

Division of Behavioral Health



National Accreditation & Integrated Behavioral Health Interim Standards

What is National Accreditation

The Joint Commission offers one definition of *accreditation*:

“a process in which an entity, separate and distinct from the health care organization, usually non-governmental, assesses the health care organization to determine if it meets a set of standard requirements designed to improve quality of care”

What is an accrediting body?

An accrediting body, or synonymously an accrediting organization, is a private, non-state, organization that assesses a behavioral health provider for meeting best-practice and quality of care standards.

Accrediting Organizations

Examples include, but are not limited to:

- Council on Accreditation (COA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission (JC)

Accrediting Organizations

Accrediting organizations are, more often than not:

- Not-for-profit organizations [501(c)(3)], just like many state grantees.
- Just like any not-for-profit, the accrediting organizations;
 - Have a board of directors, and
 - Are operated with community-benefit in mind.
- But, unlike state grantees, accrediting organizations operate nationally, and not just in the State of Alaska.

What Accreditation is not.

The State of Alaska, the Department of Health & Social Services, and/or the Division of Behavioral Health do not accredit.

Why National Accreditation.

- National Accreditation is quickly becoming nation-wide best practice:
 - 2011 U.S. Department of Health and Human Services data notes that 45 states employ accreditation requirements in varying degrees*
- National Accreditation minimizes the Department's administrative footprint:
 - State site visits and enforcement of quality-of-care issues largely replaced by the role of the accrediting body
 - Less Departmental presence in an agency's day-to-day operations
- National Accreditation standards respond more quickly to best-practice trends:
 - State regulation revisions take time to craft and implement; an accrediting body can respond virtually overnight to standards that forward quality-of-care
- National Accreditation offers ongoing technical assistance for a provider to achieve and maintain industry recognized standards of best-practice
- Many private insurers are moving toward a requirement that the services they pay for are rendered by an accredited provider*

* www.ncsl.org/documents/health/HRHealthPlans.pdf

National Accreditation

National Accreditation is a requirement of Department Approval for all Behavioral Health Service Providers by July 1, 2015. This includes:

1. Community behavioral health service providers (Grantee Providers); and
2. Non-publically funded substance use treatment providers (Private Providers).

Note: Mental Health Physician Clinics are not required to have Department Approval from the Division.

See 7 AAC 70.010 for Scope and Applicability

Service Categories

Whichever accrediting body your agency chooses, the

1) accrediting body,

and

2) service types that your agency seeks accreditation in

must be appropriate for the service categories that your agency is Department Approved for.

See 7 AAC 70.150 for further detail

Service Categories

Definitions:

Service Categories are the categories that the Department approves a provider to render,

And

Service Types are the categories of services that an accrediting body accredits.

The Division of Behavioral Health has developed a matrix that identifies cross-walks between service types and service categories. It is available on the Division website, at:

[http://www.hss.state.ak.us/dbh/PDF/Prvdr%20Ltr..\(4.29.11\)%20N.A.%20and%20Matrix.pdf](http://www.hss.state.ak.us/dbh/PDF/Prvdr%20Ltr..(4.29.11)%20N.A.%20and%20Matrix.pdf)

DBH National Accreditation Matrix: Department Provider Approval Aligned with National Accreditation Service Types

By July 1, 2015, all community behavioral health service providers receiving public funds and certain non-publicly funded substance abuse providers are required to attain National Accreditation (NA). Provider agencies may select from three recognized NA entities. DBH has option to expand this list if additional requirements are met. When an agency selects a NA entity, it is critical to ensure that there is correct alignment between the NA "Service Types" with the Department Provider Approval category. **Highlighted/Bolded** is DBH **official guidance** for agencies seeking to provide services in these areas. Agencies considering varying from these **must consult** with DBH Program Integrity staff before proceeding.

National Accreditation Body	Department Provider Approval				
	CLINIC approval Allows billing for:	REHABILITATION approval Allows billing for:	RESIDENTIAL approval Allows billing for:	DETOXIFICATION approval Allows billing for:	DAY TREATMENT approval Allows billing for:
	Behavioral Health Screening Client Status Review Mental Health Intake Assessment Integrated MH/Subs. Use Intake Assessment Psychiatric Assessment Pharmacologic Management Psychotherapy Services Short-term Crisis Intervention Psychological Testing	Screening and Brief Intervention Behavioral Health Screening Client Status Review Substance Abuse Assessment Case Management Compr. Comm. Supp. f/ Adults Peer Support Therap. Beh. Serv. f/ Children Recipient Support Medication Administration Methadone or Antabuse admin. Medical evaluation Short-term crisis stabilization Facilitation of Telemedicine Session Daily Behavioral Rehabilitation	Residential Substance Abuse Tx - High Intensity - Medium Intensity - Low Intensity	Alcohol and Drug Detoxification - Medically Monitored - Clinically Managed - Ambulatory	Day Treatment f/Children
	National Accreditation Service Types				
CARF ** Agencies must also designate "Field Categories" (Integrated ADD/Mental Health, Mental Health, Alcohol and Other Drugs/Addictions) for each service type.	OUTPATIENT TREATMENT	Assertive Community Tx Case Management Employment OUTPATIENT TREATMENT Integrated Beh. Health/Prim. Health Opioid Tx Programs (Methadone)	RESIDENTIAL TREATMENT Therapeutic Communities	DETOXIFICATION	OUTPATIENT TREATMENT
COA	OUTPATIENT MENTAL HEALTH	Case Management Psychosocial Rehab Services Assertive Community tx SERVICES F/SUBSTANCE USE COND. Opioid Tx Programs (Methadone) OUTPATIENT MENTAL HEALTH	RESIDENTIAL TREATMENT SVS. - (residential SA programs would also need to complete "Services for Substance Use Conditions")	** COA does not accredit for Medical Detoxification pgms	OUTPATIENT MENTAL HEALTH
JC	OUTPATIENT	ADDICTIONS SERVICES Case Management Opioid Tx Programs (Methadone) Supported Living OUTPATIENT TREATMENT	RESIDENTIAL	Medically Staffed Detoxification Covered by JC Hospital Standards	OUTPATIENT TREATMENT

National Accreditation

The accreditation requirement due-date
is July 01, 2015

HOWEVER

It is important to get started now,

BECAUSE

on average, it takes a provider 12-18 months,
from start to finish, to become accredited.

National Accreditation

In order to continue receiving grant funds or referrals from the state after July 1, 2015, all Providers must have a Department Approval from the Division, and must be accredited by one of the following accrediting agencies:

- Council on Accreditation (COA);
- Commission on Accreditation of Rehabilitation Facilities (CARF);
- The Joint Commission (JC); or
- An alternative accreditation body approved by the Department in accordance with 7 AAC 70.160.



Founded in 1917, and accrediting over 19,000 health care organizations nation-wide, the Joint Commission is one of the oldest and largest health care accrediting bodies in the United States.

Best known for its accrediting of hospitals and surgical centers, JC also accredits the full-range of behavioral health and substance use treatment facilities, including residential services, foster care, detoxification, and opioid treatment programs.

Additional information may be found at:

<http://www.jointcommission.org>

Or by contacting the JC liaison for Alaska:

Jennifer Hoppe

jhoppe@jointcommission.org

P: 630-792-5261

F: 630-792-4261



Commission on Accreditation of Rehabilitation Facilities (CARF) was founded in 1966, and accredits more than 6,000 providers across 5 continents.

Specializing in health and human service areas, CARF accredits in the areas of:

- Behavioral Health
- Residential Services
- Rehabilitation Services
- Opioid Treatment Programs
- Child and Youth Services

Additional information may be found at:

<http://www.carf.org>

Or by contacting the CARF liaison for Alaska:

Emily Hosea

ehosea@carf.org

P: 888-281-6531 x 7193

F: 520-495-7193



Council on Accreditation (COA) was founded in 1977, and accredits over 1,500 providers in the United States and Canada.

Founded as an accrediting body for family and children's agencies, COA currently accredits over 45 different service areas. Among these service areas are substance abuse treatment services, residential treatment services, psychiatric rehabilitation services, and day treatment services.

Additional information may be found at:

<http://www.coastandards.org>

Or by contacting the COA liaison for Alaska:

Zoë Hutchinson

zhutchinson@coanet.org

P: (212) 797-3000 x 242

A Little More on Accreditation

According to the U.S. Department of Health and Social Services, there are over 30 different nation-wide accreditation organizations for healthcare*

Not all of these accrediting bodies are appropriate for behavioral health, nor meet the Department's regulatory intentions of forwarding and improving a provider's quality of care, or meeting of best industry practices

The three accrediting bodies cited in regulations are those known to the Department to: 1) be appropriate to behavioral health, and 2) forward the quality of care in the behavioral health setting

But there could well be others . . .

* www.ncsl.org/documents/health/HRHealthPlans.pdf

Alternative Accreditation

. . . And to that end.

Behavioral health regulations offer a provider the opportunity to request that an alternative accrediting body be accepted in place of one of the three organizations previously discussed (7 AAC 70.160)

That is to say:

If JC, CARF, or COA don't meet your needs, you have the option of finding an alternative accreditation body that does

Alternative Accreditation

How it works:

- A provider must request, in writing, that the Division of Behavioral Health consider an alternative accrediting organization for their agency
- The written request must include the documentation necessary to evaluate that alternative accreditation body and that body's accreditation process.
- The Division will evaluate whether the alternative accreditation body meets the purpose and intent of accreditation as it relates to its use in regulations, including whether:
 - The alternative accreditation body meets the minimum standards outlined in 7 AAC 70.160
 - The alternative accreditation body is appropriate for the service category(s) the provider is seeking Department Approval for
 - The alternative accreditation body forwards behavioral health quality of care in a manner similar to the three cited accrediting bodies
- The Division will evaluate all alternative accreditation requests received
- The Division will notify the provider of its decision in writing
- If a provider does not agree with the Division's decision, they may appeal the decision to the Commissioner of Health and Social Services

Steps to Becoming Accredited

1. **Begin the discussion within your agency;**

- a) make sure board members, directors, clinicians, and staff are aware of the regulatory need to become accredited

2. **Get informed;**

- a) contact the three cited accrediting bodies via the contact info noted earlier
- b) talk with your peer agencies about their experiences with national accreditation
- c) contact the Alaska Behavioral Health Association (ABHA) at:

www.alaskabehavioralhealth.net

- a) contact the Division of Behavioral Health with questions
- b) research alternative accrediting bodies, if this is the route your agency is considering

3. **Plan ahead;**

- a) facility accreditation takes between 12-18 months, on average, start to finish
- b) an alternative accreditation request will add to the average accreditation timeframe

Steps to Becoming Accredited

4. **Budget appropriately;**

- a) accreditation does come with a financial expense
- b) the Department currently does not have any funds appropriated to assist providers in offsetting NA expense
- c) the cost of NA is outweighed by the benefit that your agency will gain from it, including;
 - i. confirmation that your agency renders high-quality services that are in-line with industry best-practice,
 - ii. your agency's continued compliance with regulation,
 - iii. your agency's ability to seek grant and Medicaid funds or court referrals, and
 - iv. recognition by private health insurers as a provider that can be certified for payments

5. **Select, and sign with, an accrediting body;**

- a) make sure the accrediting body you have selected accredits all the services for the service categories that your agency is Department Approved for
- b) If pursuing an alternative accreditation body, please wait to take this step until you have received a decision from the Division

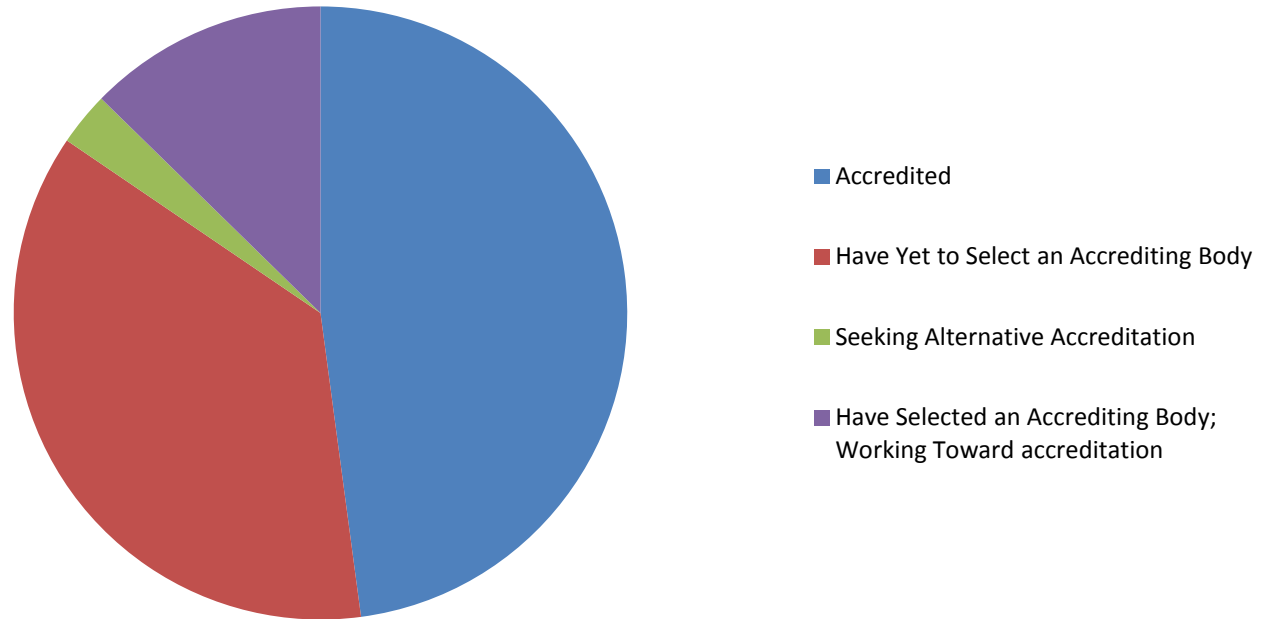
Steps to Becoming Accredited

6. Work with your accrediting body to meet the accreditation standards
7. Keep in contact with the Division, your agency peers, and ABHA in the event of any questions, concerns, or need for ongoing support
8. Keep the Division informed of your progress toward accreditation;
 - a) the Division has a vested interest in the well-being of behavioral health providers
 - b) the Division will be polling providers throughout the implementation timeframe for NA; from now to 2015
 - c) the Division has resources for technical assistance in the event an agency encounters difficulties while pursuing accreditation

Steps to Becoming Accredited

9. Schedule your final accreditation survey
10. Complete your accreditation survey
11. Pass your accreditation survey
12. Celebrate your agency's accomplishment
13. Make sure the Division receives a copy of your accreditation report
14. Plan to address any residual improvement suggestions your accrediting body notes can be improved upon
15. Begin planning and budgeting for your eventual accreditation renewal

How many Alaska Grantee Providers are Accredited



Grantee Providers:

71 Statewide

34 Accredited

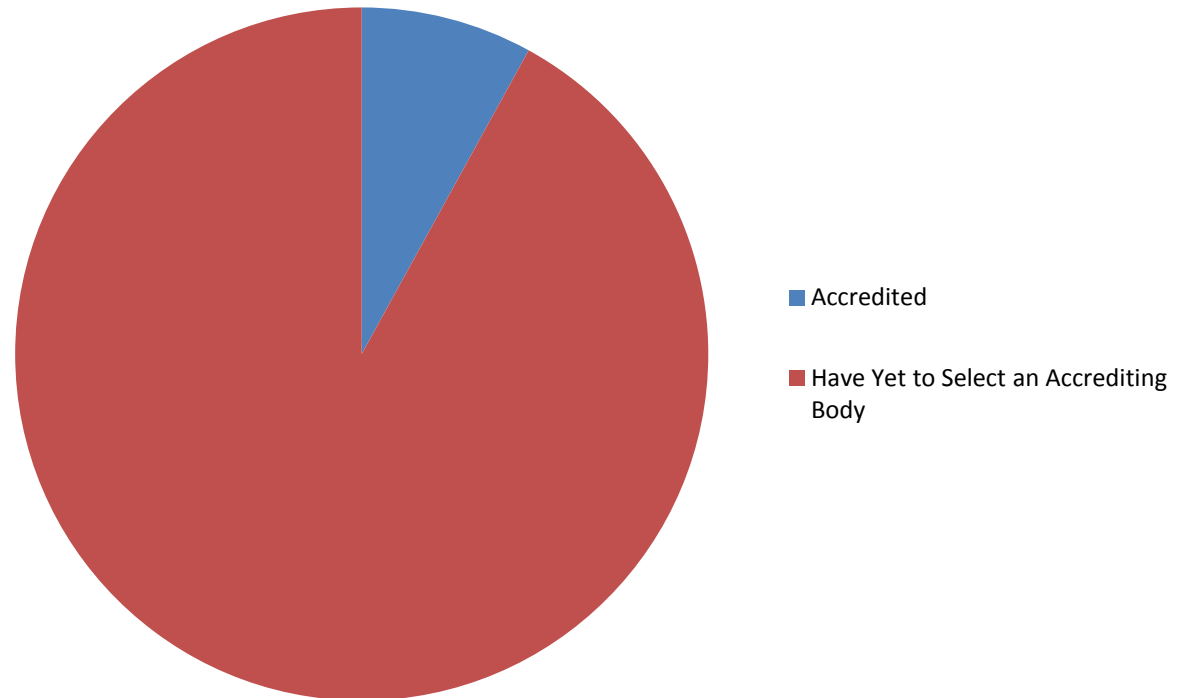
9 have selected an accrediting body and are working toward accreditation

2 are currently seeking alternative accreditation

26 have not yet selected an accrediting body, or have failed to report their decision to the Division

Current as of 03/20/2012

How many Alaska Private Providers are Accredited



Private Providers:

25 Statewide -

2 Accredited

23 Not Accredited, or failing to report

Current as of 03/20/2012

Interim Standards

Before July 1, 2015, a behavioral health services provider may meet the *Interim Standards* in place of being accredited.

After July 1, 2015, this option goes away for all providers unless they are brand new.

What Are Interim Standards

Interim Standards are:

- The basic standards of quality-of-care, performance improvement, business management, record keeping, etc. that the Department has statutory responsibility to make certain approved providers can meet
- Those standards that an accrediting body can monitor just as well, and with some greater efficiency, than the Department could
- Those standards that, after 2015, the Department will look to the accrediting bodies to maintain for State approved and grant-recipient provider agencies, in-place of greater Departmental inspection or enforcement

Interim Standards

Interim Standards apply to providers who are not yet accredited.
Such Providers must meet the following standards:

Provider Ethics

- written ethical code of conduct to which all employees must adhere

Standards of Service

- standardized, comprehensive, appropriate clinical documentation that documents medical necessity
- client orientation to services
- involvement of clients in treatment planning process
- clinical documentation completed in a timely manner
- provide culturally sensitive treatment
- make appropriate referrals and coordinate with other community providers for continuity of care

Interim Standards

Internal Service Structure

- written service description, service philosophy, service goals
- policy and procedures for crisis intervention, including screening clients for risk to self or others
- provide clinical supervision to all staff providing clinical or direct services to clients
- conduct regular quality assurance reviews

Medication Management

- comprehensive policies and procedures covering all aspects of medication management
- review and evaluation of compliance with medication management policies and procedures

Interim Standards

Infection Control

- infection control program that reduces a staff or client's risk of infection
- periodic evaluation of infection control program for effectiveness

Performance Measures and Quality Improvement

- promote a culture of excellence and quality improvement
- policies and procedures for identifying and analyzing critical incidents and sentinel events
- collect data for purpose of monitoring performance, managing risk, and improving service delivery
- show how data collected is used to implement changes that increase quality of care, manage risk, and decrease number of critical incidents or sentinel events

Interim Standards

Leadership

- policies and procedures for organizational governance
- an active governing body
- written description of leadership structure, including description of roles and responsibilities of each level of leadership
- demonstrate effective leadership by having leaders who: engage in short and long term strategic planning; communicate effectively with staff and clients; develop and implement policies and procedures that guide business and clinical operations; establish mission and direction of organization; responsible for ongoing performance improvement and achievement of outcomes; and solicit and value feedback.
- comply with all federal, state or local laws
- be financially solvent and adhere to established accounting practices

Interim Standards

Human Resources

- sufficient number of qualified staff
- provide initial staff orientation
- establish minimum qualifications for each job classification
- perform and document annual evaluations for all staff
- require personal accountability for work performance from all staff
- implement a system for managing staff caseloads to support high quality care

Interim Standards

Physical Environment

- maintain a safe, healthy, therapeutic environment
- monitor environment and make any necessary changes
- develop and implement an emergency management plan, including the conduct of practice drills
- develop and implement a risk management plan

Information System Management

- ensure management information system is secure and protects privacy and confidentiality rights of clients
- maintain a complete and accurate clinical records system

Interim Standards

All three of the cited accrediting bodies require of their accredited providers a level of performance that meets, and often exceeds, the minimal requirements laid out in the *Interim Standards*

All Department Approved alternative accreditation options will likewise be expected to meet or exceed the basics laid out in the *Interim Standards*

Conclusion

- *Accreditation* is when an outside party, often another not-for-profit organization, recognizes and certifies that a behavioral health service provider meets standards of quality and industry best-practice
- Accreditation is a nation-wide movement, and is considered best-practice for behavioral health providers
- Accreditation is required of all community behavioral health service providers and non-publically funded substance use treatment providers by July 1, 2015
- There are three recognized accrediting bodies cited in regulations, or an agency may request that an alternative body be considered

Conclusion

- Accreditation takes time, and does incur a financial expense: a provider agency need plan accordingly
- The Division of Behavioral Health has a vested interest in the accreditation of State providers
 - We will be tracking agencies' progress toward accreditation
 - We have tools and resources to assist a provider in need
- Between now and 2015, a provider may meet the *Interim Standards* in place of accreditation
- *Interim Standards* are those standards that the Department sees accreditation taking the place of, instead of greater state regulatory involvement on provider agencies
- After 2015, the *Interim Standard* option goes away for all established providers

Questions??

Contact the Division of Behavioral Health.

Check out our website for news and updates:

http://hss.state.ak.us/dbh/nat_accred.htm

For Inquiries Related to National Accreditation:

Email us at:

HSS.DBH.ACCREDITATION@ALASKA.GOV

Or Contact:

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