Transitioning to The Joint Commission
Behavioral Healthcare and Human Services Accreditation

Presented by:

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Today’s Agenda

- About The Joint Commission
- Why Choose The Joint Commission
- The Transition Process
- Questions
The Joint Commission

Our Roots
• Founded in 1951
• Independent, not-for-profit organization
• Nation’s oldest and most trusted standards-setting body

Full-Service
• Covers the full continuum of care
• Behavioral Health care and Human Services programs:
  • Mental Health
  • Addictions
  • Human Services
  • ID/DD
  • OTP’s

Gold Seal Distinction
• The Gold Seal of Approval® is a reputation-building symbol of quality
• Reflects a commitment to meeting the highest national standards
• Increasingly used as a qualifying factor for network/payor partnerships

Market Leader
• Accrediting BHC/HS organizations for over 50 years
• Accredits more than 23,000 sites
• Accredits more than 3,900 BHC/HS organizations
Quality: A Comprehensive Framework
The foundation for high quality and safety
Why do Organizations Switch to Joint Commission Accreditation?
Top 5 Reasons:

1. **Superior name recognition** - recognized and respected across the field

2. **Robust standards** in support of organizational excellence to help organizations become data driven and performance improvement focused

3. **Unparalleled Expertise** with surveyors who are experts in behavioral health care and human services at agencies just like yours providing educative, collaborative survey experiences.

4. **Extensive resources and support** to help you excel before, during and after your accreditation with a multitude of live or online options.

5. **Proven return** on your accreditation investment
Name Recognition

• Widely respected as a mark of distinction by payers, consumers, business partners and referral sources

• Aligns the organization with the health care community for partnerships and referrals

• May improve standing with payors
A Higher Bar

• Highest standards in the field
• Guidance for good practices: Quality and Safety
• Assist organization with integrating data use into daily operations
• A visible symbol of your commitment to quality
Unparalleled Expertise

- Experienced, licensed behavioral health care professionals
- Majority currently working in the field
- Trained, mentored, and monitored to deliver consistently valuable and inspirational surveys
- Culturally Sensitive and Diverse
- Average surveyor conducts over 25 surveys per year with an average tenure of service of 9 years
- Surveyors share best practices, are collaborative, transparent, educational and inspirational
- Surveyors help organizations in their commitment to provide safe and high-quality care, treatment and services
Extensive Resources

Readiness Roadmap

We have information to help you at all stages of your accreditation, certification or verification journey.

-6 months 0 months 12 months 36 months

Application Year 1 Year 2 Year 3

HEADS UP...

Behavioral Health Care and Human Services (BHC) Program

Credentialing and competency assessments
Identification of individuals who may have experienced trauma, abuse, neglect, or exploitation
Identifying Environmental Risks of Suicide
Measurement Based Care: Using Results to Inform Care and Treatment
Nutritional screening
Plan of care and indices of progress
Reduce the Risk of Suicide
Screening Procedures

PolicySource™
Behavioral Health Care and Human Services
Support throughout the process

• The highest level of customer service
  • Assistance prior to survey
  • Continuing assistance throughout your tenure
  • Standards experts and other thought leaders
    • Resources for safety, suicide prevention, workplace violence prevention, equity, etc
    • Resources for robust process improvement, safety culture, change management
Proven ROI

• Increases Revenue, Improves Reimbursement Rates
• Realizes Operational Efficiencies and Improvements
• Reduces Risk and Lowers Liability Insurance Rates
• Reduces Worker’s Comp costs – fewer staff injuries
• Improves Competencies of Staff & Supervisors
• Reduces Staff Turnover
• Teaches key skills re implementing quality and safety
• Positively Influences:
  - Quality of Care and Client Outcomes
  - Image/Reputation and Third-party Recognition
  - Culture of the Organization and Organizational Sustainability

Delivers a 623% return on your investment
How we are different
Unique advantages of Joint Commission Accreditation

✔ Organization wide accreditation – the better to tackle systemic issues

✔ Non-prescriptive accreditation requirements

✔ Always a 3 year accreditation award
Measurement Based Care

- Effective since January 1, 2018
- Requires use of a standardized Measure to evaluate treatment progress of the individual throughout treatment as well as evaluate program/service outcomes
- Benefits
  - Identify treatment issues sooner/prevent bad outcomes
  - Proactively direct treatment and revise Tx plan
  - Give treatment teams an objective lens to view progress
  - Create a feedback loop between client and treatment team
  - Increase client engagement/satisfaction
  - Demonstrate concrete changes for third party payors
  - Drive Program Development/Evaluation
SAFER Matrix and SAFER Dashboard: Taking your survey findings to the next level

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>Immediate Threat to Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>(a threat that represents immediate risk or may potentially have serious adverse effects to the health of the patient, resident, or individual served)</td>
</tr>
<tr>
<td>LOW</td>
<td>(harm could happen, but would be rare)</td>
</tr>
<tr>
<td>MODERATE</td>
<td>(harm could happen occasionally, especially in combination with other factors)</td>
</tr>
</tbody>
</table>

**SCOPE**

- **LIMITED** (unique occurrence that is not representative of routine/regular practice)
- **PATTERN** (multiple occurrences with actual or potential to impact few/some patients, visitors, staff and/or settings)
- **WIDESPREAD** (multiple occurrences with actual or potential to impact most/all patients, visitors, staff and/or settings)
The Joint Commission
Transition Process
The Joint Commission Accreditation Process

We move at your speed:

• Flexibility to meet your timeline
• We do not require 6 months of compliance prior to survey
• We do not require that you conduct a formal self assessment or submit any documentation prior to the survey
• Fastest to accreditation → On-site survey within 60 days from the date you tell us you are ready
Step 1: Review the Standards Manual

- Access to Joint Commission standards is always free
  - Free trial access during pre-survey preparation/for applicants
  - Free ongoing access for accredited organizations annually

- Electronic manual has a customization feature allowing organizations to ‘filter out’ settings and services that are not applicable to them

- Direct support provided to assist organization in understanding standards manual
  - Orientation to Standards Manual provided
  - Assistance customizing the manual
  - FAQ’s posted or can request standards help
Step 2: Conduct a Gap Analysis and develop a timeline

<table>
<thead>
<tr>
<th>Mine for Gold</th>
<th>Quick Fixes</th>
<th>Gaps</th>
</tr>
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<tbody>
<tr>
<td>• Identify policies, procedures, practices, processes already in place that demonstrate full compliance with accreditation requirements</td>
<td>• Identify policies, procedures, practices, processes that demonstrate partial compliance with accreditation requirements</td>
<td>• Lack of any policies, procedures, practices, processes to demonstrate compliance</td>
</tr>
</tbody>
</table>

Set a timeline for accreditation (on average 4-6 months)
Factor in more time for larger chapters or organizations
Use Intracycle Monitoring Tool (ICM) to track
New! Streamlined Gap Analysis Resource

• Crosswalk available from your accreditsor’s (CARF/COA) key requirements to TJC’s Standards
  - Easily identity key areas of difference
  - Use linked resources to get additional information
• TJC professionals are available to answer questions and identify additional resources
• Connect with our Standards Interpretation FAQs or experts as needed
Step 3: Understand your Pricing

- Accreditation costs based on volume of services and number of locations/sites
- Fees are all inclusive
- There are two types of fees across accreditation period
  - Annual Accreditation Fees – billed every January
  - On-Site Survey Fees – billed after initial survey, then every 3 yrs, cover all survey costs
- $1,700 pre-payment is required upon submission of application. (Payment applied to 1st years annual fee – this is not an additional fee)

Contact us for an estimate.
Costs spread across the 3-year accreditation cycle

Sample Pricing for small-mid residential program:

<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Fee</th>
<th>Survey Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>$2,570</td>
<td>$3,430</td>
</tr>
<tr>
<td>Year 2</td>
<td>$2,570</td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td>$2,570</td>
<td></td>
</tr>
</tbody>
</table>

Total 3 year accreditation cycle - $11,140
Step 4: Apply for Accreditation

- The application is the “start of the survey process”
- Asks for a “ready date” for survey
- Once the application is submitted it is ‘active’ for 12 months
- Make sure you input the care, treatment or services you are providing carefully so the proper surveyor(s) are sent for the proper length of time
- Your TJC Professional can answer questions and assist
- Prepayment of $1,700 due upon submission
Step 5: Prepare for Survey

Organizational Activities

• Designate an Accreditation Champion/Team
• Conduct Accreditation Meetings
  • Core Team and Departments
• Close any gaps identified in gap analysis
• Participate in free webinars / view replays
• Utilize resources from the Joint Commission
  (Crosswalk, Policy Source, Standards Interpretation Group, Head Up Reports, etc.)
Step 6: The On-Site Survey

- Joint Commission On-site surveys are customized to the setting(s)/service(s) and population(s) served by the organization.

- 30 days advance notice for your initial on-site survey (seven business days for re-surveys) is provided prior to the actual on-site survey date once it is scheduled.

- Shortest survey is one surveyor for two days but can be multiple surveyors for multiple days.

- The on-site survey agenda is in sync with an organization’s normal operational systems and is flexible plan to have a “normal” day.
The On-Site Survey – Sample Day 1 Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>8:00 - 8:30 a.m.</td>
<td>Introductory Session and Orientation to Services*</td>
</tr>
<tr>
<td>8:30 - 9:00 a.m.</td>
<td>Building Tour/Environment of Care</td>
</tr>
<tr>
<td>10:00 - 11:00 a.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td>11:00 - 12:00 p.m.</td>
<td>Individual Tracer Activity</td>
</tr>
<tr>
<td>12:00 - 12:30 p.m.</td>
<td>Surveyor Lunch/Planning</td>
</tr>
<tr>
<td>12:30 – 1:30 p.m.</td>
<td>System Tracer</td>
</tr>
<tr>
<td>1:30 - 2:30 pm.</td>
<td>Individual Tracer Activities</td>
</tr>
<tr>
<td>2:00 - 2:30 p.m.</td>
<td></td>
</tr>
<tr>
<td>2:30 - 3:30 pm</td>
<td></td>
</tr>
<tr>
<td>3:30 - 4:00 p.m.</td>
<td>Special Issue Resolution*</td>
</tr>
<tr>
<td>4:00 - 4:30 p.m.</td>
<td></td>
</tr>
</tbody>
</table>

* On Day 2 will be Daily Briefing and Exit Conference and Report out for a two-day survey
Our Unique “Tracer Methodology”

• **System Tracers** – Environment of Care, Emergency Management, Infection Control, Medication Management, Data, Competency and Leadership

• **Individual Tracers** – Focus on actual delivery of care, treatment, or services and the individual’s experience -- not paperwork
  - Individual Tracers are usually at least 60% of the on-site survey
  - Directly involves staff who provide care, treatment or services (interviews and direct observation)
  - Follows care, treatment or services provided to an individual throughout your organization; “traces” their experience
  - Individual served/family is involved as appropriate
  - Samples from all programs/services operated by organization
Close of Survey Event and Post Survey Activities

• Exit Conference (end of last day of survey):
  • Communication of survey observations (should be no surprises!)
  • Preliminary Report (including SAFER matrix)

• Post Survey Activities
  • Submit the evidence of standards compliance report to resolve any findings within a 60-day window
  • Work with Account Executive and Standards Interpretation Group as needed
  • Accreditation award letters are posted once a successful Evidence of Standards Compliance (ESC) is completed and approved.
  • The accreditation effective date then becomes the day your ESC is accepted
SPECIAL OFFER:
Learn more about the supports and resources TJC provides

For those who attended today’s webinar:
Connect with our team to learn more about
The Joint Commission and we will send you a FREE copy of the 2023 Standards or the book *Treatment Planning in Behavioral Health & Human Services*

*This offer is only good for individuals who attended or registered for this Webinar and are members of an organization who is currently accredited by another accredditor for Behavioral Healthcare and/or Human Services. Offer expires on July 31, 2023.*
Questions?
Thank you!

When you become part of The Joint Commission and earn our Gold Seal of Approval®, you have reached for and achieved the highest level of performance recognition available in the behavioral health and human services field.
Free Webinars and Replays

“CCBHC: New Horizons in integrated care”

May 9, 2023

Click here to register

View more free webinars and replays at
www.jointcommission.org/BHC
Behavioral Health Care & Human Services

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