

**ACCREDITATION OF VETERANS HEALTH ADMINISTRATION
REHABILITATION PROGRAMS**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive defines the scope of VHA's relationship to the Commission on Accreditation of Rehabilitation Facilities (CARF) in accrediting VHA rehabilitation programs.

2. SUMMARY OF MAJOR CHANGES: Updates include revisions to program specific information that either no longer exists or that has been changed since the 2008 publication. The reference section of the manual was also updated with new links and facility-specific detail to replace outdated information.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of Quality, Safety and Value (10A4) and the VHA-CARF Steering Committee are responsible for the contents of this VHA directive. Questions may be referred to the Office of Quality, Safety and Value, External Accreditation Director, at 615-945-9092.

5. RESCISSIONS: VHA Handbook 1170.01, dated September 5, 2008, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last day of May 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Poonam Alaigh, M.D.
Acting Under Secretary for Health

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ACCREDITATION OF VETERANS HEALTH ADMINISTRATION REHABILITATION PROGRAMS

1. PURPOSE

This Veterans Health Administration (VHA) directive 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. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. 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 Occupational Dysfunction and Special Emphasis groups, including veterans with spinal cord injury and disorders (SCI&D), blindness or severe visual impairment, traumatic brain injury, amputation, mental illnesses, substance abuse disorder, and those who are homeless or have an occupational dysfunction. 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, and system-wide standardization of the quality of care it provides.

3. POLICY

It is VHA policy that health care facilities providing rehabilitative care to our nation's Veterans maintain ongoing compliance with regulatory standards that demonstrate the delivery of safe, high quality rehabilitative care.

4. RESPONSIBILITIES

a. **VHA Central Office.** The Assistant Deputy Under Secretary for Health for Quality, Safety and Value in coordination with the Assistant Deputy Under Secretary for Health for Patient Care Services, with guidance from the Under Secretary for Health, is responsible for conducting overall management relating to agreements between CARF and VHA.

b. **Veterans Integrated Service Network CARF Liaisons.** Veteran Integrated Service Network (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. **NOTE:** *The VISN CARF liaison Reference Guide is available here: <http://vawww.oqsv.med.va.gov/functions/integrity/accred/carf.aspx>. This is an internal VA Web site and is not available to the public.*

(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 VA medical 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 each is 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. Updates occur during quarterly conference calls.

5. CARF ACCREDITATION

a. CARF provides an international, independent, peer review system of accreditation that is widely recognized by Federal agencies, 47 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.

b. The standards developed by CARF are person centered, field driven, state of the art nationally and internationally accepted for rehabilitation services in both large and small community and hospital based organizations. 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.

c. 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 and serious mental illness 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.

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

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

e. The positive outcomes of rehabilitative care have been shown to increase when this care is provided within 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. All institutions and providers of rehabilitative services benefit from 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 operations 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.*

6. 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 Care for Homeless Veterans (DCHV): DCHV programs specialize in services for homeless Veterans;

(2) Psychosocial Residential Rehabilitation Treatment Program (PRRTP) and General Domiciliary (Gen Dom): PRRTPs/Gen Doms consist of general programs that may include specialized tracks for Veterans with mental health and substance use disorders and other psychosocial needs, such as homelessness and unemployment;

(3) Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) and Dom Substance Abuse Program (Dom SA): SARRTPs and Dom SAs are residential programs designed to provide specialized, intensive treatment for substance use disorders;

(4) PTSD Residential Rehabilitation Treatment Program (PTSD RRTP) and Dom PTSD Program: PTSD RRTPs/Dom PTSDs provide specialized, intensive treatment for Veterans with PTSD and include specialized programs that provide treatment for Veterans who have experienced Military Sexual Trauma (MST);

(5) Domiciliary Residential Rehabilitation Treatment Program (DRRTP): The DRRTP is an administrative structure that typically consists of a large program with a range of specialty units that may include Dom Substance Abuse, Dom PTSD, DCHV, and Gen Dom bed sections; and

(6) Compensated Work Therapy (CWT)-Transitional Residence Programs (TR): CWT-TR programs are designed for Veterans whose rehabilitative focus is based on Compensated Work Therapy (CWT) and transitioning to successful independent community living.

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

(1) Comprehensive Integrated Inpatient Medical Rehabilitation (CIIRP) (acute and

sub-acute);

(2) Lead Brain Injury Centers (Polytrauma Rehabilitation Centers);

(3) Regional Amputation Centers (RAC) and Polytrauma Amputation Network Sites (PANS);

(4) Polytrauma Assistive Technology Labs;

(5) Interdisciplinary Pain Rehabilitation Program (one per VISN);

(6) Spinal Cord Injury & Disorders (SCI&D) System of Care; and

(7) 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) Healthcare for Homeless Veterans (HCHV), Grant and Per Diem (GPD) and Housing and Urban Development-VA Supported Housing (HUD-VASH) programs. NOTE: These programs can be accredited in either Employment and Community Services or Behavioral Health CARF Manuals.

(2) Compensated Work Therapy (CWT) and CWT-TR with four or more full-time equivalents (FTE) combined, or Incentive Therapy (IT) Programs with four or more FTE. **NOTE:** *CWT-TR programs can be accredited in either Employment and Community Services or Behavioral Health CARF Manuals.*

d. **Psychosocial Rehabilitation and Recovery Centers.** Psychosocial Rehabilitation and Recovery Centers (PRRCs) include, but are not limited to new PRRCs and Day Treatment Centers (DTC) that transition to PRRCs.

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

7. 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 Representative (COR) 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 COR within 60 days of the survey.

(3) CARF may notify the Governor of the State and members of its U.S. 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. **Publications.** VHA provides standards, manuals, and various preparation handbooks to identified programs and officials. Publications for VHA employees are available at the VHA Quality, Safety and Value-CARF Accreditation Web site at <http://vaww.oqsv.med.va.gov/functions/integrity/accred/carf.aspx>. **NOTE:** *This is an internal VA Web site and is not available to the public.*

8. VHA CARF ACCREDITATION STEERING COMMITTEE

a. **Membership.** Members of the VHA-CARF Accreditation Steering Committee are determined by the Assistant Deputy Under Secretary for Health of Patient Care Services in coordination with the Assistant Deputy Under Secretary for Health for Quality, Safety and Value. Program Office representatives from each VHA program element appropriate for CARF accreditation, VHA's Office of Quality, Safety and Value, VHA's Office of Patient Care Service, and others as deemed appropriate are included. **NOTE:** *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;

(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; and

(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 guidance and defined these terms in the CARF Accreditation Sourcebook manual. **NOTE:** *Such events are called "sentinel" because they signal the need for immediate investigation and response.*

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. A Root Cause Analysis (RCA) or other document protected by 38 U.S.C. 5705 should never be provided for these reports.

NOTE: *A template for the ACQR is provided by CARF in the Accreditation Sourcebook Manual. <http://vaww.oqsv.med.va.gov/functions/integrity/accred/carfManuals2014.aspx>. This is an internal VA Web site and not available to the public..*

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, VA medical facility name, 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 e-mail to the VISN-CARF liaison for that VA medical facility. **NOTE:** *A listing of the VISN-CARF liaisons*

may be found at: <http://vaww.oqsv.med.va.gov/functions/integrity/accred/carf.aspx>. *This is an internal VA Web site and is not available to the public.*

(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.

(4) The copy of the ACQR is kept by the VHA-CARF Accreditation Steering Committee for any appropriate trending Of opportunities to improve patient care. In addition, adverse events and close calls must be reported to the National Center for Patient Safety consistent with the requirements of VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook.

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 consistent with the requirements of VHA Handbook 1004.08, Disclosure of Adverse Events to Patients.*

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 prohibited from assignments that review VHA rehabilitation programs.

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

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. VHA Handbook 1004.08, Disclosure of Adverse Events to Patients.
- b. VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook.
- c. VA Handbook 5011, Hours of Duty and Leave.
- d. 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.
- e. Physical Medicine & Rehabilitation VACO Newsletter (The Effect of External Accreditation on Perceived Rehabilitation Program Quality) June 2003.