Family First Prevention Services Act (FFPSA):
Accreditation Forums
QRTP Agency Readiness and Accreditation Workgroups

April 22, 2020
Brief Overview of FFPSA and Qualified Residential Treatment Program (QRTP) Requirements

Council On Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF) and The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Presentations

Lunch

Break Out Sessions
Overview of FFPSA and QRTP Requirements
Core Goals of Family First

- Help children remain safely at home with their families whenever possible.
- Ensure that children who must come into care are in the most family-like/least restrictive setting possible.
- Sets expectation of high standards of care and services for our children and families.
QRTP Requirements
What is a Qualified Residential Treatment Program (QRTP)?

- Has a trauma-informed treatment model and can implement the necessary treatment identified in the child’s assessment.
- Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site, and available 24 hours and 7 days a week.
- Facilitates outreach and engagement of the child’s family in the child’s treatment plan.
- Provides discharge planning and family-based aftercare supports for at least 6 months post-discharge.
- Licensed and accredited by one of the approved accrediting bodies.
QRTP Phase-In Strategy

- **No new programs licensed unless meet QRTP: October 1, 2020**
  - New residential agencies will need to meet QRTP standards for licensure.

- **Delay QRTP implementation to: October 1, 2021**
  - With this plan, residential agencies will continue to be licensed to serve children even if they are not QRTP compliant; however the residential agency will not be IV-E reimbursable.

- **All Residential Programs must be QRTP Compliant by: October 1, 2024**
Questions?
THANK YOU!

General FFPSA Inquires / FFPSA Updates:
Email: FamilyFirst@jfs.ohio.gov
Webpage: http://jfs.ohio.gov/ocf/Family-First.stm
CARF Accreditation Readiness

Families First

QRTP Forum

April 22, 2020
Agenda

• CARF – Who we are
• CARF – What makes us Unique?
• CARF Standards
• Steps to CARF Accreditation
• CARF Alignment with FFPSA - QRTP’s
CARF’s Mission is…

"To promote the quality, value and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of the persons served."
CARF is...

- An international accreditation and standard-setting organization
- An independent non-profit, organization established in 1966
- Recognized in 48 states under mandated or deemed status
- Standards apply to small organizations in rural areas as well as large organizations in urban areas.
- 1400 peer surveyors
14 million+
Persons served annually

60,700+
Accredited programs and services

8,000+
Service providers

28,500+
Locations

Data as of 2/5/2020
CARF Accreditation in Ohio

450
Providers with accredited programs and services

5623
Programs

1446
Locations

185
Organizations serve Children and Youth
Why CARF?
CARF Accreditation is Unique

- Program Choice
- Preparation and Application
- Timely & Efficient

- Consultative
- Fee Structure
Other Unique CARF Features

Accreditation Decisions

Standards

Surveyors
CARF Accreditation is Unique

Program Choice

- Choose to accredit one or any combination of programs
- Leadership and administrative standards included

Preparation and Application

- Preparation Time: Minimum 6 months - avg. 14 months
- Self Study is for you!
- Preparation is Key. A CARF Resource Specialists assigned to each organization.
CARF Accreditation is Unique

Timely & Efficient

- Application submit 4-5 months prior to desired 2 month time frame.
- Receive accreditation outcome decision 6-8 weeks post site visit.

Consultative

- Surveyors offer consultation and suggestions to improve practice whether or not meeting standard.
- Quality improvement is ongoing. CARF promotes a culture of continuous learning.
Fee Structure -

Fixed rate based on # of surveyors and # of days

Application $995.00

Survey Fee* $1,800.00 per surveyor per day

*Survey Fees include all surveyor travel expenses
No accreditation maintenance or annual fees

Avg. survey: 2 surveyors for 2 days = $7,200.00

® Effective 7/1/2020
Accreditation Decisions / Outcomes

**Three-Year Accreditation** – Substantial conformance to the standards. Demonstrated ongoing quality improvement and continuous conformance from any previous period of CARF accreditation.

**One-Year Accreditation** – Areas of deficiency, but evidence of capability and commitment to progress toward their correction.

**Nonaccreditation** – Major deficiencies in several areas. Serious questions as to the benefits of service or the health, welfare, or safety of those served. Or if failed to satisfy one or more Accreditation Conditions.
## CARF Standards

<table>
<thead>
<tr>
<th>Flexible</th>
<th>Standards tell you what you need to do but not how to do it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More than one way to demonstrate conformance to standards</td>
</tr>
<tr>
<td>Field Driven</td>
<td>Development and revisions to the standards based on input from the field</td>
</tr>
<tr>
<td></td>
<td>Changes in regulation that impact service quality are reflected in the standards</td>
</tr>
<tr>
<td>Voice of Experience</td>
<td>Children and families involved with specific services are included for standards development and revision.</td>
</tr>
<tr>
<td></td>
<td>20% of ISAC members have lived experience</td>
</tr>
<tr>
<td>Quality Practice</td>
<td>Standards guide programs to reflect best practices</td>
</tr>
<tr>
<td></td>
<td>Standards are reviewed/revised regularly based on RQI data and stakeholder input</td>
</tr>
</tbody>
</table>
**Standards Development Process**

*CARF standards are developed with input of providers, consumers, payers, and other experts from around the world.*

<table>
<thead>
<tr>
<th>Field Input</th>
<th>ISAC</th>
<th>IAC</th>
<th>Field Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather input from the field.</td>
<td>Conduct meeting with subject matter experts (International Standards Advisory Council).</td>
<td>The International Advisory Council a forum for members to provide guidance on content and direction of the standards.</td>
<td>Proposed and revised standards are posed for a public comment period.</td>
</tr>
</tbody>
</table>

20% > of Input is from persons served

*Standards Manuals are published every calendar year and are effective from July 1 – June 30th*
# CARF Surveyors

**Consultative**

CARF Surveyors share quality practices learned from other surveys

CARF surveyors provide technical assistance.

**Peers**

Professionals from CARF accredited programs with minimum 5 yrs. experience in the field and applying the CARF standards.

Minimum requirements for # of surveys conducted and continuing education annually.

**Contract Employees**

CARF employees during the time of the survey.

Matched to your programs based on their expertise: service type, size, urban/rural location, special population served, language and or knowledge of culture …
Child and Youth Standards
Section 1. ASPIRE to Excellence®

ASSESS THE ENVIRONMENT
- Leadership
- Governance

SET STRATEGY
- Strategic Planning

PERSONS SERVED & OTHER STAKEHOLDERS – OBTAIN INPUT
- Input from Person Served and Other Stakeholders

IMPLEMENT THE PLAN
- Legal Requirements
- Financial Planning and Management
- Risk Management
- Health and Safety
- Workforce Development & Management
- Technology
- Rights of Persons Served
- Accessibility

REVIEW RESULTS
- Performance Measurement and Management

EFFECT CHANGE
- Performance Improvement
Section 2. General Program Standards

A. Program Service Structure
B. Screening & Access to Services
C. Individualized Plan
D. Transition / Discharge
E. Medication Use
F. Promoting Nonviolient Practices
G. Records Of The Person Served
H. Quality Records Review
Section 3
Core Program Standards

A. Adoption
B. Assessment and Referral
C. Behavioral Consultation
D. Case Management/ Services Coordination
E. Child/Youth Day Care
F. Child/Youth Protection
G. Community Transition
H. Community Youth Development
I. Counseling/Outpatient
J. Call Centers (Information & Call)
K. Crisis Intervention

L. Day Treatment
M. Detoxification/Withdrawal Support
N. Diversion/Intervention
O. Early Childhood Development
P. Health Home
Q. Home and Community Services
R. Intensive Family-Based Services
S. Intensive Outpatient Treatment
T. Promotion/Prevention
U. Respite
V. Support and Facilitation
<table>
<thead>
<tr>
<th>Core Residential Program Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Housing and Shelters</td>
</tr>
<tr>
<td>Crisis Stabilization</td>
</tr>
<tr>
<td>Foster Family and Kinship Care</td>
</tr>
<tr>
<td>Group Home</td>
</tr>
<tr>
<td>Residential Treatment</td>
</tr>
<tr>
<td>Specialized or Treatment Foster Care</td>
</tr>
</tbody>
</table>
Group Home

Description

Group home programs provide trauma-informed treatment and services in a safe, supportive, 24-hour setting to children/youth for whom there are documented reports of abuse, maltreatment, and/or behavioral health needs and who cannot safely live in a family setting within the community.

Group home programs are time limited with goals for reunification with the family of the child/youth or placement within another family setting or other community placement with an emphasis toward permanency.
Residential Treatment

Description
Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities.

Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include psychiatric residential treatment facilities, therapeutic boarding schools, therapeutic wilderness programs, or other nonmedical settings.
Section 5
Specific Population Designations

Juvenile Justice

Medically Complex
Appendices

• Appendix A
  o Required Written Documentation

• Appendix B
  o Operational Timelines

• Appendix C
  o Required Training

Additionally at the end of each subsection of the standards are *Documentation Examples*
You still have choices.

- You can choose to become a QRTP.
- You can choose which accreditor to partner with.

✓ With **CARF**, you have choices:
  - Which programs to accredit.
  - When to have your survey.
The Accreditation Process
Accreditation Conditions

1. For a minimum of six months prior to the site survey, each program/service for which the organization is seeking accreditation must demonstrate:
   a. The use and implementation of CARF’s organizational and service standards applicable to the program/service.
   b. The direct provision of services to the persons served.
Accreditation Conditions

2. The organization must provide such records, reports, and other information as requested by CARF.

3. A Quality Improvement Plan (QIP) must be submitted within 90 days following notice of accreditation. This plan shall address all recommendations identified in the report.

4. An organization that achieves a Three-Year Accreditation must submit a signed Annual Conformance to Quality Report (ACQR). The report is submitted in each of the two years following the Three-Year Accreditation award.
## Steps to Accreditation

<table>
<thead>
<tr>
<th>STEP</th>
<th>PROCESS</th>
<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consult with CARF resource specialist</td>
<td>12–18 months prior to desired survey</td>
</tr>
<tr>
<td>2</td>
<td>Conduct a self-evaluation</td>
<td>6–9 months (suggest 9–12)</td>
</tr>
<tr>
<td>3</td>
<td>Submit survey application</td>
<td>4–6 months (suggest 6)</td>
</tr>
<tr>
<td>4</td>
<td>CARF invoices for the survey fee</td>
<td>After application is received</td>
</tr>
<tr>
<td>5</td>
<td>Survey team selected</td>
<td>30 days before survey</td>
</tr>
<tr>
<td>6</td>
<td>Survey</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Accreditation decision (emailed report)</td>
<td>6–8 weeks after survey</td>
</tr>
<tr>
<td>8</td>
<td>Submit QIP</td>
<td>Within 90 of accreditation</td>
</tr>
<tr>
<td>9</td>
<td>Submit ACQR (3-year accreditations only)</td>
<td>Anniversary date</td>
</tr>
<tr>
<td>10</td>
<td>Maintain contact</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Step 1
CARF Resource Specialists

Consult with a designated CARF resource specialist

○ Make contact early
○ Access to Customer Connect
○ Identify and order standards manual
○ Ongoing contact for assistance

Resource Specialist for Ohio:
Bonnie Rock
888-281-6531 ext. 7079
brock@carf.org
Step 2
Conduct a Self-Evaluation

Use the correct standards manual
- Learn and apply the standards ‘attend training’
- Use spreadsheets or project planning tools.
- Consider CARF resources
  — Survey Preparation Workbook
  — Accreditation Sourcebook
  — Standards Conformance Checklist

and use Bonnie.

Accreditation is an ongoing process, not a one-time event.
Step 3
Submit the survey Application

Submit survey application

– Via Customer Connect
– Indicates desire for survey and agreement of terms
– Includes detailed information about leadership and demographics
– Size, number, and distances of locations of the organization (to establish survey team)
– Required supporting documents
– Application fee
# Survey Time Frames

<table>
<thead>
<tr>
<th>Preferred Time Frame</th>
<th>Application Due</th>
<th>Expiration Month</th>
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</thead>
<tbody>
<tr>
<td>*Jul/Aug</td>
<td>Feb 28</td>
<td>Aug</td>
</tr>
<tr>
<td>*Jul/Aug</td>
<td>Feb 28</td>
<td>Sept</td>
</tr>
<tr>
<td>Aug/Sept</td>
<td>Apr 30</td>
<td>Oct</td>
</tr>
<tr>
<td>Sept/Oct</td>
<td>May 31</td>
<td>Nov</td>
</tr>
<tr>
<td>Oct/Nov</td>
<td>June 30</td>
<td>Dec</td>
</tr>
<tr>
<td>Nov/Dec</td>
<td>July 31</td>
<td>Jan</td>
</tr>
<tr>
<td>Dec/Jan</td>
<td>Aug 31</td>
<td>Feb</td>
</tr>
<tr>
<td>Jan/Feb</td>
<td>Sept 30</td>
<td>Mar</td>
</tr>
<tr>
<td>Feb/Mar</td>
<td>Oct 31</td>
<td>Apr</td>
</tr>
<tr>
<td>Mar/Apr</td>
<td>Nov 30</td>
<td>May</td>
</tr>
<tr>
<td>Apr/May or May/June</td>
<td>Dec 31</td>
<td>June</td>
</tr>
</tbody>
</table>
Step 4 - Fees

CARF invoices for the survey fee after receiving your application.

The survey fee invoice is posted to the Customer Connect website and an email notification is sent to the organization’s key contact.

• The fee is based on the number of surveyors and days needed to complete the survey.

• Scheduling begins immediately upon invoicing. Any changes in dates provided must be communicated in writing to CARF.
Step 5 - Surveyor Selection

CARF selects the survey team

- Selected by matching surveyor expertise with organization’s programs/services
- Letter of survey date(s) and names of surveyor(s) sent to the organization 30-day prior to survey
Step 6

The Survey

Orientation Conference

Observation Document Review Interviews

Exit Conference
Orientation Conference

• Time of orientation conference is decided during the pre-survey phone call

• Usually lasts 30–45 minutes

• Organization chooses who attends

• Have materials organized and ready for review after orientation
Step 6 - The Survey

Survey team conducts the survey

- Determines conformance to standards
- Tour
- Observations
- Interviews
- Review of documentation
- Provides consultation
- Shares findings with organization
- Submits findings to CARF
The survey team is looking for a demonstration of consistency between services, policies, procedures, and documentation.
Exit Conference

• Organization chooses who attends
• Audio/videotaping allowed
• Verbal report of survey findings will focus on recommendations and consultation/suggestions
• Final written report reflects the team’s findings and the outcome
After the survey...

- Survey team prepares a detailed report that is sent to CARF
- Editing process

Thank staff!
Step 7 - Accreditation Decision

CARF renders accreditation decision

• Review survey team findings
• Decision 6–8 weeks after survey
• Survey report sent
• Documented recognition for observed excellence and strengths
• Consultative suggestions documented
• Recommendations for areas of improvement
• Certificate awarded
Step 8 - Submit QIP

Submit Quality Improvement Plan (QIP)

• Due 90 days following receipt of survey report
• Outlines actions taken or to be taken
• Be sure to address all recommendations

(If you are unsure about any of the recommendations, call your Resource Specialist)

• Reviewed by CARF staff
• Included for surveyor’s review and use in the next survey
Step 9 - Submit ACQR

Submit the Annual Conformance to Quality Report

All organizations achieving a three year accreditation must submit this report in a CARF supplied format for each year of accreditation due on the first and second anniversary date of the award. Through the ACQR the organization certifies that is at all times conforms to the standards, satisfies all the Accreditation Conditions, and complies with CARF policies and procedures.
Step 10 - CARF Contact

Continuous contact with CARF

• Ongoing resource throughout tenure of accreditation
  ○ Publications
  ○ Seminars and conferences
  ○ Websites ([www.carf.org](http://www.carf.org) and [customerconnect.carf.org](http://customerconnect.carf.org))

• Organization provides timely information to CARF regarding administrative changes and significant events (changes in leadership, mergers, allegations, compliance inspections, etc.)
CARF Alignment with QRTP

Family Involvement
For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated.

Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization.

A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization.

Assess & Assessor Requirements
The program continuously conducts assessments or obtains assessment information:
- That provides the basis for legally required notification.
- Using valid and reliable assessment tools.

Assessments are conducted by qualified personnel who are:
- Knowledgeable to assess the specific needs of the child/youth served.
- Trained in the use of applicable tools, tests, or instruments prior to administration.

Time Limitations
The program provides treatment services to children/youth for whom there are documented reports of maltreatment, abandonment, absence without leave, or other identified needs, or treatment services to children/youth with identified behavioral needs.

Services are provided in a safe and supportive setting and are time limited. The program goal is to reunite the child/youth with the natural family or other permanent placement when in the best interest of the child/youth. In all situations, integration into the community to the greatest degree possible is achieved.

Staffing
For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated.

Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization.

A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization.

Trauma Informed Care
The guiding principles include:
- Child/youth and family driven services
- Promotion of resiliency
- Cultural and linguistic competence
- Strengths-based approach
- Focus on whole person in context of family and community
- Trauma-Informed service model

The organization provides or arranges for documented, competency-based training to direct service personnel on trauma-Informed practices.

Aftercare
The program provides treatment services to children/youth for whom there are documented reports of maltreatment, abandonment, absence without leave, or other identified needs, or treatment services to children/youth with identified behavioral needs.

Services are provided in a safe and supportive setting and are time limited. The program goal is to reunite the child/youth with the natural family or other permanent placement when in the best interest of the child/youth. In all situations, integration into the community to the greatest degree possible is achieved.
Key Components of QRTPs

FAMILY INVOLVEMENT

For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated.

Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization.
Assessment and Assessor Requirements

The program continuously conducts assessments or obtains assessment information:
• That provides the basis for legally required notification.
• Using valid and reliable assessment tools.

Assessments are conducted by qualified personnel who are:
• Knowledgeable to assess the specific needs of the child/youth served.
• Trained in the use of applicable tools, tests, or instruments prior to administration.
The program provides treatment services to children/youth for whom there are documented reports of maltreatment, abandonment, absence without leave, or other identified needs, or treatment services to children/youth with identified behavioral needs.

Services are provided in a safe and supportive setting and are time limited. The program goal is to reunite the child/youth with the natural family or other permanent placement when in the best interest of the child/youth. In all situations, integration into the community to the greatest degree possible is achieved.

The individualized plan includes: The estimated duration of services.
Key Components of QRTPs

STAFFING

The organization documents the composition of its workforce, including all human resources involved in the delivery, oversight, and support of the programs/services seeking accreditation.

It is not expected that the organization provide specific numbers or percentages but rather a general description which could include, include full-time employees, part-time employees, contractors, independent contractors, per diem workers, volunteers, peer support specialists, and any other groups or categories of workers involved in the delivery, oversight, and support of the programs/services seeking accreditation.
Key Components of QRTPs

STAFFING

Services are provided by a coordinated team that includes, at a minimum, the following professionals:

- Assigned residential staff members or a plan coordinator.
- A qualified practitioner.*
- Providers of appropriate healthcare support services.

The services of each child/youth served are supervised by a qualified practitioner who:

a. Provides clinical oversight.

b. Directs the individualized plan of care.

* A person who is certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the educational, experiential, or competency requirements necessary to provide human services.
Key Components of QRTPs

TRAUMA INFORMED TREATMENT

The guiding principles include:

• Child/youth and family driven services.
• Promotion of resiliency.
• Cultural and linguistic competence.
• Strengths-based approach.
• Focus on whole person in context of family and community.
• Trauma-informed service model

The organization provides or arranges for documented, competency-based training to direct service personnel on:
Trauma-informed practices.
Key Components of QRTPs

AFTERCARE

Facilitating the transition process, including arrangements for follow-up services.

Information regarding transition criteria and procedures.

The individualized plan, is detailed and:
  Specifies the services to be provided by the program.
  Identifies any needs beyond the scope of the program.
  Specifies referrals for additional services.
Family First Prevention Services Act

CARF is an approved QRTP accredits body for “Qualified Residential Treatment Programs” per a mandate included in the Family First Prevention Services Act (FFPSA).

On February 9, 2018, Congress passed FFPSA, also known as the Bipartisan Budget Act of 2018. Under the new law, after the first two weeks of child placement, only “specified settings” outside of foster family homes are eligible for reimbursement through Title IV-E foster care funds. Specified settings include the creation of a new category of residential intervention called a Qualified Residential Treatment Program (QRTP).

FFPSA specifies that to be considered a QRTP, the program must be licensed and accredited by an HHS-approved accreditor by October 1, 2019, unless a state requests a delay for up to two years.

The accreditation process takes time no matter which accreditor you choose. In order to realize the full value of the accreditation process, CARF recommends programs seeking accreditation to meet QRTP requirements do not delay. By starting the process now, your organization can have time to prepare, train, and select a desired two-month time frame for the onsite survey (accreditation decision is provided 6-8 weeks after the survey).

Pricing

The application and survey fees are flat rates based on how many surveyors and days will be needed to provide a thorough, consultative survey. This depends on the size and structure of your organization. Generally, on-site surveys last 2 days and involve 2 or more surveyors. Your designated Resource Specialist can provide a personalized estimate.

Steps to accreditation

The accreditation process normally takes about 12 months from your first contact with CARF. View the Accreditation Timeline for a summary.

Each program seeking accreditation must be in operation and using the standards six months prior to its first survey.

For a more detailed look at the pre-survey process and timing guidelines, view the Resource Specialist.

Contact us today
Email info@carf.org or call toll free (888) 284-6531.

Upcoming trainings
March 11, 2020:
BH/CYS/OTP 10C: Introduction to CARF Accreditation
Orlando, FL
March 12, 2020:
BH/CYS/OTP 101: Preparing for Successful Accreditation in Behavioral Health/Child and Youth Services/Adult Treatment Program
Orlando, FL
Or to arrange a private, onsite training, contact Leslie Ellis-Lang, Managing Director of Child and Youth Services, at leslie-lang@carf.org

Blog articles
How accreditation supports child welfare shift to prevention
FFPSA changing funding for child welfare services
Accreditation matters
The Value of Accreditation and Why Choose CARF
CARF

- A choice of programs to be included in survey.
- Definitive time frames for application and survey process and accreditation decision.
- Field driven standards with input from persons served continually reflect best practices.
- Non-prescriptive and Non-inspective.
- Peer process that represents ongoing collaborative partnership in quality improvement.
- Transparent fee structure, non revenue based and inclusive of travel.
Thank you!

Any questions?

Leslie Ellis-Lang, LMFT
Managing Director Child and Youth Services

Email: lellis-lang@carf.org
Toll free: 888-281-6531 ext. 7162

Or visit www.carf.org
Introduction to COA Accreditation

Presented by: Joe Perrow, Business Development & External Relations
TODAY’S AGENDA

1. Who is COA?
2. Our accreditation process
3. Our standards
4. Our ratings
5. Next steps
WHO WE ARE
OUR MISSION:

Partnering with human and social service organizations to strengthen their ability to improve the lives of the people they serve.
OUR BUSINESS LINES

PRIVATE ORGANIZATIONS

PUBLIC AGENCIES

CANADIAN ORGANIZATIONS

CHILD & YOUTH DEVELOPMENT PROGRAMS

MILITARY FAMILY READINESS PROGRAMS
COA AT-A-GLANCE

Community-based behavioral healthcare & social service organizations

1800 + Private & Public organizations accredited or in process

Accrediting behavioral and mental health services since the 1980s

Established in 1977

International
Private Nonprofit Accreditor
SPONSORING ORGANIZATIONS

Members receive a 25% discount on their accreditation fee.
Accreditation provides a framework to manage resources, offer best practices, and strive for continuous improvement. This supports an organization’s sustainability, encourages its growth, and helps it to achieve measurable results.

• Accreditation is both a process and a credential

• The accreditation process is voluntary

• Only organizations, agencies, or programs can be accredited

• Accreditation signifies that an organization or program is effectively managing its resources and providing the best possible services.
WHY ACCREDITATION?

More specifically, accreditation helps you to…

- Deliver quality service to your clients.
- Support your staff.
- Satisfy your board.
- Inspire confidence in donors and funders.
- Meet the needs of regulators.
THE COA DIFFERENCE

Standards/ Accreditation Materials Free

COA Accreditation Coordinator

Volunteer Peer Reviewers

Four-Year Accreditation

Reviews All Programs & Services and In-Depth review of Operations and Service Delivery
THE COA APPROACH

Open, Facilitative, & Collaborative

Process Takes 12 – 18 Months

Site Visit ideally occurs 6 months before deadline to allow for post-Site Visit work.
WHO BENEFITS FROM ACCREDITATION?

**Organizational Impacts**

- In-Depth **Self-Evaluation**
- Documentation of **Institutional Knowledge**
- Builds/Strengthens Organizational **Infrastructure**
- External **Validation** of Your Practices
- Professional **Development** and Morale **Building**

**Stakeholders**

- Clients
- Board of Directors
- Funders
- Staff
PROGRAMS & SERVICES

- Child and Family Services
- Behavioral Health Services/OTP
- Aging/Adult Services
- Homelessness Services
- Developmentally Disabled Services
- Networks/Lead Agencies
PROGRAMS & SERVICES

Child and Family Services
- Child and Family Development
- Support
- Case Management
- Family Foster Care & Kinship Care
- Adoption
- Family Preservation
- Group Homes
- Residential Treatment
- Youth Independent Living
- Respite Services
- Child Protective Services
- Early Childhood Education Services
- Family Preservation and Stabilization Services
- Guardian Services for Minors
- Pregnancy Support
- Shelter Services
- Mentoring Services
- Wilderness & Adventure-Based Therapeutic Outdoor Services
- Youth Development
- Youth Psychosocial Services

Behavioral Health Services
- Case Management
- Counseling, Support, and Education Services
- Crisis Response and Information Services
- Day Treatment Services
- Integrated Care; Health Homes
- Psychiatric Rehabilitation Services
- Opioid Treatment Services
- Services for Mental Health and/or Substance Use Disorders

Aging/Adult Services
- Case Management
- Adult Day Services
- Adult Foster Care
- Home Care & Support Services
- Adult Guardianship
- Respite Services
- Supported Community Living
- Adult Protective Services
- Mental Health and/or Substance Use Services

Homeless Services
- Outreach Services
- Shelter Services
- Case Management
- Supported Community Living

Services for People with Intellectual Developmental Disabilities
- Services for Individuals with Developmental Disabilities
- Adult Day Services
- Adult Foster Care
- Adult Guardianship
- Adult Protective Services
- Case Management
- Vocational Rehabilitation Services
- Supported Community Living
Recognition highlights the value of COA accreditation and serves as a benchmark for governmental entities.

Contact:
Devon Reichart
Manager of Public Policy and Government Relations
212.797.3000 x226
dreichart@coanet.org
Family First Prevention Services Act (Federal)  
**Mandate**  
The Department of Health and Human Resources for Qualified Residential Treatment Programs (QRTP) to access Title IV-E funding

Adult Foster Care (MA)  
**Medicaid Mandate**
MassHealth

Substance Abuse (KS)  
**Deemed Status**
Kansas Department for Aging and Disability Services
OUR PROCESS
<table>
<thead>
<tr>
<th></th>
<th>PHASES OF ACCREDITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Application &amp; Accreditation Agreement</td>
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<tr>
<td>2</td>
<td>Intake</td>
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<td>3</td>
<td>Self-Study</td>
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<td>4</td>
<td>Site Visit</td>
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<td>5</td>
<td>Pre-Commission Review (PCR)</td>
</tr>
<tr>
<td>6</td>
<td>Accreditation Decision</td>
</tr>
<tr>
<td>7</td>
<td>Maintenance of Accreditation (MOA)</td>
</tr>
</tbody>
</table>
• Sign your accreditation agreement
• Pay your fees
• Access tools, trainings and resources
• Review the standards
FEE INFORMATION

Contact:
Joe Perrow
Business Development & External Relations Strategist
(212) 871-1945
jperrow@coanet.org
ACCREDITATION GUIDELINES

Our in-depth accreditation process is a strengths-based review and accreditation of (in most cases) an entire organization.

The whole process typically takes 12-18 months for our private and Canadian accreditation programs, or 12-24 months for public agencies. If you are one of the few who use COA's program-specific accreditation, expect the process to take 9-12.
• Get assigned to an Accreditation Coordinator

• Receive the appropriate standards assignments

• Establish accreditation timeline

• Participate in an introductory webinar to the MyCOA portal
ACCREDITATION COORDINATOR

• With you for the entire process
• Answers questions
• Provides feedback and guidance on the Preliminary Self Study
• Assists you with preparing for the Self-Study submission
• Remind you of important milestones
• Connect you to tools and resources
• Caseload capped to ensure capacity for personalized service
• Assigned by specialty
MY COA PORTAL

• Tailored to your organization

• Secure and user-friendly

• Simplifies workflow

• Facilitates efficient and collaborative accreditation process

• Each organization receives three licenses for the portal
• Complete an extensive self-assessment

• Provide documentation, including policies, procedures, and other information

• Review organizational functioning
VALUE OF SELF-STUDY

• Allows organizations to look at current policies, procedures, and practices in-place for alignment with the standards

• Submitted electronically via your MyCOA portal

• Demonstrates implementation of the standards

• Future institutional knowledgebase for the organization
PRELIMINARY SELF-STUDY

1. Strategic or long-term plan
2. Performance and quality improvement plan
3. Risk management annual assessment procedures
4. Risk management quarterly review procedures
5. Investigation and review of critical incidents procedures
6. Behavior support and management policy
STAKEHOLDER SURVEYS
• Conducted by COA volunteers – experts in the field

• Participate in interviews and facility reviews

• Review additional documentation and client files
OUR VOLUNTEERS

• Currently or previously affiliated with a COA accredited organization
• Graduate degree in a human service discipline and commensurate experience
• At least 5 years of continuous management and supervisory experience
• Expertise in at least 5 of COA’s service standard areas (private organizations)
SITE VISIT ACTIVITIES

• Sunday record review

• Entrance Meeting

• Tour of facilities

• Interviews with staff, volunteers, consumers, stakeholders, governing body members and management

• Daily debriefing

• Additional document reviews

• Exit meeting
• Scores from the Site Visit are reviewed by COA staff

• A report of standards that need additional attention is provided

• The organization has the opportunity to submit evidence
WHY WE DO THE PCR?

• Added benefit allows organizations a chance to address standards needing attention before accreditation decision

• Goal is to help organizations achieve accreditation

Of our organizations:
• 59% Go Through PCR
• 41% Expedited
• A group of leading volunteers make the final decision

• Recommendations are made if additional work is required
• Once a year, a brief metric report is submitted to COA

• Self-reports of significant occurrences are reported throughout the year
BENCHMARKING AND MOA

Benchmarking: COA Measures

• New benchmarking program for accredited Private and Canadian organizations

• Equips organizations with powerful data to understand their performance against peer organizations

MOA Changes

• Annual MOA reporting schedule changing to end of fiscal year for organizations

• Organizations will be notified, via email to the designated primary contact, at least 60 calendar days prior to their MOA Report due date.

Learn more at: www.coameasures.com
ACCREDITATION TIMELINE

- **Accreditation Agreement Signed**
- **Intake Call**
- **Approximately 1 year after signing accreditation agreement**
- **4 months before SV**
- **Preliminary Self-Study Due**
- **Stakeholder Surveys Sent**
- **6-8 weeks before SV**
- **Self-Study Evidence Due**
- **4-6 weeks before SV**
- **Call With Team Leader**
- **Site Visit**

*Calculate your own Site Visit Date*
ACCESSING THE STANDARDS

• Our standards remain free and accessible on our website

• Click on Standards and select a version to view

www.coanet.org
Standards Structure

All COA standards are structured in a three-level hierarchy:

- **Purpose Standards**
- **Core Concept Standards**
- **Practice Standards**
STANDARDS STRUCTURE

• Added benefit allows organizations a chance to address standards needing attention before accreditation decision

• Goal is to help organizations achieve accreditation

Of our organizations:
• 59% Go Through PCR
• 41% Expedited
STANDARDS STRUCTURE

Purpose Standards

Core Concept Standards
  - Practice Standards
  - Fundamental Practice Standards

Core Concept Standards
COA STANDARDS

The standards are divided into three parts:

1. Administration and Management Standards

The Administration and Management Standards address practices that promote sound operations and management, including governance, financial management, and quality improvement. These apply to all organizations regardless of the services provided or populations served.

2. Service Delivery Administration Standards

The Service Delivery Administration Standards address practices related to the administration of services, including client rights, training and supervision, and program administration. These also apply to all organizations.

3. Service Standards

Service Standards address practices related to service provision areas across the full continuum of community-based social and behavioral healthcare services. These standards apply based on your organization’s scope and service population, and include:

- Child, youth, and family services
- Behavioral health services
- Aging services
- Homelessness services
- Intellectual and developmental disabilities services
- Residential services
- Additional social services
### Service Standards Common Elements

- Screening/Intake
- Assessment
- Service Planning
- Service Philosophy
- Service Elements
- Case Closing
- Aftercare and Follow-Up
- Personnel
REQUIREMENTS FOR QRTP

Organizations can qualify as a QRTP if they:

- Offer a trauma-informed treatment model
- Have registered or licensed nursing staff available 24/7
- Demonstrate family engagement and outreach
- Provide discharge planning and family-based aftercare supports for at least 6 months post-discharge
- Become licensed with their state
- Achieve accreditation through an HHS-approved accreditor (such as COA)
STANDARDS FOR QRTP

Offer a trauma-informed treatment model

• **GLS/RTX 4.02** - Prompt, responsive intake practices:
  • gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
  • give priority to urgent needs and emergency situations;
  • support timely initiation of services; and
  • provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

• **GLS/RTX 4.03** - Residents participate in a comprehensive, individualized, trauma-informed, strengths-based, culturally and linguistically responsive assessment that is:
  • completed within established timeframes; and
  • focused on information pertinent for meeting service requests and objectives.

Have registered or licensed nursing staff available 24/7

• **GLS/RTX 2.03** - A physician or other qualified medical practitioner familiar with the needs of the resident population assumes 24-hour on-call medical oversight to ensure that residents' health needs are identified and promptly addressed.

QRTP Services will likely fall into:

• Group Living Services (GLS)
• Residential Treatment Services (RTX)
STANDARDS FOR QRTP

Demonstrate family engagement and outreach

- **GLS/RTX 5: Family Involvement** - The organization works with the resident and his or her family to determine and maintain an optimal level of family involvement in all treatment activities.

Provide discharge planning and family-based aftercare supports for at least 6 months post-discharge

- **GLS 17 / RTX 19: Transition from the Service System** - Residents, and their families and/or legal guardians, as appropriate, participate in planning for transition to the community and are prepared with positive experiences and skills to make a successful move.
- **GLS 18 / RTX 20: Case Closing and Aftercare** - The organization works with residents and family members, when appropriate, to plan for case closing and, when possible, to provide aftercare.

QRTP Services will likely fall into:

- Group Living Services (GLS)
- Residential Treatment Services (RTX)
Ratings Indicators

1 Full Implementation
2 Substantial Implementation
3 Partial Implementation
4 Minimal Implementation

The deficiencies do not have a significant impact on the practice.
The deficiencies do have a significant impact on the practice.
NEXT STEPS
Members receive a 25% discount on their accreditation fee.
Who to Contact

For new organizations:
Joe Perrow
Business Development & External Relations Strategist
(212) 871-1945 jperrow@coanet.org

For reaccredited organizations:
Joseph Seoane
VP of Client Relations
212.797.3000 x263 jseoane@coanet.org
Tools and Resources

Resources

- **TRAININGS**
  - Browse our extensive catalog of both in-person and digital trainings.

- **PROMOTE YOUR ACCREDITATION**
  - You've done all the hard work to get accredited. Now talk about it! Templates, seals, and more here.

- **GLOSSARY**
  - Accreditation terms can be hard to understand—find definitions here.

- **TOOLS**
  - Find tools to help you on the road to accreditation.
COA TRAININGS

For information about COA Training and other resources open the "Training & Resources" section from the drop-down menu.
QUESTIONS?
The Joint Commission: Supporting Safety and Quality for Qualified Residential Treatment Programs (QRTP’s)

Presented by:
Colette A. Bukowski, MA, LPCC-S
Associate Director, Behavioral Health Care
Today’s Agenda

- About The Joint Commission
- How Joint Commission Accreditation supports QRTP requirements
- Survey Process & Timeline
Myths abound…

- Myth #1 – “They only accredit hospitals”
- Myth #2 – “They cost way more”
- Myth #3 – “They are part of the government”
Myth #1 – “We only accredit hospitals”  NO
Myth #2 – “We cost way more”  NO
Myth #3 – “We are part of the government”  NO
The Joint Commission

- Over 22,000 Health Care Organizations Accredited

- Ambulatory Physical Health Care
- Behavioral Health Care
- Critical Access Hospitals
- Home Physical Health Care
- Hospitals
- Laboratory Services
- Nursing Care Centers
- (Skilled Nursing Homes)
Experts in Quality and Safety of Behavioral Health Organizations

Accrediting Behavioral HealthCare Organizations since 1969

- Over 11,200 Sites
- 38% not-for-profit
- 40% for profit
- 22% governmental/Tribal agencies/facilities

Over 3,300+ Accredited Organizations

Experienced in accrediting a broad range of services and settings
The Joint Commission
Accreditation
difference
Unique advantages

The Joint Commission

- Name recognition and reputation
- Flexible timing & support to meet deadline
- Always a 3 year accreditation reward
- Strength of accreditation requirements
  ➢ Caliber
  ➢ Non-prescriptive
- Framework to position for growth
  ➢ Standardize processes across functions and locations
- Robust process improvement
A dynamic, integrated partnership

Client
Provider
Stakeholders
Better Client Care
The Joint Commission
Joint Commission Accreditation: Supporting QRTP’s
TJC Accreditation and Core QRTP Components System, Service and Population

Accrediting Behavioral Health Care Organizations for over 50 years

Accredits the full continuum of Behavioral Health Care settings including residential services and supportive services

Specific standards address Care, Treatment and Services of children and youth
Behavioral Health Care Standards Manual Chapters

**Standard**: performance expectation

**Rationale statement**: why do it?

**Elements of Performance**:
- Building blocks for compliance
- Step wise guidance to support achieve performance expectation
- Incorporates elements commonly expected by states, regulators and payers
- Leverages TJC knowledge of methods that have been found to reduce the chance of non-compliance
- Identifies corollary standards to consider
TJC Accreditation Standards and QRTP Requirements

- Assessment/Reassessment
- Level of Care
- Trauma Informed Care
- Child and Youth
- Family involvement
- Use of standardized tool
- Discharge Planning
- Aftercare
- Permanency Planning
  - Care Coordination
  - Treatment Planning
- NEW-REVISED Child welfare and QRTP standards
Specific QRTP Standards: Proposed effective date August 2020

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<thead>
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<th>Standards Manual Content</th>
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<td>Emergency Management (EM)</td>
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<td>Human Resources Management (HRM)</td>
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<td>Record of Care, Treatment, and Services (RC)</td>
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<td>Rights and Responsibilities of the Individual (RI)</td>
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<tr>
<td>Waived Testing (WT)</td>
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CTS.04.03.37  For a qualified residential treatment program: The program operates according to law.

- Using a trauma-informed treatment program
- Registered or licensed nursing staff and other licensed clinical staff oversee care, treatment, or services consistent with the QRTP model. Care, treatment, or services are available 24 hours a day, 7 days a week
- Involves all members of the child’s family in his or her treatment; maintains contact information and documents how family members are integrated into the treatment
- Provide discharge planning and family-based aftercare support for at least six months post-discharge
TJC Accreditation Standards and QRTP Requirements

- Staff training and competency to provide care – Trauma
- Informed Care

- Staff Onboarding and evaluation ensure meeting QRTP requirements of care
Guides documentation
Ensures assessments, placement decisions are properly documented and justified.
**TJC Accreditation Standards**

supporting safety and quality for QRTP’s

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- Life Safety, Environment of Care, Emergency Management, Medication Management and Infection Control standards support safety and health in 24 hour settings
- PI Chapter drives quality and continuous process improvement
- Data driven
- Quality and safety at the forefront
Behavioral Health Care Accreditation Requirements

- Available electronically or in print manual form
- Electronic version free to organization after applying for accreditation
- 90-day free trial available for organizations considering accreditation
- Contact us via email on last slide or sign up at https://www.jointcommission.org/accreditation-and-certification/health-care-settings/behavioral-health-care/request-free-standards-access/
- Print manual available at www.jcrinc.com
QRTP Accreditation

Flexible Preparation Process

- We do not require 6 months of compliance prior to survey
- We do not require that you conduct a formal self assessment or submit any documentation prior to the survey
- Fastest to accreditation → On-site survey within 60 days from the date you tell us you are ready
Step 1 – Review the Standards Manual

- This manual has a customization feature allowing organizations to ‘filter out’ settings and services that are not applicable to them

- Direct support provided to assist organization in understanding standard manual and stay

- Approximate time
  - 30-60 min phone conference
    - Customize the manual and to provide an overview
  - Then, 2 weeks to 1 month to become familiar with the standards
  - TJC Professional assigned available to answer questions
Step 2 – Understand Pricing

- Accreditation costs based on volume of services and number of locations/sites
- We are happy to provide an estimate
- Fees are all inclusive

- There are two types of fees across accreditation period (60%/20%/20%)
  - Annual Accreditation Fees – billed every January (prorated)
  - On-Site Survey Fees – billed initially then every 3 yrs.

- Example:
  - Average residential program (Average daily census – 15)
    - Annual Fee $2495
    - On-site Survey fee $3330

- When application is submitted, $1,700 deposit is required
  - Applies to your 1st year annual fee – not an additional fee
Step 3 – The Application

• Complete the application with TJC Professional

• Once the application is submitted it is ‘active’ for 12 months
  – Deposit of $1,700 due upon submission

• Approximate time – 30 to 60 minutes
The Joint Commission Executive Overview
6-Step Accreditation Process

Step 4 – Survey Preparation

- **JC Accreditation Executive**
  - Provide an orientation to CONNECT site
  - Readiness Tools – Intracycle Monitoring Tool (ICM)
  - Leading Practice Library
  - Standards Interpretation Group

- **Organizational Activities**
  - Designate an Accreditation Lead and Team
  - Conduct Accreditation Meetings
    - Core Team and Departments
  - Conduct a Gap Analysis / Close any gaps
  - Participate in free Webinars / view replays

- **Approximate Timeline**
  - On average, 4 – 6 months
### The Joint Commission 6 Step Accreditation Process

**Step 4 – Survey Preparation - Strategies for Success**

1. **Conduct a gap analysis using Edition**  
   **Mine for Gold, Quick Fixes and Gaps**  
   **Set your Edition service profile and use Intracycle Monitoring Tool (ICM) to track**

2. **Set a timeline for accreditation**  
   **Factor in more time for larger chapters**

3. **Name a Champion to lead the way!**  
   **Brainstorm fun ways to educate and learn - generate some energy!**  
   **Contests, lunch and learns, mock tracers, rewards, information exchange “fairs”**

4. **Delegate, delegate, delegate**  
   **Accreditation Sub-Committees, set specific, measurable timeline goals**  
   **Determine how communication flow between groups**

5. **Use available resources**  
   **TJC Website, Free Webinars and Webinar replays, Connect Site, ICM tool, Survey activity guide, Standards Interpretation Group**

*Average Timeline: 4-6 months*
Step 5 – The On-Site Survey

- Joint Commission On-site surveys are customized to the setting(s), service(s) and population(s) served by the organization.

- The on-site survey agenda is in sync with an organization’s normal operational systems and is flexible - plan to have a normal day.

- Focus is on actual delivery of care, treatment, or services -- not paperwork.

- Surveyors use “Tracers” to follow actual care delivery throughout your organization, evaluating compliance by observation and interviews with staff, families or children (where possible), reducing paperwork submissions.

- Collaborative, transparent, consultative, educational and inspirational.
Step 6 – Post Survey Activities

• Communication of survey observations
• Exit conference
• On-site survey report posted to extranet site within 10 business days
• **Survey Analysis for Evaluating Risk (SAFER)**
• Submit evidence of standards compliance within a 60-day window
• Initial surveys, the accreditation award letter will be posted once a successful Evidence of Standards Compliance (ESC) is completed and approved.
• The accreditation effective date then becomes the day after the last day of the survey.
### SAFER Matrix:
**Taking your survey findings to the next level**

<table>
<thead>
<tr>
<th>Immediate Threat to Life</th>
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</thead>
<tbody>
<tr>
<td>(a threat that represents immediate risk or may potentially have serious adverse effects the health of the patient, resident, or individual served)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>HIGH</th>
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<tbody>
<tr>
<td>(harm could happen at any time, or did happen)</td>
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<table>
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<tr>
<th>MODERATE</th>
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<tbody>
<tr>
<td>(harm could happen occasionally, especially in combination with other factors)</td>
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<table>
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<tr>
<th>LOW</th>
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<tr>
<td>(harm could happen, but would be rare)</td>
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<tr>
<th>SCOPE</th>
<th>LIMITED</th>
<th>PATTERN</th>
<th>WIDESPREAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>(unique occurrence that is not representative of routine/regular practice)</td>
<td>(multiple occurrences with actual or potential to impact few/some patients, visitors, staff and/or settings)</td>
<td>(multiple occurrences with actual or potential to impact most/all patients, visitors, staff and/or settings)</td>
<td></td>
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</tbody>
</table>
Timeline for QRTP Agencies Seeking October 1, 2021 Accreditation

- **Jul**: Review Standards, Conduct Gap Analysis & Put Measures into Place to Meet all Standards
- **Aug**: Apply & Submit Deposit*
- **Sep**: Undergo Survey
- **Oct**: Fix Findings & Submit Documents
- **Oct**: Receive Final Decision

*Note: Application is good for 12 months. We do anticipate a high volume of requests, so early application is recommended.
Thank you so much!

When you become part of Joint Commission’s Gold Seal providers, you are recognized as having the highest standard in Quality and Safety in your service to our most vulnerable population – our children.
QUESTIONS?