

Regulator Visit Overload Solutions

How to Leverage
National
Accrediting
Organizations

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So, Who Are You?

Workloads

Distances covered

Types of programs
and services
regulated

Budget trends for
the past ten years

What are the
biggest challenges
(turnover, training,
legal exposure,
budget,)

Agenda



- About Accreditation
- The Value & Benefit of State Reliance & Recognition
- Real Time Findings – Path to Achieving Compliance

Joint Commission

The Gold Seal of Approval™ means an agency has reached for and achieved the highest level of performance recognition available in the field.



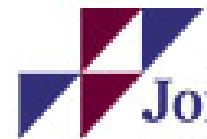
Four Entities – One Vision



The Joint Commission



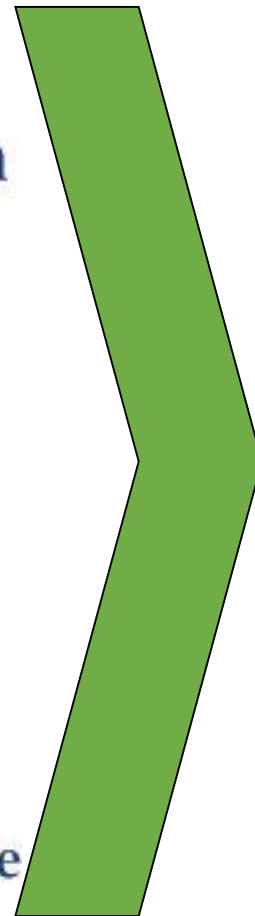
Joint Commission
International



Joint Commission
Resources



Joint Commission Center
for Transforming Healthcare



All people always
experience the
SAFEST,
HIGHEST QUALITY,
BEST-VALUE
health care across
all settings.



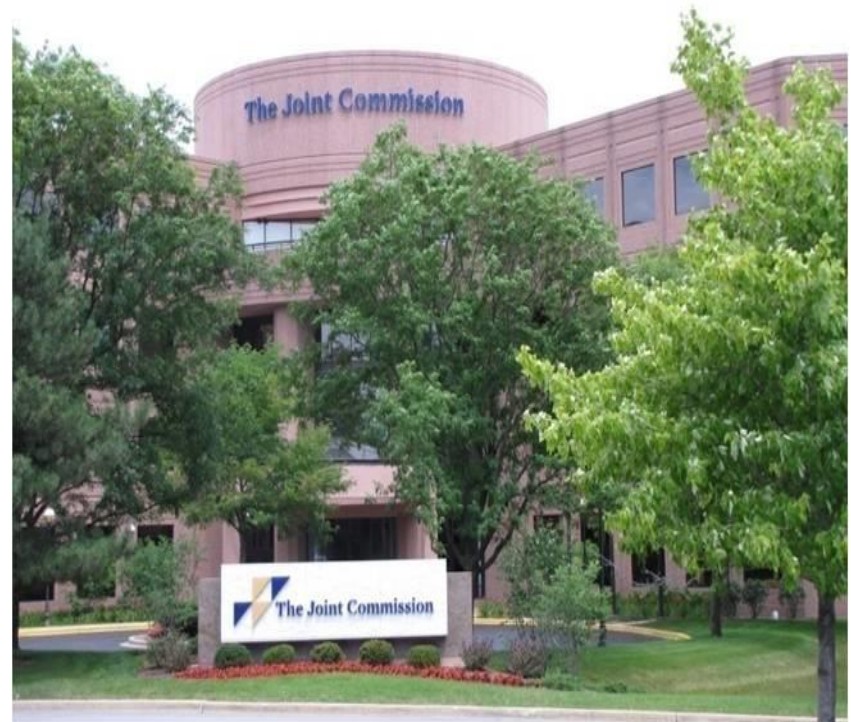
The Joint Commission



The Joint Commission: Higher Standard of Care Across the Continuum



- Behavioral Health Care
- Psychiatric Hospital
- Hospital
- Home Care
- Ambulatory
- Nursing Care Center
- Laboratory Services
- Other



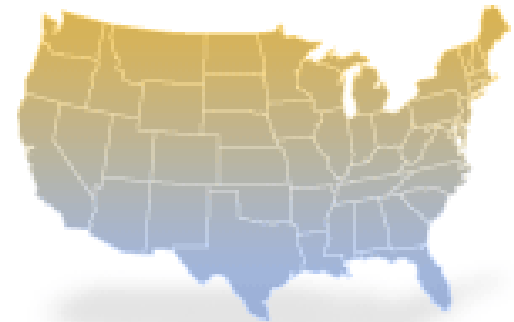
Over 21,000 organizations accredited and/or Certified



The Joint Commission Accreditation Program National and State Recognitions

- Federally deemed by SAMHSA as an approved provider of opioid treatment program accreditation
- Approved accreditation provider for state requirements or regulatory relief by 212 distinct administrative agencies within 50 states and the District of Columbia

State Recognition



Find which states recognize
Joint Commission
Accreditation/Certification

What is Accreditation

- Accreditation is the process of inviting outside experts to conduct a review of an agency to **validate** and **improve** the **safety** and **quality** of care, treatment and services.





What Makes The Joint Commission Stand Out?

- Reputation/Recognition
- High Touch/High Tech
- Surveyor Cadre
- Tracer Methodology
- SAFER Matrix
- Transparency



What Makes The Joint Commission Stand Out?

- Guidance for Good Practices
- Feels Like a Partnership
- Compliance First Day of Survey
- Equal Standing with Physical Health Care Providers
- Accreditation of Entire Agency (not individual programs/services)

Programs, Services & Settings

- Addictions treatment
- Case management agencies
- Child Welfare services
- Community mental health centers
- Corrections
- Crisis stabilization
- Day programs
- Eating disorders treatment
- Family preservation/wraparound
- Forensics services
- Foster care/therapeutic foster care
- In-home/community support
- Inpatient
- Intensive outpatient/partial hospitalization programs
- Medication-assisted opioid treatment
- Outdoor/wilderness programs
- Outpatient programs
- Primary physical health care services
- Prevention services
- Residential/group homes
- Technology-based services
- Therapeutic day or 24-hour schools
- Transitional/supervised living
- Vocational rehabilitation
- Psychiatric Hospital



Path to Joint Commission Accreditation

- Learn more about working with us
- Review the requirements
- Assess readiness
- Apply for accreditation
- Address any identified gap areas
- Prepare for on-site survey
- Participate in agency's first Joint Commission survey
- Complete and post survey follow-up
- Maintain survey readiness

The Joint Commission Behavioral Health Care Accreditation Requirements

- Care, Treatment, Services
- Emergency Management
- Environment of Care
- Human Resources Management
- Infection Control
- Information Management
- Leadership
- Medication Management
- National Safety Goals
- Performance Improvement
- Record of Care, Treatment, & Services
- Rights of the Individual
- Waived Testing
- Sentinel Event Policy



Applicability Process: Common/Core Accreditation Requirements



Common/Core = accreditation requirements that apply to all applicants



Additional Requirements Based on Special Populations, Specific Settings, Specific Services



Agency is expected to demonstrate full compliance during on-site survey, or



Agency is expected to take **corrective** action(s) to come into compliance, and



Submit a post-survey written report describing action(s) taken

Assistance and Resources



- Business Development staff
- Operations Account Executive
- Standards Interpretation Group
- Joint Commission Engineers
- Monthly Webinars
- BHC Annual Conference
- Workshops
- Periodicals
- Electronic Preparation Tools
- ICM FSA Tool
- TST
- Leading Practice Library
- Other



The Joint Commission Surveyor Cadre

- Experienced behavioral health care professionals
- Licensed clinicians
- Trained, mentored, and monitored to deliver consistently valuable surveys
- Trained to be culturally sensitive to diversity
- Diverse cadre
- Each surveyor surveys 12-15 times per year
- Average length of service is 11 years
- Surveying is a skill set that needs to be exercised
- Surveyors share good practices
- Surveyors help organizations in their commitment to provide safe and high quality care, treatment and services

The Initial On-Site Survey

At **least 30 days**
notice is provided
prior to the actual
initial, on-site survey
date once it is
scheduled



After The Survey

- 60 days to resolve any non-compliance areas found
- Work with a Joint Commission operations account executive
- Seek advice
 - ***Account Executive***
 - ***Standards Interpretation Group***
- Final Accreditation Decision posted upon resolution of non-compliance areas

After the Initial On-site Survey

The Survey Process After Accreditation:

- Triennial Survey: 18–36 months after last full survey
- Unannounced, except for 7-day notice for:
 - Correction Settings
 - “Smaller” Settings (Average daily census < 100)*
 - Outpatient and Day Programs*

**** No exception if program is operated as a component of a hospital***



Agenda



- About Accreditation
- The Value & Benefit of State Reliance & Recognition
- Real Time Findings – Path to Achieving Compliance



Recognition vs. Reliance

Recognition and reliance refers to the acceptance of, requirement for, or other reference to the use of Joint Commission accreditation, in whole or in part, by one or more governmental agencies in exercising regulatory authority.

Recognition and reliance may include use of accreditation for licensing, certification or contracting purposes by various state agencies.

Value and Benefits of Accreditation Recognition/Reliance to the Regulatory Agency



Allows
Agency to
Focus Limited
Resources
On:

- Complaint
Surveys
- New
Providers



Agency
Receives
Timely
Information
on Adverse
Accreditation
Decisions and
Immediate
Threats to
Health and
Safety



Agency can
receive notice
of survey
dates and
serious
complaints to
improve
coordination

Value and Benefits of Accreditation Recognition/Reliance to the Provider



Reduces the overall number of on-site surveys (may satisfy both federal and state requirements)



Survey provides education and sharing of best practices



Requirements updated as the industry defines new practices and technology



Developing Recognition/Reliance

Typical engagement includes:

- State agency expresses desire to rely
- Meeting occurs to review accreditation process
- Crosswalk of standards to regulations
- If gaps are identified, addendum can be used
- MOU developed if there are expectations beyond routine accreditation process

If state is looking to require accreditation as a condition of licensure, Early Survey Process used

Customized Support Available

- Initial Crosswalk and Ongoing Support
- Notification of changes to standards/survey process
- Accreditation Certificates
- Quality Check
- Survey Addendum
- Other

Sample Crosswalk



Minnesota Behavioral Health Home Services

Minnesota Behavioral Health Home Services to 2019 Joint Commission Behavioral Health Care Standards & EPs

Number	Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
1.A-C	Provider Standards 1. Population A. If you intend to provide BHH services to adults with serious mental illness (SMI) or serious and persistent mental illness (SPMI), you must have the ability to serve and meet the needs of adults with mental health conditions. B. If you intend to provide BHH services to youth (14–25 years old) with emotional disturbance (ED) or severe emotional disturbance (SED), you must have the ability to serve and meet the needs of youth with mental health conditions. C. If you intend to provide BHH services to children (0–13 years old) with ED or SED, you must have the ability to serve and meet the needs of children with mental health conditions.	CTS.01.01.01	The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet. Note 1: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's program sponsor may place the individual in interim maintenance treatment. Note 2: For opioid treatment programs: There may be individuals in special populations who have a history of opioid use but are not currently physiologically dependent. Federal regulations waive the one-year history of addiction for these special populations, because these individuals are susceptible to relapse to opioid addiction, leading to high-risk behaviors with potentially life-threatening consequences. These populations include the following: - Persons recently released from a penal institution - Persons recently discharged from a chronic care facility - Pregnant women - Previously treated patients
		EP 2	For organizations that elect The Joint Commission Behavioral Health Home option: The organization defines in writing the population(s) served by the behavioral health home; the population(s) served by the behavioral health home can be a defined subset(s) of the population served by the organization as a whole.
		LD.04.01.01	The organization complies with law and regulation.
		EP 2	The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.
2.A	Infrastructure Standards 2. Capacity A. Utilize an electronic health record (EHR).	CTS.04.01.07	For organizations that elect The Joint Commission Behavioral Health Home option: The organization provides excellent access to integrated care, treatment, or services.
		EP 4	For organizations that elect The Joint Commission Behavioral Health Home option: The organization facilitates individuals' online access to their health information within four business days after the information is available to the integrated care team. This information includes diagnostic test results, lab results, summary lists, and medication lists.
		EP 5	For organizations that elect The Joint Commission Behavioral Health Home option: The organization uses a certified electronic health record to provide appointment reminders to individuals.

Sample Survey Addendum



Appendix C

Joint Commission Survey Addendum New York General Hospital – Outpatient Psychiatric Programs (Continuing day treatment, day treatment for youth, partial hospital and IPRT)

New York Regulation Reference and Review Area	Joint Commission Standard	Additional NYOMH Guidance
Patient Rights		
599.7(b) Notice of recipients' rights is provided to each recipient upon admission to a clinic treatment program. Such notice shall be provided in writing and posted in a conspicuous location easily accessible to the public. The notice shall include the address and telephone number of the Justice Center for the Protection of People with Special Needs, the nearest regional office of the Protection and Advocacy for Mentally Ill Individuals Program, the nearest chapter of the Alliance on Mental Illness of New York State and the Office of Mental Health.	Standard RI.01.01.01 The organization respects the rights of the individual served. EP 2 The organization informs the individual served of his or her rights. (See also RI.01.01.03, EPs 1-3) Standard RI.01.07.01 The individual served and his or her family have the right to have complaints reviewed by the organization. EP 7 The organization provides the individual served (and when deemed beneficial, his or her family) with the phone number and address needed to file a complaint with the relevant state authority.	Recipient rights notices include the Justice Center contact info
Environment of Care/Quality Improvement		
Incident Mangement/Review Part 524 and Part 599.6(j) Special Review <ol style="list-style-type: none"> 1. Monitor identification and implementation of recommendations made by the SRC or CRMs 2. Reporting - OMH, Justice Center 3. Trending/Patterning Analysis 	Standard EC.04.01.01 The organization collects information to monitor conditions in the environment. EP 1 The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following: <ul style="list-style-type: none"> - Injuries to individuals served or others within the organization's facilities - Occupational illnesses and staff injuries - Incidents of damage to its property or the property of others in locations it controls - Security incidents involving individuals served, staff, or others in locations it controls 	Incident Review Committee: review of all incidents and recommendations for follow-up, and incidents properly reported Special Review Committee <ol style="list-style-type: none"> 1. Monitor identification and implementation of recommendations made by the SRC or CRMs 2. Reporting - OMH, Justice Center 3. Trending/Patterning Analysis

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Maryland Accreditation Mandate

- Previously had two sets of regulations for mental health and substance abuse
- State promulgated one integrated set of regulations
 - During development stages state expressed desire to require accreditation in lieu of licensure surveys
- TJC met with work group several times to review standards/process
- Cross-walk completed; no gaps identified
- Customization of reporting determined
- TJC Reaches out to Eligible Providers
- TJC provides education, resources and support
- TJC works with providers 1:1 to achieve accreditation
- Provider sends Regulatory Agency award letters
- Ongoing Communication between TJC and Regulatory Agency

California Accreditation Mandate for Child-Welfare Providers

- **Legislation passed**
- **Rules Promulgated**
- **TJC meets with Regulatory Agency**
- **Cross-walk completed**
- **Customization of reporting determined**
- **TJC Reaches out to Eligible Providers**
- **TJC provides Workshops, Webinars, resources and support**
- **TJC works with providers 1:1 to achieve accreditation**
- **Provider sends Regulatory Agency Award letters**
- **Ongoing Communication between TJC and Regulatory Agency**



Questions



Behavioral Health Care Accreditation Bus. Dev. Team

We're here
to help!



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