same information provided in the CMS 855 form (company name, services provided, etc.) to minimize any delays in communication between The Joint Commission and CMS regarding your completed survey results.



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

The surveyors conducting deemed status surveys have been specially trained to evaluate Medicare Conditions of Participation (CoPs) and standards in addition to Joint Commission standards within the on-site survey. CMS requires that home visits and record reviews are conducted according to their established protocols.

If you have been through a previous accreditation survey by The Joint Commission, you will see minor differences in the on-site review. Typically the on-site deemed status survey is a day or two longer in length than a traditional accreditation survey. The on-site survey length is on average 3 days for home health agencies and 4 days for hospices.

Important to note: CMS requires that home health agencies to pass an initial survey, in addition to two interim surveys with no conditional-level deficiencies over a three year period. Once this has been satisfied, organizations can resume a triennial on-site survey cycle.



***If our hospice or home health agency is part of another organization, is deemed status still an option?***

The deemed status option is available to any hospice or home health agency that meets The Joint Commission and CMS eligibility, regardless of whether it is free standing or part of a hospital, long term care facility, or provides other home care services, including pharmaceutical services or medical equipment.



***If we are already accredited, are we automatically granted deemed status?***

No, Medicare deemed status is not granted automatically to already-accredited organizations, nor is it granted retroactively. If you are in the middle of a triennial survey cycle with The Joint Commission and wish to add Medicare deemed status email or write to The Joint Commission addressed to your Account Representative and request a deemed status survey outside of your normal triennial cycle. This survey will be unannounced, and will only cover Medicare's Conditions of

Participation requirements. Renewal of the deemed status option at the time of your regular triennial resurvey will again be your choice.

**?** *Does deemed status apply to state surveys?*

While federal deemed status does not provide an exemption from current state requirements for state licensure, The Joint Commission's various accreditation programs are recognized and relied on by many states in the states' quality oversight activities. Recognition and reliance refer to the acceptance of, requirement for, or other reference to the use of Joint Commission accreditation, in whole or in part, by one or more government agencies exercising regulatory authority. Recognition and reliance may include use of accreditation for licensing, certification or contracting purposes by various state agencies.

As of February 1, 2009, the following states accepted Joint Commission home care accreditation for licensure requirements for hospice: Arizona, Georgia, Iowa, Montana, Nebraska, New Jersey, Ohio, Oregon, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and Wyoming.

As of February 1, 2009, the following states accepted Joint Commission home care accreditation for licensure requirements for home health agencies: Arizona, California, Connecticut (contracting for services from Department of Social Services), Florida (accreditation required for new licensure), Georgia, Missouri (private-duty nursing care for children from the Department of Social Services), Montana, Nebraska, North Carolina, Ohio (waiver providers), Oklahoma, Rhode Island (enhanced reimbursement), Tennessee, Texas, Utah, Virginia, Washington and Wyoming.

**?** *How much does a deemed status survey cost?*

**Hospice**

If your hospice decides to have The Joint Commission conduct a Medicare survey in conjunction with your Joint Commission accreditation survey, there will be no added charge for the Medicare survey.

**Home Health**

If your home health agency elects to have The Joint Commission conduct a deemed status survey, you will be charged an additional fee. The fees are based upon your patient volumes (average daily census or ADC) and number of locations.

Please contact our pricing unit for a no obligation quote at 630.792.5115.



***How soon can we be accredited, and can we request specific dates for our survey?***

For an initial survey, it is possible to be surveyed as soon as four months from the date your application and non-refundable deposit are processed by The Joint Commission.

Because of the unannounced requirement, we cannot accept requests for *specific* survey dates. However, for organizations preparing for their first accreditation survey, you may denote a “ready month” on your application to us. This means a Joint Commission surveyor will not visit your organization before then allowing you time to prepare.

If you are already Joint Commission accredited, your regular, triennial survey will be scheduled within an 18-39 month window before or after your 3-year Joint Commission accreditation anniversary date. If you elect to continue the deemed status option for your next survey, the exact survey date will remain unannounced.



***What steps should I take to prepare my organization for a deemed status survey?***

**Inform your organization of your intent to move forward with accreditation.**

**Assemble a small team of key individuals** within your organization who can work collaboratively to review accreditation requirements and identify those you may not currently be meeting. Prepare for your accreditation survey using the *Comprehensive Accreditation Manual for Home Care* as your guide book. We suggest:

**Read each of the standards applicable to your services.** Pay special attention to the element of performance (EP) of each applicable where additional requirements for those organizations seeking deemed status are noted. Review carefully the direct impact standards and those noted below.

LD.04.01.01 (situational rule)  
HR.01.02.07 (situational rule)  
LS.01.01.01 (situational rule)  
HR.01.02.05  
HR.01.06.01  
IC.01.06.01  
APR.09.01.01

**Review the current National Patient Safety Goals**

**Educate and train your staff**

**Use the PPR tool as a means to conduct an internal “mock survey” with staff**

**Other tips**

Designate a central location to house the necessary documentation you need to have on hand to show the surveyor when they come to visit. Make sure all key staff know where this is.

Implement a system to quickly reach key staff that you'll use the day the surveyor arrives. Practice and test it prior to the ready date you noted on your application to us.

Contact the Standards Interpretation Group to clarify questions you have about a standards or accreditation requirement at 630.792.5900

Consider attending a formal education course. Joint Commission Resources Inc. hosts a variety of seminars and publishes preparation materials you may find useful. Check their website for their most recent offerings [www.jcrinc.com](http://www.jcrinc.com).

**? Who will survey our organization?**

If you are a hospice, your surveyor will be a registered nurse with specific experience providing hospice care. He or she will also have a BSN or master's degree, and will have completed specific training related to the hospice Medicare Conditions of Participation.

If you are a home health agency, your surveyor will also be a registered nurse who is experienced in Medicare requirements for a home health agency, both in direct practice and additional training related to the home health Conditions of Participation. As with hospice, the nurse will have either a bachelor's or master's degree.

**? What will be included in our accreditation report?**

After the completion of the on-site survey you will receive a summary of findings. The surveyor will also explain the procedures and time frames necessary for submitting evidence of standards compliance if any standards are found to be out of compliance.

In addition, you will also receive an accreditation decision report from The Joint Commission central office which will include the final conclusions including any deficiencies in meeting the Conditions of Participation.

**? What information is provided to CMS about our survey?**

A copy of the Accreditation Decision Report (that is, the same report you have already received) and, if requested by CMS, survey forms and any CMS form completed by the surveyor during the onsite survey process is forwarded to CMS.

The Joint Commission is required to notify CMS of organizations that have received provisional accreditation, conditional accreditation, preliminary denial of accreditation, and denial of accreditation.

The release of this information is authorized by the written consent of the accredited organization as part of the “deemed status election form.”

**? Who can we call if we have questions about a particular standard or accreditation requirement?**

Please contact our Standards Interpretation Group at 630.792.5900 or online via our website, [www.jointcommission.org](http://www.jointcommission.org). Look for the online standards form to send your question by email.

**? Who can we call if we have general questions about if this option is right for our organization?**

You are welcome to contact our Home Care Accreditation team at 630.792.5251 with any questions.

If you are already accredited, we encourage you to contact your account representative at 630.792.3007 or their direct line to learn more.





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