

August 5, 2020

Nadine Pfeiffer
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Raleigh, NC
27699-2701

Submitted via e-mail: DHSR.RulesCoordinator@dhhs.nc.gov

RE: Subchapter 10A NCAC 13K, Hospice Licensing Rules

Dear Ms. Pfeiffer:

We reviewed the proposed revisions as a result of the periodic review of Subchapter 10A NCAC 13K, Hospice Licensing Rules. We support your efforts to revise and updated the minimum standards for hospice organizations.

As a national accrediting organization for hospice providers, The Joint Commission develops standards that evaluate the quality of hospice services, supporting the Joint Commission mission to continuously improve health care for the public, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. Therefore, on behalf of the Joint Commission, I respectfully request that you consider allowing reliance on accreditation for licensure renewal inspections for hospice licensees.

Thirty-one states currently rely on the Joint Commission's accreditation program for home care services when making licensure determinations. State reliance on accreditation in lieu of licensure surveys, has proven to be an effective means for state agencies to maintain oversight while effectively managing their resources. Reliance on accreditation, particularly in lieu of renewal inspections, affords the department that ability to redirect their resources to more pressing activities such as initial licensure surveys and complaint investigations. When a state relies on accreditation, the Joint Commission keeps an open channel of communications in order for the Department to feel confident with our accreditation program. As much as possible, we ensure that state agencies recognizing Joint Commission accreditation receive periodic information on the status of accredited organizations within the state. In addition, states are notified of any adverse accreditation decision. This information assists the state in fulfilling its oversight function regarding certified organizations.

Founded in 1951 as an independent, not-for-profit organization, The Joint Commission (TJC) is the nation's oldest and largest standards-setting and accrediting body in health care. TJC evaluates and accredits more than 22,000 health care organizations and programs in the United States. The Joint Commission home care accreditation program was established in

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1988 and currently accredits more than 5,300 providers nationwide under the home care standards. The Joint Commission accredits a wide spectrum of providers under its home care program including, home health agencies, hospice, home medical equipment or DMEPOS providers, pharmacy, and infusion care. Joint Commission accreditation is considered a “seal of approval” that tells regulators, consumers and other stakeholders that a program is committed to providing access to quality services by continually striving to improve services, assess delivery of services, and achieve excellence through education and training.

The Joint Commission provides a comprehensive evaluation of a facility’s compliance with evidence-based, continuously updated standards. These standards, that are performance focused and organized around functions, are developed by experts in the field. To earn and maintain The Joint Commission’s accreditation award, an organization undergoes an on-site survey by a Joint Commission survey team at least every three years.

Again, we respectfully request that you consider amending Subchapter 10A NCAC 13K, Hospice Licensing Rules to include reliance on the Joint Commission accreditation program for hospice organizations in the state of North Carolina. At your request, we will make ourselves available to speak with you and your colleagues to provide a better understanding of the Joint Commission’s standards and survey process. In the meantime, please contact me with any questions you may have.

Very truly yours,



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cc: Gary Bachrach, Executive Director, Home Care Accreditation