

Prepublication Requirements

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The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.



Revised Human Resources (HR) Chapter for Behavioral Health Care, Now Called Human Resources Management (HRM) Chapter

APPLICABLE TO BEHAVIORAL HEALTH CARE ORGANIZATIONS

Effective January 1, 2015

HRM.01.01.01

The organization develops written job descriptions.

Elements of Performance for HRM.01.01.01

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| 1. Each position has a written job description. Note: A written contract may replace a job description. (For more information on contracted services, refer to Standard LD.04.03.09) | | A | ⓓ | | | |
| 2. Each job description identifies the minimum qualifications of the position. | | A | ⓓ | | | |
| 3. For opioid treatment programs: The program physician(s) have experience in addiction medicine, including medication-assisted treatment. | | A | | | | |
| 4. Each job description identifies the competencies of the position, which include the minimum skills, knowledge, and experience required for the position. | | A | ⓓ | | | |
| 5. Each job description identifies the duties and responsibilities of the position. | | A | ⓓ | | | |
| 6. Governance or its designee approves the job descriptions. Note: See Glossary for the definition of governance. | | A | | | | |

Key: **A** indicates scoring category A; **C** indicates scoring category C; **ⓓ** indicates that documentation is required; **Ⓜ** indicates Measure of Success is needed; **⚠** indicates an Immediate Threat to Health or Safety; **⚡** indicates situational decision rules apply; **⚡** indicates direct impact requirements apply; **Ⓜ** indicates an identified risk area

HRM.01.01.03

The organization determines how staff function within the organization.

Elements of Performance for HRM.01.01.03

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| 1. All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation and organization policy. | | A | | | 2 |
| 2. Staff practice within the scope of their license, certification, or registration and as required by law and regulation and organization policy. | | A | | | 2 |
| 3. Staff practice within the scope of their job description. | | A | | | 3 |

HRM.01.02.01

The organization verifies and evaluates staff qualifications.

Elements of Performance for HRM.01.02.01

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| 1. The organization performs primary source verification of staff licensure, certification, or registration in accordance with law and regulation and organization policy at the time of hire and the time of renewal. Note 1: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source. Note 2: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary. Note 3: In some instances, a staff member may also work for another Joint Commission-accredited organization. If the other organization has completed primary source verification of the staff member's license, certification, or registration, can attest to that fact, and is willing to share that information with the behavioral health care organization, then primary source verification does not need to be completed a second time by the behavioral health care organization. The credentialing information would need to be made available upon demand during a Joint Commission survey. | | A | D | | |
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2. The organization verifies and documents that the job applicant has the education and experience required by the job duties and responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration.

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Note 1: The verification of required training informs the organization of the knowledge and competencies of staff. Verification of the specific credential must be obtained from the primary source. Primary source includes federal and state licensing boards, letters from professional schools and letters from postgraduate education or postdoctoral programs for completion of training. Designated equivalent sources include, but are not limited to, the following:

- State licensing boards
- The entity issuing the license, certification, or registration
- The American Medical Association (AMA) Physician Masterfile for verification of a physician's U.S. and Puerto Rico medical school graduation and residency completion
- The American Board of Medical Specialties (ABMS) for verification of a physician's board certification
- The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's graduation from a foreign medical school
- The American Osteopathic Association (AOA) Physician Database for predoctoral education accredited by the AOA Bureau of Professional Education, postdoctoral education approved by the AOA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification
- The Federation of State Medical Boards (FSMB) for all actions against a physician's medical license
- The American Academy of Physician Assistants Profile for physician assistant education and National Commission on Certification of Physician Assistants (NCCPA) certification

Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.

Note 3: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.

3. The organization verifies the identity of the job applicant by viewing a valid picture identification issued by a state or federal agency (for example, a driver's license or passport).

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4. The organization obtains a criminal background check on the job applicant as required by law and regulation or organization policy. Criminal background checks are documented.

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5. Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.

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Note: Organizations should consider the applicability of the Americans with Disabilities Act to their assignment of job duties and responsibilities, and, if applicable, review their policies and procedures. In addition, federal entities are required to comply with the Rehabilitation Act of 1974.

6. The organization uses the following information to make decisions about hiring and assigning staff job duties and responsibilities:
- Verified licensure, certification, or registration required by law or regulation and organization policy
 - Verified education and experience
 - Results of criminal background check(s), in accordance with law and regulation and organization policy
 - Outcomes of applicable health screenings and staff member's health statement, in accordance with law and regulation and organization policy
 - Evaluation of any challenges to licensure or registration
 - Evaluation of any voluntary and involuntary relinquishment of license or registration
 - Evaluation of any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities
 - Evaluation of any professional liability actions that resulted in a final judgment against the staff member
7. The organization queries the National Practitioner Data Bank (NPDB) for information on physicians and dentists at the time of hire, and at least every two years thereafter.
8. For opioid treatment programs: The program maintains individualized personnel files as a record of employment. The personnel files contain the following:
- Employment and credentialing data
 - Employment application data
 - Date of employment
 - Up-to-date licensing and credentialing data
 - Detailed job descriptions
 - Performance evaluations
 - Training records

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HRM.01.03.01

The organization provides orientation to staff.

Elements of Performance for HRM.01.03.01

1. The organization determines the key safety content of orientation provided to staff.
Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services and the environment of care.
2. The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.
3. The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.
4. The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)

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| <p>5. The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented. Note: Sensitivity to cultural diversity means being aware of and respecting cultural differences. This does not mean that staff have to be conversant with every culture that they may encounter in the organization.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td>D</td> <td>M</td> <td></td> </tr> </table> | | C | D | M | |
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| <p>6. The organization orients staff on the following: The rights of individuals served, including the ethical aspects of care, treatment, or services. Completion of this orientation is documented. (See also RI.01.07.03, EP 5)</p> | <table border="1"> <tr> <td></td> <td>C</td> <td>D</td> <td>M</td> <td></td> </tr> </table> | | C | D | M | |
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| <p>7. For organizations that sponsor or offer peer support services: The organization orients staff to working collaboratively with persons providing peer support.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>8. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Their roles and responsibilities.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>9. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Communication techniques.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>10. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Methods to provide support for the individual served.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>11. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Consumer advocacy.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>12. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Methods for disengaging from their relationship with the individual with whom they are working.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>13. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Crisis recognition.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>14. For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Procedures for responding to a crisis both for the individuals served and themselves.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>15. For opioid treatment programs: Before providing patient care, staff receive education specific to the medication-assisted treatment used in the program and tailored to the patient population.</p> | <table border="1"> <tr> <td></td> <td>C</td> <td></td> <td>M</td> <td></td> </tr> </table> | | C | | M | |
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| <p>16. For organizations that elect The Joint Commission Behavioral Health Home option: The organization orients staff on the following: - Behavioral health conditions most commonly found in the population(s) served - Chronic physical health conditions most commonly found in the population(s) served</p> | <table border="1"> <tr> <td></td> <td>A</td> <td></td> <td></td> <td></td> </tr> </table> | | A | | | |
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17. For organizations that elect The Joint Commission Behavioral Health Home option: If the organization sponsors or offers peer support services, it orients staff providing peer support services to their roles and responsibilities as members of the integrated care team (for example, participating in activities that promote healthy choices and lifestyles).

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HRM.01.04.01

Staff are supervised effectively.

Elements of Performance for HRM.01.04.01

- The scope and depth of supervision that staff receive is based on their job duties and responsibilities; their experience with the care, treatment, or services they are providing; and the population(s) served.
Note: Refer to the Glossary for definition of staff.
- Consultation is available to direct care staff.
- Staff provide and/or oversee the supervision of students when they provide care, treatment, or services as part of their training.
Note: Monitoring is not required when it is provided by the student's educational institution.

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HRM.01.05.01

Staff participate in education and training.

Elements of Performance for HRM.01.05.01

- Staff participate in education and training to maintain or increase their competency. Staff participation is documented.
- Staff participate in education and training whenever changes in their responsibilities require it. Staff participation is documented.
Note: Education and training are only required if an assessment of staff skills and competencies indicates a need for their provision.
- Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented. (See also RI.03.01.05, EP 7)
- For organizations that sponsor or offer peer support services: The organization has a process for persons who are providing peer support services to receive education and training that enhances their knowledge and skills.
- For opioid treatment programs: The program implements an individual annual training plan for each staff member.
- For opioid treatment programs: The program provides staff with training in the specific characteristics and needs of women participating in their treatment program.

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| 7. | For opioid treatment programs: Staff receive education about all forms of viral hepatitis and their effects on the health of the patient. | | C | | M | |
| 8. | For opioid treatment programs: Staff have resources for problem solving and troubleshooting patient care issues (for example, vomiting medication, aggressive or disruptive behavior). | | A | | | |
| 9. | For foster care: Staff involved in foster care participate in training that is specific to their responsibilities. | | A | | | |
| 10. | For organizations that elect The Joint Commission Behavioral Health Home option: Staff providing direct care, treatment, or services participate in additional education and training that is specific to the following: - Behavioral health conditions most commonly found in the population(s) served - Chronic physical health conditions most commonly found in the population(s) served - Care, treatment, or services that are centered on the individual served - Strategies for engaging individuals served in participating in their care, treatment, or services - How equipment or technology related to the provision of primary physical health care is used | | C | | M | |

HRM.01.06.01

Staff are competent to perform their job duties and responsibilities.

Elements of Performance for HRM.01.06.01

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| 1. | The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served. (See also NPSG.03.06.01, EP 3) | | A | | | |
| 2. | Staff with the educational background, experience, or knowledge related to the skills being reviewed assess competence. Note: When a suitable individual cannot be found to assess staff competence, the organization can utilize an outside individual for this task. If a suitable individual inside or outside the organization cannot be found, the organization may consult the competency guidelines from an appropriate professional organization to make its assessment. | | A | | | |
| 3. | As part of orientation, the organization conducts an initial assessment of staff competence before they assume their responsibilities. This assessment is documented. | | C | D | M | 3 |
| 4. | The organization assesses staff competence whenever job duties and responsibilities change. | | C | D | | |
| 5. | Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation. | | C | D | M | |

6. The organization takes action when a staff member's competence does not meet expectations.
 Note: Actions may include, but are not limited to, providing additional training or supervision, or modifying job duties and responsibilities.

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7. For foster care: Staff demonstrate cultural and age-specific competence.

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HRM.01.06.03

Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals have specific competencies.

Elements of Performance for HRM.01.06.03

1. Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals demonstrate knowledge about substance abuse, dependence, and other addictive behaviors and their treatment.
2. Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals have the knowledge and skills to do the following:
- Establish rapport, systematically gather data, determine the readiness of the individual for treatment and change, and apply accepted criteria for diagnosis of substance use disorders
 - Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms
 - Screen for danger to self or others
 - Screen for co-occurring mental health issues
 - Analyze and interpret data to determine treatment recommendations and priorities
 - With the individual served, formulate mutually agreed-upon, measurable treatment goals and objectives
 - Demonstrate adherence to accepted ethical and behavioral standards of conduct
 - Participate in continuing professional development
- Note: This does not mean that every staff member must have all of these competencies; rather the total complement of staff together possess all of these competencies.

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3. For opioid treatment programs: Staff understand the benefits and limitations of toxicological testing procedures.
4. For opioid treatment programs: Staff are knowledgeable about strategies for treating alcohol, cocaine, and other drug abuse.
5. For opioid treatment programs: Staff responsible for coordinating medical and psychiatric care are knowledgeable about medication-assisted therapy.
6. For opioid treatment programs: Trained and qualified substance abuse counselors provide services to meet the needs of patients and are sufficient in number to provide reasonable and prompt access by patients to counseling.

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HRM.01.06.05

Staff who provide care, treatment, or services to children or youth have specific competencies.

Elements of Performance for HRM.01.06.05

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| 1. Staff who provide care, treatment, or services to children or youth demonstrate an understanding of the developmental milestones of children or youth. | C | M | | |
| 2. When assessing staff competence, supervisors use the findings from performance improvement activities when it relates to competence of staff. (See also PI.02.01.01, EP 8) | C | M | | |
| 3. The person responsible for administrative and clinical direction of care, treatment, or services provided to children or youth is qualified by training, experience, or documented competence. | A | | | |

HRM.01.06.07

Security or correctional staff responsible for conducting activities customarily performed by clinical staff have specific competencies.

Elements of Performance for HRM.01.06.07

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| 1. Security or correctional staff know the following: How to respond to unusual clinical events. | C | M | | |
| 2. Security or correctional staff know the following: The organization's channels of clinical, security, and administrative communication. | C | M | | |
| 3. Security or correctional staff know the following: The distinction between administrative and clinical seclusion and/or restraint. | C | M | | |

HRM.01.06.09

For organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities: Staff responsible for providing services for persons with intellectual disabilities have specific competencies.

Elements of Performance for HRM.01.06.09

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| 1. For organizations that provide care, treatment, or services to individuals with intellectual disabilities: In accordance with the needs of the population served, staff are trained in the following: Proper feeding techniques. | C | M | | |
| 2. For organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities: In accordance with the needs of the population served, staff are educated in the following: Communication with nonverbal individuals or individuals with limited verbal skills. | C | M | | |
| 3. For organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities: In accordance with the needs of the population served, staff are educated in the following: Prevention and management of behavior that is harmful to self or others. | C | M | | |

4. For organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities: In accordance with the needs of the population served, staff are educated in the following: Teaching activities of daily living and life domain skills.
5. For organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities: In accordance with the needs of the population served, staff are educated in the following: Adherence to the principles of normalization.
6. For organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities: A qualified intellectual and/or developmental disabilities professional is responsible for coordinating services for each individual served.
7. For organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities: The qualified intellectual and/or developmental disabilities professional who is responsible for coordinating services for each individual served understands their needs and the range, intensity, and duration of care, habilitation, or rehabilitation they require.

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HRM.01.07.01

The organization evaluates staff performance.

Elements of Performance for HRM.01.07.01

1. The organization evaluates staff based on performance expectations that reflect their job descriptions.
Note: For contracted staff, a written contract may replace a job description. (See also LD.04.03.09)
2. The organization evaluates staff performance in accordance with law and regulation and organization policy, but at least once every three years. This evaluation is documented.
3. If the organization has conducted any performance improvement activities that relate to staff providing direct care, treatment, or services, and performance findings from these activities are available, the organization uses those findings when evaluating staff performance. (See also PI.02.01.01, EP 8)
4. The organization confirms each staff member's adherence to organization policies, procedures, rules, and regulations.

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