

Facts about Home Care Accreditation

Established in 1988, The Joint Commission's Home Care Accreditation Program accredits more than 5,600 organizations. The services are provided directly or through a contracted individual or organization. The primary services accredited under the Home Care Accreditation Program are:

- *Home Health*—professional health care services such as nursing; physical, speech or occupational therapies; medical social work; and nutrition/dietetics.
- *Personal Care and/or Support*—assistance with activities of daily living, management of household routine and personal care by paraprofessional personnel.
- *Home Medical Equipment*—Organizations are eligible to be surveyed under The Joint Commission's standards for HME (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies) when they provide medical equipment, prosthetics, orthotics or supplies to patients in their home either directly or through the mail. All organizations may also be eligible for HME accreditation if they bill Medicare Part B DMEPOS, regardless of where the services are provided.
 - *Clinical Respiratory*—services provided by respiratory therapists or other health care professionals to patients in their home, and associated with the provision of medical equipment.
 - *Rehabilitation Technology*—equipment services that enhance the lifestyle of physically challenged individuals through custom medical equipment and supplies, and ongoing evaluation by trained rehabilitation technologists or orthotics/prosthetics technicians.
- *Hospice*—services provided and coordinated by an interdisciplinary team to meet the needs of terminally ill patients, including 24-hour access to care, utilization of volunteers and bereavement care.
- *Pharmacy*—the preparation and dispensing of medications and medication-related devices and supplies by a licensed pharmacy.
 - *Pharmacy dispensing*—dispensing of medications, medication-related supplies and equipment and other related services by a licensed pharmacy.
 - *Clinical/Consultant Pharmacy*—services provided by a qualified pharmacist to optimize outcomes of medication therapy and minimize the adverse effects of medications.
 - *Long Term Care Pharmacy*—pharmacy dispensing services provided to patients residing in a nursing home or other long term care facility, such as assisted living or rehabilitation facility.
 - *Freestanding Ambulatory Infusion*—dispensing and administering drug therapy by infusion or inhalation, and related services, to ambulatory patients in a room or office at an organization's site that is not an extension of a physician's office, hospital or part of a larger ambulatory organization.

Eligibility

In addition to accrediting home care organizations throughout the United States, The Joint Commission offers accreditation to home care organizations located outside the U.S. that are operated by the U.S. government or under a charter of the U.S. Congress or that meet certain criteria. For information about specific eligibility requirements for the primary services accredited under the Home Care Accreditation Program, go to [The Joint Commission website](#).

Benefits of accreditation

- Demonstrates a commitment to the highest level of patient safety and patient care
- Eases access to managed care contracts and third party payment, and encourages patient referrals
- Nationally acknowledged benchmark of quality
- Increases competitive edge
- Provides constructive educational opportunity
- Experienced surveyors offer valuable insights and compliance tips
- Dedicated Account Executives offer organization-specific services
- Enhances ability to attract and recruit top quality staff

Standards

The Joint Commission's standards address the home care organization's performance in specific areas, and specify requirements to ensure that patient care and services are provided in a safe manner. The Joint Commission develops its standards in consultation with health care experts, providers and researchers, as well as measurement experts, purchasers and consumers. The 2011 standards-based performance areas for home care organizations are:

- Emergency Management
- Environment of Care
- Equipment Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety
- Medication Management
- National Patient Safety Goals
- Performance Improvement
- Provision of Care, Treatment and Services
- Record of Care, Treatment and Services
- Rights and Responsibilities of the Individual
- Waived Testing

Accreditation process

The Joint Commission's accreditation process concentrates on operational systems critical to the safety and quality of patient care. To earn and maintain accreditation, a home care organization must undergo an on-site survey by a Joint Commission surveyor periodically (within a range of 18-36 months). The objective of the survey is to evaluate the organization and provide education and guidance that will help staff continue to improve the home care organization's performance. Surveys are conducted by professionals with at least five years of experience in home care. They include registered nurses, pharmacists, respiratory therapists, rehabilitation technologists, orthotists, prosthetists and medical equipment experts. The background and experience of the surveyor who will review an organization are related to the types of services that the organization provides, the volume of services provided, and the ownership or management structure of the home care organization. All surveyors are extensively trained and certified and receive continuing education to keep them up-to-date on advances in quality-related performance evaluation. Following the on-site survey, the organization will receive an accreditation report that outlines the survey findings and any follow-up requirements, requirements for improvement, supplemental findings and organizational strengths. Before it can be accredited, the organization must address all requirements for improvement. For more information about the accreditation process, go to http://www.jointcommission.org/accreditation/home_care.aspx.

Survey process

The survey process focuses on evaluating care processes by tracing patients through the care, treatment and services they received. In addition to these patient "tracers," surveyors conduct systems tracers to analyze key operational systems that directly impact the quality and safety of patient care. Through the Priority Focus Process, surveyors use pre-survey information to conduct a more organization-specific and consistent survey.

Medicare recognition

DMEPOS: In November 2006, the Department of Health and Human Services' Centers for Medicare & Medicaid Services recognized The Joint Commission to accredit durable medical equipment, prosthetics, orthotics and supplies as provided by the Medicare Modernization Act of 2003. According to CMS regulations, for DME organizations with less than 25 sites, The Joint Commission will visit all sites during the on-site survey.

Deemed status relationships

- Hospices: CMS approved The Joint Commission's application for hospice deemed status in June 1999. Hospice deemed status surveys must be unannounced. The deemed status option is open to organizations seeking Medicare payment for hospice services as well as those already Medicare certified. Organizations choosing this option are evaluated against both Joint Commission standards and Hospice Medicare Conditions of Participation.
- Home Health: The federal deemed status option for Joint Commission-accredited home health agencies became effective in June 1993. Surveys to be used for deemed status must be

unannounced. CMS retains the authority to conduct random validation surveys and complaint investigations in all certified home health agencies.

To speak with someone about the deemed status option, call (630) 792-5070.

Cost of accreditation

The cost of a home care survey is based on the number of patients/clients served on a typical day and the number of locations. For most home care organizations, the annual fee is approximately \$1,170 per year, with an on-site survey fee of \$2,905 payable once every three years. Deemed status survey fees are slightly higher.

Customers receive the annual fee invoice in January of each year. The on-site survey fee is billed within five days of the survey's completion. The fee billed covers the direct costs of the survey. The Joint Commission Connect extranet includes a fee calculator to help estimate annual subscription billing costs for current customers. New customers and customers who desire more information, including a weighted volume worksheet for annual fees, can contact The Joint Commission's Pricing Unit at pricingunit@jointcommission.org or (630) 792-5115.

Home care information available to the public

Information about the safety and quality of accredited home care organizations is available to the public at Quality Check[®], www.qualitycheck.org. This comprehensive listing includes each accredited home care organization's name, address, telephone number, accreditation decision, current accreditation status and effective date, and its most recent Quality Report. These reports include detailed information about a home care organization's performance and how it compares to similar home care organizations. Quality Reports are only available for Joint Commission accredited organizations.

For questions about standards, contact the Standards Interpretation Group at (630) 792-5900 or complete the form at http://www.jointcommission.org/standards_information/standards_online_question_form.aspx. For more information about the Home Care Accreditation Program, call (630) 792-5070 or visit [The Joint Commission website](#).