The Joint Commission’s Accreditation Committee approved the 2013 accreditation and certification decision rules for all accreditation and certification programs. These decision rules are effective for surveys and reviews beginning January 1, 2013, and are shown in the boxes on pages 9–13 for accreditation programs and pages 14–15 for certification programs. New text is underlined and deleted text is shown in strikethrough.

Most changes are editorial in nature and intended to clarify existing rules. These changes support actual practice and provide a more accurate set of decision rules for Joint Commission customers. Specific changes to the accreditation and certification decision rules include the following:

- Updated Preliminary Denial of Accreditation (PDA) and Preliminary Denial of Certification (PDC) rules PDA01 and PDC01 to include staff (in addition to patients and the public) facing an Immediate Threat to Health or Safety.
- Added Contingent Certification (CONT) rule CONT03 to address systemic patterns or trends of noncompliance with Joint Commission requirements.
- Revised Contingent Accreditation (CONT) rule CONT04 to address organizations with one or more Conditions of Participation scored as a Condition-level deficiency.
- To address license, registration, and certification discrepancies, added CONT06 for accreditation programs and CONT04 for certification programs.
- Added CONT07 to address issues related to the Plan for Improvement (PFI) and interim life safety measures (ILSM) for accreditation programs.

Continued on page 9
Approved: 2013 Accreditation and Certification Decision Rules (continued)

Continued from page 1

- Added “Retrospective Cytology Survey” category and decision rule FOC02 for laboratories.
- Deleted “On-site MOS Survey” category and decision rule MOS02 from accreditation and certification programs to match current practice.
- Added new Primary Care Medical Home Certification (PCMH) decision rule PCMH02 for Joint Commission–accredited ambulatory care organ-

izations that do not meet Joint Commission standards.

The 2012 Update 2 to the comprehensive accreditation manuals, the 2013 certification manuals, and the E-dition® update release planned for the fall will include these new accreditation and certification decision rules. Questions about these 2013 rules may be directed to Sandra Butler, project manager, Business Systems, at sbutler@jointcommission.org or 630-792-5773.

### Applied to All Accreditation Programs Unless Stated Otherwise

**Effective January 1, 2013**

**Denial of Accreditation**

Denial of Accreditation will be recommended when one or more of the following conditions are met:

**DA01** The [organization] does not permit the performance of any survey by The Joint Commission. (APR.02.01.01, EP 1)

**DA02** The [organization] has failed to resolve an Accreditation with Follow-up Survey or Contingent Accreditation status prior to withdrawing from the accreditation process.

**DA03** The [organization] has failed to submit payment for survey fees or annual fees.

**DA04** The [organization] has repeatedly failed to submit an ESC and/or MOS.

**Preliminary Denial of Accreditation**

Preliminary Denial of Accreditation will be recommended when one or more of the following conditions are met:

**PDA01** An Immediate Threat to Health or Safety exists for [patients], [staff], or the public within the [organization]. (APR.09.04.01, EP 1)

**PDA02** The [organization’s] [patients] have been placed at risk for a serious adverse outcome(s) due to significant and pervasive patterns, trends, and/or repeat findings.

**PDA03** The [organization’s] [patients] have been placed at risk for a serious adverse outcome because either an individual who does not possess a license, registration, or certification is providing or has provided health care services in the [organization] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.

The following cross-reference applies to critical access hospitals and hospitals only: (HR.01.02.07, EPs 1 and 2; MS.06.01.05, EP 1)

The following cross-reference applies to ambulatory care and office-based surgery only: (HR.01.02.07, EPs 1 and 2; HR.02.01.03, EP 4)

The following cross-reference applies to long term care only: (HR.01.02.07, EPs 1 and 2; HR.02.01.04, EP 15)

The following cross-reference applies to behavioral health care, home care, and laboratory only: (HR.01.02.07, EPs 1 and 2)

**PDA04** The [organization] does not possess a license, certificate, and/or permit, as or when required by applicable law and regulation, to provide the health care services for which the [organization] is seeking accreditation. (LD.04.01.01, EP 1)

**PDA05** The Joint Commission is reasonably persuaded that the [organization] submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation. Information provided by [an organization] and used by The Joint Commission for accreditation purposes must be accurate and truthful and may be received in the following ways:

Continued on page 10
2013 Accreditation Decision Rules (continued)

- Provided verbally, in writing, or electronically
- Obtained through direct observation by, or in an interview with, or any other type of communication with a Joint Commission employee
- Derived from documents supplied by the [organization] to The Joint Commission including, but not limited to, its application for accreditation or its root cause analysis (RCA) in response to a sentinel event

The following bullet applies to ambulatory care, behavioral health care, hospitals, home care, and laboratory only:

- Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the Periodic Performance Review (PPR) Focused Standards Assessment (FSA) process or the electronic application process

The following bullet applies to critical access hospitals and office-based surgery only:

- Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the electronic application process

The following bullet applies to long term care only:

- Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the electronic application process

If accreditation is denied following implementation of this rule, the [organization] shall be prohibited from participating in the accreditation process for a period of one year unless the president of The Joint Commission, for good cause, waives all or a portion of this waiting period. (APR.01.02.01, EP 1)

PDA06 The [organization] with a decision of Contingent Accreditation has failed to clear not compliant noncompliant standards as a result of the follow-up survey.

Applicable to laboratory only:

PDA07 The laboratory has failed to comply with a cease testing order issued by The Joint Commission, one of its cooperative partners, or a regulatory agency.

Applicable to laboratory only:

PDA08 The organization’s laboratory personnel have referred proficiency testing samples to another laboratory for analysis or participated in inter-laboratory communication regarding proficiency testing results before the results have been reported to the program provider. (QSA.01.04.01, EPs 1 and 2)

Contingent Accreditation

Contingent Accreditation will be recommended when one or more of the following conditions are met:

CONT01 The Immediate Threat to Health or Safety has been successfully abated and verified through direct observation or other determining method.

CONT02 The [organization] with a decision of Accreditation with Follow-up Survey has failed to resolve all requirements.

CONT03 There is some evidence that the [organization] may have engaged in possible fraud or abuse. (LD.04.02.03, EP 3)

Applicable to critical access hospitals, hospitals, and home care only:

CONT04 [An organization] undergoing its first joint initial Joint Commission survey is not being recommended for certification by the Centers for Medicare & Medicaid Services and does not meet any other Joint Commission decision rule has one or more Conditions of Participation scored as a Condition-level deficiency.

Applicable to ambulatory care only:

CONT04 An ambulatory care organization undergoing its first joint initial Joint Commission survey is not being recommended for certification by the Centers for Medicare & Medicaid Services and does not meet any other Joint Commission decision rule has one or more Conditions of Participation or Coverage scored as a Condition-level deficiency.
Applicable to long term care only:

CONT04 A long term care organization undergoing its first Joint Commission survey is not being recommended for certification by the Centers for Medicare & Medicaid Services and does not meet any other Joint Commission decision rule.

CONT05 [An organization] undergoing its first an initial Joint Commission survey demonstrates systemic patterns or trends of noncompliance with Joint Commission requirements.

CONT06 [An organization] undergoing an initial Joint Commission survey has an individual who does not possess a license, registration, or certification who is providing or has provided health care services in the [organization] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.

The following cross-reference applies to critical access hospitals and hospitals only: (HR.01.02.07, EPs 1 and 2; MS.06.01.05, EP 1)

The following cross-reference applies to ambulatory care and office-based surgery only: (HR.01.02.07, EPs 1 and 2; HR.02.01.03, EP 4)

The following cross-reference applies to long term care only: (HR.01.02.07, EPs 1 and 2; HR.02.01.04, EP 15)

The following cross-reference applies to behavioral health care, home care, and laboratory only: (HR.01.02.07, EPs 1 and 2)

Note: Except as provided under rule PDA03.

Applicable to all except laboratory:

CONT07 [An organization] undergoing an initial Joint Commission survey has failed to implement or make sufficient progress toward the Plan for Improvement (PFI) described in a Statement of Conditions, which was previously accepted by The Joint Commission; or has failed to develop and implement the interim life safety measures (ILSM) policy and its criteria associated with evaluation and compensation for increased safety.

The following cross-reference applies to critical access hospitals, hospitals, home care, long term care, and office-based surgery only: (LS.01.01.01, EP 3; LS.01.02.01, EP 3)

The following cross-reference applies to ambulatory care and behavioral health care only: (LS.01.01.01, EP 3)

The following Note applies to home care only:

Note: This rule applies to hospice inpatient facilities only.

Accreditation with Follow-up Survey

Note: The Accreditation with Follow-up Survey could occur within 30 days or up to six months after the decision is rendered.

Accreditation with Follow-up Survey will be recommended when one or more of the following conditions are met:

AFS01 The [organization] demonstrates systemic patterns, trends, and repeat findings primarily with direct impact standards.

AFS02 The [organization] demonstrates systemic patterns, trends, and repeat findings primarily with indirect impact standards.

AFS03 The [organization] fails to successfully address all RFIs in an ESC or MOS.

AFS04 At least two on-site ESC demonstrate the need for continued monitoring to assess whether the [organization] sustains improvements.

AFS05 The [organization], which has failed to resolve one or more of its original RFIs, may be scheduled for a second Accreditation with Follow-up Survey.

Applicable to ambulatory care, behavioral health care, hospitals, home care, and laboratory only:

AFS06 The [organization] fails to submit a PPR and corrective action plan as appropriate Intracycle Monitoring requirements.

AFS06 The long term care organization fails to submit a PPR and corrective action plan as appropriate Intracycle Monitoring requirements.

Note: This rule applies to Medicare/Medicaid certification–based long term care only will not be implemented until January 1, 2014.

Applicable to laboratory only:

AFS07 The laboratory fails to submit a written plan of action for unsuccessful proficiency testing after two requests from The Joint Commission.

Continued on page 12
<table>
<thead>
<tr>
<th>Applicable to critical access hospitals and hospitals only:</th>
<th>Applicable to all except laboratory:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFS08</strong> The [organization] has one or more Conditions of Participation scored as a Condition-level deficiency.</td>
<td><strong>AFS10</strong> The [organization] has failed to implement or make sufficient progress toward the Plan for Improvement (PFI) described in a Statement of Conditions, which was previously accepted by The Joint Commission; or has failed to develop and implement the interim life safety measures (ILSM) policy and its criteria associated with evaluation and compensation for increased safety.</td>
</tr>
<tr>
<td><strong>Note:</strong> This rule applies only to [organizations] that use accreditation for deemed status purposes.</td>
<td><strong>Note:</strong> Except as provided under rule CONT07.</td>
</tr>
</tbody>
</table>

Applicable to ambulatory care only:

| **AFS08** The ambulatory care organization has one or more Conditions of Participation or Coverage scored as a Condition-level deficiency. | **Note:** This rule applies only to organizations that use accreditation for deemed status purposes. |

Applicable to home care only:

| **AFS08** The home care organization has one or more Conditions of Participation scored as a Condition-level deficiency. | **Note:** This rule applies only to home health agencies and hospices that elect to use accreditation for deemed status purposes. |

| **AFS09** An individual who does not possess a license, registration, or certification is providing or has provided health care services in the [organization] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification. | **Note:** Except as provided under rule PDA03. |
| **Note:** This rule applies only to laborator- y services. |

Applicable to ambulatory care, critical access hospitals, hospita ls, long term care, and office-based surgery only:

| **FOC01** A full laboratory survey will be conducted when [an organization] providing laboratory services cannot demonstrate to The Joint Commission that their laboratory accreditation decision is in good standing with a Joint Commission–recognized accreditor or the accreditation is more than 24 months old. |

Applicable to ambulatory care, critical access hospitals, hospitals, laboratory, and office-based surgery only:

| **One-Month Survey** A one-month survey will be scheduled when the following condition is met: |
| **FOC02** A retrospective cytology survey will be performed within 45 days when the following condition is met: |

Applicable to laboratory only:

| **Retrospective Cytology Survey** A retrospective cytology survey will be performed within 45 days when the following condition is met: |
| **FOC02** A retrospective cytology survey will be conducted if, during a full laboratory survey, a laboratory providing cytology services is observed to have quality issues in this specialty. This will require a special survey to include, but not be limited to, a review of slides for diagnostic discrepancies, evaluation of policies and procedures, and verification of staff workload. |

The following cross-reference applies to critical access hospitals, hospitals, home care, long term care, and office-based surgery only: (LS.01.01.01, EP 3; LS.01.02.01, EP 3)

The following cross-reference applies to ambulatory care and behavioral health care only: (LS.01.01.01, EP 3)

**Note 2:** This rule applies to hospice inpatient facilities only.
Applicable to laboratory only:

Proficiency Testing Monitoring Survey
A proficiency testing monitoring survey will be scheduled when one or more of the following conditions are met:

PTM01 The laboratory has either initial or subsequent unsuccessful proficiency test performance and a determination is made that an on-site evaluation is required to assess either the plan of action or the plan for reinstatement when applicable, following cessation of testing (voluntary or involuntary).

Evidence of Standards Compliance (ESC)
An ESC will be required when the following condition is met:

ESC01 [An organization] has one or more noncompliant standards scored not compliant at the time of a survey event.

On-site ESC Survey
An on-site ESC survey will be scheduled when the following condition is met:

ESC02 An on-site evaluation may be scheduled to validate compliance with the relevant standards in a written ESC.

Measure of Success (MOS)
An MOS for all applicable EP corrections will be required when the following condition is met:

MOS01 The [organization] has submitted a successful ESC for an EP that requires an MOS submission.

On-site MOS Survey
A four-month on-site MOS survey may be scheduled when the following condition is met:

MOS02 An on-site MOS evaluation rather than an MOS submission may be required to validate compliance with the relevant standards.

Preliminary Accreditation
Preliminary Accreditation will be recommended when the following condition is met:

PA01 The [organization] has demonstrated compliance with the selected standards used in the first survey conducted under the Early Survey Policy.

Applicable to ambulatory care, behavioral health care, critical access hospitals, hospitals, and home care only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full announced survey (except for deemed status purposes). A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Applicable to laboratory, long term care, and office-based surgery only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full announced survey. A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Accredited
Accreditation will be recommended when one or more of the following conditions are met:

A01 The [organization] is in compliance with all standards at the time of the on-site survey or has successfully addressed all RFIs in its first ESC submission and does not meet any rules for other accreditation decisions.

A02 The [organization], as a result of an on-site follow-up survey, meets all of the original RFIs.

Note: The [organization] must provide ESC for new RFIs that were not the subject of the follow-up survey which were identified as not compliant at the time of the follow-up survey. Should additional RFIs be identified, appropriate decision rules apply.

Applicable to ambulatory care only:

Primary Care Medical Home Option Certification
The following rule will be used for Joint Commission–accredited ambulatory care organizations that choose to achieve the Primary Care Medical Home option certification:

PCMH01 A Joint Commission–accredited ambulatory care organization that demonstrates systemic patterns and/or trends regarding noncompliant Primary Care Medical Home standards/EPs will not be certified as a Primary Care Medical Home until it has successfully addressed all RFIs in its ESC submission.

PCMH02 An ambulatory care organization surveyed for Primary Care Medical Home certification does not meet Joint Commission standards.
Continued from page 13

**APPLICABLE TO DISEASE-SPECIFIC CARE, HEALTH CARE STAFFING SERVICES, AND PALLIATIVE CARE**

**Effective January 1, 2013**

**Denial of Certification**

Denial of Certification will be recommended when one or more of the following conditions are met:

- **DC01** The [staffing firm/program] does not permit the performance of any review by The Joint Commission. (CPR 3, EP 1)

- **DC02** The [staffing firm/program] has failed to resolve a Certification with Follow-up Review or Contingent Certification status prior to withdrawing from the certification process.

- **DC03** The [staffing firm/program] has failed to submit payment for review fees or annual fees.

- **DC04** The [staffing firm/program] has repeatedly failed to submit an ESC and/or MOS or has failed to comply with elements of the intracycle evaluation.

**Preliminary Denial of Certification**

Preliminary Denial of Certification will be recommended when one or more of the following conditions are met:

- **PDC01** An Immediate Threat to Health or Safety exists for patients, staff, or the public [within the program/served by the staffing firm’s employees]. (CPR 15, EP 1)

- **PDC02** The [program’s patients/patients served by the staffing firm’s employees] have been placed at risk for a serious adverse outcome(s) due to significant and pervasive patterns, trends, and/or repeat findings.

- **PDC03** The [program’s patients/patients served by the staffing firm’s employees] have been placed at risk for a serious adverse outcome because either an individual who does not possess a license, registration, or certification is providing or has provided health care services in the organization that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.

- **PDC04** The [staffing firm/program] does not possess a license, certificate, and/or permit, [as or when] required by applicable law and regulation, to provide health care [staffing] services for which the organization is seeking certification.

- **PDC05** The Joint Commission is reasonably persuaded that the [staffing firm/program] submitted falsified documents or misrepresented information in seeking to achieve or retain certification. Information provided by a [staffing firm/program] and used by The Joint Commission for certification purposes must be accurate and truthful and may be received in the following ways:
  - Provided verbally, in writing, or electronically
  - Obtained through direct observation by, or in an interview with, or any other type of communication with a Joint Commission employee
  - Derived from documents supplied by the [program/staffing firm] to The Joint Commission including, but not limited to, its application for certification or its root cause analysis in response to a sentinel event
  - Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the intracycle evaluation process or the electronic application process.

If certification is denied following implementation of this rule, the [staffing firm/program] shall be prohibited from participating in the certification process for a period of one year unless the president of The Joint Commission, for good cause, waives all or a portion of this waiting period. (CPR 7, EP1)

- **PDC06** The [program/staffing firm] with a decision of Contingent Certification has failed to clear not compliant noncompliant standards as a result of the follow-up review.

**Contingent Certification**

Contingent Certification will be recommended when one or more of the following conditions are met:
### Certification with Follow-up Review

**Note:** The follow-up review could occur within 30 days or up to six months after the decision is rendered.

Certification with Follow-up Review will be recommended when one or more of the following conditions are met:

<table>
<thead>
<tr>
<th>CFR01</th>
<th>The [program/staffing firm] demonstrates systemic patterns, trends, and repeat findings primarily in the with direct impact standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFR02</td>
<td>The [program/staffing firm] fails to successfully address all RFIs in an ESC or MOS.</td>
</tr>
<tr>
<td>CFR03</td>
<td>At least two on-site ESC demonstrate the need for continued monitoring to assess whether the [program/staffing firm] sustains improvements.</td>
</tr>
<tr>
<td>CFR04</td>
<td>The [program/staffing firm], which has failed to resolve one or more of the original RFIs, may be scheduled for a second Certification with Follow-up Review.</td>
</tr>
<tr>
<td>CFR05</td>
<td>An individual who does not possess a license, registration, or certification is providing or has provided health care services to the [program’s patients/patients served by the staffing firm’s employees] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification. <strong>Note:</strong> Except as provided under rule PDC03.</td>
</tr>
</tbody>
</table>

| CFR06 | The [program/staffing firm] demonstrates systemic patterns, trends, and repeat findings with indirect impact standards. |

### Evidence of Standards Compliance (ESC)

An ESC will be required when the following condition is met:

| ESC01 | A [program/staffing firm] has one or more standards scored not compliant at the time of a review event. |

### On-site ESC Review

An on-site ESC review will be scheduled when the following condition is met:

| ESC02 | An on-site evaluation may be scheduled to validate compliance with the relevant standards in a written ESC. |

### Measure of Success (MOS)

An MOS for all applicable EP corrections will be required when the following condition is met:

| MOS01 | The [staffing/firm program] has submitted a successful ESC for an EP that requires an MOS submission. |

### On-site MOS Review

A four-month on-site MOS review may be scheduled when the following condition is met:

| MOS02 | An on-site MOS review rather than an MOS submission may be required to validate compliance with the relevant standards. |

### Certification

Certification will be recommended when one or more of the following conditions are met:

<table>
<thead>
<tr>
<th>CT01</th>
<th>The [program/staffing firm] is in compliance with all standards at the time of the on-site review or has successfully addressed all RFIs in its first ESC submission and does not meet any rules for other certification decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT02</td>
<td>The [program/staffing firm], as a result of a follow-up review, meets all of the original RFIs is compliant with the original review RFIs. <strong>Note:</strong> The [program/staffing firm] must provide ESC for new RFIs that were not the subject of the follow-up review, and which were identified as not compliant at the time of the follow-up review. Should additional RFIs be identified, appropriate decision rules apply.</td>
</tr>
<tr>
<td>CT03</td>
<td>The [program/staffing firm] shows sufficient evidence of continuing compliance with standards submitted at the time of the 12-month Intra-cycle Intracycle Evaluation Report.</td>
</tr>
</tbody>
</table>