Care, Treatment, and Services (CTS) Chapter

CTS.01.03.01
The organization develops a preliminary plan for care, treatment, or services, when needed.

Note: For child welfare agencies, this plan might include a safety plan.

CTS.02.01.03
The organization performs screenings and assessments as defined by the organization's policy.

Element(s) of Performance for CTS.02.01.03

5. When relevant to the individual's current care, treatment, or services, as determined by the organization, the organization gathers behavioral and physical health information from both inpatient and outpatient providers who have treated the individual. When it is not possible to obtain this information, the organization documents the reason why it could not be obtained.

5. When relevant to the individual's current care, treatment, or services, as determined by the organization, the organization gathers clinical/case information from both inpatient and outpatient providers who have treated the individual. When it is not possible to obtain this information, the organization documents the reason why it could not be obtained.

CTS.02.01.05

Key: ○ indicates that documentation is required; □ indicates an identified risk area;
For organizations providing care, treatment, or services in non-24-hour settings: The organization implements a written process requiring a physical health screening to determine the individual's need for a medical history and physical examination.

Note 1: This standard does not apply to foster care and therapeutic foster care. (See also CTS.02.04.01, EP 1)
Note 2: If the organization conducts a physical examination on all individuals served, it is in compliance with this standard.

For organizations providing care, treatment, or services in non-24-hour settings: The organization implements a written process requiring a physical health screening to determine the individual's need for a medical history and physical examination.

Note 1: This standard does not apply to traditional or treatment foster care. (See also CTS.02.04.01, EP 1)
Note 2: If the organization conducts a physical examination on all individuals served, it is in compliance with this standard.

CTS.02.01.06

For organizations providing residential care: The organization screens all individuals served to determine the individual's need for a medical history and physical examination.

Note 1: This standard does not apply to foster care, therapeutic foster care, and emergency shelters. (See CTS.02.04.01, EP 1)
Note 2: If the organization conducts a physical examination on all individuals served, it is in compliance with this standard.
Note 3: "Residential care" includes residential settings, group home settings, and 24-hour therapeutic schools.

For organizations providing residential care: The organization screens all individuals served to determine the individual’s need for a medical history and physical examination.

Note 1: This standard does not apply to traditional or treatment foster care or emergency shelters. (See CTS.02.04.01, EP 1)
Note 2: If the organization conducts a physical examination on all individuals served, it is in compliance with this standard.
Note 3: "Residential care" includes residential settings, group home settings, and 24-hour therapeutic schools.

CTS.02.01.07

The organization completes a physical health assessment, including a medical history and physical examination.

Note: This standard does not apply to foster care and therapeutic foster care. (Refer to CTS.02.04.01, EP 1 for more information)

The organization completes a physical health assessment, including a medical history and physical examination.

Note: This standard does not apply to traditional or treatment foster care. (Refer to CTS.02.04.01, EP 1 for more information)
CTS.02.02.01

The organization collects assessment data on each individual served.

Element(s) of Performance for CTS.02.02.01

1. As relevant to care, treatment, or services, the organization collects the following assessment data about each individual served:
   - Environment and living situation(s)
   - Leisure and recreational interests
   - Religion or spiritual orientation
   - Cultural preferences
   - Childhood history
   - Military service history, if applicable
   - Financial issues
   - Usual social, peer-group, and environmental setting(s)
   - Language preference and language(s) spoken
   - Ability to self-care
   - Family circumstances, including bereavement
   - Current and past trauma
   - Community resources accessed by the individual served

Note 1: Relevance to care, treatment, or services may be determined by the individual's presenting needs and the organization's scope of care, treatment, or services.

Note 2: For certain populations, early identification of community resources is important to care, treatment, or services. Such populations include individuals with severe mental illness or disabilities and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking, or retail stores). For youth or children in foster care or in-home services, resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.

Key: D indicates that documentation is required; R indicates an identified risk area;
1. As relevant to care, treatment, or services, the organization collects the following assessment data about each individual served:
   - Environment and living situation(s)
   - Leisure and recreational interests
   - Religion or spiritual orientation
   - Cultural preferences
   - Childhood history
   - Military service history, if applicable
   - Financial issues
   - Usual social, peer-group, and environmental setting(s)
   - Language preference and language(s) spoken
   - Ability to self-care
   - Family circumstances, including but not limited to, bereavement, divorce, or incarceration of a family member
   - Current and past trauma
   - Community resources accessed by the individual served

   Note 1: Relevance to care, treatment, or services may be determined by the individual's presenting needs and the organization's scope of care, treatment, or services.

   Note 2: For certain populations, early identification of community resources is important to care, treatment, or services. Such populations include individuals with severe mental illness or disabilities and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking, or retail stores). For youth or children in foster care or in-home services, resources might include community mental health centers, teen centers, YMCA/YWCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.

   **CTS.02.03.11**

   For organizations that provide eating disorders care, treatment, or services: The organization conducts additional assessments for individuals with eating disorders.

   **Element(s) of Performance for CTS.02.03.11**

   2. For organizations that provide eating disorders care, treatment, or services: The organization gathers behavioral and physical health information from both inpatient and outpatient providers by whom the individual has been treated, and/or other eating disorders treatment programs in which the individual has participated, if available.

   2. For organizations that provide eating disorders care, treatment, or services: The organization gathers clinical/case information from both inpatient and outpatient providers by whom the individual has been treated, and/or other eating disorders treatment programs in which the individual has participated, if available.

   **CTS.02.04.05**

   For foster and/or respite care: The agency assesses each prospective foster parent or respite caregiver to determine whether he or she is eligible to be a foster parent or respite caregiver.

   For child welfare: The agency assesses each prospective resource parent to determine his or her eligibility.

   Key: □ indicates that documentation is required; □ indicates an identified risk area;
Element(s) of Performance for CTS.02.04.05

9. **For foster and/or respite care:** The assessment of a prospective foster parent or respite caregiver establishes the following:
   - That the prospective foster parent or respite caregiver is free from any diseases or physical conditions that have been determined to be a detriment to the welfare of the individual in foster or respite care
   - That the prospective foster parent or respite caregiver has the ability to nurture and provide care and supervision to the individual in foster or respite care
   - That the prospective foster parent or respite caregiver demonstrates mental and emotional stability

9. **For child welfare:** The assessment of a prospective foster parent or respite caregiver establishes the following:
   - That the prospective foster parent or respite caregiver is free from any diseases or physical conditions that have been determined to be a detriment to the safety and well-being of the individual in foster or respite care
   - That the prospective foster parent or respite caregiver has the ability to nurture and provide care and supervision to the individual in foster or respite care
   - That the prospective foster parent or respite caregiver demonstrates mental and emotional stability

CTS.02.04.07

**For foster care of children and youth:** The agency assesses the needs of the family of origin.

**For child welfare:** The agency assesses the needs of the family of origin to promote family preservation and/or reunification.

Element(s) of Performance for CTS.02.04.07

1. **For foster care of children and youth:** The agency assesses the family of origin and determines the interventions necessary to keep the children or youth with their families or to reunify children and youth in foster care with their families.
   
   Note: Some of the necessary interventions may include help with communication and problem-solving, parenting skills, behavioral contingencies techniques and skills; daily living skills; housing; child care; health care; mental health care; substance abuse care; family therapy; and employment.

1. **For child welfare:** The agency assesses the family of origin and determines the interventions necessary to keep the children or youth with their families or to reunify children and youth in foster care with their families.
   
   Note: Some of the necessary interventions may include help with communication and problem-solving; parenting skills; behavioral management techniques and skills; daily living skills; housing; child care; health care; mental health care; substance use disorder care, treatment, or services; family counseling/therapy; employment; and case management or care coordination services to connect parents with needed resources.

CTS.02.04.11

Key: [X] indicates that documentation is required; [R] indicates an identified risk area;
For foster and/or respite care: The agency defines and uses criteria to determine the need for foster and/or respite care services.

For child welfare: The agency defines and uses criteria to determine the need for foster and/or respite care services.

**Element(s) of Performance for CTS.02.04.11**

3. **For foster and/or respite care:** At a minimum, criteria to determine the appropriateness of foster and/or respite care include the following:
   - Safety
   - The need for care for adults and care and protection for children and youth
   - Any need for intensive out-of-home care beyond foster and/or respite care
   - The inability of family or friends to care for the individual
   - The benefits to the individual of family-based care

3. **For child welfare:** At a minimum, criteria to determine the appropriateness of foster and/or respite care include the following:
   - Safety and well-being
   - The need for care for adults and care and protection for children and youth
   - Any need for intensive out-of-home care beyond foster and/or respite care
   - The inability of family of origin or friends to care for the individual
   - The benefits to the individual of family-based care

**CTS.02.04.15**

For foster and/or respite care: The agency develops and uses criteria to determine the number of individuals that can be placed in each foster and/or respite care home.

For child welfare: The agency develops and uses criteria to determine the number of individuals that can be placed in each foster and/or respite care home.

**Element(s) of Performance for CTS.02.04.15**
1. For foster and/or respite care: The agency develops and uses written criteria to determine the number of individuals in foster care that can be placed in each foster and/or respite care home.

Note: Criteria may include the following:
- The individual’s needs (emotional, developmental, psychological, behavioral, age-related, history of legal involvement, history of mental health needs, special restrictions, special physical care needs)
- Resources available to the foster parent and/or respite caregiver (education, respite)
- Support services (for example, extended family support, church support, community support)
- Anticipated length of placement
- Special-needs training for foster parents and/or respite caregivers
- Prior experience as a foster care and/or respite caregiver
- For children and youth, the number of biological children and number of siblings

1. For child welfare: The agency develops and uses written criteria to determine the number of individuals in foster care that can be placed in each foster and/or respite care home.

Note: Criteria may include the following:
- The individual’s needs (emotional, developmental, psychological, behavioral, age-related, history of legal involvement, history of mental health needs, special restrictions, special physical care needs)
- Resources available to the foster parent and/or respite caregiver (training, education, respite)
- Support services (for example, extended family support, church support, community support)
- Anticipated length of placement
- Special-needs training for foster parents and/or respite caregivers
- Prior experience as a foster parent and/or respite caregiver
- For children and youth, the number of biological children and number of siblings

**CTS.02.04.19**

For foster and/or respite care: The agency determines the competence of and how to select foster parents and/or respite caregivers.

**For child welfare:** The agency determines the competence of and how to select foster parents and/or respite caregivers.

**Element(s) of Performance for CTS.02.04.19**

4. For foster and/or respite care: When determining competence and selection of foster parents and/or respite caregivers, the agency uses criteria based on the applicant’s ability to care for individuals with special needs, such as physical or intellectual and developmental disabilities or emotional disturbances.

4. For child welfare: When determining competence and selection of foster parents and/or respite caregivers, the agency uses criteria based on the applicant’s ability to care for individuals with special needs, such as physical or intellectual and developmental disabilities or **behavioral and emotional concerns**.

**CTS.03.01.03**

The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.

**Element(s) of Performance for CTS.03.01.03**
2. The plan for care, treatment, or services includes the following:
- Goals that are expressed in a manner that captures the individual’s words or ideas
- Goals that build on the individual’s strengths
- Factors that support the transition to community integration when identified as a need during assessment
- The criteria and process for the individual’s expected successful transfer and/or discharge, which the organization discusses with the individual (For more information, refer to Standard CTS.06.02.01)

Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.

Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.

CTS.03.01.09

The organization assesses the outcomes of care, treatment, or services provided to the individual served.

Element(s) of Performance for CTS.03.01.09

1. The organization uses a standardized tool or instrument to monitor the individual’s progress in achieving his or her care, treatment, or service goals.

Note: Ideally, the tool or instrument monitors progress from the individual’s perspective. The tool or instrument may be focused on a population or diagnostic category (such as depression or anxiety), or the tool or instrument may have a more global focus such as general distress, functional status, quality of life (especially in regard to intellectual/developmental disabilities and other physical and/or sensory disabilities), well-being, or permanency (especially in regard to foster care).

Key: [D] indicates that documentation is required; [R] indicates an identified risk area;
CTS.05.04.05

For organizations that use individualized behavioral contingencies: Individualized behavioral contingencies are based on an assessment of the individual served and the target behavior.

**Element(s) of Performance for CTS.05.04.05**

7. For organizations that use individualized behavioral contingencies: The assessment of the effectiveness of the target behavior is ongoing.

7. For organizations that use individualized behavioral contingencies: The assessment of the effectiveness of the contingency on the target behavior is ongoing.

CTS.05.05.17

For organizations that use physical holding on a child or youth: The child or youth and staff participate in a debriefing about the physical holding episode.

**Element(s) of Performance for CTS.05.05.17**

3. For organizations that use physical holding on a child or youth: The debriefing about each episode of physical holding is used to do the following:
   - Identify what led to the incident and what could have been handled differently.
   - Ascertain that the physical well-being, psychological comfort, and right to privacy of the child or youth were addressed.
   - Assess the impact of the holding on the child’s or youth’s emotional functioning.
   - When indicated, modify the child’s or youth’s plan for care, treatment, or services.

3. For organizations that use physical holding on a child or youth: The debriefing about each episode of physical holding is used to do the following:
   - Identify what led to the incident and what could have been handled differently.
   - Ascertain that the physical well-being, psychological comfort, and right to privacy of the child or youth were addressed.
   - Assess the impact of the holding on the child’s or youth’s behavioral and emotional functioning.
   - When indicated, modify the child’s or youth’s plan for care, treatment, or services.

CTS.06.02.01

When an individual served is transferred or discharged, the continuity of care, treatment, or services is maintained.

**Element(s) of Performance for CTS.06.02.01**

Continuity of care, treatment, or services is maintained when an individual served is transferred or after discharge/termination of care, treatment, or services.

Key: D indicates that documentation is required; R indicates an identified risk area;
1. The organization has a process for addressing the continuity of care, treatment, or services after discharge or transfer that includes the following:
- The transfer of responsibility for care, treatment, or services for the individual served from one staff, organization, organizational program, or service to another
- The reason(s) for transfer or discharge when moving from one staff, organization, organizational program, or service to another
- Mechanisms for internal and external transfer
- Identification of the person who has accountability and responsibility for the safety of the individual served during an external transfer

Note: Transfer can be from one staff to another within the organization, to another program or service within the organization, or to an external organization/provider.

**CTS.06.02.03**

When an individual served is discharged or transferred, the organization bases the discharge or transfer on the assessed needs of the individual and the organization's capabilities.

When an individual served is transferred, discharged, or care, treatment, or services are terminated, the organization bases the decision on the assessed needs of the individual and the organization's capabilities.

**Element(s) of Performance for CTS.06.02.03**

3. Planning for transfer or discharge involves the individual served, his or her family, if applicable, and staff.
   Note: Family includes legal guardian and surrogate decision-maker (refer to the Glossary).

3. Planning for transfer, discharge, or termination of care, treatment, or services involves the individual served, his or her family, if applicable, and staff.
   Note: Family includes legal guardian and surrogate decision-maker (refer to the Glossary).

5. The organization discusses discharge and transfer plans, or changes in these plans, with the individual served and, with the individual's consent, his or her family. If the individual is a child or youth, the organization acts in accordance with law and regulation.

5. The organization discusses plans for transfer, discharge, or termination of care, treatment, or services, or changes in these plans, with the individual served and, with the individual's consent, his or her family. If the individual is a child or youth, the organization acts in accordance with law and regulation.
6. When the individual served is discharged, information provided to the individual and his or her family, if applicable, includes the following:
   - The reason he or she is being discharged
   - The anticipated need for continued care, treatment, or services after discharge
   Note: Continued care, treatment, or services includes, as needed, special education, adult day care, case management, home health services, hospice, long-term care, outpatient care, support groups, rehabilitation services, and community mental health services.

6. When the individual served is discharged or care, treatment, or services are terminated, information provided to the individual and, if applicable, his or her family includes the following:
   - The reason(s) he or she is being discharged or care, treatment, or services are being terminated
   - The anticipated need for continued care, treatment, or services after discharge or termination of care, treatment, or services
   Note: Continued care, treatment, or services includes, as needed, special education, adult day care, case management or care coordination, in-home services, outpatient care, foster care, family preservation services for children and youth, assertive community treatment for adults, support groups, recovery or resilience services, and community mental health services.

8. When indicated and before discharge, the organization arranges for or helps the family arrange for care, treatment, or services needed to meet the needs of the individual served after discharge.

8. When indicated and before discharge or termination of care, treatment, or services, the organization arranges for or helps the family arrange for care, treatment, or services needed to meet the needs of the individual served after discharge.

9. The organization provides the individual served and his or her family, if applicable, discharge instructions in a form the individual can understand. (See also RI.01.01.03, EP 1)

9. The organization provides the individual served and his or her family, if applicable, discharge or termination of care, treatment, or services instructions in a form the individual can understand. (See also RI.01.01.03, EP 1)

**CTS.06.02.05**

When individuals served are transferred or discharged, pertinent information related to care, treatment, or services provided is exchanged with other providers.

Pertinent information related to care, treatment, or services is exchanged with other providers when an individual served is transferred or discharged or care, treatment, or services are terminated.

**Element(s) of Performance for CTS.06.02.05**
2. The information shared includes the following:
   - The reason for transfer or discharge
   - Relevant biopsychosocial status at transfer or discharge
   - A summary of care, treatment, or services provided and progress made toward goals
   - Community resources or referrals provided to the individual served

2. The information shared includes the following:
   - The reason(s) for transfer, discharge, or termination of care, treatment, or services
   - Relevant biopsychosocial status at transfer, discharge, or termination of care, treatment, or services
   - A summary of care, treatment, or services provided and progress made toward goals
   - Community resources or referrals provided to the individual served

**CTS.06.03.01**

For organizations that provide care, treatment, or services to young adults with life transition needs: The organization assists young adults with their life transitions in accordance with their needs.

**Element(s) of Performance for CTS.06.03.01**

1. For organizations that provide care, treatment, or services to young adults with life transition needs: The organization addresses life transition needs of young adults.
   
   Note: An organization may address the needs for transition services through referral or discharge planning based on the organization's scope of care, treatment, or services.

1. For organizations that provide care, treatment, or services to young adults with life transition needs: The organization addresses life transition needs of young adults.
   
   Note: An organization may address the needs for transition services by planning for referral, discharge, or termination of care, treatment, or services based on the organization's scope of care, treatment, or services.

**CTS.07.01.01**

For organizations that provide prevention and wellness promotion services: The organization's prevention and wellness promotion services are planned.

**Element(s) of Performance for CTS.07.01.01**

4. For organizations that provide prevention and wellness promotion services: When the organization develops prevention and wellness promotion services, it determines whether evidence-based practices, promising or emerging practices, or expert consensus exist for the services it plans to provide. If such information does exist, the organization determines whether it will use it to develop its services.

4. For organizations that provide prevention and wellness promotion services: When the organization develops prevention and wellness promotion services, it determines whether evidence-based practices or expert consensus exist for the services it plans to provide. If such information does exist, the organization determines whether it will use it to develop its services.

Environment of Care (EC) Chapter

**Key:** ☐ indicates that documentation is required; ☐ ☐ indicates an identified risk area;
EC.02.01.01

The organization manages safety and security risks.

**Element(s) of Performance for EC.02.01.01**

5. The organization maintains all grounds and equipment.

5. The organization maintains all grounds and equipment.

Note: Equipment includes vehicles for transporting individuals served.

EC.02.01.03

The organization prohibits smoking except in specific circumstances.

**Element(s) of Performance for EC.02.01.03**

3. If the organization decides that certain adult individuals served may smoke in 24-hour-care buildings, qualified staff develops written criteria identifying the circumstances under which those individuals may smoke.

3. If the organization decides that certain adult individuals served may smoke in 24-hour-care buildings, qualified staff develops written criteria identifying the circumstances under which those individuals may smoke.

EC.02.01.05

For foster care: The agency places individuals in foster care in physically safe environments.

Note: This standard applies to foster care agencies that make placement decisions.

**Element(s) of Performance for EC.02.01.05**

5. For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from firearms in the home.

5. For foster care: The foster care agency uses defined criteria to assess the following aspects of safety in the foster care home: Minimizing the risk of injury from firearms or other weapons in the home.

7. For foster care: The foster care agency verifies that fire protection equipment (for example, smoke detectors, portable fire extinguishers) is inspected, tested, and maintained in a time frame determined by the organization.

7. For foster care: The foster care agency verifies that fire protection equipment (for example, smoke detectors, portable fire extinguishers) is inspected, tested, and maintained in a time frame determined by the agency.
8. **For foster care**: The foster care agency verifies that emergency procedures for responding to fire are in place.

8. **For child welfare**: The foster care agency verifies that emergency procedures for responding to fire are in place.  
*Note: Emergency procedures may include use of a portable fire extinguisher and evacuation planning.*

**EC.02.05.03**

The organization has a reliable emergency electrical power source.

**Element(s) of Performance for EC.02.05.03**

13. When elevators exist in 24-hour-care settings, the organization has a method for safely evacuating nonambulatory individuals when power is lost.  
*Note: Acceptable solutions include providing elevators with emergency power or using evacuation techniques such as carrying.*

13. When elevators **are** in 24-hour-care settings, the organization has a method for safely evacuating nonambulatory individuals when power is lost.  
*Note: Acceptable solutions include providing elevators with emergency power or using evacuation techniques such as carrying.*

14. The organization implements a policy to provide emergency backup for essential medication dispensing equipment identified by the organization, such as automatic dispensing cabinets, medication carousels, and central medication robots.  
*Note: Examples of emergency backup can include emergency power, battery-based indoor generators, or other actions describing how dispensing and administration of medications will continue when emergency backup is needed.*

14. **For organizations that operate a pharmacy**: The organization implements a policy to provide emergency backup for essential medication dispensing equipment identified by the organization, such as automatic dispensing cabinets, medication carousels, and central medication robots.  
*Note: Examples of emergency backup can include emergency power, battery-based indoor generators, or other actions describing how dispensing and administration of medications will continue when emergency backup is needed.*

**Human Resources Management (HRM) Chapter**

**HRM.01.06.07**

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

**Element(s) of Performance for HRM.01.06.07**

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**Key:**  
- **D** indicates that documentation is required;  
- **R** indicates an identified risk area;  

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Infection Prevention and Control (IC) Chapter

**IC.01.06.01**

The organization prepares to respond to an increased number of infectious individuals.

**Element(s) of Performance for IC.01.06.01**

1. The organization obtains current clinical and epidemiological information from its resources regarding new infections that could cause an increased number of infectious individuals. Note: Some behavioral health care organizations may experience an increase in infections among the individuals currently served, including individuals who come from outside the immediate geographic area.

2. The organization obtains current clinical and epidemiological information from its resources regarding new infections that could cause an increased number of infectious individuals. Note: Some organizations may experience an increase in infections among the individuals currently served, including individuals who come from outside the immediate geographic area.

Information Management (IM) Chapter

**IM.02.01.01**

The organization protects the privacy of health information.

The organization protects the privacy of clinical/case information.

**Element(s) of Performance for IM.02.01.01**

1. The organization follows a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)

2. The organization follows a written policy addressing the privacy of an individual’s clinical/case information. (See also RI.01.01.01, EP 7)

3. The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)

4. The organization uses an individual's clinical/case information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)

**Key:** 
- D indicates that documentation is required; 
- R indicates an identified risk area.
4. The organization discloses health information only as authorized by the individual served or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
   Note: For opioid treatment programs: Patients in addiction treatment programs and opioid treatment programs have the right to confidentiality in accordance with federal regulations (42 CFR).

4. The organization discloses an individual’s clinical/case information only as authorized by the individual served or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
   Note: For opioid treatment programs: Patients in addiction treatment programs and opioid treatment programs have the right to confidentiality in accordance with federal regulations (42 CFR).

IM.02.01.03

The organization maintains the security and integrity of health information.

The organization maintains the security and integrity of an individual’s clinical/case information.

Element(s) of Performance for IM.02.01.03

1. The organization follows a written policy that addresses the security of health information, including access, use, and disclosure.

2. The organization implements a written policy addressing the following:
   - The integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction
   - The intentional destruction of health information
   - When and by whom the removal of health information is permitted
   Note: Removal refers to those actions that place health information outside the organization's control.

2. The organization implements a written policy addressing the following:
   - The integrity of clinical/case information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction
   - The intentional destruction of clinical/case information
   - When and by whom the removal of clinical/case information is permitted
   Note: Removal refers to those actions that place clinical/case information outside the organization's control.

5. The organization protects against unauthorized access, use, and disclosure of health information.

5. The organization protects against unauthorized access, use, and disclosure of clinical/case information.

6. The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.

6. The organization protects clinical/case information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.

Key: D indicates that documentation is required; R indicates an identified risk area;
7. The organization controls the intentional destruction of health information.

7. The organization controls the intentional destruction of clinical/case information.

**IM.02.02.01**

The organization effectively manages the collection of health information.

The organization effectively manages the collection of clinical/case information.

**IM.02.02.03**

The organization retrieves, disseminates, and transmits health information in useful formats.

The organization retrieves, disseminates, and transmits clinical/case information in useful formats.

**Element(s) of Performance for IM.02.02.03**

2. The organization's storage and retrieval systems make health information accessible when needed for care, treatment, or services of the individual served.

2. The organization's storage and retrieval systems make clinical/case information accessible when needed for care, treatment, or services of the individual served.

**Leadership (LD) Chapter**

**LD.01.07.01**

Leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.

Leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.

*Note: Knowledge includes evidence-based and leading practices (including trauma-informed, recovery, and resilience practices) related to the care, treatment, or services provided by the organization.*

**Element(s) of Performance for LD.01.07.01**
2. Leaders are oriented to all of the following:
   - The organization’s mission and vision
   - The organization’s safety and quality goals
   - The organization’s structure and the decision-making process
   - The development of the budget as well as the interpretation of the organization’s financial statements
   - The population(s) served by the organization and any issues related to that population(s)
   - The separate and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care
   - Applicable law and regulation

LD.02.03.01

Leaders regularly communicate with each other on issues of safety and quality.

Element(s) of Performance for LD.02.03.01

1. Leaders discuss issues that affect the organization and the population(s) it serves, including the following:
   - Performance improvement activities
   - Reported safety and quality issues
   - Proposed solutions and their impact on the organization’s resources
   - Reports on key quality measures and safety indicators
   - Safety and quality issues specific to the population served
   - Input from the population(s) served

LD.03.05.01

Leaders manage change to improve the performance of the organization.

Element(s) of Performance for LD.03.05.01

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
2. Structures for managing change and performance improvement do the following:
   - Foster the safety of the patient and the quality of care, treatment, or services
   - Support a culture of safety and quality
   - Adapt to changes in the environment

2. Structures for managing change and performance improvement do the following:
   - Foster the safety of the individual and the quality of care, treatment, or services provided
   - Support a culture of safety and quality
   - Adapt to changes in the environment

LD.03.07.01

Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

**Element(s) of Performance for LD.03.07.01**

2. As part of performance improvement, leaders do the following:
   - Set priorities for performance improvement activities and patient health outcomes (See also Pl.01.01.01, EPs 1 and 2)
   - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities (See also Pl.01.01.01, EPs 12, 13, and 20)
   - Reprioritize performance improvement activities in response to changes in the internal or external environment

Note 1: For child welfare agencies, patient health outcomes for children and youth might include placement in permanent family homes, long-term functional outcomes, contact with family members, parent satisfaction, child and youth satisfaction, and foster parent satisfaction.

Note 2: For child welfare agencies, examples of high-volume, high-risk, or problem-prone processes include multiple placements (placement instability), elopement/runaway, and aggressive/violent behaviors.

(See also CTS.03.01.09, EP 3; Pl.01.01.01, EPs 1, 2, 12, 13, 20)

LD.03.08.01

New or modified services or processes are well designed.

**Element(s) of Performance for LD.03.08.01**
1. The organization's design of new or modified services or processes incorporates the following:
   - The needs of the individuals served, staff, and others
   - The results of performance improvement activities
   - Information about potential risks to individuals served (See also LD.03.09.01, EPs 3 and 8)
   - Evidence-based information in the decision-making process
   - Information about sentinel events

   Note 1: A proactive risk assessment is one of several ways to assess potential risks to individuals served. For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter.
   Note 2: Evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards.

LD.03.09.01
The organization has an organizationwide, integrated safety program for individuals served.

Element(s) of Performance for LD.03.09.01

6. The leaders make support systems available for staff who have been involved in an adverse or sentinel event.

   Note: Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved persons.

6. The leaders make support systems available for staff who have been involved in an adverse or sentinel event.

   Note: Support systems recognize that staff who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved staff.
9. The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation.

9. The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide care, treatment or services related to the specific situation.

LD.04.01.01

The organization complies with law and regulation.

**Element(s) of Performance for LD.04.01.01**

2. The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

2. The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

*Note: For child welfare agencies, this may also include contractual agreements with county or state authorities.*

3. Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

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LD.04.01.09

Policies and procedures guide the provision of program services and define the goals and scope of services offered.

**Element(s) of Performance for LD.04.01.09**

Key: ☐ indicates that documentation is required; ☐ ☐ indicates an identified risk area;
13. **For foster care:** The agency develops specific written policies and procedures on the following:
- Reporting and handling of physical, mental, and sexual abuse
- Receiving and responding to comments, questions, or complaints from the family of origin, the individual served, and the foster parents
- Removing an individual from the foster home if there is suspicion that he or she is in danger
- Actions to take in the event of the closure of foster homes, whether voluntary or by termination orders

13. **For child welfare:** The agency develops specific written policies and procedures on the following:
- Reporting and handling of physical, verbal, emotional, and sexual abuse
- Receiving and responding to comments, questions, or complaints from the family of origin, the individual served, and the foster parents
- Removing an individual from the foster home if there is suspicion that he or she is in danger
- Actions to take in the event of the closure of a foster home(s), whether voluntary or by termination orders

Performance Improvement (PI) Chapter

**PI.01.01.01**

The organization collects data to monitor its performance.

**Element(s) of Performance for PI.01.01.01**

14. The organization collects data on the following:
- Whether the individual served was asked about treatment goals and needs
- Whether the individual served was asked if his or her treatment goals and needs were met
- The view of the individual served regarding how the organization can improve the safety of the care, treatment, or services provided
  (See also RI.01.01.01, EP 17, for opioid treatment programs)

14. The organization collects data on the following:
- Whether the individual served was asked about treatment goals and needs
- Whether the individual served was asked if his or her treatment goals and needs were met
- The view of the individual served regarding how the organization can improve the safety of the care, treatment, or services provided
  (See also RI.01.01.01, EP 17, for opioid treatment programs)

**Note:** Collecting data from the individual served supports the concepts of being focused on trauma-informed care, recovery, and resilience and is a significant data source for organization performance improvement.

Key: 📄 indicates that documentation is required; 💥 indicates an identified risk area;
20. The organization collects data to measure the performance of high-risk, high-volume, problem-prone processes provided to high-risk or vulnerable populations, as defined by the organization. (See also LD.03.07.01, EP 2)

Note: Examples of such processes include the use of restraints, seclusion, suicide watch, and behavior management and treatment.

20. The organization collects data to measure the performance of high-risk, high-volume, problem-prone processes provided to high-risk or vulnerable populations, as defined by the organization. (See also LD.03.07.01, EP 2)

Note 1: Examples of such processes include the use of restraints, seclusion, suicide watch, and behavior management and treatment.

Note 2: For child welfare agencies, examples of high-risk, high-volume, or problem-prone populations include individuals with a history of multiple placements (that is, placement instability), elopements, or aggressive/violent behaviors.

Record of Care, Treatment, and Services (RC) Chapter

**RC.01.01.01**

The organization maintains complete and accurate clinical/case records.

**Element(s) of Performance for RC.01.01.01**

5. The clinical/case record includes the following:
   - Information needed to support the diagnosis or condition of the individual served
   - Information needed to justify the care, treatment, or services provided to the individual served
   - Information that documents the course and result of the care, treatment, or services provided to the individual served
   - Information about the care, treatment, or services provided to the individual served that promotes continuity of care among providers

5. The clinical/case record includes the following:
   - Information needed to support the diagnosis or condition of the individual served
   - Information needed to justify the care, treatment, or services provided to the individual served
   - Information that documents the course and result of the care, treatment, or services provided to the individual served
   - Information about the care, treatment, or services provided to the individual served that promotes continuity of care among providers

**RC.02.01.01**

The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.

**Element(s) of Performance for RC.02.01.01**

Key: □ indicates that documentation is required; ▪ indicates an identified risk area;
2. The clinical/case record of the individual served contains the following information:

- The reason(s) for admission for care, treatment, or services
- The initial diagnosis, diagnostic impression(s), or condition(s)
- Any findings of assessments and reassessments
- Any allergies to food
- Any allergies to medications
- Any conclusions or impressions drawn from the medical history and physical examination
- Any diagnoses or conditions established during the course of care, treatment, or services
- Any consultation reports
- Any observations relevant to care, treatment, or services
- The response to care, treatment, or services
- Any emergency care, treatment, or services provided prior to arrival
- Any progress notes
- Any medications ordered or prescribed
- Any medications administered, including the strength, dose, route, date and time of administration
- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)
- Any adverse drug reactions
- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services
- Orders for diagnostic and therapeutic tests and procedures and their results

2. The clinical/case record of the individual served contains the following information:

- The reason(s) for admission or initiation of care, treatment, or services
- The initial diagnosis, diagnostic impression(s), condition(s), or circumstances requiring care or services
- Any findings of assessments and reassessments
- Any allergies to food
- Any allergies to medications
- Any conclusions or impressions drawn from the medical history and physical examination
- Any diagnoses or conditions established during the course of care, treatment, or services
- Any consultation reports
- Any observations relevant to care, treatment, or services
- The response to care, treatment, or services
- Any emergency care, treatment, or services provided prior to arrival
- Any progress notes
- Any medications ordered or prescribed
- Any medications administered, including the strength, dose, route, date and time of administration
- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)
- Any adverse drug reactions
- Care, treatment, or service goals
- Plan of care and revisions to the plan of care, treatment, or services
- Orders for diagnostic and therapeutic tests and procedures and their results
25. For organizations that elect The Joint Commission Behavioral Health Home option: The clinical/case record of the individual served contains the following behavioral and physical health information:
- All behavioral and physical health diagnoses and conditions that have required care, treatment, or services
- All hospital admissions
- All hospital readmissions
- All urgent care and emergency department visits
(Refer to RC.02.01.01, EP 2)

RC.02.04.01

The clinical/case record of the individual served contains discharge information.

Element(s) of Performance for RC.02.04.01
3. The clinical/case record contains the following:
- A concise discharge summary that includes the reason for acceptance for care, treatment, or services
- The care, treatment, or services provided
- The condition at discharge of the individual served
- Information provided to the individual served and his or her family (for example, written discharge instructions; medication regimen; follow-up care)

Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.

Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

Rights and Responsibilities of the Individual (RI) Chapter

RI.01.01.01

The organization respects the rights of the individual served.

Element(s) of Performance for RI.01.01.01

7. The organization respects the right of the individual served to privacy. (See also IM.02.01.01, EPs 1, 3, and 4)

Note: This element of performance (EP) addresses the personal privacy of the individual served. For EPs addressing security and safety, see EC.02.01.01, EP 3 and EC.02.06.01, EP 1. For EPs addressing the privacy of health information, refer to Standard IM.02.01.01.

7. The organization respects the right of the individual served to privacy. (See also IM.02.01.01, EPs 1, 3, and 4)

Note: This element of performance (EP) addresses the personal privacy of the individual served. For EPs addressing security and safety, see EC.02.01.01, EP 3 and EC.02.06.01, EP 1. For EPs addressing the privacy of clinical/case information, refer to Standard IM.02.01.01.
10. In accordance with law and regulation, the organization allows the individual served to access and request amendment to his or her health information and to obtain information on disclosures of this information.

10. In accordance with law and regulation, the organization allows the individual served to access and request amendment to his or her clinical/case information and to obtain information on disclosures of this information.