

NATIONAL AGENCY ACCREDITATION:

What Is It? Why Do It?

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The social work dictionary defines accreditation as verification that an organization such as a social agency fulfills explicit standards (Barker, 2003). In 1997, our agency decided to obtain national accreditation as we built our model of professionally care-managed home care. Our clients privately pay for our services. The State of Wisconsin does not license our agency—licensed agencies primarily provide medical services paid for through Medicare and other health insurance programs. Our agency focuses on providing long-term care to chronically ill or functionally challenged individuals.

We believed that seeking national accreditation would demonstrate our commitment to meeting national standards as well as help us build a sustainable business model going forward. I explored the choices available at that time: the Council on Accreditation (COA); the Joint Commission for Accreditation of Health

Care Organizations (JCAHCO); the Accreditation Commission for Home Care (ACHC); and the Community Health Accreditation Program (CHAP). We choose to seek accreditation from COA because it accredited both care management and home care services, and we felt comfortable with COA standards because of their social service—rather than medical—approach. We obtained initial accreditation from COA in 2000 and were reaccredited in 2005 and 2009.

In 2011, while beginning to plan for our next reaccreditation, we decided to explore alternatives and found that JCAHCO had become The Joint Commission (TJC), shedding “Health Care Organizations” from its title and adding accreditation for the type of personal care services we provide along with our care management services. We sought and obtained TJC accreditation in April 2012.

Accreditation has given us not only a clear set of nationally

approved standards but also the recognition as an approved vendor for many long-term care insurance policies. The majority of long-term care insurance policies require a “licensed or certified” agency—often one that is licensed by a state and certified by Medicare. We have successfully used our national accreditation as the equivalent of state licensure or certification with a number of insurance providers, and recently we have seen long-term care insurance contracts include TJC accreditation as criteria for approval of an agency as a provider. We have had long-term care insurance companies accept us as a vendor even though we are not licensed by a state or certified by Medicare.

Furthermore, accreditation has been a good marketing tool for us assuring the public that we are providing a level of service that meets national standards. And accreditation has been a good way for us to differentiate ourselves in the marketplace from the many competing franchises, individuals, and agencies that seem to spring up daily. Accreditation has been a big investment for us, but we believe it has proven to be a worthy strategy for business growth.

Having our formal notice of accreditation, we are also required to inform our clients

that they can go to the TJC Office of Quality Monitoring if they have any complaints—yet another element that assures our clients of our accountability.

If you decide to seek national accreditation, you should be prepared for an intense and costly process. Because accreditation is voluntary, it is paid for by fees from the accredited organizations. These fees are generally assessed based on the volume of service provided and the gross revenue.

The key factors in obtaining certification are a careful, thorough reading of the standards, as written, and a step-by-step review to determine whether you are currently meeting each one, and identifying supporting evidence that you are meeting the standard. If you believe that you are not meeting a standard, then you need to figure out how to do so. It may be something as simple as putting into writing your agency’s current policy, or it may be as challenging as realizing that not only do you lack a policy covering this standard but also you don’t really know how to develop one.

One advantage of seeking accreditation in today’s world is that the majority of information and interactions are handled

electronically. TJC has an excellent intranet site for those seeking accreditation and a highly responsive, consumer-oriented structure to quickly and thoroughly answer questions. In our first accreditation efforts, back in the late 90s we had to produce a large loose-leaf notebook. Today, all of those pages are submitted in electronic files.

Of course, a key element of accreditation is a site visit by a surveyor. We had that site visit on March 13 and 14, 2012, and experienced the TJC approach to compliance—called the “tracer” methodology—firsthand. In this technique, the surveyor reviews records concerning

individual clients and the staff responsible for their care. The surveyor goes into the field to meet the client in person, to observe the staff in person, and to determine whether what is written on paper is, in fact, what happens in the field.

Our surveyor told us that she “was sure that we were providing excellent service to our clients.” She also was impressed with the details in our caregiver and care manager plans of care, observing that we did not take a “cookie-cutter” approach to providing services to our clients.

We are urging TJC to add accreditation of care

management as a service to their current list of programs: home health care, hospice care, personal care and/or support services, clinical respiratory services, rehabilitation technology, freestanding ambulatory infusion services, Durable, Medical Equipment (DME), and pharmacy.

Accreditation has been a winning strategy for us, and I am happy to answer any questions about it.

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REFERENCES & RESOURCES

Accreditation Commission for Home Care (ACHC): www.achc.org

Barker, R.L. (2003). *The Social Work Dictionary* (Fifth ed.). Washington, DC: NASW Press.

Community Health Accreditation Program (CHAP): www.chapinc.org

Council on Accreditation, (COA): www.coanet.org

Joint Commission for Accreditation of Health Care Organizations (JCAHCO): www.jointcommission.org

HELPING WITHOUT HURTING: Helping Clients without Doing Damage to Yourself

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Social workers help others overcome some of life’s most difficult challenges: poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness. They help prevent crises and counsel individuals, families, and communities to cope more effectively with the stresses of everyday life (NASW, 2012).

Many of us became social workers because such issues

have touched us or our families personally, or we wanted to give back to our communities. Most social workers will, with little provocation, talk about what tragedies shaped their perspectives and affected their decisions to enter the field. These individuals are often driven by a need to “fix” the most “difficult” people with the most recalcitrant problems. Social workers who address child abuse, domestic violence, or poverty-related concerns pay a heavy emotional price.

At the heart of social work lies the desire to make a difference in people’s lives—and it is this desire that keeps workers going despite the job’s challenges. Talk to most social workers and they will say that their biggest rewards are the successful outcomes: when those they have helped become safe and thriving (Mellon, 2009).

Many social workers feel that as they focus on shaping the lives

of others, they also give definition or meaning to their own lives. And although at times they get frustrated by a lack of resources or other systemic issues, they nonetheless emphasize that the field offers a vast array of opportunities to expand their careers (Lovett, 2012).

“Social worker burnout” is a phrase that doesn’t really confer the emotional trauma of

