Information and Resources for Your Critical Access Hospital
What is the eligibility for critical access hospital (CAH) accreditation?

A facility that meets the following criteria may be designated by the Centers for Medicare & Medicaid Services (CMS) as a critical access hospital:

- Is located in a state that has established with CMS a Medicare rural hospital flexibility program; and
- Has been designated by the state as a critical access hospital; and
- Is currently participating in Medicare as a rural public, non-profit or for-profit hospital; or was a participating hospital that ceased operation during the 10-year period from November 29, 1989 to November 29, 1999; or is a health clinic or health center that was downsized from a hospital; and
- Is located in a rural area or is treated as rural; and
- Is located more than a 35-mile drive from any other hospital or CAH (in mountainous terrain or in areas with only secondary roads available, the mileage criterion is 15 miles); and
- Maintains no more than 25 inpatient beds; and
- Maintains an annual average length of stay of 96 hours per patient for acute inpatient care; and
- Complies with all CAH Conditions of Participation, including the requirement to make available 24-hour emergency care services 7 days per week.

A CAH may also be granted “swing-bed” approval to provide post-hospital skilled nursing facility-level care in its inpatient beds.

In the case of hospice care, a hospice may contract with a CAH to provide the Medicare hospice hospital benefit. Reimbursement from Medicare is made to the hospice. The CAH may dedicate beds to the hospice, but the beds must be counted toward the 25-bed maximum. However, the hospice patient is not included in the calculation of the 96-hour annual average length of stay. The hospice patient can be admitted to the CAH for any care involved in their treatment plan or for respite care. The CAH negotiates reimbursement through an agreement with the hospice.

In addition to the 25 inpatient CAH beds, a CAH may also operate a psychiatric and/or a rehabilitation distinct part unit of up to 10 beds each. These units must comply with the Hospital Conditions of Participation.
Medicare certification

A critical access hospital that is seeking Medicare certification and is new to The Joint Commission must, at the time of survey, have:

- One active inpatient case
- 20 inpatient records
- Copy of license
- If you do not have a CMS certification number (CCN), you may provide a letter from the fiscal intermediary on CMS letterhead indicating that the Medicare application (855A) was reviewed and accepted.
- Letter notifying CMS and the State Department of Health that The Joint Commission is conducting your deemed status survey

Not seeking Medicare certification?

A hospital that is not seeking Medicare certification and is new to The Joint Commission must, at the time of survey, have:

- One active inpatient case
- 10 inpatient records

Laboratory Accreditation Component

Due to the fact that the laboratory services offered by a critical access hospital play an important role in providing patient care, The Joint Commission requires all non-waived CLIA certificates that are performing laboratory testing on-site to be accredited. This includes specialties provided through a contracted service (common examples are Anatomic Pathology and Blood Bank). Choosing Joint Commission accreditation for the laboratory builds upon the common foundations of process improvement, the environment of care, infection control and leadership that are already in place to meet the Joint Commission hospital requirements. A state inspection does not meet the requirement of accreditation and may result in a Joint Commission initial survey for the laboratory. Joint Commission Cooperative partners may also be used to meet the laboratory accreditation requirement.

Survey activity guide

Once you request an accreditation application for your critical access hospital, you will gain access through a secure log-in to the Joint Commission extranet site, “Joint Commission Connect™.” There you will find a Survey Activity Guide, which goes into great detail about the survey agenda and provides preparation for the on-site review. You’ll have access to document checklists, sample agendas and other useful guides and information.

What type of accreditation decisions are awarded?

The decision process for any organization undergoing Joint Commission accreditation for the first time results in one of two possible outcomes: Accredited or Denial of Accreditation.

Have a standards question?

The Standards Interpretation Group (SIG) is available to answer specific questions about standards and how they are interpreted. This is a no-cost service, simply use the online form at www.jointcommission.org/Standards/OnlineQuestionForm/.
The standards manual

The Joint Commission’s Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH) is the place to begin when preparing for accreditation. Even if you do not pursue accreditation right away, this is an excellent tool to help your organization become organized. The CAMH contains functional standards that are organized around the way care is provided. One security access to E-dition, an electronic version of the manual, is provided free of charge upon receipt of your accreditation deposit or can be provided earlier. The E-dition version of the manual provides a quick view of the standards and has filtering capabilities to help locate specific sections and standards quickly.

Early survey option for critical access hospital accreditation

Some organizations requesting a critical access hospital survey may not be quite ready for full evaluation and may prefer the early survey option. The early survey option allows a critical access hospital new to Joint Commission accreditation to enter the accreditation process in two stages. For a new organization, this makes it possible to set up the business operations on a foundation of compliance with administrative and organizational standards before the first patients are served. The early survey option is different than a normal, full survey in that it consists of two on-site visits.

The accreditation process begins...

The accreditation process begins when you submit your application. It is best to submit your application when you are confident your organization can demonstrate compliance with the accreditation requirements and applicable elements of performance by the time of your on-site survey date. You may request a ready date for survey within your application.

After The Joint Commission accepts an organization’s accreditation application and receives the deposit fee, both parties begin preparing for the on-site survey. A good way to begin is to review the accreditation requirements and conduct a self-assessment to see where improvements are needed, and then take measures to put new policies or processes in place as needed. Many organizations find it helpful to conduct “mock surveys” by using the self-assessment grid next to each element of performance in the standards manual.

The Joint Commission organizes a surveyor, or team of surveyors, to match an organization’s needs and unique characteristics. The length of the survey depends on the complexity and size of the organization. The on-site survey follows a tracer methodology, which follows a sample of patients through their experiences of care in the organization, to evaluate individual components of care and systems of care. The survey follows actual patient records through the facility and includes interviews with key personnel, observation of the organization’s administrative and clinical activity, assessment of the physical facilities and equipment and review of documentation.
Early survey option:

First survey

The first survey, which will be announced, can be conducted as early as two months before the hospital begins operations, provided it meets the following criteria:

• it is licensed or has a provisional license;
• the building in which patient care services will be provided is identified, constructed, and equipped to support such services;
• it has identified its chief executive officer or administrator, director of clinical or medical affairs, and nurse executive, if applicable; and
• it has identified the date it will begin operations.

The Joint Commission requires written evidence of these criteria within 30 days before conducting the first survey. The first survey is a limited survey, addressing physical plant policies and procedures, plans, and related structural considerations for patient care. Following this initial survey, assuming that the hospital can demonstrate compliance with the abbreviated set of standards, the organization receives limited, temporary accreditation.

Early survey option:

Second survey

The second survey under the early survey policy is an unannounced full accreditation survey. The Joint Commission conducts this survey approximately six months after the first survey or in a timeframe selected by the organization within four months of the acceptance of its first evidence of standards compliance (ESC) submission for hospitals seeking to meet CMS deemed status requirements.

Based on survey results, the accreditation decision then changes to either Accredited or Denial of Accreditation.

The effective date of the accreditation decision is the day after the second survey if the organization does not receive any Requirements for Improvements (RFIs). If the organization receives at least one RFI and therefore must submit an acceptable ESC report that resolves all RFIs, the effective date for preliminary accreditation is the date of the acceptable ESC submission. The organization’s accreditation cycle begins the day after the second survey was conducted, unless The Joint Commission reached a decision to deny accreditation. Submission of an acceptable ESC may be required based on the survey findings of the second survey.
The years in between surveys -- intracycle monitoring (ICM) process

The intracycle monitoring process helps accredited organizations maintain peak performance throughout the three-year cycle of accreditation. Facilitating this process is the ICM Profile – a comprehensive extranet workplace – that provides resources and tools to help identify risk points of standards compliance.

Also available:
- Focused Standards Assessment (FSA), which is an electronic self-assessment tool used to identify and correct performance areas not in compliance with the standards before the next on-site survey. At approximately 12 and 24 months after a triennial survey, an accredited organization is required to perform an FSA and submit any findings along with corrective actions to ensure continuous compliance.

Questions about the ICM process?
Email intracycle@jointcommission.org

Resurvey information

In the 18-36 month window between on-site surveys, The Joint Commission requires ongoing self-assessment and continuous improvement activities. As the accreditation process does not end when the on-site survey is completed, neither does the need for updates and changes to policies and procedures. Following are updates to specific procedures for the accreditation process. Accredited organizations undergoing future surveys are encouraged to read the next section to prepare for future changes, as well as continually study and improve their systems and operations as continuous compliance with the Joint Commission standards contributes directly to quality patient care.
Unannounced surveys

Organizations that have already completed their initial survey are surveyed on an unannounced basis. Organizations undergoing an unannounced survey should be aware of the following:

- Joint Commission surveys are unannounced and occur 18 to 36 months after the previous full survey.
- On the morning of an organization’s unannounced survey, your CEO and primary accreditation contact will receive an email containing:
  - Letter of introduction from The Joint Commission
  - Survey agenda
  - Biography and picture of surveyor(s) assigned
- The organization will not receive any communication from the surveyor prior to the survey.
- Accredited organizations will be able to identify up to 15 days each year in which an unannounced survey should be avoided. These 15 days should not include federal holidays but may include regional events in which it may be difficult to conduct a survey during a given period. The Joint Commission will make every effort to accommodate the organization regarding avoiding these 15 days. However, The Joint Commission reserves the right to 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 be reasonably accomplished.
- The organization is required to fulfill an Accreditation Participation Requirement (APR), which requires 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.

Fees and annual billing

The Joint Commission uses an annual subscription billing model which spreads the accreditation costs over a three year period. The accreditation fee is based on an on-site survey fee due after the on-site survey, plus an annual fee every year of the accreditation cycle. Annual fees will vary depending upon the size and complexity of an organization, as determined by the information submitted in the electronic application. Approximately 60 percent of the accreditation fees will be paid in the first year, with 20 percent each due the second and third year.

The annual fees, which are non-refundable, will be due from accredited organizations each January upon receipt of an invoice. Organizations seeking accreditation for the first time will have their first annual fee pro-rated, based upon when the organization’s application is processed. The Joint Commission is committed to “cost transparency” to help organizations plan and budget for their future investment in achieving accreditation. For more information about pricing, contact the Joint Commission’s pricing unit at (630) 792-5115 or via email at pricingunit@jointcommission.org.
Resources available for your critical access hospital

There are many complimentary resources available to help your organization before, during and after the survey process. Please view them often as they are there for your benefit and are frequently updated.

The Joint Commission website provides current Joint Commission news, standards information, helpful tips for publicizing your accreditation status, a listing of liability insurers that recognize Joint Commission accreditation and much more. www.jointcommission.org

Leading Practice Library™

The Leading Practice Library is a collection of real-life solutions that have been successfully implemented by organizations. Solutions address such areas as competency assessment documentation, instrument methodology change protocol and policies for communicating critical test results. How to access? Joint Commission Connect (extranet)

Portals: Physical Environment, HAI, High Reliability, Transitions of Care, and Emergency Management.

Online portals feature information on the physical environment, health care-associated infections, high reliability, transitions of care, and emergency management. These portals serve as a virtual repository of frequently requested information.

How to access?

Physical Environment Portal: www.jointcommission.org/topics/the_physical_environment.aspx
HAI portal: www.jointcommission.org/hai.aspx
High Reliability Portal: www.jointcommission.org/highreliability.aspx
Transitions of Care Portal: www.jointcommission.org/toc.aspx

Standards BoosterPaks™

These searchable documents provide detailed information about a particular standard or National Patient Safety Goal area, including evidence, rationale, references and frequently asked questions. Topics include environment of care, use of restraints, suicide risks and more. How to access? Joint Commission Connect (extranet)

Targeted Solutions Tool (TST)™ and the Joint Commission Center for Transforming Healthcare

The TST is an online tool that can help accurately measure your hospital’s performance in relation to complex quality and safety problems, identify barriers to high quality performance, and direct your team to proven solutions that are customized to address your organization’s specific barriers.

How to access?

TST - Joint Commission Connect (extranet)

Solutions: www.centerfortransforminghealthcare.org

We realize your organization may need more in-depth assistance and educational resources. Joint Commission Resources (JCR), is an affiliate of The Joint Commission and can provide resources such as educational programs, publications and other options.

www.jcrinc.com