

## 9 Licensing, Certifications, Accreditations and CoPS

Hospitals are required to meet numerous requirements at the state and federal levels for licensing, certification, accreditation and conditions of participation compliance. Authority over California hospitals falls to the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS).

Hospitals are subject to license and certification revocation if they are noncompliant with the California Code of Regulations, and they face termination from the Centers for Medicare/Medicaid if the Conditions of Participation are not being met.

### California Department of Public Health (CDPH) Licensing and Certification Program (L&C)

All hospital facilities are required by law to be licensed. They are licensed, regulated, inspected, and/or certified by numerous public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). CDPH and CMS collaborate to make sure health care facilities meet federal requirements for accepting Medicare and Medi-Cal payments. In California, the Medicaid program is referred to as Medi-Cal.

The California Department of Public Health (CDPH) Licensing and Certification Program (L&C) has authority over state laws pertaining to health care, including the certification of nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators.

General acute care hospitals (GACHs) are identified as a "hospital licensed by the Department, having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services", pursuant to Section 70005(a) of Title 22 of the California Code of Regulations (CCR).

### *CCR Title 22, Social Security*

The California Code of Regulations (CCR) that applies to hospitals is Title 22. The CCR, Title 22 applies to all community care facilities regulated by the California Department of Social Services (CDSS) Community Care Licensing Division, except for specified exemptions. Title 22 includes provisions related to hospital facilities and operations, including construction, fire safety, change of ownership, hospital organization, administration, operational policies and procedures, staffing and provision of both basic and supplemental health care services.

## Hospital Accreditation and Certification

Because there are myriad requirements to comply with, many hospitals obtain certifications or accreditations from organizations who cross-walk all of the federal, state and local requirements according to their locations, such as the Joint Commission on Accreditation of Health Care Organizations or the American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP). An accreditation applies to an entire health care organization, such as a whole hospital, while certification is earned according to each program or services within a health care organization.

### ***Joint Commission on Accreditation of Health Care Organizations***

The Joint Commission on Accreditation of Health Care Organizations (JCAHCO) is an independent non-profit organization which accredits and certifies health care organizations and programs across the U.S. Its Hospital Accreditation Program accredits nearly 82 percent of the hospitals in the nation. JCAHCO monitors all state specific legislation and regulation pertaining to hospitals for their accreditation and certification criteria. Many states, including California through their Department of Public Health, contract with JCAHCO in their quality of care oversight for licensing (as stated in the California Health and Safety Code § 1282).

The Health Care Staffing Services Certification Program evaluates a staffing firm's ability to provide qualified and competent staffing services for health care providers such as hospitals and nursing homes.

### ***American Osteopathic Association's Healthcare Facilities Accreditation Program***

The American Osteopathic Association's (AOA) Healthcare Facilities Accreditation Program (HFAP) conducts an objective review of the services provided at medical facilities. They are authorized to survey hospitals and other health care facilities for compliance with conditions of

participation required by Centers for Medicare and Medicaid Service (CMS). The accreditation is recognized by federal and state governments, and by insurance providers and managed care organizations. Hospitals and acute care hospitals with HFAP accreditation guarantees compliance with Medicare hospital standards (except for Utilization Review which is under state jurisdiction, and special conditions for psychiatric hospitals.). HFAP accreditation requirements are based upon:

- Medicare Conditions of Participation
- National Fire Protection Association (NFPA) Life Safety Code
- Institute for Healthcare Improvement
- Agency for Healthcare Research & Quality (AHRQ)
- National Quality Forum
- Additional non-Medicare quality standards
- Suggestions and input from clients

### ***Det Norske Veritas Healthcare, Inc. (DNVHC)***

The Centers for Medicare & Medicaid Services (CMS) approved Det Norske Veritas Healthcare, Inc. (DNVHC) as an alternate independent national hospital accreditation organization. The recognition was effective as of September 26, 2008. DNVHC, like the other two accrediting organizations, monitors all state specific legislation and regulation pertaining to hospitals for their accreditation and certification criteria.

## Medicare and Medicaid Conditions of Participation Title 42 (Federal Medicare/Medicaid Compliance Guidelines)

Hospitals contract with Medicare and Medicaid to receive reimbursement for health care services provided to their beneficiaries. In order to enter into these contracts, hospitals are required to meet conditions of participation (CoPs), which provide guidelines for hospital operations, such as administration and facilities guidelines, as well as care services, such as staffing requirements and procedural provisions specific to the type of

services provided, i.e. anesthesia services, surgical services, radiological services, etc.

The U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) regulates compliance of the required CoPs as specified in Title 42 of the Code of Federal Regulations. ❖