

**ACCREDITATION OF VETERANS HEALTH ADMINISTRATION
REHABILITATION PROGRAMS**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook defines the scope of VHA's relationship to the Commission on Accreditation of Rehabilitation Facilities (CARF) in accrediting VHA rehabilitation programs.
- 2. SUMMARY OF CHANGES.** This Handbook is published to ensure that quality VHA rehabilitation programs meet the unique needs of special emphasis population veterans by ensuring that existing and new rehabilitation programs are accredited by CARF.
- 3. RELATED ISSUES.** VHA Directive 1170 (to be published).
- 4. RESPONSIBLE OFFICE.** The Office of Quality and Performance (10Q) and the VHA-CARF Steering Committee are responsible for the contents of this VHA Handbook. Questions may be referred to the Office of Quality and Performance CARF Accreditation Officer at 202-329-8673 or 505-265-1711 Ext. 3180.
- 5. RESCISSIONS.** VHA Handbook 1170.1 dated August 14, 2006, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last day of September 2013.

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ACCREDITATION OF VETERANS HEALTH ADMINISTRATION REHABILITATION PROGRAMS

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the scope of VHA's relationship to the Commission on Accreditation of Rehabilitation Facilities (CARF) in accrediting VHA rehabilitation programs, and in making certain that quality VHA rehabilitation programs meet the unique needs of special emphasis population veterans by ensuring that existing and new rehabilitation programs are accredited by CARF. It ensures that existing and new rehabilitation programs continue to demonstrate VHA's commitment to quality care through CARF accreditation.

2. AUTHORITY

Title 38, United States Code (U.S.C.), Chapter 17 is the medical care authority that directs the Department of Veterans Affairs (VA) to provide complete medical and hospital services for eligible veterans.

3. BACKGROUND

a. VHA is committed to providing specialized treatment and quality rehabilitation care to veterans with disabilities. These populations include, but are not limited to, those within VHA's Special Emphasis Programs, including veterans with spinal cord injury and disorder (SCI&D), blindness or severe visual impairment, traumatic brain injury, amputation, serious mental illnesses, and those who are homeless. This commitment is supported through a system-wide, long-term joint collaboration with CARF to achieve and maintain national accreditation for all appropriate VHA rehabilitation programs, thereby helping to ensure that quality rehabilitation programs meet the unique needs of these veteran populations and provide a catalyst for improving the quality of life of veterans receiving services. A large portion of the specialized care required by these veteran populations is provided within VHA's mental health and physical rehabilitation programs, which are delivered in a variety of settings.

b. As one of its key strategic objectives, VHA is committed to the enhancement of, and system-wide standardization of, the quality of care it provides. To attain these goals, the Memorandum of Understanding (MOU) between VHA and CARF, signed in 1996, established the necessary components needed to accomplish program accreditation.

4. CARF ACCREDITATION

CARF provides an international, independent, peer review system of accreditation that is widely-recognized by Federal agencies, forty state governments, major insurers, and leading professional groups in rehabilitation, as well as by consumer and advocacy organizations throughout the United States and in other countries. Established in 1966, CARF serves as the preeminent standards setting and accreditation body promoting the delivery of quality rehabilitation services for people with disabilities.

a. The standards developed by CARF are person-centered, field-driven, state-of-the-art national and international standards for rehabilitation. They have been developed in the areas of mental health, employment and community services, medical rehabilitation, and aging services. As a consequence, CARF standards directly address many of the populations and services of concern to VHA.

b. A review of VHA's Homeless Program outcome data conducted by the Northeast Program Evaluation Center (NEPEC) found that veterans in CARF-accredited homeless programs achieved improved housing and successful discharge rates; and veterans with substance abuse disorders had improved outcomes compared to those in these programs before CARF accreditation. Findings of a CARF study conducted by Rehabilitation Services revealed that VHA medical rehabilitation program staff perceived a significant positive impact as a result of preparing for a CARF survey in the following areas:

- (1) Rehabilitation team interdisciplinary communication;
- (2) Communication with medical center management regarding the mission and performance of their rehabilitation program;
- (3) Outcome status durability for patients after discharge;
- (4) Strategic planning involvement at the program, facility, Veterans Integrated Service Network (VISN), and national level;
- (5) Overall rehabilitation program quality; and
- (6) External accountability for the provision of quality rehabilitation.

c. In order to achieve CARF accreditation, VHA rehabilitation programs must focus on:

- (1) Outcomes,
- (2) Shared decision-making,
- (3) Customer satisfaction,
- (4) Access,
- (5) Safety,
- (6) Cost efficiency, and
- (7) Strategic planning.

d. The positive outcomes of rehabilitative care have been shown to increase when this care is provided in a dedicated unit that provides coordinated, interdisciplinary evaluation and services. Although rehabilitation care may be delivered in a variety of settings, the interdisciplinary focus,

including dedicated staff and appropriate case management, should not be compromised. No institution is free from the need for external oversight. In the case of employment and community services, behavioral health residential programs, psychosocial rehabilitation and recovery centers, and medical rehabilitation, other accreditation commissions or agencies do not offer a separate review. Consequently, CARF accreditation ensures that VHA can assure VHA constituents that it meets community standards for accountable rehabilitation care.

NOTE: An accreditation program ensures that accepted standards of health care operation are met. VHA's Accreditation Program within a quality assurance framework is comprised primarily of health care organization accreditation by The Joint Commission and rehabilitation program accreditation by CARF.

5. VHA PROGRAMS REQUIRED TO ACHIEVE AND MAINTAIN CARF ACCREDITATION

VHA programs required to achieve and maintain CARF accreditation include:

a. **Mental Health Residential Rehabilitation and Treatment Services.** Mental Health Residential Rehabilitation and Treatment Services include, but are not limited to:

- (1) Domiciliary Residential Rehabilitation Treatment Programs (DRRTP).
- (2) Psychosocial Residential Rehabilitation Treatment Programs (PRRTP).
- (3) Substance Abuse Residential Rehabilitation Treatment Programs (SARRTP).
- (4) Post-Traumatic Stress Disorder (PTSD) Residential Rehabilitation Treatment Programs (PRRP).
- (5) Compensated Work Therapy (CWT)-Transitional Residence Programs (TR).

b. **Medical Rehabilitation.** Medical rehabilitation includes, but is not limited to:

- (1) Comprehensive inpatient medical rehabilitation (acute and sub-acute).
- (2) Lead Brain Injury Centers.
- (3) SCI&D Programs with rehabilitation programs.
- (4) Comprehensive Blind Rehabilitation Centers and the Outpatient Low Vision-Blindness Rehabilitation Continuum of Care Clinics.

c. **Employment and Community Services.** Employment and community services include, but are not limited to:

- (1) Comprehensive Homeless Veterans Centers.

(2) Intermediate Health Care for Homeless Veterans (HCHV) Programs (four or more Full-time Equivalent (FTE) employees).

(3) CWT, and CWT-TR with four or more FTE combined, or Incentive Therapy (IT) Programs with four or more FTE.

d. **Psychosocial Rehabilitation and Recovery Centers (PRRCs)**. PRRCs include, but are not limited to new PRRCs and Day Treatment Centers (DTCs) that transition to PRRCs with four or more FTE.

NOTE: Other VA rehabilitation programs are encouraged to seek CARF accreditation on a voluntary basis.

6. SERVICES PROVIDED BY CARF

The national VHA CARF contract outlines the following services and products that VHA purchases from CARF.

a. **Surveys**. VHA program surveys are conducted in accordance with CARF-published standards, policies, and procedures.

(1) The Contracting Officer's Technical Representative (COTR) is provided a schedule of facility programs that have applied for a survey at least 30 days before the start of any survey.

(2) The Survey Report with the outcome statement is provided to the facility program, executive leadership, and the COTR within 60 days of the survey.

(3) CARF notifies the Governor of the State and members of its Federal Congressional delegation when an organization is awarded accreditation.

NOTE: The national VHA CARF Contract addresses the cost of program survey application fees and survey fees.

b. **Educational Assistance**. When there is national or regional need of expertise from CARF, educational consultant(s) may be provided. Compensation for consultation time and consultant travel is paid for according to the VHA CARF contract, and any employee travel is paid by the appropriate facility or VISN.

c. **Publications**. VHA provides standards, manuals, and various preparation handbooks to identified programs and officials. Publications for VHA employees are available at the VHA Quality and Performance CARF Accreditation web site at:

http://vaww.oqp.med.va.gov/oqp_services/accreditation/carf.asp.

7. VHA MANAGEMENT REGARDING CARF ACCREDITATION

a. **VHA Central Office.** The Chief Quality and Performance Officer in coordination with the Chief Patient Care Services Officer, with guidance from the Under Secretary for Health, are responsible for conducting overall management relating to agreements between CARF and VHA.

b. **VISN.** VISN-CARF Liaisons are the crucial link to ensuring appropriate program identification, staff training, and surveys. VISN-CARF Liaisons are responsible for:

(1) Identifying new rehabilitation programs within their VISN appropriate for CARF accreditation.

(2) Monitoring time cycles for VISN rehabilitation programs from training to survey application.

(3) Disseminating VHA-CARF information, such as availability of publications, changes in CARF policies, etc.

(4) Coordinating training needs and assisting in supporting tuition funds from the VISN or facility. *NOTE: Tuition for CARF-related training must be paid for by the local facility or VISN.*

(5) Monitoring currently accredited programs for timely completion of Annual Conformance to Quality Reports (ACQR) and re-survey requests.

(6) Reviewing intent to survey submissions for appropriateness, before these are transmitted to CARF.

(7) Integrating and supporting VISN-CARF activity with the VISN Quality Management Officer.

(8) Providing the VHA-CARF Accreditation Steering Committee with quarterly updates on the status of CARF accreditation within their VISN.

8. VHA CARF ACCREDITATION STEERING COMMITTEE

a. **Membership.** Members of the VHA-CARF Accreditation Steering Committee are determined by the Chief Patient Care Services Officer in coordination with the Chief Quality and Performance Officer. Representation includes Program Office representatives from each VHA program element appropriate for CARF accreditation, VHA's Office of Quality and Performance, VHA's Office of Patient Care Services, and others as deemed appropriate. *NOTE: VHA is a Sponsoring Member of CARF; as a consequence, VHA is represented on the CARF International Advisory Council, made up of all sponsoring members. VHA is involved in providing advance input into standards development, reviewing new standards, and soliciting eligible candidates for CARF's Board of Directors.*

b. **Responsibilities.** The VHA-CARF Accreditation Steering Committee is responsible for:

(1) Monitoring accreditation of appropriate rehabilitation programs and identifying new rehabilitation programs appropriate for accreditation.

(2) Overseeing the national VHA CARF Contract to determine improvements and enhancements in publications distribution, VHA program surveys, and the need for CARF educational assistance in collaboration with the COTR.

(3) Working with VISN liaisons and field programs.

(4) Responding to requests for subject matter experts on CARF issues.

(5) Informing programs of accreditation standards changes.

(6) Providing a forum for discussing VHA issues with CARF.

(7) Representing the organizational link to CARF by providing feedback to the CARF International Advisory Council.

(8) Promoting the value of CARF accreditation for VHA's rehabilitation programs.

(9) Providing an ongoing system of continuing education in the form of conference calls, individual consultation, and pre-survey program review.

9. REPORTING SIGNIFICANT EVENTS TO CARF

a. As a condition of accreditation, VHA has agreed to provide CARF with information on significant events that occur within a CARF-accredited program. CARF requires this information to monitor adherence to the accreditation standards, particularly those that relate to the safety and well being of individuals served in CARF-accredited programs. Through this reporting process, CARF has tangible evidence of providers' ongoing commitment to quality. In turn, providers have an opportunity to review their business practices to confirm that they are still in step with quality and person-centered outcomes. This requirement is consistent with typical business practices for accountability and consistent with the trend to increase public trust.

b. VHA has received an exemption from the general 30-day reporting requirement. VHA programs accredited by CARF are required to report only a summary of any significant events in the ACQR. CARF has advised that they require reports only for "significant events" that occur within accredited programs. Such events either relate directly to conformance, or nonconformance, with applicable CARF standards, or are of such breadth or scope that the provider's entire operation may be affected. Both the nature of the event, as well as its outcome, need to be communicated to CARF in the ACQR.

c. For purposes of this reporting requirement, CARF has indicated that "significant events" include sentinel events, investigations, significant claim or litigation, and major catastrophes. CARF has provided the following guidance to define these terms:

(1) **Sentinel Event.** A "sentinel event" is defined as an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof.

(a) CARF has indicated that "serious injury" specifically includes loss of limb or function.

(b) "Psychological injury" is described by CARF as the manifestation of a behavioral disorder in response to improper action by the service provider.

(c) CARF indicates that the phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

NOTE: Such events are called "sentinel" because they signal the need for immediate investigation and response.

(2) **Investigation.** An investigation is to be reported if VA deems it legitimate. For example, an investigation is to be reported if VA has conducted an administrative investigation into an allegation of health and safety, or rights violations, and has determined that the allegation has merit and requires further VA action.

(3) **Significant Claim or Litigation.** "Significant claim or litigation" refers to a claim or litigation that has been determined to have merit, meaning there is an indication of malpractice or other act of omission by VA involving payment in excess of \$20,000.

(4) **Major Catastrophe.** "Major catastrophes" are defined as a hurricane, chemical spill, or other natural or man-made disaster that has harmed or is likely to harm persons served.

d. **Reporting Process.** Specific content for the ACQR is broadly defined, and CARF requests only a brief summary, such as a few sentences, about the general nature of the event (with no patient or provider names), and what its outcome or resolution was. Any preventive actions that are planned or have been implemented need to be included. In no case should a Root Cause Analysis (RCA) or other Title 38 U.S.C. 5705-protected document be provided for these reports. *NOTE: A template for the ACQR is provided by CARF.*

e. **Reporting Mechanism**

(1) The reporting official for the VHA CARF-accredited program completes the ACQR, stating the name of the involved CARF-accredited program, facility name, facility address, and point-of-contact name, phone number, and e-mail address. The summary of the event must be stated, and the document must be signed, dated, and submitted to CARF.

(2) A copy of the document submitted to CARF must be sent by electronic mail to the VISN-CARF liaison for that VA facility. *NOTE: A listing of the VISN-CARF liaisons may be found at: http://vaww.oqp.med.va.gov/oqp_services/accreditation/carf.asp.*

(3) When a significant event has been reported in the ACQR, the CARF-VISN Liaison must send a copy of the ACQR to the Chair of the VHA-CARF Accreditation Steering Committee.

This information is kept by the VHA-CARF Accreditation Steering Committee for any appropriate trending. In addition, adverse events and close calls must be reported to the National Center for Patient Safety consistent with the requirements of the VHA Patient Safety Improvement Handbook, 1050.1.

NOTE: When a significant event has occurred, the patient and the patient's family must be informed according to current VHA policy on disclosure of adverse events.

10. VHA CARF SURVEYORS

a. CARF solicits and encourages self-referral from professionals in accredited programs to become surveyors. Qualified VHA employees may serve as CARF surveyors. Exposure of VHA-CARF surveyors conducting external reviews of rehabilitation programs outside VHA promotes networking and sharing of "best practices" between VHA and public and private sector programs. *NOTE: More information regarding qualifications, training, and expectations for surveyors may be obtained from CARF.*

b. VHA employee surveyors are not to be assigned to review VHA rehabilitation programs.

c. Consistent with VA Handbook 5011, approving leave officials may authorize VHA employees to take Authorized Absences to conduct CARF surveys of non-VHA rehabilitation programs since:

(1) The activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, and/or

(2) The activity will clearly enhance an employee's ability to perform the duties of the position presently occupied or may be expected to prospectively occupy.

NOTE: "An authorized absence is an absence administratively approved, which does not result in a charge to leave of any kind, or in loss of basic salary."

d. Employees may accept reimbursement from CARF for expenses, but may not accept honoraria.

e. VA Regional Counsels and the Assistant General Counsel for Professional Staff Group III (023), the designated agency ethics official, maintain ethics expertise and provide ethics counseling services to employees. *NOTE: If a VA employee plans to work for CARF in the employee's personal capacity, VA Regional Counsels and the designated agency ethics official and staff are available to provide ethics counseling regarding such outside employment.*

11. REFERENCES

a. Title 38 U.S.C. Sections 8151-8153 as amended by Public Law 104-262, Section 301 and Public Law 107-135.

- b. Agency for Health Care Policy and Research (AHCPR). Gresham, G.E, Duncan, P.W., et al. Post-Stroke Rehabilitation (Clinical Practice Guideline, no. 16; publication no. 95-0662). Rockville, MD: U.S. Department of Health and Human Services. 1995.
- c. VHA Handbook 1050.1.
- d. VHA Directive 5113.
- e. Title 5 Code of Federal Regulations §§ 2635.701-2635.704; and 2635.801-2635.808.
- f. CARF, 4891 East Grant Road, Tucson, AZ 85712; (520) 325-1044; FAX: (520) 318-1129; or at: <http://www.carf.org>.
- g. VA Handbook 5011.