



# Guide to Joint Commission Behavioral Health Care Accreditation

Dear Reader,

It is my pleasure to extend a sincere thank you for your interest in Joint Commission accreditation for behavioral health care organizations. At The Joint Commission, we understand that while the accreditation process can be very rewarding, it can also be challenging. That's why we wrote this *Guide to Joint Commission Behavioral Health Care Accreditation*. Our goal is to provide you with practical answers to questions that are commonly asked by behavioral health care organizations. We hope you will find the guide helpful whether you are considering accreditation for the first time, or you are currently accredited and want to "brush up" on your knowledge of the accreditation process. This complimentary guide will help walk you through our policies and procedures, accreditation requirements, and survey process.

As the nationally recognized leader in accreditation, The Joint Commission is an independent, objective evaluator of quality of care. Accreditation from The Joint Commission is a "gold seal of quality" and a mark of distinction for behavioral health care organizations. The Joint Commission is the nation's leading behavioral health care accrediting body. Our customized standards and survey process address a range of settings, services/programs, and populations throughout the life span.

Please feel free to call Behavioral Health Care Accreditation Services at (630) 792-5866 if you have additional questions or need more information. In addition, we have provided a behavioral health care accreditation resource directory within this booklet. We look forward to working with you!

Sincerely,



Mary Cesare-Murphy, PhD  
Executive Director, Behavioral Health Accreditation Program



**Table of Contents**

Resource Directory .....	2
<u>The Joint Commission</u>	
The Joint Commission: Who Are We? .....	3
Joint Commission Behavioral Health Care Accreditation .....	3
Eligibility for Accreditation .....	4
Our Surveyors—Behavioral Health Care Professionals .....	5
<u>Standards, Goals, and Survey Process</u>	
Our Standards Represent a National Consensus .....	6
The Accreditation Manual .....	7
National Safety Goals .....	10
The On-Site Survey .....	10
Survey Options .....	11
Sample Survey Agenda .....	13
<u>Preparing and Applying for Accreditation</u>	
How to Apply .....	16
Survey Scheduling .....	16
Accreditation Fees .....	17
Preparation Timeline .....	18
<u>Accreditation Results and Post-Survey Activities</u>	
Scoring Guidelines and Post-Survey Activities .....	20
Promoting Your Accreditation .....	21
<u>Information for Re-surveys</u> .....	22
<u>Reference Materials</u>	
Joint Commission Behavioral Health Care Support Services and Resources .....	24
Foster Care Appendix .....	28
Glossary .....	32

**Resource Directory**

**Behavioral Health Care Accreditation Services**

Mary Cesare-Murphy, PhD, Executive Director .....	630-792-5790
Peggy Lavin, LCSW, Senior Associate Director .....	630-792-5411
Evelyn Choi, MS, Specialist.....	630-792-5866
Susan Bullivant, Senior Secretary .....	630-792-5771
Standards Interpretation Group .....	630-792-5900
To inquire about accreditation fee information .....	630-792-5115
To contact your account representative .....	630-792-3007
To request an application for accreditation.....	630-792-5866
Joint Commission Resources (for educational products & publications) .....	877-223-6866

**Joint Commission Web Site: [www.jointcommission.org](http://www.jointcommission.org)**

- Current Joint Commission news
- Frequently asked questions (FAQs)
- *BHC News* (newsletter)
- Revisions to accreditation requirements
- Joint Commission Connect™ -- your organization's secure web page on our extranet site, where you will find your application for accreditation and other useful information
- Quality Check™ (also at [www.qualitycheck.org](http://www.qualitycheck.org)) -- information about accreditation status for organizations
- Speak Up information (look under "Top Spots" and then click on Speak Up)
- "Helping You Choose" information for consumers (look under "General Public" then "Making Better Health Care Choices") Click on the Behavioral Health Care information.
- Information about publicizing your accreditation
- Information on how to become accredited—[www.jointcommission.org/bhc](http://www.jointcommission.org/bhc)

**Joint Commission Resources Web Site: [www.jcrinc.com](http://www.jcrinc.com)**

- Upcoming educational programs and conferences
- Distance learning products
- On-site education and consulting services
- Catalog of publications
- Accreditation Manuals and 60-day free trial of the electronic accreditation manual
- *Perspectives Newsletter*. The Official Joint Commission News Source

## **The Joint Commission**

### **The Joint Commission--Who Are We?**

The Joint Commission was founded in 1951 under the auspices of the American Hospital Association, the American Medical Association, the American College of Physicians, and the American College of Surgeons, with the later addition of the American Dental Association, to act as an independent accrediting body for hospitals nationwide. Because of the changing nature of health care in America, The Joint Commission has, over the years, broadened its scope to include accreditation of many health and human services settings including behavioral health care, beginning in 1969.

Today's behavioral health care environment is changing rapidly, and providers are experiencing even more quality and accountability pressures in the behavioral health care marketplace. Providing safe, high quality care, treatment or services to individuals served and continually improving performance are benchmarks of success. Joint Commission accreditation of a behavioral health care organization is a widely recognized standard for quality services. Many payers, regulatory agencies, and funding entities require Joint Commission accreditation for reimbursement, certification and licensure, and as a key element of participation agreements. In addition, some liability insurance carriers provide discounted premiums for Joint Commission accredited behavioral health care organizations.

### **Joint Commission Behavioral Health Care Accreditation**

#### **What Accreditation Means:**

The Joint Commission is the nation's leading accrediting body for health care organizations. The Joint Commission accredits over 17,000 organizations and services in the United States, including over 1,800 behavioral healthcare organizations providing mental health care, addictions treatment services, opioid treatment programs, child welfare services, foster care, and services to persons with intellectual/developmental disabilities. The Joint Commission's role in the behavioral health care environment and human services is well established and nationally renowned.

Organizations accredited by the Joint Commission benefit from the educational approach of the survey process - the objective is to provide the organization with the tools and information needed to improve its performance, and establish a framework to sustain continued improvement.

As the demand for greater accountability for quality and cost of providing services grows, it is more important than ever to have a quality distinction - Joint Commission accreditation. Achieving Joint Commission accreditation is a statement to the community and the people you serve, that your organization is committed to providing care, treatment, or services of the highest quality.

### What Accreditation Means to Payers:

Joint Commission accreditation demonstrates quality in response to demands by payers, behavioral health care policy makers and state authorities. Joint Commission accreditation can influence the decisions of purchasers, expedite third party payment, reduce liability exposure, enhance community confidence, and provide an organization with a higher level of recognition and acknowledgment.

### In Addition:

- Joint Commission Foster Care standards are available for organizations that provide foster care to adults and children/youth. The standards address the continuum of care in the foster care process beginning with the individual's entrance into foster/respite care. See Appendix B for further details.
- Joint Commission standards for addictions treatment cover programs/services for chemical dependency, substance abuse, and other addictive behaviors, such as gambling.
- Joint Commission accreditation of Opioid Treatment Programs has had deemed status with the Substance Abuse/Mental Health Services Administration (SAMHSA) since November, 2001. The standards in the *Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)* address the full continuum of care for patients in both maintenance and detoxification modalities, including mandatory requirements listed in federal regulation 42CFR Part 8. Opioid Treatment Programs are also able to attend select customized training programs, supported by a grant from SAMHSA.
- Many state authorities responsible for mental health/substance abuse/vocational rehabilitation and/or intellectual/developmental disabilities recognize Joint Commission accreditation for purposes of licensure oversight or as a condition of funding.

### Eligibility for Accreditation

Any behavioral health care organization may apply for Joint Commission accreditation under the standards in the *Comprehensive Accreditation Manual for Behavioral Healthcare (CAMBHC)* if the following requirements are met:

- For organizations providing foster care, the organization has a minimum of three foster homes with two homes caring for at least one individual.
- For organizations providing methadone detoxification, at least three patients have been treated.
- For all other organizations, five individuals, with at least two active at the time of the initial on-site survey, have been provided care, treatment or services.

The Joint Commission surveys many types of organizations under the behavioral health care standards. Accredited organizations may serve individuals throughout the life span or specialize in an age or disability group. Applicability grids in the print copy and a sorting feature in the electronic copy of the *Comprehensive Accreditation Manual for Behavioral*

*Health Care* identify which accreditation requirements apply to the various settings, programs/services and populations. This includes:

- Addictions services/programs
- Case management/Care Coordination
- Community mental health centers
- Corrections services/programs
- Crisis stabilization (24-hour acute care)
- Day programs (intensive outpatient services, day treatment programs, adult day care, therapeutic day schools, and partial hospitalization programs)
- Family preservation/wraparound services
- Forensic programs or services
- Foster care, traditional and therapeutic
- In-home services
- Mental health rehabilitation services
- Technology-based behavioral health services
- Opioid treatment programs
- Outdoor behavioral health programs
- Outpatient programs
- Residential programs
- Group homes
- Services that support recovery and resilience
- Therapeutic schools (24 hour)
- Transitional living/supervised care/supportive care
- Vocational rehabilitation

### **Our Surveyors -- Behavioral Health Care Professionals**

Joint Commission Behavioral Health Care staff and field surveyors are experienced Behavioral Health Care professionals who understand the day-to-day issues that confront you and have the hands-on expertise to help you resolve them. The Behavioral Health Care surveyor cadre is composed of psychologists, social workers, behavioral health care nurses, and administrators who are providing a minimum of five days availability each month -- 60 days per year -- to survey behavioral health care organizations. This extensive experience helps them collect and share good practices across organizations.

The Joint Commission ensures surveyor consistency by providing several weeks of initial training and supervision followed by yearly continued education to keep surveyors up-to-date on advances in quality-related performance evaluation. A rigorous training process and certification examination must be successfully completed before becoming a Joint Commission behavioral health surveyor. This ongoing training and supervision helps ensure that your on-site survey is an educational process, not just a compliance exercise.



## **Behavioral Health Care Survey and Accreditation Process Guide**

---

The Joint Commission evaluates its surveyors' performance continually throughout the year. The majority of Joint Commission surveyors are also currently practicing in the behavioral health care field and understand your organization's perspective of the accreditation experience.

### **Standards, Goals and Survey Process**

#### **Our Standards Represent a National Consensus**

The Joint Commission's behavioral health care standards and accreditation processes are the result of careful analysis of the rapidly changing behavioral health care field. Every effort is made to reflect current practice in behavioral health care and to provide reasonable guidelines that every behavioral health care organization should strive to meet.

#### **Professional and Technical Advisory Committee**

Our standards undergo extensive field review prior to their publication. We have established a *Professional and Technical Advisory Committee* to the Behavioral Health Care Accreditation Program to assist us, composed of experts in the field. This committee provides advice and assistance in the development of new and revised standards. Members of this committee are drawn from representatives of national bodies such as:

- Alliance for Children and Families
- American Academy of Child and Adolescent Psychiatry
- American Association for Treatment of Opioid Dependence
- American Association of Children's Residential Treatment Centers
- American College of Mental Health Administration
- American Hospital Association
- American Medical Association
- American Nurses' Association
- American Psychiatric Association
- American Psychological Association
- American Society of Addiction Medicine
- Association for Ambulatory Behavioral Healthcare
- Bazelon Center for Mental Health
- Child Welfare League of America, Inc.
- Coalition of Rehabilitation Therapy Organizations
- Depression and Bipolar Support Alliance
- Mental Health Corporation of America
- National Association for Children's Behavioral Health
- National Association for the Mentally Ill
- National Association of Addiction Treatment Providers
- National Association of Alcoholism and Drug Abuse Counselors
- National Association of Psychiatric Health Systems

- National Association of Social Workers, Inc.
- National Association of State Alcohol and Drug Abuse Directors
- National Association of State Mental Health Program Directors
- National Association of Therapeutic Schools and Programs
- National Council for Community Behavioral Healthcare
- Public Members
- Substance Abuse and Mental Health Services Administration

### Behavioral Health Advisory Councils

On a regular basis, The Joint Commission consults with four groups of currently-accredited behavioral health care organizations, representing community mental health centers, addiction treatment, behavioral health services for children and youth, and opioid treatment providers. These councils provide insight into current issues in the field and discuss potential future improvements to the accreditation requirements and survey process.

### **The Accreditation Manual**

The Joint Commission's *Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)* is the place to begin when preparing for accreditation. Even if you do not pursue accreditation right away, this manual is an excellent tool to help your organization become organized and established. The *CAMBHC* contains functional standards for care, treatment or services provided in a behavioral health care setting. The *CAMBHC* contains applicability tables, so you can easily determine which standards apply to your organization's unique setting, programs, services, and population(s). The standards address individual-focused performance and are organized around functions and processes, both clinical and organizational, common to all behavioral health care organizations.

If your organization provides services other than behavioral health care, The Joint Commission will work with you to determine which standards from other accreditation manuals may be applied. For example, if a behavioral health care organization provides ambulatory physical health services, The Joint Commission tailors the survey to include the appropriate standards from the *Comprehensive Accreditation Manual for Ambulatory Care*.

The *CAMBHC* is the basis for an accreditation survey, but the manual is also designed for use in self-assessment activities. It is comprised of the following chapters, which are found in alphabetical order.

### **Individual-Focused Requirements**

The individual-focused requirements include chapters on Infection Prevention and Control; Medication Management; Provision of Care, Treatment and Services; Rights and Responsibilities of Individuals; Record of Care, Treatment and Services; and Waived Testing.

## **Behavioral Health Care Survey and Accreditation Process Guide**

---

### Infection Prevention and Control

These standards address how the behavioral health provider identifies and reduces the risk of acquiring and spreading infections

### Medication Management

These standards address medication use including availability; prescribing or ordering; preparation and dispensing; administration and monitoring of effect. An organization may provide all, some, or none of these medication processes based on its mission, scope of services, and population(s) served and therefore will need to show compliance with only those standards relevant to their organization.

### Provision of Care, Treatment, and Services

This chapter addresses the screening and/or assessment of individuals served; education of individuals served and their families; direct care, treatment or services; monitoring and determining the outcomes of care, treatment or services and coordination of follow-up care, treatment or services.

### Rights and Responsibilities of the Individual

These standards address issues such as promoting consideration of the individual's values; informing individuals of their responsibilities in the process of care, treatment or services; and managing business practices in an ethical manner. Standards regarding the rights of the individuals served with respect to informed consent, resolution of complaints and confidentiality are included.

### Record of Care, Treatment and Services

This chapter contains standards and elements of performance related to the components of a complete clinical/case record.

### Waiver Testing

This chapter contains standards applicable to the least complex laboratory tests as defined in the Clinical Laboratory Improvement Amendments of 1988. These requirements apply only if the organization performs any of the defined simple laboratory tests.

## **Organization-Focused Requirements**

These chapters include Emergency Management; Environment of Care, Treatment or Services; Human Resources; Information Management; Leadership; Life Safety; and Performance Improvement.

### Emergency Management

These standards address an organization's plans and readiness to face emergency situations.

### Environment of Care, Treatment or Services

These standards measure how well a safe, functional and effective environment is being maintained for both individuals served and staff in the organization. They address: safety management, security management, hazardous materials, fire safety, utilities management, and life safety for organizations that provide sleeping arrangements.

### Human Resources

This chapter includes sections on human resources planning; orientation, training and education of staff; competence assessment; credentialing of practitioners; and assigning clinical responsibilities.

### Information Management

These standards address how well the behavioral health provider obtains, manages and uses information to provide, coordinate and integrate services. The principles of good information management apply to all methods, whether paper-based or electronic and Joint Commission standards are equally compatible with either method. The chapter is divided into six sections:

- Information Management Planning
- Confidentiality and Security
- Information Management Processes
- Information-Based Decision Making
- Knowledge-Based Information
- Clinical Data and Information

### Leadership

These standards for effective leadership cover the following topics:

- **Governance:** The framework for supporting quality of care, treatment or services
- **Management:** Creating an environment that enables an organization to fulfill its mission and meet or exceed its goals; providing a well-managed organization with clear lines of responsibility and accountability
- **Planning, designing, and providing services:** A mission that provides organization, direction, and appropriate staffing; communicating objectives and coordinating efforts
- **Improving safety and quality of care, treatment or services:** Leadership that takes responsibility for the safety of all individuals served and staff; and ensures a process is in place to measure, assess, and improve the organization's governance, management, clinical care, treatment or services and support.

### Performance Improvement

These standards focus on how well a behavioral health provider designs processes; measures its performance; assesses its performance; and, ultimately, improves its performance. Examples of improvement efforts include designing a new program or service; measuring outcomes; comparing performance with other similar organizations; and selecting areas for priority attention.

### Life Safety

These standards apply to organizations providing a 24 hour care living environment.

### **National Safety Goals**

The Joint Commission issues a set of National Safety Goals and recommendations each year. For each of the National Safety Goals, The Joint Commission will release evidence-based recommendations to help behavioral health care organizations reduce specific types of errors.

Accredited organizations that provide care, treatment or services relevant to the goals will be evaluated for compliance with the recommendations or implementation of acceptable alternatives. The current goals and frequently asked questions about the National Safety Goals can be found on the Joint Commission web site at [www.jointcommission.org](http://www.jointcommission.org).

### **Notifying the Public about Accreditation**

An accredited organization is required to demonstrate how it notifies the public that quality and safety concerns can be communicated to The Joint Commission. The organization may notify the public by posting an accreditation certificate, posting information on its web site and/or in admission brochures, or by using any other effective means of its choice.

### **The On-Site Survey**

The purpose of a Joint Commission accreditation survey is to assess an organization's compliance with applicable Joint Commission accreditation requirements. Understanding the organization and assessing compliance is accomplished through a number of methods including the following:

- Verbal information concerning implementation of accreditation requirements, or examples of their implementation, enabling analysis of compliance;
- Observation of care, treatment or services;
- Observation of planning of care, treatment or services process;
- Consumer, individual served and family interviews;
- Review of clinical/case records, as needed;
- Staff-level interaction, including:
  - performance measurement
  - daily roles and responsibilities
  - training and orientation;
- Review of policies and procedures as needed.

### **Tracer Methodology**

The Tracer Method is a key component of every on-site survey. It uses the individual care, treatment or services experience as the basis from which to assess compliance with applicable accreditation requirements. The surveyor(s) will select individuals from an active list of individuals served to 'trace' their experience throughout the organization, resulting in an individual-focused model of accreditation requirement compliance.

---

The surveyor(s) will follow the individual's experience with care, treatment or services. This type of review is designed to uncover systems issues, looking at both the individual components of an organization, and how the components interact to provide safe, high quality care, treatment or services.

The number of individuals served traced will depend on the size and complexity of the organization, and the length of the survey.

### **Periodic Performance Review**

The Periodic Performance Review (PPR) is a key component in the continuous accreditation process. It is designed to help organizations incorporate Joint Commission accreditation requirements into routine operations and ongoing quality improvement efforts. The PPR tool becomes available to organizations seeking accreditation for the first time once they have submitted their application for accreditation and deposit toward accreditation fees. It can be used as a pre-survey assessment tool, since submission of the PPR to The Joint Commission is not required until after an organization has been accredited.

The PPR tool permits the organization to self-assess compliance with all applicable accreditation requirements. Then for every requirement self-identified as not in compliance, the organization should identify a plan of action to show how it plans to come into compliance with the requirement(s).

Once accredited, an organization is periodically required to submit its Periodic Performance Review to The Joint Commission. The evaluation and plan of action should be completed electronically and transmitted to The Joint Commission. Following receipt of the evaluation and plan of action, if the organization requests it, staff from the Joint Commission's Standards Interpretation Group will schedule a voluntary telephone call with the organization to discuss the PPR and resulting action plans. These calls are confidential and not shared with surveyors.

## **Survey Options**

### **Initial Survey**

Initial surveys are for organizations that are seeking Joint Commission accreditation for the first time. The full scope of applicable accreditation requirements is reviewed during the survey, and the date of the survey is scheduled with the organization. Organizations are expected to be able to demonstrate compliance with all applicable accreditation requirements during this survey,

### **Early Survey Option**

#### **(For organizations seeking accreditation but not ready for a full evaluation)**

Some organizations requesting a survey may be interested in accreditation, but do not feel quite ready for full evaluation. These organizations may prefer to be surveyed under the Early Survey Option. An organization that wants to select the Early Survey Option should note that election on their Application for Accreditation.

The Early Survey Policy allows a behavioral health organization new to Joint Commission accreditation to enter the accreditation process in two stages. This option is available for organizations currently or not yet providing care, treatment or services. For an organization not yet providing care, treatment or services, this option makes it possible to set up the business operations on a foundation of compliance with administrative and organizational standards before the first individuals are served. The Early Survey Option is different than a normal, full survey in that this option consists of two on-site visits.

#### **Early Survey Option: First Survey**

The first survey can be conducted as early as two months before the organization begins operations, provided the organization meets the following criteria:

- it is licensed or has a provisional license;
- the building in which individuals will be cared for or treated is identified, constructed, and equipped to support such services;
- it has identified its chief executive officer or administrator, and its clinical director; and
- it has identified the date it will begin operation

The first survey is a limited survey, addressing the physical environment, if applicable; policies and procedures; and related structural considerations for care, treatment or services as identified in the *CAMBHC*. Following this initial survey, assuming that the organization can demonstrate compliance with the abbreviated set of accreditation requirements, the organization receives a Preliminary Accreditation designation.

#### **Early Survey Option: Second Survey**

A second survey is conducted after care, treatment or services has been provided to a minimum of five (5) individuals, and covers the full set of behavioral health care accreditation requirements. If the organization is found to be in compliance with the applicable accreditation requirements, the organization becomes fully accredited.

### **Converting a Full Survey to Early Survey Option**

There are occasions when an organization has requested a full survey, but once the surveyor begins the on-site evaluation, it becomes clear that the organization is not ready for a comprehensive review, and faces the possibility of being denied accreditation. In that instance, the organization may be offered the option to convert its full survey to a first survey for Early Survey Option.

**Sample Survey Agenda: Behavioral Health Care Initial Survey**

**DAY 1**

<b>Time</b>	<b>Surveyor Activity</b>
8:00 – 9:00 a.m.	<p><b>Surveyor Arrival and Preliminary Planning Session</b></p> <ul style="list-style-type: none"> <li>• Introduction</li> <li>• Quick overview of the Statement of Conditions (SOC) and Plans for Improvement (applicable only for 24-hour care settings, not including foster homes)</li> <li>• Review list of eligible contracts*</li> <li>• Review active list of individuals being served</li> <li>• Review of performance improvement and infection control data</li> <li>• Select individuals for individual tracer activities</li> <li>• Plan and confirm agenda activities</li> </ul> <p>Surveyor(s) will request the following materials for the Planning Meeting:</p> <ul style="list-style-type: none"> <li>• List of active individuals being served (by service/program) with name, address and diagnosis/condition</li> <li>• High-level organization chart</li> <li>• Identification of governance membership by background and consumer/non-consumer status, if applicable</li> </ul> <p>List of eligible contracts (direct services)*</p> <ul style="list-style-type: none"> <li>• Environment of care management plans</li> <li>• Policies/procedures for credentialing and assignment of clinical responsibilities</li> <li>• Performance improvement data</li> <li>• Infection control data</li> </ul> <p>*Clinical services or programs provided by your organization through a contract.</p>
9:00 – 10:00 a.m.	<p><b>Opening Conference and Orientation to Organization</b>                      Introductions: Joint Commission surveyor(s) and key management staff.  <b>Orientation to behavioral health care organization</b>                      A high-level orientation to the organization (vision, mission, community, populations served, etc.)</p>
10:00 – 11:30 a.m.	<p><b>Continued Surveyor Planning Session</b></p>
11:30 a.m. – 12:30 p.m.	<p><b>Life Safety Code® Building Assessment (24 hour care facilities only)</b>  <i>Please Note:</i> If the Life Safety Code® Building Assessment is not required, an additional Individual Tracer Activity is substituted.</p>
12:30 – 1:00 p.m.	<p><b>Surveyor Lunch</b></p>



## Behavioral Health Care Survey and Accreditation Process Guide

---

### DAY 1 (cont'd)

<b>Time</b>	<b>Surveyor Activity</b>
1:00 – 3:30 p.m.	<p><b>Individual Tracer Activity</b></p> <p>Tracers include:</p> <ul style="list-style-type: none"> <li>• Observation of direct care, treatment or services</li> <li>• Observation of medication process (storage or administration), if applicable</li> <li>• Observation of Environment of Care</li> <li>• Performance improvement discussion at the staff level</li> <li>• Review of open clinical/case records</li> <li>• Staff discussion</li> <li>• Review of policies, as needed</li> <li>• Education, as applicable</li> </ul> <p>Tracers may or may not include:</p> <ul style="list-style-type: none"> <li>• Interview with Individual Served</li> <li>• Review of closed clinical/case records</li> <li>• Program/service visits</li> <li>• Attend team meeting, if applicable</li> </ul>
3:30 – 4:00 p.m.	<b>Special Issue Resolution</b>
4:00 – 4:30 p.m.	<b>Surveyor Team Meeting / Planning Session</b>

### DAY 2

<b>Time</b>	<b>Surveyor Activity</b>
8:00 – 8:30 a.m.	<b>Daily Briefing</b>
8:30 – 9:30 a.m.	<p><b>Individual Based System Tracer – Data Use</b></p> <p>Discussion with staff regarding the use of data for improvement purposes</p>
9:30 a.m. – 12:00 p.m.	<b>Individual Tracer Activity</b>
12:00 – 12:30 p.m.	<b>Surveyor Lunch</b>
12:30 – 1:00 p.m.	<b>Surveyor Team Meeting</b>
1:00 – 3:30 p.m.	<b>Individual Tracer Activity</b>
3:30 – 4:00 p.m.	<b>Special Issue Resolution</b>
4:00 – 4:30 p.m.	<b>Surveyor Team Meeting / Planning Session</b>

**DAY 3**

<b>Time</b>	<b>Surveyor Activity</b>
8:00 – 9:00 a.m.	<b>Leadership Session</b> <ul style="list-style-type: none"> <li>• Discussion of critical systems analysis exploration – Leadership asked questions on some of the critical processes</li> <li>• Review of Periodic Performance Review Plans of Action (for previously accredited organizations; not applicable for initial surveys)</li> <li>• Discussion of organization-wide performance improvement activities as appropriate to type and scope of services/programs</li> </ul>
9:00 – 11:30 a.m.	<b>Individual Tracer Activity</b>
11:30 a.m. - 12:30 p.m.	<b>Environment of Care Session</b>
12:30 – 1:00 p.m.	<b>Surveyor Lunch</b>
1:00 – 2:00 p.m.	<b>Competency Assessment Process</b> <ul style="list-style-type: none"> <li>• Selected personnel records will include staff identified through tracer activities</li> <li>• Contract staff will be included</li> </ul>
2:00 – 3:30 p.m.	<b>Surveyor Preparation of Findings</b>
3:30 – 4:30 p.m.	<b>CEO Exit Briefing and Organization Exit Conference</b>

**Information Needed for the Preliminary Planning Session and Survey Planning Meeting**

- Performance Improvement Data
- Infection Control data
- Environment of Care data as follows:
  - Statement of Conditions (SOC) and Plans for Improvement, (24-hour care settings only, not including foster homes.)
  - Management Plans and annual evaluations, if applicable
  - Environment of Care meeting minutes for the 12 months prior to survey, if applicable
- An organization chart
- A map of the organization, if available
- List of areas/programs/services within the organization, if applicable
- Any reports or lists of individuals (e.g., appointment schedules) that will help in identifying individuals to trace
- Name of key contact staff who can assist surveyors in planning tracer selection

***For further details on foster care accreditation, see appendix B.***

### **Preparing and Applying for Accreditation**

#### **How to Apply for Accreditation**

You begin the accreditation process by completing an Application for Accreditation. This electronic document provides us with essential information about your organization, including ownership, demographics, and types and volume of services/programs provided. Your Joint Commission Application for Accreditation is housed on a secure organization-specific extranet site called Joint Commission Connect™ that is found at [www.jointcommission.org](http://www.jointcommission.org).

**For a log-in name and password to access an application, please contact Evelyn Choi at (630) 792-5866 or at [echoi@jointcommission.org](mailto:echoi@jointcommission.org).**

When completing the Application for Accreditation, you should identify all of the services and programs that you provide and the location of each one. It is important that all the services and programs provided are listed so The Joint Commission can determine which standards apply to your organization and assign appropriate surveyor(s) for an appropriate number of days.

#### **Your Account Representative**

Every behavioral health care organization applying for accreditation is assigned a Joint Commission account executive. This person is your primary contact between your organization and The Joint Commission. He or she coordinates planning and scheduling the on-site survey and covers policies, procedures, accreditation issues or services, and inquiries throughout the accreditation process. Your account executive and/or your surveyor(s) will work with you to customize the survey agenda to reflect your organization's unique structure and characteristics. They will also strive to make efficient use of both staff and surveyor time during the survey.

#### **Survey Scheduling**

##### **Schedule for Initial Surveys**

Your first Joint Commission accreditation survey needs to be scheduled within twelve months from the time we receive your Application for Accreditation. In the application, you'll indicate the month you are requesting for your initial on-site survey.

You can also indicate dates during which you would *not* like the survey to be conducted. We try to honor specifically requested dates during which an organization prefers *not* to be surveyed, although we are not always successful. Your account representative will work with you to schedule your survey, and you will have at least 4 weeks notice of the exact date that the surveyor(s) will be there.

The Joint Commission tries to schedule surveys systematically and efficiently in order to keep costs to a minimum, and we encourage organizations to accept their scheduled survey dates if at all possible.

### Postponements and Delays

We understand that sometimes things don't go according to plan. So The Joint Commission also provides for the delay or postponement of initial surveys. A *delay* is an organization's request to push back the survey date before it is actually scheduled. A *postponement* is an organization's request to alter an already-scheduled survey date. If you need to request a postponement or delay, contact your Account Executive.

Once the on-site survey date is scheduled, you can postpone the survey without financial penalty only when one or more of the following events happen:

- A natural disaster or another major unforeseen event occurs that totally or substantially disrupts operations
- The organization is involved in a major strike, has ceased admitting individuals and is transferring individuals served to other facilities
- Individuals served, the organization, or both are being moved to another building during the scheduled survey dates.

If none of these criteria are met and the organization still wishes to postpone its survey, at the discretion of The Joint Commission, the survey may be postponed for a fee.

### Accreditation Fees

The Joint Commission divides the cost of your accreditation across the three-year accreditation period by using subscription billing. This approach involves an annual bill at a base rate and the assessment of an additional fee to cover survey-related costs when an on-site survey is conducted.

For initial surveys, a nonrefundable, non-transferable survey deposit of \$1,700 is required. It is payable by check or credit card via mail, phone or online. The Joint Commission then applies the deposit to the organization's accreditation fee when the survey is conducted within twelve months of applying.

The non-refundable annual fee is due each January. The annual fee for an organization is determined based on the organization's size and complexity. The annual fee for an organization applying for accreditation for the first time will be prorated if it is later in the year, based on the quarter in which the application for accreditation and deposit is submitted.

In addition to annual fees, organizations are billed an on-site survey fee after the survey has been performed. The on-site survey fee, which is designed to cover the costs of performing a survey, is due upon receipt. This fee covers the entire cost of the survey, including the surveyor's travel – there are no other survey costs to pay.

*To calculate your accreditation fees, please request the Behavioral Health Care Accreditation Fees worksheet from Peggy Lavin at (630) 792-5411 or [plavin@jointcommission.org](mailto:plavin@jointcommission.org); or call the Pricing Unit at 630-792-5115.*

**Preparation Timeline**

**Organizations Requesting a First Survey**

	<b>Joint Commission Activity</b>	<b>Your Activity</b>
<b>Upon receipt of your request for an Application.</b>	Email message sent with access to the electronic Application for Accreditation.	Staff member(s) with knowledge of your organization's services/programs, sites, and volume should complete and return the Application for Accreditation with a \$1,700 non-refundable deposit for Initial survey.
<b>Upon receipt of your Application for Accreditation and deposit</b>	<ul style="list-style-type: none"> <li>▪ You are assigned an Account Executive.</li> <li>▪ You will receive a complimentary copy (print and electronic) of the <i>Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)</i></li> <li>▪ You are given access to a complimentary 6-month online subscription to <i>Perspectives: The Official Newsletter of The Joint Commission</i>.</li> <li>▪ You are given access to the Periodic Performance Review tool for use as a comprehensive pre-survey assessment.</li> </ul>	Work with your account executive to schedule your survey. It should be within 12 months of your application date.
<b>4 weeks before the On-Site Survey</b>	Verification of survey dates and name(s) of surveyor(s) are communicated.	Call your Account Executive promptly if you have questions.
<b>On-site Survey</b>	Surveyor(s) arrive for your on-site survey. At the conclusion of the survey, you receive a copy of the summary report, which details the surveyor(s) findings during the on-site survey.	During the survey, staff should be available as outlined on the survey agenda (See page 13).
<b>2 – 10 days after survey</b>	Your final report detailing your accreditation decision is posted on your organization's extranet site. An email is sent to alert you that the final report has been posted. The invoice for the on-site fee is posted.	
<b>20 days after the submission of an Evidence of Standards Compliance (ESC) report</b>	Your organization's description, contact information, accreditation decision, and status are updated for public viewing on the Joint Commission Web site at <a href="http://www.jointcommission.org">www.jointcommission.org</a> via <a href="http://www.QualityCheck.org">www.QualityCheck.org</a> .	

## Behavioral Health Care Survey and Accreditation Process Guide

	<b>Joint Commission Activity</b>	<b>Your Activity</b>
<b>Within 45 or 60 days after final report is posted</b>	The Joint Commission reviews and approves any Evidence of Standards Compliance reports needed.	For any accreditation requirements scored as partial or non-compliant, you submit your Evidence of Standards Compliance to The Joint Commission, which identifies the action taken and, if indicated, the measures of success you will track over the next four months to show compliance.
<b>6–8 weeks after the final accreditation decision</b>	The Quality Report further expands on the information already available on QualityCheck.org®. It contains summary information about an organization’s performance relating specifically to Joint Commission standards. Comparative information from similar surveyed organizations is also provided.	The Quality Report is not released until all issues subject to review and/or revision have been resolved. You will receive a copy of the Quality Report for review, which includes an opportunity to submit a commentary about the Quality Report, prior to its being released to the public. For additional information about Quality Reports, see the “Quality Report” chapter in the <i>CAMBHC</i> .
<b>Six months after the accreditation decision</b>		You submit data to support measures of success for partial or non-compliant standards from your Evidence of Standards Compliance.
<b>Monthly</b>	Each accredited organization is emailed one copy of the <i>Perspectives</i> newsletter, which is the official source for updates to standards, policies, and procedures. (Also available online)	Staff should review all changes featured in <i>Perspectives</i> to keep abreast of changes and developments in the accreditation requirements and survey process.
<b>Annually</b>	Invoice for annual fee is posted in January.	Organization updates data contained in its Application for Accreditation.
<b>Annually</b>	Standards updates sent to each accredited organization.	The Periodic Performance Review (PPR) self-assessment form is completed by the organization and submitted to The Joint Commission. Complimentary consultation with the Joint Commission’s Standards Interpretation Group is available. Staff should review the updates to act on new and modified standards and elements of performance, scoring guidelines, policies, and procedures.
<b>Within 30 days of any significant organizational changes (as defined in the <i>CAMBHC</i>)</b>	An update form for this purpose can be found on the organization’s extranet site. A decision about appropriate follow-up will be made based upon the type and extent of the change.	The organization must notify Joint Commission (via letter, fax, or e-mail) of any significant change in the organization (as defined in the “Official Accreditation Policies and Procedures” chapter in the <i>CAMBHC</i> ).

## **Accreditation Results and Post-Survey Activities**

### **Scoring Guidelines**

Joint Commission standards are organized in the following manner:

**Standard:** This is a statement that defines the performance expectations and/or structures or processes that must be in place in order for an organization to provide safe, high quality care, treatment or services. An organization is either “compliant” or “not compliant” with a standard as determined by the scoring of its’ related Elements of Performance, defined below.

**Rationale:** This is a statement that provides background, justification, or additional information about a standard. A standard’s rationale is *not* scored. In some instances, the rationale for a standard is self-evident. Therefore, not every standard has a written rationale.

**Element(s) of Performance (EP):** These are the specific performance expectations and/or structures or processes that impact standard compliance. The scoring of the Element(s) of Performance determines an organization’s overall compliance with a standard. Elements of Performance are evaluated on the following scale:

- 0=Insufficient compliance
- 1=Partial compliance
- 2=Satisfactory compliance
- NA=Not applicable

### **Post-Survey Activities**

When an organization is found not to be in full compliance with an accreditation requirement during an on-site survey, it results in a “**Requirement for Improvement**”. To address the Requirement for Improvement, an organization needs to submit an Evidence of Standards Compliance report within a specified time, usually 45 or 60 days. This report describes the actions the organization took (note: it must be a completed action) to bring itself into compliance with the accreditation requirement. An Evidence of Standards Compliance report needs to address compliance with the accreditation requirement at the Elements of Performance level.

Some Elements of Performance will also require a “**Measure of Success.**” A Measure of Success is a numerical or quantifiable measure, usually related to an audit, which determines if an action was effective and is being sustained. When required, an organization should identify in the Evidence of Standards Compliance submission how it plans to evaluate the effectiveness of the corrective action and its target Measure of Success. Four months after the Evidence of Standards Compliance is approved, the organization then submits aggregate data for the Measure of Success that demonstrates compliance.

Measures of Success are evaluated as follows: performance in the 90-100% range (score of 2); performance in the 80-89% range (score of 1); performance at 79% or below (score of 0).

### Promoting Your Accreditation

Once you have achieved accreditation, promote that status to the public, third-party payers, and referral sources. Every accredited organization has access to a free publicity kit at [www.jointcommission.org/AccreditationPrograms/PublicityKit/default.htm](http://www.jointcommission.org/AccreditationPrograms/PublicityKit/default.htm) that contains:

- suggestions for publicly celebrating your accreditation,
- guidelines for promoting your accreditation status
- sample news releases and other publicity materials,
- Joint Commission Gold Seal of Approval™ downloadable artwork.

You may also wish to include the Joint Commission's Gold Seal of Approval on items seen by the public or your stakeholders, including:

- Business cards
- Web site
- Building signs
- Invoices
- Stationery
- Advertising

In addition, you may wish to check with your liability insurance carrier. Many insurance firms provide discounted premiums for Joint Commission accredited organizations. For a list, please visit: [www.jointcommission.org/BusinessCommunity/liability\\_insurers.htm](http://www.jointcommission.org/BusinessCommunity/liability_insurers.htm).

### Quality Check

Information about your accreditation status will be posted in QualityCheck™ on the Joint Commission web site. QualityCheck.org allows anyone to search for accredited organizations within a city or state, or by type of setting.





### **Information for Re-Surveys**

Between on-site surveys, The Joint Commission requires ongoing self-assessment and improvements. As the accreditation process does not end when the on-site survey is completed, neither do the need for updates and changes to policies and procedures. Below are updates to specific procedures for the re-accreditation process.

### **Re-Surveys**

Organizations that have already completed their initial survey are re-surveyed at least every 3 years. Re-surveys are conducted unannounced to ensure that surveyors observe your organization under normal circumstances and to encourage organizations to provide safe, high quality care at all times.

#### **Seven-day notice of re-survey dates:**

Organizations in the following categories will receive notification of their re-survey date(s) 7 business days in advance:

- All foster care organizations (traditional and therapeutic), if not part of a hospital
- All methadone programs, if not part of a hospital
- All in-home behavioral health, case management, or Assertive Community Treatment (ACT) programs, if not part of a hospital
- All freestanding organizations with 10 or fewer staff or a total average daily census (ADC) of less than 100
- All community-based, freestanding programs

#### **Organizations undergoing a re-survey should note:**

- The re-survey can occur any time between 18 and 39 months after the previous survey. However, it is expected that most behavioral organizations will continue to be surveyed between January and December in the third year after their last survey.
- Your organization will be invoiced for the survey fee immediately after the survey.
- Accredited organizations will be able to identify up to 10 days each year in which a re-survey should be avoided. These 10 days should not include federal holidays or weekends but may include regional events in which it may be difficult to conduct a survey during a given period. While we will make every effort to accommodate the organization regarding avoiding these 10 days, we may conduct a survey during an “avoid period” if the reason(s) given to avoid a survey at that time are such that a survey can still be reasonably accomplished.
- The organization is required to fulfill an Accreditation Participation Requirement which requires behavioral care organizations seeking accreditation to continuously inform the public about their organization’s ability to report any complaints or concerns about safety to The Joint Commission.
- The organization will not receive any communication from the surveyor prior to the survey.

For more information regarding surveys, refer to the **Survey Activity Guide** on your Joint Commission extranet site “Joint Commission Connect<sup>®</sup>.”

### **Updated Application for Re-accreditation**

All organizations undergoing a re-survey are notified when they are required to update their original application information. Staff member(s) with knowledge of your organization’s services, sites, and number of individuals served will need to update the original Application for Accreditation (if changes are necessary).

### **Standards Interpretation Group (SIG)**

This group can assist you in developing plans of action when you have completed the self-assessment part of your Periodic Performance Review. This will consist of a confidential phone consultation (optional) to review your findings and discuss areas for improvement and possible Measures of Success that you will be able to show to the surveyor during your next on-site review.

**Appendix A: Joint Commission Behavioral Health Care Support Services and Resources**

The Joint Commission offers behavioral health care organizations a comprehensive body of accreditation requirements to guide them in providing quality behavioral health care services and in performance improvement. Compliance with these requirements is assessed during onsite survey visits occurring every 18-39 months, and through annual Periodic Performance Reviews. Achieving accreditation validates the high caliber of the services the organization provides and clearly indicates to customers that the organization is quality-driven and has exceeded the “minimal standards” imposed by regulatory agencies.

In addition to the accreditation requirements and the accreditation survey, The Joint Commission also offers accredited organizations a variety of support services on a continual basis. A list of Joint Commission Behavioral Health Care contacts is on page 2 because the expert knowledge of our dedicated staff is one of the greatest resources we offer to customers.

**A summary of some of Joint Commission’s Behavioral Health Care support services and resources:**

<b>Service</b>	<b>Description</b>	<b>Cost</b>	<b>Contact</b>	<b>Comments</b>
<b>Standards Interpretation Group (SIG)</b>	Expert behavioral health care professionals available by phone, mail or e-mail to assist organizations in interpreting the accreditation requirements and in offering advice about successfully meeting the intent of these requirements.	No charge	Call 630-792-5900 or complete a form on-line at <a href="http://www.jointcommission.org">www.jointcommission.org</a>	SIG also includes engineers who are experts in risk management and physical environment safety and are available to advise organizations about compliance with the Environment of Care standards.
<b>The Joint Commission Web Site</b>	Available online via the Internet, this site offers a wealth of information for behavioral healthcare providers, consumers and others. Offerings include: Frequently Asked Questions, quality updates, standards clarifications, advice about frequently scored standards, and information about “what’s new” at The Joint Commission.	No charge	<a href="http://www.jointcommission.org">www.jointcommission.org</a> ; <a href="http://www.jointcommission.org/BHC">www.jointcommission.org/BHC</a>	The standards interpretation form is available on this site, as is a list of liability insurers who provide discounts to accredited organizations, and a free publicity kit. The site also offers valuable links to other web sites.

## Behavioral Health Care Survey and Accreditation Process Guide

<b>“Quality Check”</b>	Available online and by telephone, this service allows individuals needing a Behavioral Health Care provider to search for accredited organizations by name and/or geographic location.	No charge	Online at <a href="http://www.jointcommission.org">www.jointcommission.org</a> or <a href="http://www.qualitycheck.org">www.qualitycheck.org</a> ; or call customer service at 630-792-5800	“Quality Check” demonstrates to your current and future customers that you are a quality-driven, accredited Behavioral Health Care provider.
<b>Helping You Choose... Quality Behavioral Health</b>	Members of the public often contact Joint Commission for advice about selecting quality behavioral health care providers. “Helping You Choose” brochures are sent to these individuals to help them assess and evaluate quality providers.	No charge	Call customer service at 630-792-5800	Also request these brochures online at <a href="http://www.jointcommission.org">www.jointcommission.org</a> or by mail addressed to The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181.
<b>Joint Commission Perspectives</b>	The Joint Commission’s official newsletter. This monthly publication is sent to all accredited organizations to advise them about Joint Commission initiatives, policy changes, and news updates.	No charge to accredited organizations	Automatically sent (electronically or print version) to all accredited organizations.	Additional copies of <i>Perspectives</i> may be purchased by calling 1-800-346-0085 ext. 558 or online at <a href="http://www.jcrinc.com">www.jcrinc.com</a> . Each year <i>Perspectives</i> publishes information about the standards that are most frequently scored as “non-compliant” for each accreditation program.
<b>BHC News</b>	Published four times a year to address the unique concerns of Behavioral Health Care providers. Articles may include behavioral health care news and quality updates, compliance advice and educational resource information.	No charge to accredited organizations	Automatically emailed to registered organizations. To sign up to receive the newsletter online, go to <a href="http://jointcommission.org">jointcommission.org</a> .	Call 630-792-5800 for more information.

## Behavioral Health Care Survey and Accreditation Process Guide

<b>Behavioral Health Care Teleconferences</b>	Complimentary teleconferences providing overviews of accreditation, with time for questions.	No charge	For information, go to <a href="http://www.jointcommission.org/bhcteleconference.htm">www.jointcommission.org/bhcteleconference.htm</a>	Gives multiple staff an opportunity to ask questions of the experts in preparing for survey.
<b>Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)</b>	The <i>CAMBHC</i> is the heart of the Joint Commission's behavioral health care accreditation program. It includes information about accreditation participation, all of the Behavioral Health Care Standards, a glossary, Standards Applicability Tables and more.	No charge, included in the application fee.	One copy of the print and access to the electronic manual is sent when you first apply for accreditation. Updates of the print manual are automatically mailed to accredited organizations at no extra charge.	Additional copies of the Manual may be purchased by calling 1-877-223-6866 or online at <a href="http://www.jcrinc.com">www.jcrinc.com</a> . It is also periodically available on the Joint Commission website or call 630-792-5866
<b>Survey Activity Guide</b>	The <i>Survey Activity Guide</i> is a handy reference designed to help organizations apply for and prepare for accreditation and understand the survey process.	No charge, access on your Extranet site.	For initial surveys call 630-792-5411. For resurveys call 630-792-3007 or your Account Representative.	This guide is available on the Extranet site for behavioral health care organizations that have requested an application for accreditation.
<b>Office of Government Relations</b>	Joint Commission representatives work closely with federal and state legislative representatives regarding behavioral healthcare regulation and legislation to promote the quality and safety of the services the public receives.	No charge	For federal legislation call the Joint Commission's Washington office at: 202-783-6655. For state legislation call: 630-792-5260 or 630-792-5261.	For more information about the Joint Commission's government relations see the Joint Commission's web page at <a href="http://www.jointcommission.org">www.jointcommission.org</a>
<b>Behavioral Health Care Professional And Technical Advisory Committee</b>	This Committee advises The Joint Commission on standards development. It includes representatives from Behavioral Health Care national trade and professional associations and customers.	Composition of the Committee determined by The Joint Commission Board of Commissioners.	Call 630-792-5411 or 630-792-5771 for information about Committee members or activities.	The Joint Commission solicits input from customers via this committee. In addition, every year a "Liaison Network" is convened to promote communication and enhance the accreditation process

## Behavioral Health Care Survey and Accreditation Process Guide

<b>Joint Commission Resources Educational Programs</b>	Joint Commission Resources (JCR) offers a variety of behavioral health care educational programs throughout the year, in live and distance learning formats.	Varies per program.	Call 1-877-223-6866 for specific accreditation program information or register online at <a href="http://www.jcrinc.com">www.jcrinc.com</a> .	Also, look for Joint Commission participation at various trade shows and professional society meetings throughout the year.
<b>Joint Commission Resources Multimedia Publications and Products</b>	Joint Commission Resources (JCR) sells a variety of helpful and authoritative publications and multi-media products to assist behavioral health care organizations to: improve processes, promote care, treatment or services and enhance quality and demonstrate standards compliance.	Varies per service requested.	Visit JCR online at <a href="http://www.jcrinc.com">www.jcrinc.com</a> or call 630-268-7400.	JCR also offers international accreditation services.
<b>Joint Commission Speaker's Bureau</b>	Joint Commission Speakers Bureau offer qualified speakers on a variety of topics related to Joint Commission accreditation, performance measurement, quality improvement, etc.	Varies with request, generally the standard fee for a speaker is \$1000 plus travel and expenses.	Call 630-792-5633 for more information. Also see the Joint Commission's web page at <a href="http://www.jointcommission.org">www.jointcommission.org</a> .	To match the best speaker with the program we recommend the requester contact The Joint Commission as early as possible—at least eight weeks before the scheduled event.
<b>Speak Up! Brochures</b>	The content of this brochure provides simple advice on how you, as a consumer, can make your care, treatment or services a positive experience. It's available for a variety of behavioral health care settings.	The Speak Up brochure is available by accreditation program, in three formats.	Call customer service at 630-792-5800	Also request these brochures online at <a href="http://www.jointcommission.org">www.jointcommission.org</a> or by mail addressed to The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181.

### Appendix B: Foster Care

It is necessary to visit homes caring for individuals in foster care to assess the safety and the quality of the care being provided. At a minimum, home visits include the following elements:

- Observation of care.
- Assessment of environmental safety issues in foster homes.

#### **Selection of Foster for Home:**

Home visits to current individuals in foster care will be conducted by a surveyor(s). Generally, each surveyor will conduct two to three home visits on each day of the survey except for the last day of the survey<sup>1</sup>.

In preparation for the home visits, the organization needs to select 10% of their current individuals receiving foster care who live approximately 30 minutes or less travel time from **each** foster care office/site (small foster care programs should select at least twelve homes total). The selected 10% will be informed by the organization that Joint Commission surveyor(s) may be conducting a home visit in their residence to observe care and to conduct interviews with the caregiver(s) and the individual receiving the care.

At the time of the survey, each surveyor will generally select one case manager per survey day responsible for two to three foster homes in the identified selection group. The selected case manager(s) will be asked to confirm appointments and to travel with the surveyor on the home visits.

In organizations whose primary mission is foster care, more visits will be scheduled.

The organization is asked to obtain verbal permission for the home visit from the foster parent in advance. At the time of the actual visit the organization is asked to obtain written permission for surveyors to visit the foster home. Please refer to page 33 for an example of a form that organizations may choose to use for this purpose.

---

<sup>1</sup>A group meeting of foster parents is substituted for one day of home visits.

The case manager for the individual receiving foster care should accompany the surveyor during the home visit, as well as other representatives as determined by the organization. The surveyor will generally conduct the home visit towards mid-afternoon or early evening and will not return to the organization until the next survey day.

### **Joint Commission Visits to Foster Care Homes**

Generally, a home visit lasts 20 to 30 minutes. You'll need to confirm that the individual receiving foster care will be at home with one or both caregivers at the time designated by the surveyor(s) and the organization. The designated time is preferably after school or day programs.

You should explain the Joint Commission survey process in detail to the foster parents and individuals receiving foster care, including an explanation of the interviews that will take place with the foster care parents and individuals receiving foster care.

### **General Information about Foster Care Home Visits:**

A staff member from the agency (preferably the designated case worker) accompanies the surveyor to the home visit. In order to maximize productive survey time, the surveyor should ride with a staff member/case worker to home visits.

Generally, the surveyor will review the case file of the individual served and the file of the foster family before the home visit. During the home visit, the surveyor may ask to see the foster family's license, medication logs (if appropriate) and foster parent's manual if available.

### **Meeting Between Foster Parents and Joint Commission Surveyors**

The Joint Commission requires an organization with foster care services/programs to provide opportunities during the on-site survey for the presentation of information by foster parents. This will be accomplished via visits to the foster homes to interview the foster parents and the individuals receiving foster care. The Joint Commission requires a meeting between the foster parents and the surveyor(s.) The expectation is that the meeting will include foster parents who are representative of all the foster care services the agency provides.<sup>2</sup>

The purpose of this meeting is to provide the surveyor with information about the foster parents' experiences in providing quality foster care. This is an informal meeting in which the surveyor(s) will learn about recruitment, licensing, and training processes; the preparation of the foster parents to meet the needs of the individuals receiving foster care, in general, and the specific needs of those placed in their homes; how the organization continues to support the foster parents and other issues related to foster care.

The foster parent/surveyor(s) meeting may be held any afternoon or evening of the survey (except for the last day). The organization is responsible for making the meeting arrangements and notifying each (all) foster parents of the exact date, time and place of the

---

<sup>2</sup>The expectation is that the organization undergoing survey and the surveyor will make every effort to arrange a meeting of foster parents and surveyors as described here. If it is impossible to convene a foster parents meeting during survey, the surveyor will make arrangements with the organization to visit additional foster homes.



## **Behavioral Health Care Survey and Accreditation Process Guide**

---

foster parents/surveyor(s) meeting. On the following pages are examples of a notice of a meeting for foster parents' permission for a foster home visit and the selection process for foster homes to be visited by the surveyor(s) during the survey.

If the organization holds a regularly scheduled meeting with foster parents for training, education, communication purposes, the surveyor will explore the possibility of using the regularly scheduled meeting to meet with the foster parents.

The organization is expected to provide a reasonable, accessible meeting location. Surveyor(s) conduct the meeting and receive the information. Representatives of the organization familiar with the organization's foster care services/programs and foster parents are expected to attend.

### **EXAMPLE**

#### **NOTICE:**

#### **MEETING FOR FOSTER PARENTS WITH JOINT COMMISSION SURVEYORS**

**The Joint Commission** will conduct an accreditation survey of \_\_\_\_\_ (name of organization)  
on \_\_\_\_\_ (survey dates.)

The purpose of this survey will be to evaluate our compliance with nationally established Joint Commission standards that evaluate foster care quality and safety issues. In order to accomplish this goal, we invite you to attend a meeting of foster parents in order to meet the Joint Commission surveyor(s).

This meeting will assist Joint Commission surveyor(s) in learning about your experiences as a foster parent. This is an informal meeting in which the surveyor(s) will be interested in hearing from you about your recruitment, licensing, training experiences, the preparation that you received to prepare you for the individuals being placed in your home, the quality of the support you receive and other issues related to foster care.

We hope that you will be able to attend this important meeting.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please notify us if you will be able to attend this meeting. Thank you.

**EXAMPLE**

**PERMISSION FOR JOINT COMMISSION SURVEYOR(S) TO CONDUCT  
A FOSTER HOME VISIT**

**The Joint Commission** will conduct an accreditation survey of \_\_\_\_\_ (name of organization)  
on \_\_\_\_\_ (survey dates.)

The purpose of this survey will be to evaluate our compliance with nationally established Joint Commission standards that evaluate foster care quality and safety issues. In order to accomplish this goal, your permission is requested to permit Joint Commission surveyor(s) to visit your home to learn about your experiences as a foster family.

This is an informal visit in which the surveyor(s) will be interested in hearing from you about foster parent/foster family recruitment, licensing, training experiences, the preparation that you received to prepare you for the individuals being placed in your home, the quality of the support you receive from the organization, and other issues related to foster care. If appropriate, the surveyor will also speak to the individuals in your care in order to learn about his/her experiences in foster care.

**My signature below indicates that I have given permission for Joint Commission surveyor(s) to visit my home for the purpose of surveying compliance with Joint Commission foster care standards.**

**Signed:** \_\_\_\_\_ (foster parent)

**Signed:** \_\_\_\_\_, \_\_\_\_\_ (title)

**of** \_\_\_\_\_ (name of organization )

**Date:** \_\_\_\_\_

### Appendix C: Glossary

**Addictions services** – Care, treatment, or services provided to individuals with addictive behavior, such as substance abuse, chemical dependency, gambling, etc.

**Behavioral health care** – A broad array of care, treatment or services for individuals with mental health issues or problems, foster care needs, addictive behaviors, chemical dependency issues, or intellectual disabilities. Care, treatment, or services can be provided in a wide variety of settings, such as inpatient/crisis stabilization, residential, day program, and outpatient settings.

**Care coordination services / case management services** – Assistance provided to individuals or their authorized representatives aimed at assessing needs, linking community resources, coordinating services, and delivering flexible problem solving and crisis response.

**Case management services / care coordination services** – See care coordination services / case management services

**Community integration services** – Services that assist individuals in establishing or maintaining a life in the community.

**Corrections services** – Behavioral health care services provided in a correctional setting.

**Crisis stabilization** – A highly structured environment for individuals who require 24-hour registered nursing supervision and who may be incapable of self-preservation in case of an internal disaster. Crisis stabilization is typically characterized by a short length of stay with discharge or transfer to a hospital or community treatment center.

**Day treatment** -- An environment offering an organized day or night program of which may include assessment, treatment, care, services, habilitation, for individuals not requiring 24-hour care. For behavioral health, this may be a structured, ongoing program that typically meets two to five times a week for two to five hours per day.

**Employment services** – A formal or informal process of assisting the individual served in considering or maintaining employment as part of general care, treatment, or services. This term is not synonymous with vocational rehabilitation.

**Family preservation / wrap around services** – Organizations providing and/or coordinating services for children, youth, their families with the goal of maintaining the child or youth in his or her family or community.

**Family support services** – A family member's assuming the role and responsibilities of a member of the support team (for example, a job coach) for the individual served. This term is not synonymous with family therapy/counseling.

**Forensic services** – Behavioral health care, treatment, or services provided by an order issued by the criminal or juvenile justice system.

**Foster care, adult** -- A living arrangement where an adult resides as a means of providing protection, shelter, and care. These living arrangements are in private, single residences.

**Foster care, therapeutic child/youth** - Treatment services provided to a child or youth outside his or her own home, in a single, private residence. Services are delivered primarily by treatment foster parents who bear direct responsibility for implementing the select in-home aspects of the treatment plan.

**Foster care, traditional child/youth** – A living arrangement where a child/youth resides outside his/her own home, as a means of providing protection. These living arrangements are private, single residences that include relative, non-relative and non-finalized adoptive homes.

**Group home** – A community based congregate living arrangement that is staffed when individuals served are present. Group homes may serve children, youth, or adults who are capable of self-preservation in the event of an emergency in the organization.

**Outdoor behavioral health** – Behavioral health care, treatment, or services that use the outdoors experience as an alternative to conventional environments and as a clinically focused intervention.

**Outpatient services** – Behavioral health care, treatment, or services provided on an appointment system for each visit.

**Peer support** – A service wherein trained consumers support encourage other consumers in recovery.

**Residential program** – A program that provides 24-hour care and services to individuals who need a less structured environment than that of an inpatient program and who are capable of self-preservation in the event of an emergency in the organization. A residential setting may serve children, youth or adults.

**Technology-assisted behavioral health** – Behavioral health care, treatment, or services provided through interactive, live/real time audio and video-conferencing utilizing internet technology.

**Therapeutic schools** –24-hour residential or day programs that provide an integrated educational milieu with an appropriate level of structure and supervision of physical, emotional, behavioral, familial, social, intellectual, and academic development. Therapeutic schools either grant a diploma or award credit that leads to admission or return to a diploma-granting school. Therapeutic schools serve children and youth who have a history of failing to function at home or in less structured or traditional school settings in terms of academic, social, or emotional behavioral development.

## **Behavioral Health Care Survey and Accreditation Process Guide**

---

**Transitional living/supportive living** – 24 hour living arrangements provided to individuals in need of a supportive environment. This level of care is typically provided as a community re-entry phase within a care continuum and may serve adults or older youth.

**Vocational rehabilitation services** – Formal care, treatment, or services designed to attain, retain, or restore vocational usefulness of persons experiencing limited functioning. Vocational rehabilitation services may include vocational evaluation services, employment skills training, work activities, and supportive employment.

**Waived tests** – Tests that meet the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) requirements for waived tests and are cleared by the Food and Drug Administration for home use. These tests employ methodologies that are so simple and accurate that the likelihood of erroneous results is negligible or they pose no risk of harm to the patient, resident, or individual served if the test is performed incorrectly.

