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

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOME CARE ACCREDITATION PROGRAM
Effective July 1, 2021

Accreditation Participation Requirements (APR) Chapter

APR.01.03.01

The organization reports any changes in the information provided in the application for accreditation and any changes made between surveys.

Element(s) of Performance for APR.01.03.01
1. The organization notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.

Note 1: When the organization changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the organization again. If the organization does not provide written notification to The Joint Commission within 30 days of these changes, the organization could lose its accreditation.

Note 2: The hospice, home health agency, or DMEPOS supplier is also required to disclose to the Centers for Medicare & Medicaid Services or the Medicare administrative contractor or fiscal intermediary, the names and addresses of its owners, those with a controlling interest in the organization, or any subcontractor in which the organization directly or indirectly has a 5% or more ownership interest. The home health agency must also disclose the name and business address of the corporation, association, or other company that is responsible for the management of the home health agency, and the names and addresses of the chief executive officer and the chairperson of the board of directors of that corporation, association, or other company responsible for the management of the home health agency.

Note 3: For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The organization reports any changes in the information provided in the application for certification and any changes made between surveys.

APR.03.01.01

The organization fulfills requirements for Focused Standards Assessment.

Element(s) of Performance for APR.03.01.01

Key: ☐ indicates that documentation is required; ☑ indicates an identified risk area;
1. The organization, at 12 and 24 months after its full triennial survey, updates and submits to The Joint Commission the full Focused Standards Assessment (FSA) and its Plan of Action on any recommendations cited. (Refer also to the “Focused Standards Assessment (FSA)” section in “The Accreditation Process” [ACC] chapter.)

   Note 1: For organizations that select Options 1, 2, or 3, the requirement to transmit the FSA and its Plan of Action to The Joint Commission may not apply in part or in whole.

   Note 2: Neither the full FSA nor FSA Options 1, 2, or 3 are due in the year of the organization’s triennial survey.

3. The organization exercising Option 1, 2, or 3 for the Focused Standards Assessment (FSA) attests at 12 and 24 months after its full triennial survey that the organization has decided not to participate in the submission of the full FSA.

   Note: Neither the full FSA nor FSA Options 1, 2, or 3 are due in the year of the organization’s triennial survey.

4. The organization exercising Option 1 for the Focused Standards Assessment (FSA) completes an FSA and Plan of Action.

   Note: The organization does not submit this information to The Joint Commission.

6. The organization exercising Option 2 for the Focused Standards Assessment agrees to undergo a limited survey and then submit a Plan of Action for recommendations cited as a result of the survey.

7. The organization exercising Option 3 for the Focused Standards Assessment agrees to undergo a limited survey.

   Note: The organization does not receive a written report after the survey.

**APR.06.01.01**

Applicants and accredited organizations do not use Joint Commission employees to provide accreditation-related consulting services.

**Element(s) of Performance for APR.06.01.01**

1. The organization does not use Joint Commission employees to provide any accreditation-related or certification-related consulting services.

   Note: Consulting services include, but are not limited to, the following:

   - Helping the organization to meet Joint Commission standards
   - Helping the organization to meet Joint Commission Community-Based Palliative Care certification standards
   - Helping the organization to complete its Focused Standards Assessment (FSA)
   - Assisting the organization in remediating areas identified in its FSA as needing improvement
   - Conducting mock surveys

   Key: D indicates that documentation is required; R indicates an identified risk area.
The organization provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety,” also known as “Immediate Threat to Life” or ITL situation.

**Element(s) of Performance for APR.09.04.01**

1. The organization provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety,” also known as “Immediate Threat to Life” or ITL situation.

1. The organization provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety.”