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POLICY MANUAL

State Board of Behavioral Health and Developmental Services Department of Behavioral Health and Developmental Services

POLICY 5008(FAC)87-12 Accreditation or Certification of State Facilities

Authority Board Minutes Dated: December 16, 1987
Effective Date: January 27, 1988
Approved by Board Chairman: /s/ Lindsay B. West

Supersedes STATE BOARD POLICY 5005 (FAC) 85-15

References Federal Register of Regulations, February 25, 2011, Medicare and Medicaid Programs: Approval of the Joint Commission for Deeming Authority for Psychiatric Hospitals
House Joint Resolution 301, 1987.
The Joint Commission.

Background The Department operates 10 state hospitals and one training center, hereafter referred to as state facilities, which provide inpatient behavioral health and developmental services to individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. In this policy, state facilities do not include the Virginia Center for Rehabilitative Services, which provides only rehabilitative services to individuals admitted involuntarily as sexually violent predators. The Department is committed to maintaining an environment of continuous quality improvement that is focused on treatment, care, and positive outcomes for individuals receiving services. The Joint Commission, hereafter referred to as TJC, is the nationally recognized accrediting body for psychiatric facilities and the Centers for Medicare and Medicaid Services, hereafter referred to as CMS, establishes quality of care regulations that long-term care facilities must meet for federal reimbursement. In 1987, the Board established a policy that all state facilities were to be CMS-certified or, under a deemed status agreement, TJC-accredited by 1992, and they were to maintain their accreditation or certification status. This was done to reflect the intent of House Joint Resolution 301 (1987). There are five purposes for seeking and maintaining certification or accreditation:

1. Quality of Care

Accreditation and certification requirements ensure that state facilities establish processes to systematically monitor, analyze, and improve their performance in order to provide excellent services and positive outcomes for the individuals receiving services in a manner that is sensitive to and respectful of those individuals.

2. Staff Credentials and Performance

Accreditation and certification require the establishment of processes to ensure staff have the requisite knowledge and skills to provide high quality care services and there is ongoing monitoring of the quality of care and treatment provided to individuals.

3. Objective Review

The external review process associated with accreditation or certification provides an objective and unbiased assessment of the quality of services being provided to individuals.

4. Reimbursement

Accreditation and certification help to ensure that state facilities are eligible for maximum reimbursement from potential sources such as Medicaid, Medicare, and private insurers.

5. Credibility

National accreditation and certification gives the public, individuals receiving services and their families, advocacy groups, and funding sources confidence in the services provided in state facilities.

Beginning in 1987, all state facilities have attained the level of accreditation or certification that satisfied the requirements of HJR 301, which prescribed a plan for achieving accreditation or certification of all state facilities by 1992.

Purpose

To assure that each state facility continually provides high quality services, maintains the applicable accreditation or certification by a nationally recognized accrediting or certifying body, and maximizes federal and private payor reimbursement for covered services.

Policy

It is the policy of the Board that each state facility shall be accredited or certified through compliance with recognized standards such as those of TJC, or CMS, as appropriate. Each state facility that provides applicable services, i.e., intensive psychiatric, skilled nursing, medical/surgical, chronic disease or intermediate care, shall be certified by CMS or accredited by TJC.

It is also the policy of the Board that each state facility shall maintain its applicable accreditation or certification through ongoing monitoring and management of the quality of services by the facility and the Department.
