

Memorandum

Date: 1/30/12

From: Jim Roberts, President
Mary Kaye Gerski, Chair Membership Committee

To: California Alliance member agency executives

RE: Changes to Alliance accreditation function

In 2011 the Board of Directors implemented significant changes to the Alliance accreditation function and the Board directed staff to put together a crosswalk of national accrediting bodies and their standards, present an advocacy strategy, and provide an explanation of dues and the transition to all member agencies.

We want to bring you up to date on the changes, developments, and future movement; as well as give you an opportunity to raise questions and provide the Board with information needed to make decisions regarding future accreditation.

We have scheduled a round table meeting at the Winter Executive Conference to give member agencies opportunity for discussion on Thursday, February 16, 2012 at 7:30am.

Transition Process

Membership Requirement:

- Accreditation remains an Alliance membership requirement.

Alliance Accreditation

- The Alliance will provide accreditation to agencies joining between 2011 and 2015.
- As of 2015, the Alliance will discontinue Alliance accreditation.
- An accreditation fee has been developed to cover the re-occurring costs of Alliance Accreditation training, lead reviewer fee, travel, food, lodging, and postage.
- Agencies being accredited by the Alliance will pay the accreditation fee prior to the on-site review.
- Alliance members may renew Alliance Accreditation (until 2015) by completing an Alliance Accreditation Maintenance Report and remaining current on dues.
- An agency's Alliance Accreditation will expire if it terminates Alliance membership, holds a delinquent dues amount, or fails to complete the annual Alliance Accreditation Maintenance Report.

National Accreditation

- As of 2015, national accreditation will be a requirement for Alliance membership.
- The Alliance will track the progress of members working toward national accreditation; agencies not already accredited by the Alliance will remain Provisional Members until national accreditation is achieved.

- While an Alliance accredited agency is pursuing national accreditation, its Alliance Accreditation will remain valid until 2015 if dues are current and Accreditation Maintenance reports are completed annually.

Crosswalk

The Alliance has included with this memo a crosswalk of the three national accrediting bodies which compares costs, process, and other relevant details; this information will assist members in making the best choice for their agencies. All three national accrediting bodies have and will hold training opportunities for Alliance members. Also, attached is a crosswalk between COA standards and Alliance standards, as well as CARF adoption standards and Alliance adoption standards, for your information. Also, all three bodies have included documents regarding their accreditation process.

Alliance Dues

The Alliance dues structure will remain the same. Alliance dues have remained virtually unchanged since 2002 when the current dues structure was implemented. From 2002 through 2010, member dues included the cost of Alliance Accreditation, even for those members that were nationally accredited.

Since the Alliance Board of Directors decided to move to national accreditation as a requirement for membership, Alliance dues no longer cover the cost of accreditation. Provisional Members seeking Alliance accreditation have been charged an additional accreditation fee.

Alliance dues that previously covered the cost of accreditation have been redirected to pay for enhanced Alliance advocacy activities.

Accreditation Advocacy Strategy

Advocate for a state requirement that a private organization must be accredited in order to provide services to children in the public child welfare/foster care, mental health, juvenile justice and special education systems, with funding built in to cover additional costs.

To That End

To that end, the Board of Directors wants to assure that all member agencies have opportunity to be fully briefed and weigh in on the accreditation advocacy strategy. The Alliance staff and members will use 2012 to educate policy-makers regarding the value of accreditation in a realigned environment and sponsor legislation in 2013 to make accreditation a statewide requirement.



California Alliance
OF CHILD AND FAMILY SERVICES

**Accreditation Crosswalk
CARF, Joint Commission, & COA**

Introduction: Each organization will need to review the individual accreditation standards to see which will best suit their needs. The following crosswalk has been created for comparison against the three accrediting bodies. Information was incorporated from presentation materials provided to California Alliance of Child and Family Services (CACFS), as well as from the CARF, Joint Commission, and COA websites.

	Commission on the Accreditation of Rehabilitation Facilities (CARF)	Joint Commission (JC)	Council on Accreditation (COA)
Inception	Founded: 1966	Founded: 1951	Founded: 1977
Mission	Mission: To promote the quality, value, and optimal outcomes of <i>services</i> through a consultative accreditation process that centers on enhancing the lives of the persons served.	Our Mission: To continuously improve <i>health care</i> for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.	Mission: COA partners with <i>human service organizations</i> worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.
Vision	Vision: Through responsiveness to a dynamic and diverse environment, CARF serves as a catalyst for improving the quality of life of the persons served by CARF-accredited organizations and the programs and services they provide.	Vision Statement: All people always experience the safest, highest quality, best-value health care across all settings.	Vision: COA envisions excellence in the delivery of human services globally, resulting in the well-being of individuals, families, and communities.
Organization or Services?	CARF Accredits the organization for the individual programs they choose to have surveyed. All locations which offer the program(s) of choice must be included in the accreditation process.	The accreditation is awarded to the agency/organization. All programs/services <i>provided by the organization for which The Joint Commission has established standards</i> will be evaluated.	Accredits the entire organization through the review of its administrative and management functions and <i>all</i> of an organization's programs and services for which COA has an applicable service standard COA currently accredits 47 different service areas that apply to over 125 types of programs.
Length	Three years One Year Non-Accreditation Preliminary Accreditation: A Preliminary	Three years.	Four years.

	<p>Accreditation process is available prior to an organization delivering direct services if it demonstrates substantial conformance to the applicable standards. A full follow-up survey will be conducted 6 months following service provision.</p>	<p>Exceptions: An early survey option is available for organizations that are seeking initial accreditation, but not ready for a full evaluation.</p>	<ol style="list-style-type: none"> 1. Organizations can choose a three-year accreditation cycle or if they are required to do so by funders or regulatory agencies. 2. Opioid Treatment Programs which are mandated by the Substance Abuse and Mental Health Services Administration to be on a three-year cycle.
	<p>Commission on the Accreditation of Rehabilitation Facilities (CARF)</p>	<p>Joint Commission (JC)</p>	<p>Council on Accreditation (COA)</p>
<p>Process Length</p>	<p>The length of the CARF accreditation process varies depending on the organization's readiness. CARF requires an organization to implement the CARF standards and provide direct services for a minimum of 6 months prior to being surveyed. Generally, most organizations spend 12-18 months preparing for the CARF accreditation survey.</p>	<p>Most Joint Commission accredited organizations take about 4-6 months to prepare themselves for initial survey, but organizations have up to 12 months after submitting the application.</p>	<p>The COA accreditation process takes 12-18 months to complete depending on the readiness of the organization, its size, structure, and the number of services being delivered.</p>

CARF partners with organizations who are seeking accreditation in various ways.

Each organization seeking accreditation is assigned a Resource Specialist. All CA Alliance members will have the same Resource Specialist assigned, Brenda Wilfing. Brenda can be reached at (888) 281-6531 ext. 7193 or by email at bwilfing@carf.org.

The resource specialist provides guidance and technical assistance. The Resource Specialist is available to answer questions about the survey process and preparation as well as assist in interpreting standards. The Resource Specialist remains the key contact with CARF throughout the tenure of accreditation.

The resource specialist provides the organization access to Customer Connect (customerconnect.carf.org), CARF's secure website for transmitting documents and maintaining ongoing communication with accredited organizations and organizations seeking accreditation.

CARF also offers publications, seminars and conferences to support organizations seeking or maintain accreditation and quality processes.

1. Complimentary access to accreditation requirements
2. Joint Commission staff to "walk" you through entire accreditation process
3. Dedicated account executive to act as a "case manager"
4. Technical assistance from an accreditation requirement expert clinician
5. Various on-line tools (www.jointcommission.org/BHCS)

Joint Commission Resources

- Publications
- Educational Programs
- Consulting Services

1. COA assigns each organization an Accreditation Coordinator who provides ongoing technical assistance throughout the entire accreditation process.
2. COA offers a customized, up-to-date and interactive web-based format for the standards (MyCOA) that is accessible at any time via the Internet. This tool provides the organization the opportunity to view and share the standards it will need to implement with other staff in the organization, as well as to easily communicate about these standards with COA.
3. COA's standards website provides tools, templates and resources to assist organizations in the implementation of the standards.
4. COA offers a broad range of regional and electronic training and technical assistance options, many of which are complimentary.

All three bodies require reporting of critical incidents, significant occurrences, and/or "sentinel" events, as well as an Annual Maintenance, Quality, or Performance Review Report.

Scheduled; several months prior to the end of the accreditation cycle, with a 30 day notice of actual dates.
Upon an original survey CARF looks for a minimum of six months of conformance to standards; however upon a resurvey, CARF looks for conformance to the standards for the entire time period from the last survey.

30 day notice for initial on-site survey
7-day notice (most organizations) for re-survey and can be scheduled anytime between 18 - 36 months after accreditation (usually 36 months).

The reaccreditation process begins 18 months prior to an organization's accreditation expiration date with notification from COA to apply for reaccreditation.

Summary: Each accrediting body is unique in how they provide oversight and monitor accreditation readiness. CARF and COA have predetermined schedules on reaccreditation, thus giving a provider an advantage to prepare for onsite reviews. The Joint Commission applies a more random methodology to conduct reaccreditation onsite reviews, making a provider's readiness more consistent, and will provide a 7-day notice (most organizations) to prepare for an onsite review. The Joint Commission states that organizations can typically expect to have a reaccreditation within a 45 day window from 3 years of the last on-site survey date.

Analyzing specific content that each accrediting body uses to explain the services they accredit, key words are used indicating an emphasis on a scope (i.e. Health Care, Human Services Organizations, etc...). Some terminology might imply they accredit areas outside of their scope. For example, COA states that they accredit *all* of an organization's programs; however "all" is a broad term that might imply COA accredits services like a Non-Public School as COA has a relationship with National Commission for the Accreditation of Special Education Services (NCASES). Based on the Mission Statements, the focus of each accrediting body is as follows:

- **CARF:** To promote the quality, value, and optimal outcomes of *services*
- **Joint Commission:** To continuously improve *health care* for the public
- **COA:** Partners with *human service organizations*

Organization of Standards:

COA Standards are organized by three domains:

- **Administration and Management** includes Ethical Practice, Financial Management, Governance, Human Resources Management, Performance and Quality Improvement, and Risk Prevention and Management. In addition, there is a section for Network Administration that is applicable to networks.
- **Service Delivery Administration** includes Administrative and Service Environment, Behavior Support and Management, Client Rights, and Training and Supervision.

- **Service Standards** are assigned based on their applicability to the organization's programs. Every organization pursuing COA accreditation must demonstrate implementation of both the *Administration and Management* and the *Service Delivery Administration* standards because they encompass those aspects of operations that apply to all organizations regardless of the services provided.

Joint Commission Standards are organized into two sections:

- **Requirements for Accreditation** includes Accreditation Participation Requirements, Care, Treatment, and Services, Environment of Care, Emergency Management, Human Resources, Infection Prevention and Control, Information Management, Leadership, Life Safety, Medication Management, National Patient Safety Goals, Performance Improvement, Record of Care, Treatment and Services, Rights and Responsibilities of the Individual, and Waived Testing.
- **Policies, Procedures, and Other Information** includes The Accreditation Process, Standards Applicability Process, Sentinel Events, the Joint Commission Quality Report, Simplifying Compliance Activities, Required Written Documentation, Early Survey Policy Option, Opioid Treatment Programs and Foster Care. The accreditation requirements applicable to various settings, services/programs, and populations can be determined in the Standards Applicability Process section of the manual.

CARF standards are organized into four domains

- **ASPIRE – Assess the Environment, Set Strategy, Persons Served and Other Stakeholders – Obtain Input, Implement the Plan, Review Results and Effect Change. Section 1 – Aspire, often called the Leadership and Administrative Standards** includes: Leadership, Governance, Strategic Planning, Input from Persons Served and Other Stakeholders, Legal Requirements, Financial Planning, Risk Management, Health and Safety, Human Resources, Technology, Rights of Person's Served, Accessibility, Information Measurement and Performance Improvement.
- **General Program Standards – Section 2** includes: Program Service / Structure, Screening and Access to Services, Individualized Plan, Transition/Discharge, Medication Use, Non-Violent Practices, Records and Quality Records Review.
- **Specific Program Standards:** These are the standards specific to the various programs an organization may choose to include in the survey.
- **Special Population:** The standards in this section are applied for specific populations such as Juvenile Justice or Medically Complex.

FEEs (based on 2011 fees)	CARF 3-Year Cycle	JC 3-Year Cycle	COA 4-Year Cycle
Application Fee (One Time)	\$995.00	\$0.00	\$750.00
Accreditation Fee (Each Cycle)	\$0.00	\$0.00	\$20,063.00
¹ Site Visit Fee (Each Cycle)	\$8,700.00	\$3,650.00	\$4,850.00
Annual Fee	\$0.00	\$10,305.00	\$1,200.00
(COA does not charge a fee during accreditation year)	\$0.00	(\$3,435/year X 3 years)	(\$400/year X 3 years)
Standards Manual Cost (Initial; may need to purchase updates)	\$525.00	\$265.00	\$0.00
Total Fees Over the Accreditation Cycle	\$10,220.00	\$14,220.00	\$26,863.00
<i>Less CACFS Discount</i> (CARF and JC 10%; COA 25%)	\$1,022.00	\$1,422.00	\$5,016.00
Discounted Fees Over the Accreditation Cycle	\$9,198.00	\$12,798.00	\$21,847.00
Discounted Overall Annual Cost	\$3,066.00	\$4,266.00	\$5,461.75

State Mandates: California currently does not have mandates for accreditation, however, of the states that do mandate national accreditation, there appears to be no preference between these three accrediting bodies, and they all are listed as accepted accrediting bodies.

Conclusion: Comparing the three accrediting bodies allowed us to see some strengths and weaknesses in each. The standards chosen will shape how the organization operates overall, and will lead to creating a culture of excellence. To align the best accrediting body to each organization, one would need to factor in the organization's structure, scope and mission.

¹ CARF and COA fees were calculated utilizing 2 peer reviewers over 3 days. JC fees were calculated based on the organization's weighted volume.