



# **Family First Prevention Services Act (FFPSA):**

## *Accreditation Forums*

*QRTP Agency Readiness and Accreditation Workgroups*

April 22, 2020

# AGENDA

- 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](mailto:FamilyFirst@jfs.ohio.gov)

Webpage: <http://jfs.ohio.gov/ocf/Family-First.stm>

# CARF Accreditation Readiness

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## Families First QRTP Forum



# Agenda

- CARF – Who we are
- CARF – What makes us Unique?
- CARF Standards
- Steps to CARF Accreditation
- CARF Alignment with FFPSA - QRTP's

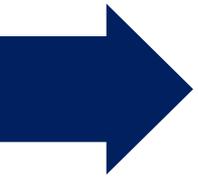
# CARF's Mission is...



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.

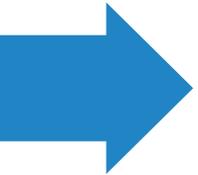
# CARF is...

- ▶ 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



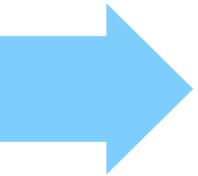
**14 million+**

Persons served annually



**60,700+**

Accredited programs and services



**8,000+**

Service providers



**28,500+**

Locations

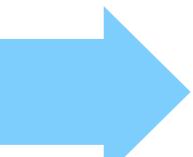


# CARF Accreditation in Ohio



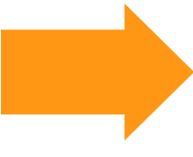
**450**

Providers with accredited programs and services



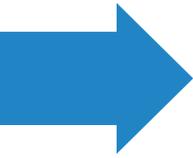
**5623**

Programs



**1446**

Locations



**185**

Organizations serve Children and Youth



# Why CARF?



# CARF Accreditation is Unique



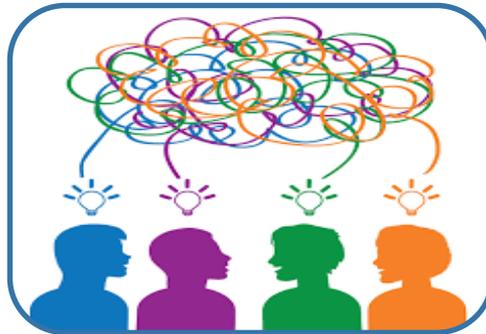
Program  
Choice



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

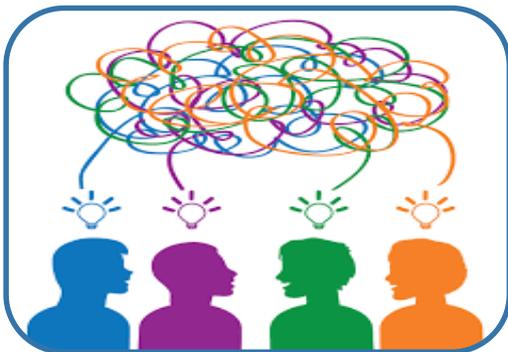
- Preparation Time: Minimum 6 months - avg. 14 months
- Self Study is for you!
- Preparation is Key. A CARF Resource Specialists assigned to each organization.

# 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

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## Flexible

Standards tell you what you need to do but not how to do it

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More than one way to demonstrate conformance to standards

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## Field Driven

Development and revisions to the standards based on input from the field

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Changes in regulation that impact service quality are reflected in the standards

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## Voice of Experience

Children and families involved with specific services are included for standards development and revision.

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20% of ISAC members have lived experience

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## Quality Practice

Standards guide programs to reflect best practices

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Standards are reviewed/revised regularly based on RQI data and stakeholder input

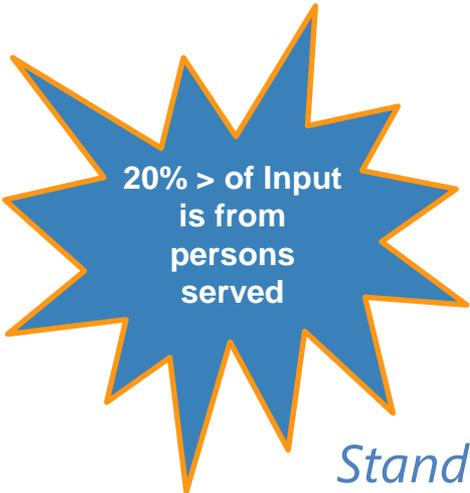
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# Standards Development Process

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

Field Input

Gather input from the field.



20% > of Input  
is from  
persons  
served

ISAC

Conduct meeting with subject matter experts (International Standards Advisory Council).

IAC

The International Advisory Council a forum for members to provide guidance on content and direction of the standards.

Field Review

Proposed and revised standards are posed for a public comment period.

*Standards Manuals are published every calendar year and are effective from July 1 – June 30<sup>th</sup>*

# CARF Surveyors

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## Consultative

CARF Surveyors share quality practices learned from other surveys

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CARF surveyors provide technical assistance.

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## Peers

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

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

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## Contract Employees

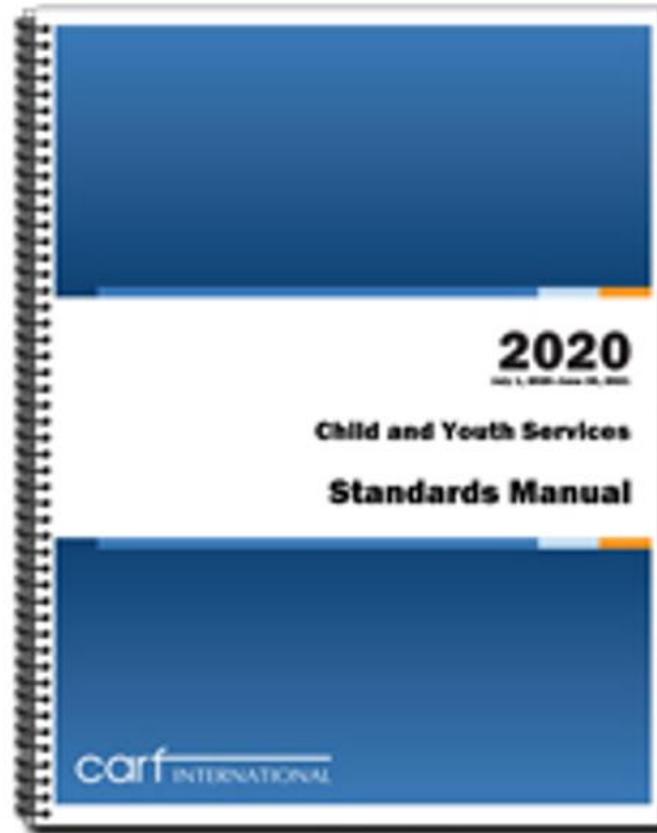
CARF employees during the time of the survey.

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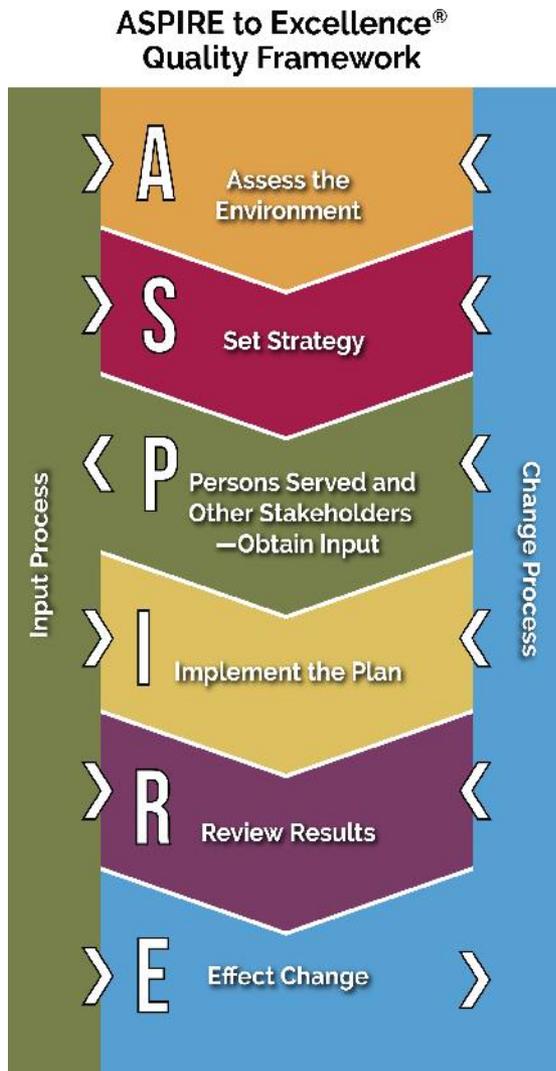
Matched to your programs based on their expertise: service type, size, urban/rural location, special population served, language and or knowledge of culture ...

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# 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

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### General Program Standards

A. Program Service Structure

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B. Screening & Access to Services

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C. Individualized Plan

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D. Transition / Discharge

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E. Medication Use

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F. Promoting Nonviolent Practices

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G. Records Of The Person Served

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H. Quality Records Review

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# 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

# Section 4

## Core Residential Program Standards

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Community Housing and Shelters

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Crisis Stabilization

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Foster Family and Kinship Care

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**Group Home**

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**Residential Treatment**

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Specialized or Treatment Foster Care

# 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

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Juvenile Justice

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Medically Complex

# Appendices

- Appendix A
  - Required Written Documentation
- Appendix B
  - Operational Timelines
- Appendix C
  - Required Training

Additionally at the end of each subsection of the standards are Documentation Examples

# Choices....

en with a Mandate...



## 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

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

# 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](mailto: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

Preferred Time Frame	Application Due	Expiration Month
* Jul/Aug	Feb 28	Aug
* Jul/Aug	Feb 28	Sept
Aug/Sept	Apr 30	Oct
Sept/Oct	May 31	Nov
Oct/Nov	June 30	Dec
Nov/Dec	July 31	Jan
Dec/Jan	Aug 31	Feb
Jan/Feb	Sept 30	Mar
Feb/Mar	Oct 31	Apr
Mar/Apr	Nov 30	May
Apr/May or May/June	Dec 31	June

# 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

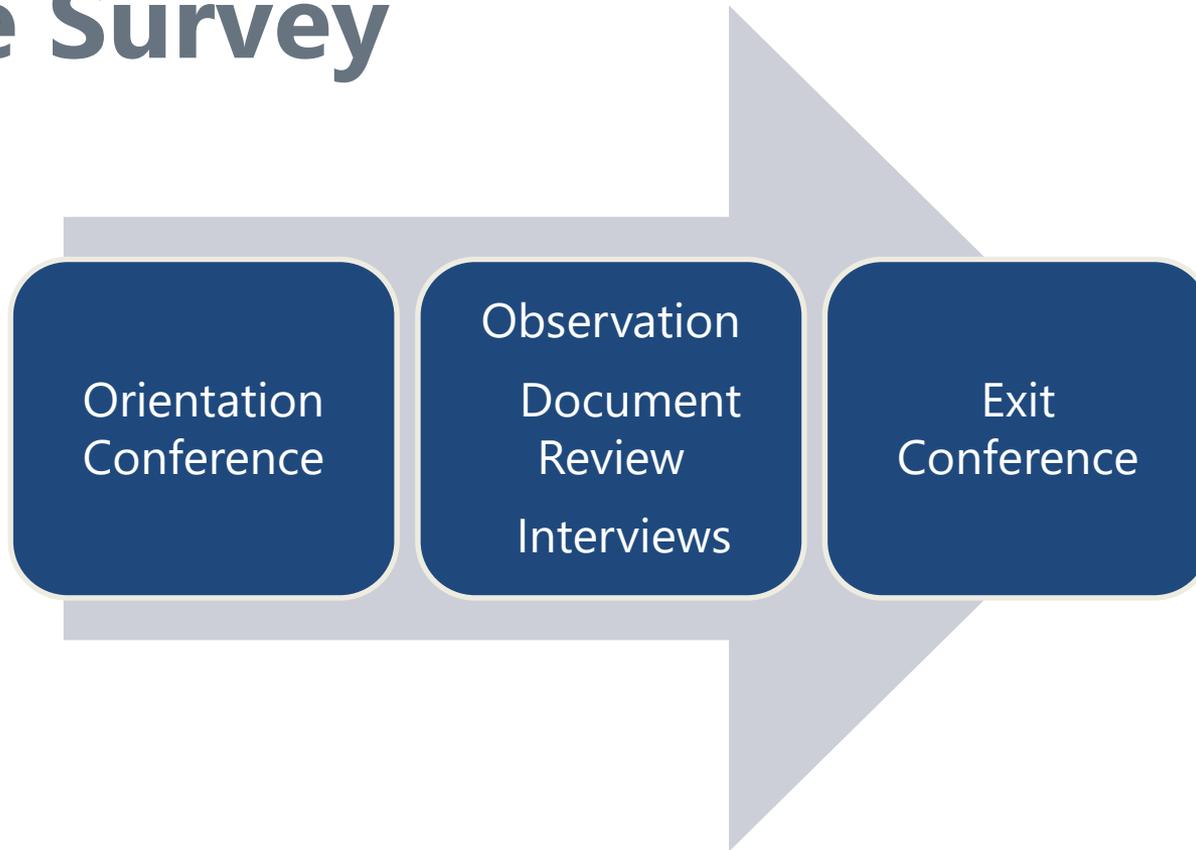
## CARF selects the survey team



- 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

- 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.

## Assessment & 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.

# Key Components of QRTPs

## Assessment and Assessor Requirements

The program continuously conducts assessments or obtains assessment information:

- That provides the basis for legally required notification.
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Assessments are conducted by qualified personnel who are:

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# Key Components of QRTPs

## 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.

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.



#### Contact us today

Email [cys@carf.org](mailto:cys@carf.org) or call toll free (888) 281-6531.

#### Upcoming trainings

March 11, 2020:  
BH/CYS/OTP 100: Introduction to CARF Accreditation  
Orlando, FL

March 12, 2020:  
BH/CYS/OTP 101: Preparing for Successful Accreditation in Behavioral Health/Child and Youth Services/Opioid Treatment Program  
Orlando, FL

Or, to arrange a private, onsite training, contact Leslie Ellis-Lang, Managing Director of Child and Youth Services, at [lellislang@carf.org](mailto:lellislang@carf.org).

#### Blog articles

How accreditation supports child welfare's shift to prevention

FFPSA changing funding for child welfare services

#### Accreditation matters

The Value of Accreditation and Why Choose CARF

## Family First Prevention Services Act

CARF is a recognized, Health and Human Services (HHS) approved accrediting 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* includes 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 on-site 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 [Pre-Survey Process and Timing Guidelines](#).

# Summary

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# 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](mailto:lellis-lang@carf.org)

**Toll free:**    888-281-6531 ext. 7162

Or visit [www.carf.org](http://www.carf.org)



# Introduction to COA Accreditation



**Presented by: Joe Perrow,  
Business Development & External  
Relations**



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## **TODAY'S AGENDA**

- 1. Who is COA?**
- 2. Our accreditation process**
- 3. Our standards**
- 4. Our ratings**
- 5. Next steps**



COUNCIL  
ON  
ACCREDITATION

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.*



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# OUR BUSINESS LINES



PRIVATE ORGANIZATIONS



PUBLIC AGENCIES



CANADIAN  
ORGANIZATIONS

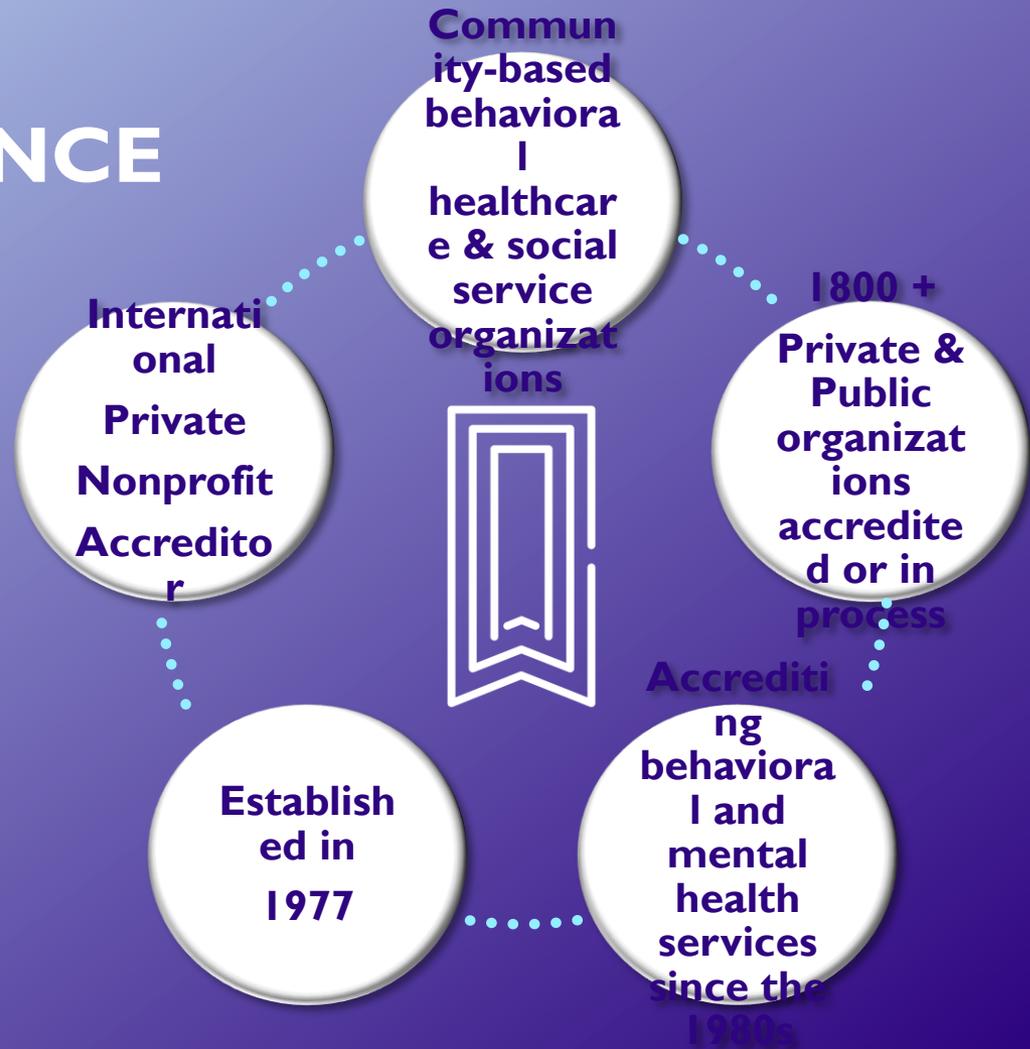


CHILD & YOUTH  
DEVELOPMENT PROGRAMS



MILITARY FAMILY  
READINESS PROGRAMS

# COA AT-A-GLANCE



# SPONSORING ORGANIZATIONS



Members receive  
a 25% discount on  
their accreditation  
fee.



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## WHY ACCREDITATION?

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.



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# 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**



**Four-Year  
Accreditation**

**Reviews All  
Programs &  
Services and In-  
Depth review of  
Operations and  
Service Delivery**

**Volunteer Peer Reviewers**

# THE COA APPROACH





---

# 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/OT  
P**

**Aging/Adult  
Services**

**Homelessne  
ss Services**

**Developmen  
tally  
Disabled  
Services**

**Networks/Le  
ad 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 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



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# RECOGNITIONS

**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](mailto:dreichart@coanet.org)



# RECENT RECOGNITIONS

## 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)

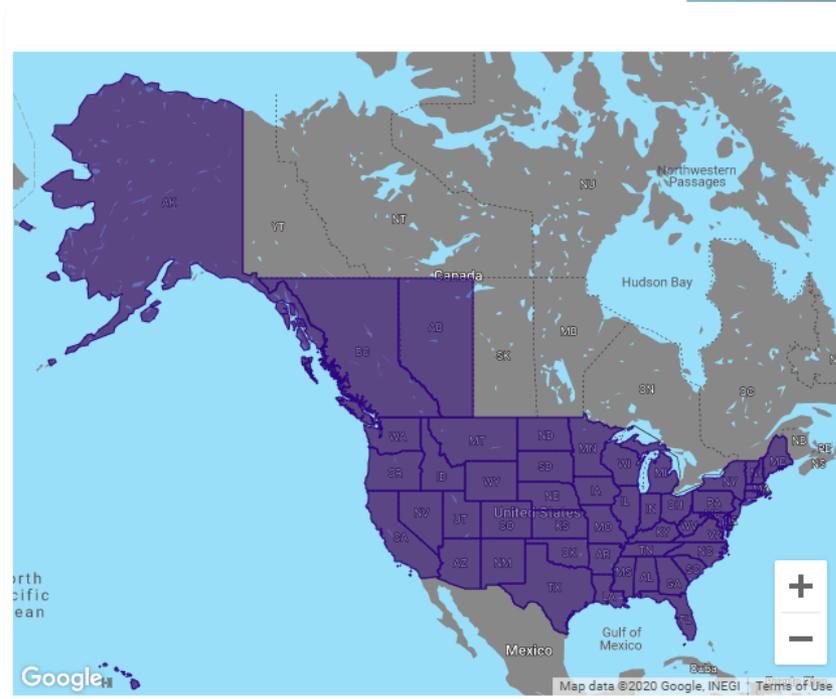
### Medicaid Mandate

MassHealth

## Substance Abuse (KS)

### Deemed Status

Kansas Department for Aging and Disability Services





OUR PROCESS

# PHASES OF ACCREDITATION

1 | Application & Accreditation Agreement

2 | Intake

3 | Self-Study

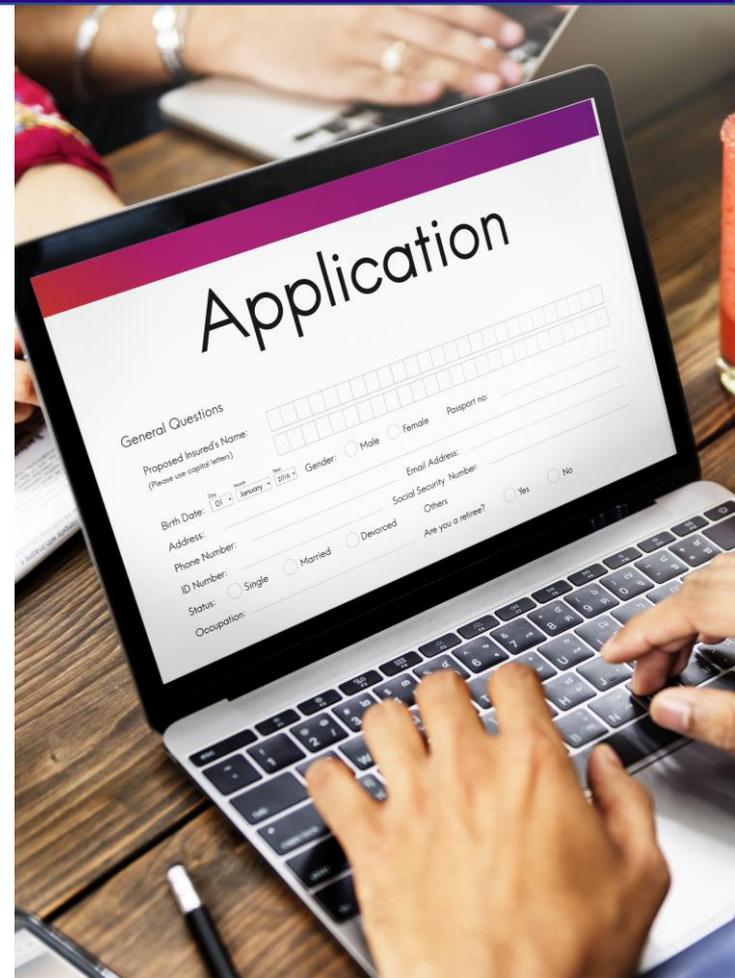
4 | Site Visit

5 | Pre-Commission Review (PCR)

6 | Accreditation Decision

7 | Maintenance of Accreditation (MOA)

- 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](mailto:jperrow@coanet.org)

Accreditation Fee

Site Visit Fee



# ACCREDITATION GUIDELINES

The screenshot shows the Council on Accreditation website. At the top right, there are links for 'MyCOA', 'VIP', 'Report a concern', and a search icon. The main navigation menu includes 'ACCREDITATION', 'STANDARDS', 'WHY COA', 'RESOURCES', 'NEWS & EVENTS', 'BLOG', 'ABOUT', and 'CONTACT'. The 'ACCREDITATION' menu is expanded, showing options: 'WHY ACCREDITATION', 'WHO COA ACCREDITS', 'ACCREDITATION PROCESS' (highlighted with a red box), 'GET STARTED', 'REGULATOR RECOGNITION', 'FAQS', and 'FIND AN ACCREDITED ORG'. A 'Get started' section contains the text 'Start the conversation about whether COA accreditation is right for you.' and a 'LET'S GO' button. A large blue box contains the text: 'Our in-depth accreditation process is a strengths-based review and accreditation of (in most cases) an entire organization.' At the bottom, a small text box states: '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





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## 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

The screenshot displays the My COA Portal interface for organization #660079, ABC Services, Inc. The header includes the Council on Accreditation logo, the organization name, and navigation links for Sites & Programs, Training & Resources, Self Report, and Support. A progress bar at the top shows the current stage as 'Self Study' with a '21 Pick a Cycle' button. The main content area is divided into several sections: 'Current Stage: Self Study' with a progress bar showing 0% completion; 'Business Information' with fields for Status (New Applicant In-process), CEO/Executive Director, Primary Contact, Mailing Address, Billing Address, Organization Phone, and Website; 'My Accreditation Timeline (0)'; 'My Training & Events (5)' with a 'Register for Training Now' link and three event cards: 'Getting Organized: Creating an Accreditation Workplan', 'Introduction to the New MyCOA Portal Redesign', and 'Preparing for the Site Visit'; 'Announcements (1)' with a link to 'Show All' and a notification about the COA 2020 Conference; and 'My Standards Updates (0)'.

- 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

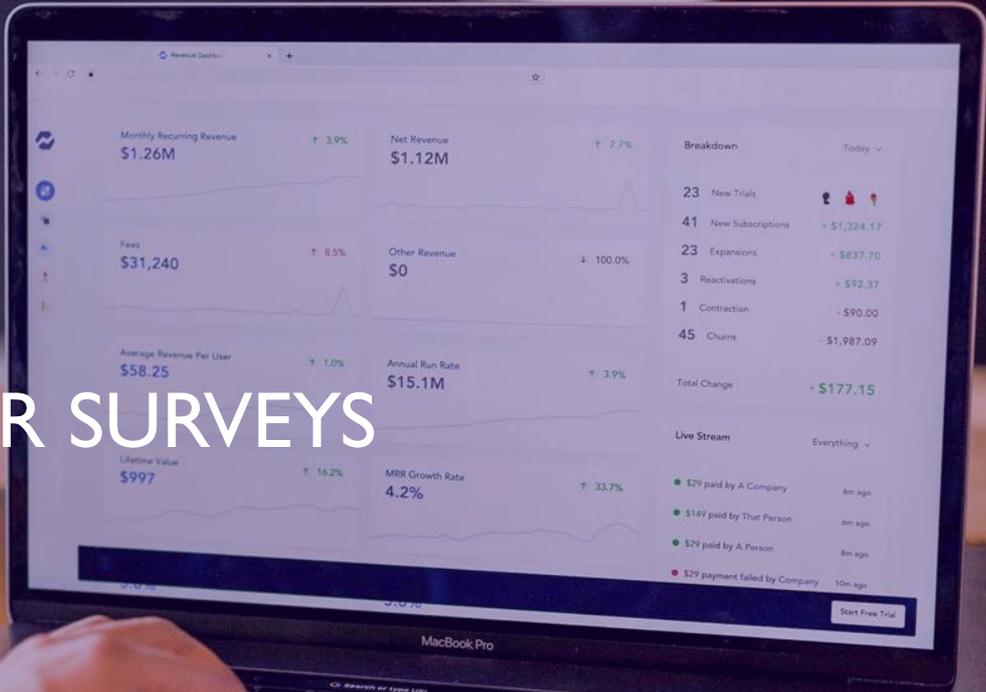


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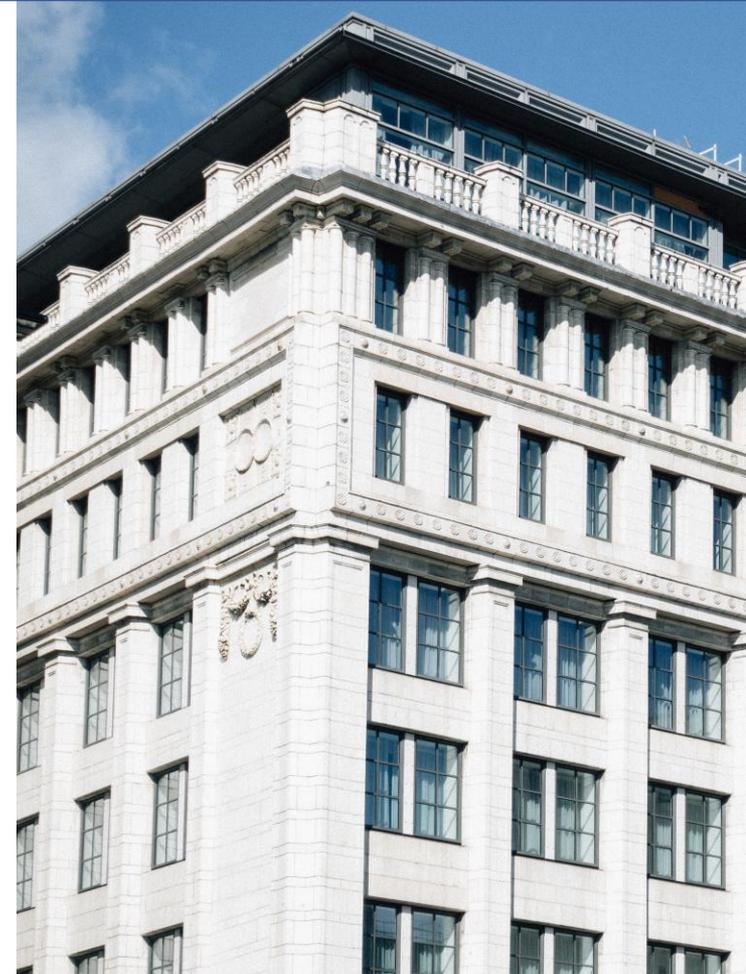
## **PRELIMINARY SELF-STUDY**

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)

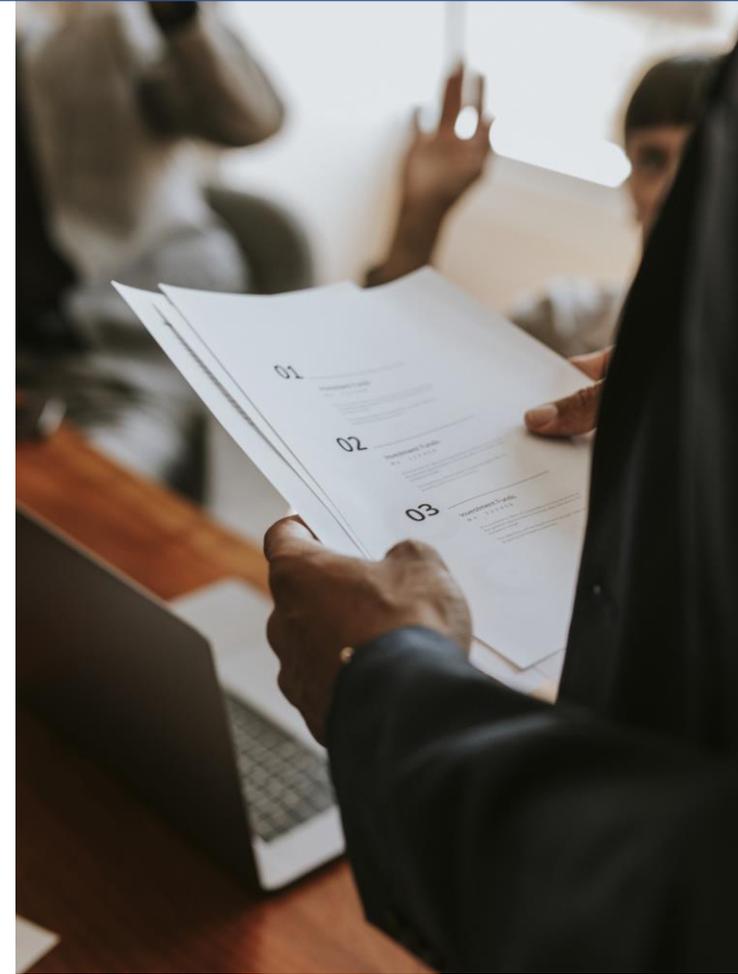


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## **SITE VISIT ACTIVITIES**

- 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





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## 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

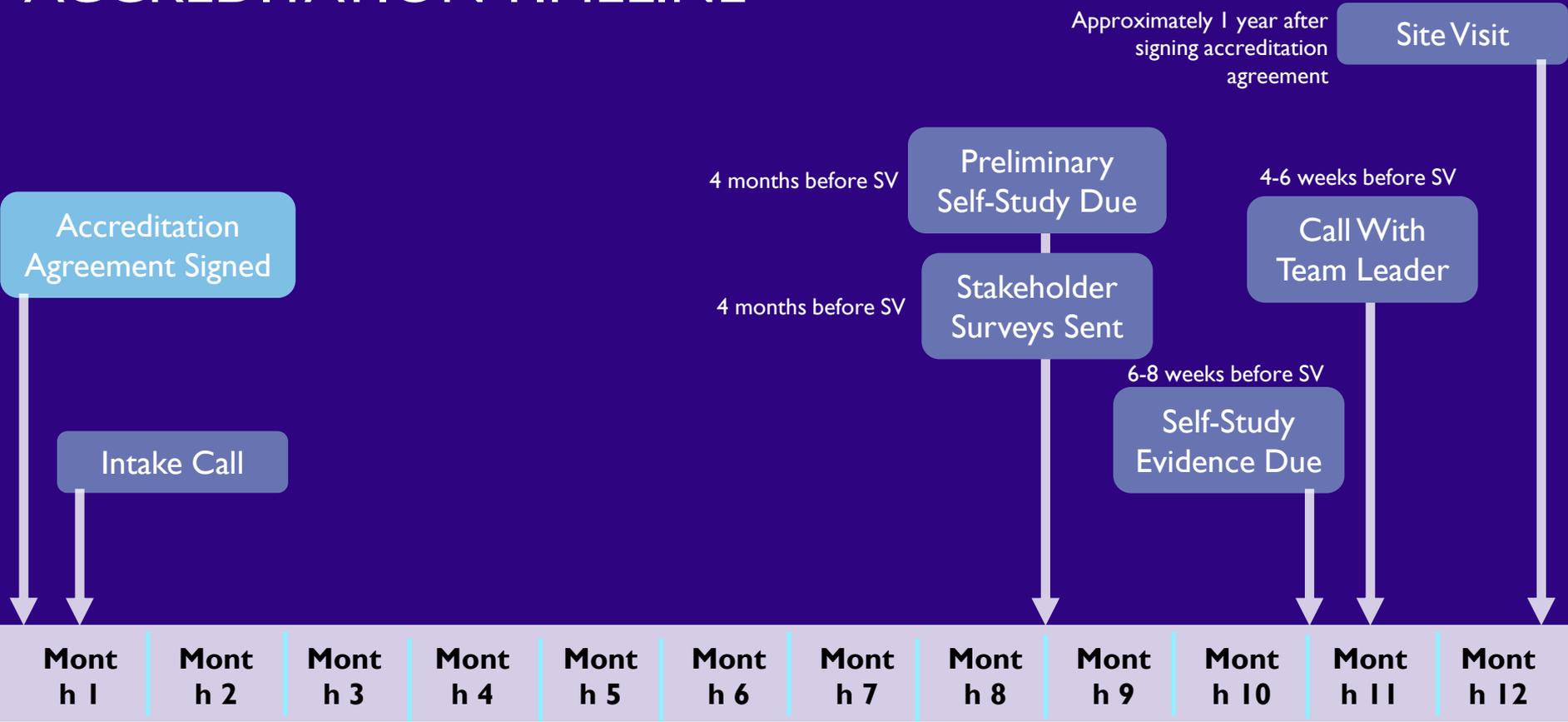
## MOA Changes

- 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](http://www.coameasures.com)

# ACCREDITATION TIMELINE



Calculate your own Site Visit Date

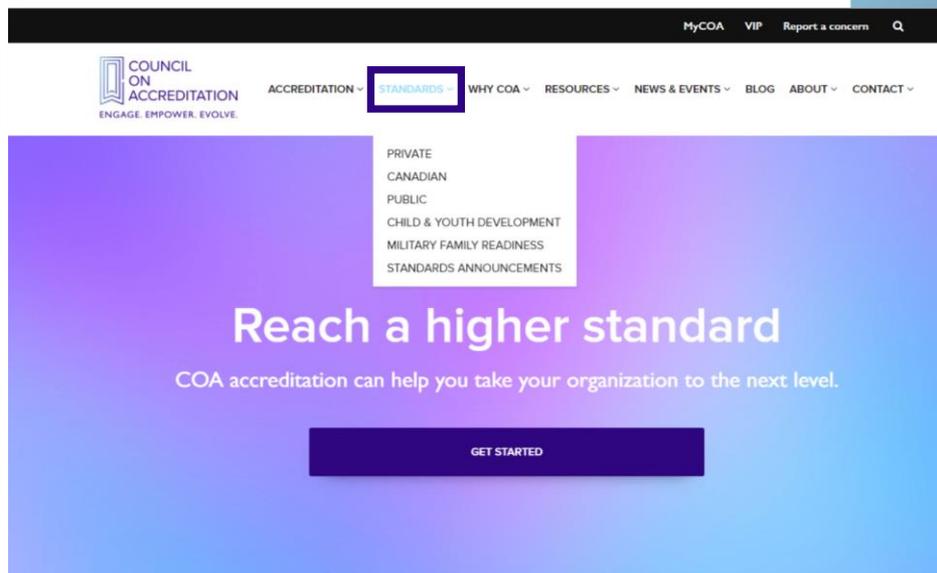


OUR STANDARDS



# ACCESSING THE STANDARDS

- Our standards remain free and accessible on our website
- Click on *Standards* and select a version to view



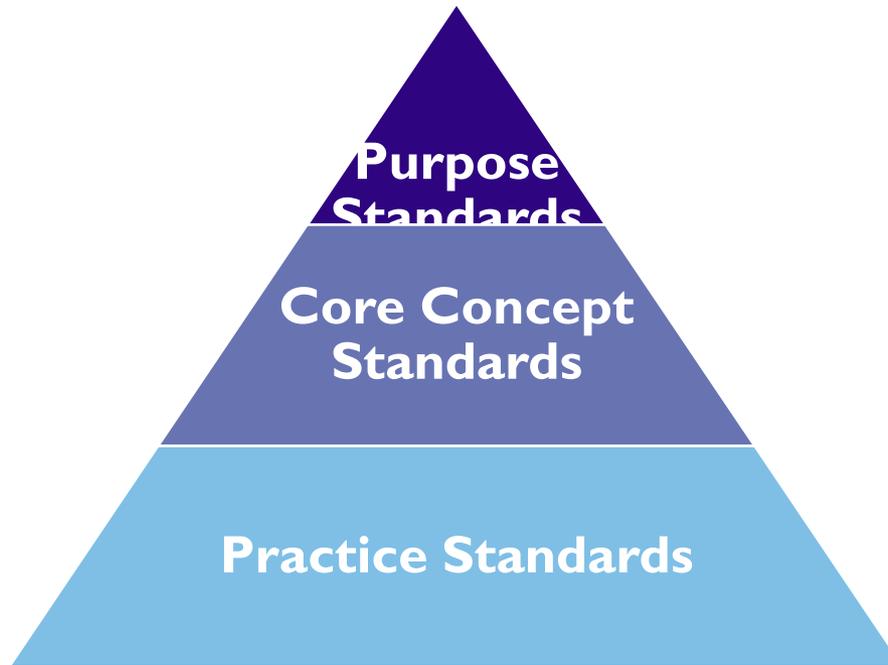
[www.coanet.or](http://www.coanet.or)

g



# Standards Structure

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



Core  
Concept

2020 Edition

### Case Management (CM) 3: Intake and Assessment

The organization's intake and assessment practices ensure that individuals and families receive prompt and appropriate access to appropriate services.

Currently viewing CASE MANAGEMENT (C) Edition  
Print Friendly view

CM1 - Client Contact Log/ Misdial  
CM2 - Provision  
**CM 3: Intake and Assessment**  
CM4 - Service Planning and Monitoring  
CM5 - Intake Case Management  
CM6 - Case Closing and Referrals

**VIEW THE STANDARDS**

- 1. Assessment and Management Standards
- 2. Service Delivery Administration Standards
- 3. Service Standards

**PURPOSE**

Individuals and families who receive Case Management services access and use resources and supports that build on their strengths and meet their service needs.

Rating Indicators

Self-Study Evidence	On-Site Evidence	On-Site Activities
<ul style="list-style-type: none"><li>Screening and intake procedure</li><li>Assessment and re-assessment procedure</li><li>Copy of assessment tool(s)</li></ul>	<ul style="list-style-type: none"><li>Community resources and referral list</li></ul>	<ul style="list-style-type: none"><li>Interviewees may include:<ul style="list-style-type: none"><li>a. Program Director</li><li>b. Referrals personnel</li><li>c. Patients served</li></ul></li><li>Review case records</li></ul>

**CM 3.01**

Individuals and families are assessed and informed about:

- how well the request matches the organization's services; and
- when services will be available and when.

*N/A Another organization is responsible for screening or referral in a contract.*

**Fundamental Practice**

**CM 3.02**

Prompt, responsive intake practices:

- include screening for level or severity of services;
- 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 for placement on a waiting list or referral to appropriate resources when individuals and families cannot be served or cannot be served promptly.

**CM 3.03**

Individuals and families participate in an individualized, culturally and linguistically responsive assessment that is:

- completed within established timeframes;
- relevant to needs based on the needs of persons served; and
- based on information processes for meeting service requests and objectives.

**INTERPRETATION**

The Assessment Process - Private, Public, Community Network describes which level of assessment is required for CCM3 Service Systems. The assessment elements of the Practice can be tailored according to the needs of specific individuals or service design.

Purpose

Practice



## STANDARDS STRUCTURE

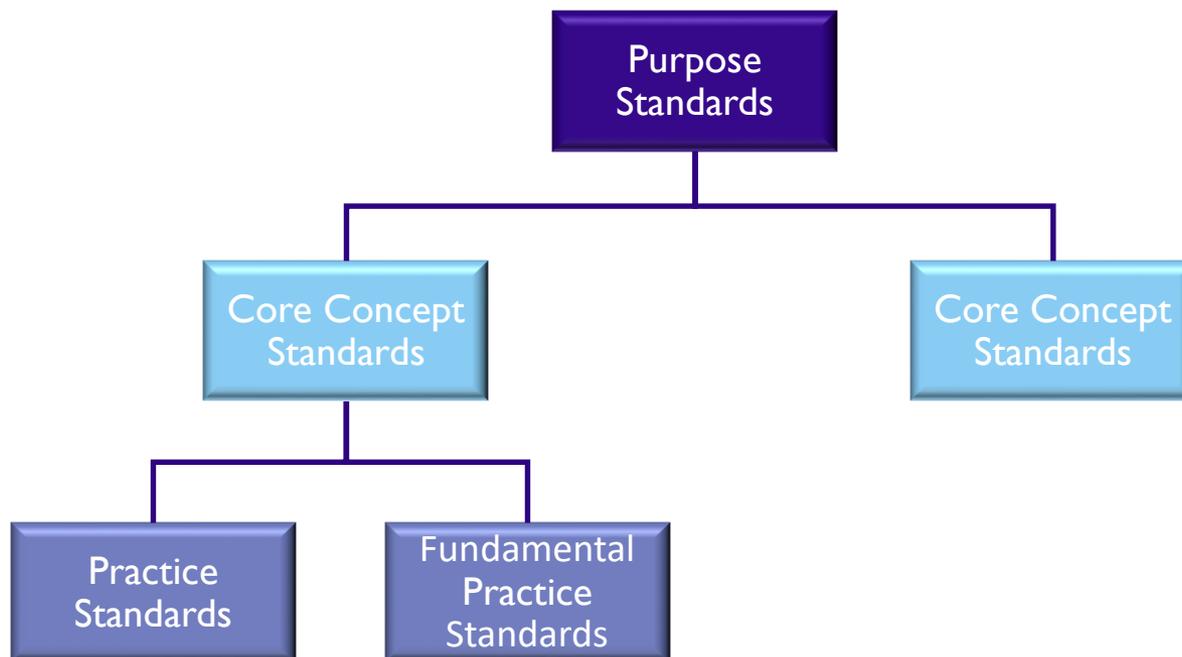
- Added benefit allows organizations a chance to address standards needing attention before accreditation decision
- Goal is to help organizations achieve accreditation

Of our organizations:

- 59% Go Through PCR
- 41% Expedited



# STANDARDS STRUCTURE





# 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

2020 Edition

### VIEW THE STANDARDS

- > Administration and Management Standards
- > Service Delivery Administration Standards
- > Service Standards

### Table of Evidence

Self-Study Evidence	On-Site Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Screening and intake procedures</li> <li>• Assessment and re-assessment procedures</li> <li>• Copy of assessment tool(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Community resource and referral list</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ol style="list-style-type: none"> <li>a. Program director</li> <li>b. Relevant personnel</li> <li>c. Persons served</li> </ol> </li> <li>• Review case records</li> </ul>

ALL  
ORG  
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ORG  
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ORG



## 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)

Under FFPSA, only specified settings will be eligible for Title IV-E funding reimbursement.

One of the eligible settings is a “Qualified Residential Treatment Program” (QRTP).



# 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



## Ratings Indicators

**1**

**Full Implementation**

**2**

**Substantial  
Implementation**

**3**

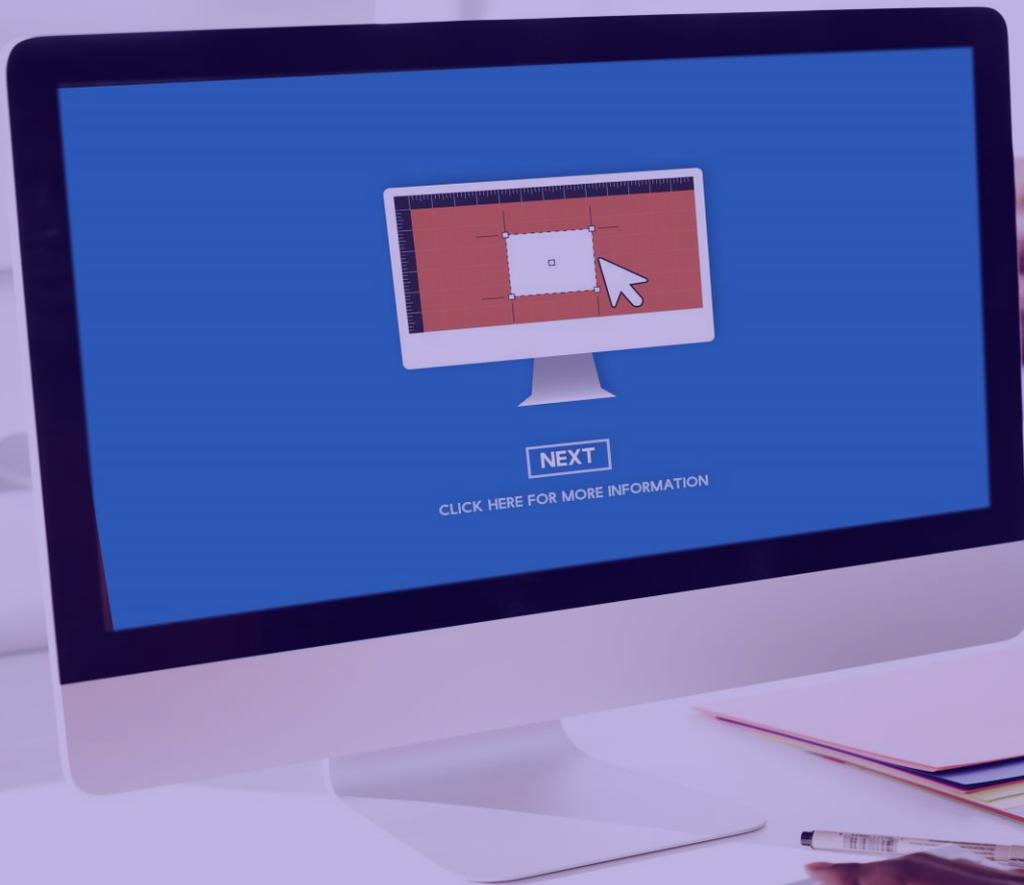
**Partial Implementation**

**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**

# SPONSORING ORGANIZATIONS



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](mailto:jperrow@coanet.org)

### **For reaccredited organizations:**

Joseph Seoane

*VP of Client Relations*

212.797.3000 x263

[jseoane@coanet.org](mailto:jseoane@coanet.org)



# Tools and Resources



ACCREDITATION ▾ STANDARDS ▾ WHY COA ▾ **RESOURCES ▾** NEWS & EVENTS ▾ BLOG ABOUT ▾ CONTACT ▾

## 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.



- ACCREDITATION
- STANDARDS
- WHY COA
- RESOURCES**
- NEWS & EVENTS
- BLOG
- ABOUT
- CONTACT

## Trainings

Optional filters for Training and Events:

Standards Edition

--None--

Training Type

- Conference
- Face-to-Face
- General Webinar
- Meeting
- Recorded Webinar
- Self-Paced
- Training Resource

Free Training and Events Only

Start Date

### Live Training and Events

	Event Name	Date(s) & Times	Type	Available Spots	Cost	City / State
<input type="checkbox"/>	<a href="#">View Details and Register</a> 2020 Benchmarking Webinar B	2/20/2020 3:00 PM - 4:00 PM EST	Webinar	67	\$0.00	
<input type="checkbox"/>	<a href="#">View Details and Register</a> Intensive Accreditation Training (IAT)	3/4/2020 - 3/5/2020 9:00 AM - 4:00 PM EST	Face-to-Face	16	\$500.00	Fort Lauderdale, FL
<input type="checkbox"/>	<a href="#">View Details and Register</a> Performance and Quality Improvement (PQI)	3/6/2020 9:00 AM - 4:00 PM EST	Face-to-Face	14	\$350.00	Fort Lauderdale, FL
<input type="checkbox"/>	<a href="#">View Details and Register</a> Intensive Accreditation Training (IAT)	4/22/2020 - 4/23/2020 9:00 AM - 4:00 PM EST	Face-to-Face	19	\$500.00	New York, NY
<input type="checkbox"/>	<a href="#">View Details and Register</a> Performance and Quality Improvement (PQI)	4/24/2020 9:00 AM - 4:30 PM EST	Face-to-Face	17	\$350.00	New York, NY

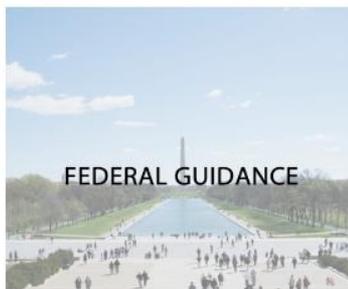
Showing 1 to 5 of 5



# FFPSA RESOURCE CENTER



CHOOSING AN ACCREDITOR



FEDERAL GUIDANCE



TRAININGS & EVENTS

**COA's FFPSA Resource Center**  
**[www.coafamilyfirst.org](http://www.coafamilyfirst.org)**



NEWS



KEY DATES



ACCREDITATION RESOURCES



QUESTIONS?



COUNCIL  
ON  
ACCREDITATION

ENGAGE. EMPOWER. EVOLVE.

45 Broadway, 29th Floor  
New York, NY 10006

(212) 797-3000

[coanet.org](http://coanet.org)

# 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**

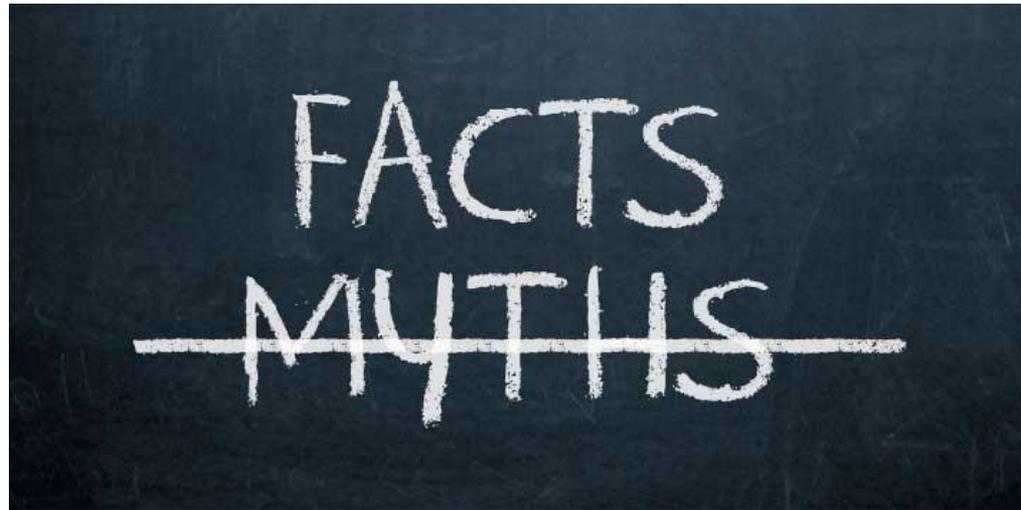
# Myths abound...

- **Myth #1 – “They only accredit hospitals”**
- **Myth #2 – “They cost way more”**
- **Myth #3 – “They are part of the government”**



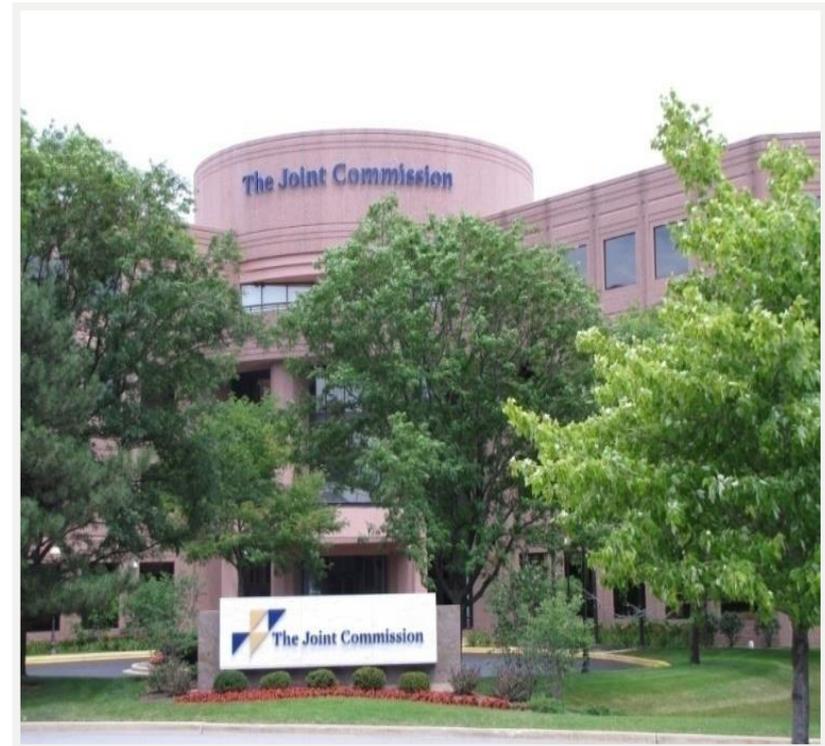
# The Joint Commission

- 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



# **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



# 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

## → Standards Manual Content

### [-] Accreditation Requirements

Accreditation Participation Requirements (APR)  
Care, Treatment, and Services (CTS )  
Environment of Care (EC)  
Emergency Management (EM)  
Human Resources Management (HRM )  
Infection Prevention and Control (IC)  
Information Management (IM)  
Leadership (LD)  
Life Safety (LS)  
Medication Management (MM)  
National Patient Safety Goals (NPSG)  
Performance Improvement (PI)  
Record of Care, Treatment, and Services (RC)  
Rights and Responsibilities of the Individual (RI)  
Waived Testing (WT)

**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

## → Standards Manual Content

### ▣ Accreditation Requirements

Accreditation Participation Requirements (APR)

Care, Treatment, and Services (CTS)

Environment of Care (EC)

Emergency Management (EM)

Human Resources Management (HRM)

Infection Prevention and Control (IC)

Information Management (IM)

Leadership (LD)

Life Safety (LS)

Medication Management (MM)

National Patient Safety Goals (NPSG)

Performance Improvement (PI)

Record of Care, Treatment, and Services (RC)

Rights and Responsibilities of the Individual (RI)

Waived Testing (WT)

- 🕒 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

## → Standards Manual Content

### ▣ Accreditation Requirements

Accreditation Participation Requirements (APR)

Care, Treatment, and Services (CTS )

Environment of Care (EC)

Emergency Management (EM)

Human Resources Management (HRM )

Infection Prevention and Control (IC)

Information Management (IM)

Leadership (LD)

Life Safety (LS)

Medication Management (MM)

National Patient Safety Goals (NPSG)

Performance Improvement (PI)

Record of Care, Treatment, and Services (RC)

Rights and Responsibilities of the Individual (RI)

Waived Testing (WT)

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

## → Standards Manual Content

### ▣ Accreditation Requirements

Accreditation Participation Requirements (APR)

Care, Treatment, and Services (CTS )

Environment of Care (EC)

Emergency Management (EM)

Human Resources Management (HRM )

Infection Prevention and Control (IC)

Information Management (IM)

Leadership (LD)

Life Safety (LS)

Medication Management (MM)

National Patient Safety Goals (NPSG)

Performance Improvement (PI)

Record of Care, Treatment, and Services (RC)

Rights and Responsibilities of the Individual (RI)

Waived Testing (WT)

- Staff training and competency to provide care – Trauma Informed Care
- Staff Onboarding and evaluation ensure meeting QRTP requirements of care

# TJC Accreditation Standards and QRTP Requirements

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## → Standards Manual Content

### [-] Accreditation Requirements

Accreditation Participation Requirements (APR)

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Record of Care, Treatment, and Services (RC)

Rights and Responsibilities of the Individual (RI)

Waived Testing (WT)

- 🕒 Guides documentation
- 🕒 Ensures assessments, placement decisions are properly documented and justified.

# TJC Accreditation Standards supporting safety and quality for QRTP's

→ Standards Manual Content

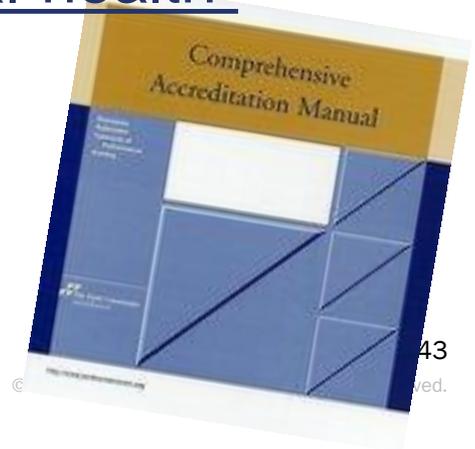
- ▣ Accreditation Requirements
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  - Performance Improvement (PI)
  - Record of Care, Treatment, and Services (RC)
  - Rights and Responsibilities of the Individual (RI)
  - Waived Testing (WT)

- 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

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- 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](http://www.jcrinc.com)



# QRTP Accreditation

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## 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

# The Joint Commission

## 6-Step Accreditation Process

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### 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 1<sup>st</sup> 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

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### 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

# The Joint Commission Executive Overview

## 6-Step Accreditation Process

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### 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

# The Joint Commission Executive Overview

## 6-Step Accreditation Process

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### 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

Likelihood to Harm a Patient/Staff/Visitor



**HIGH**  
(harm could happen at any time, or did happen)

**MODERATE**  
(harm could happen occasionally, especially in combination with other factors)

**LOW**  
(harm could happen, but would be rare)

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

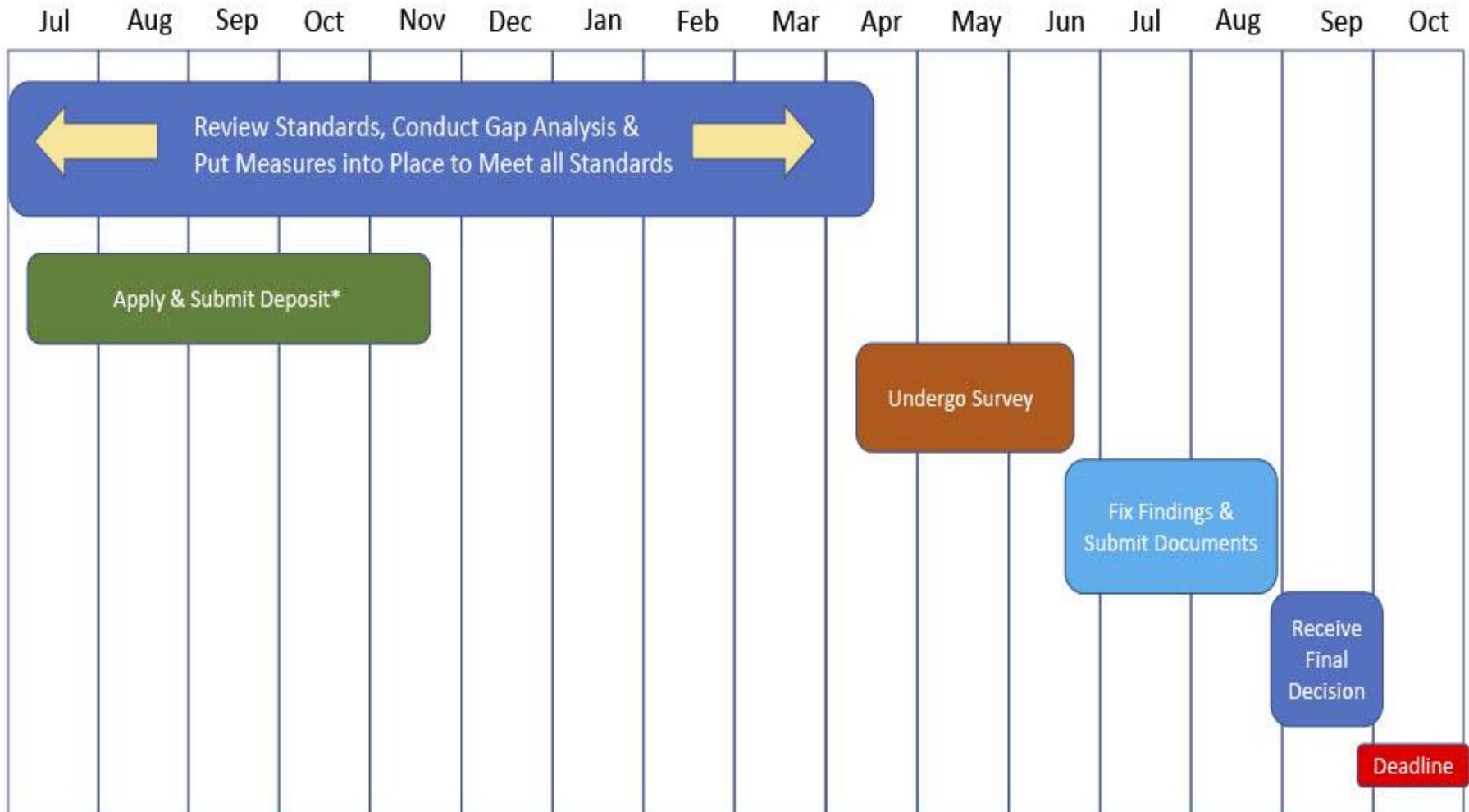
**LIMITED**  
(unique occurrence that is not representative of routine/regular practice)

**PATTERN**  
(multiple occurrences with actual or potential to impact few/some patients, visitors, staff and/or settings)

**WIDESPREAD**  
(multiple occurrences with actual or potential to impact most/all patients, visitors, staff and/or settings)

**SCOPE**

# Timeline for QRTP Agencies Seeking October 1, 2021 Accreditation



\*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?

