

ACCREDITATION OF VHA REHABILITATION PROGRAMS

1. SUMMARY OF MAJOR CHANGES: This directive updates information about the accreditation of VHA rehabilitation programs and includes the following major changes:

a. Revises responsibilities to delineate Undersecretary of Health, Assistant Under Secretary for Health for Quality and Patient Safety Assistant Under Secretary for Health for Patient Care Services.

b. Adds responsibilities for the Assistant Under Secretary for Health for Operations, Assistant Under Secretary for Health for Clinical Services, Office of External Accreditation Services and Programs Director, VHA Rehabilitation Program Office Director, and Veterans Integrated Service Network Director and VA medical facility Director

c. Updates policy statement to set the parameters of this Directive to the VHA Rehabilitation Program Accreditation Services contract and the associated accreditation processes.

d. Removes specific VHA programs required to obtain and maintain Rehabilitation Program Accreditation.

e. Revises content to reflect current processes, responsibilities and requirements.

f. Adds information detailing the services provided through the national VHA Rehabilitation Program Accreditation Services contract.

g. Removes accreditation processes information available through other published resources.

2. RELATED ISSUES: VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008; VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 15, 2019; VHA Directive 1163, Psychosocial Rehabilitation and Recovery Services, dated August 13, 2019; VHA Handbook 1163.06, Intensive Community Mental Health Recovery Services, dated January 7, 2016; VHA Directive 1170.03, Physical Medicine and Rehabilitation Service, dated November 5, 2019; VHA Directive 1172.01, Polytrauma System of Care, dated January 24, 2019; VHA Directive 1174, Blind and Visual Impairment Rehabilitation Continuum of Care, dated April 19, 2021; VHA Directive 1172.03(1), VHA Amputation System of Care, dated August 3, 2018; VHA Directive 1176(2), Spinal Cord Injuries and Disorders System of Care, dated September 30, 2019; and VHA Directive 2009-053 Pain Management, dated October 28, 2009.

3. POLICY OWNER: The Office of Quality and Patient Safety (17) is responsible for the content of this VHA directive. Questions may be directed to the Office of External

Accreditation Services and Programs (17QM1) at
VHA17QM1ProgramOfficeStaff@va.gov.

4. RESCISSIONS: VHA Directive 1170.01, dated May 9, 2017, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Gerard R. Cox, MD, MHA
Assistant Under Secretary for Health for
Quality & Patient Safety

DISTRIBUTION: Emailed to the VHA Publications Distribution List on September 26, 2022.

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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ACCREDITATION OF VHA REHABILITATION PROGRAMS

1. POLICY

a. This Veterans Health Administration (VHA) directive establishes policy and responsibilities concerning VHA's relationship to the Commission on Accreditation of Rehabilitation Facilities (CARF) in accrediting VHA rehabilitation programs and in assuring VHA rehabilitation programs meet the unique needs of special population Veterans as directed by VHA rehabilitation program policies.

b. It is VHA policy that the VHA Rehabilitation Program Accreditation Services contract is utilized to obtain and maintain the rehabilitation program accreditations required by VHA national policy (directives and handbooks), which do not fall under the scope of this directive. This policy ensures a standardized approach in achieving required accreditations and promoting high reliability. Services associated with this contract are currently provided by CARF. **AUTHORITY:** 38 U.S.C. 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Under Secretary for Health for Quality and Patient Safety.** The Assistant Under Secretary for Health for Quality and Patient Safety is responsible for:

(1) Providing oversight of the Office of External Accreditation Services and Programs Director to ensure compliance with responsibilities under this directive.

(2) Ensuring that the Office of External Accreditation Services and Programs has sufficient resources to fulfill responsibilities under this directive.

(3) Providing executive leadership guidance and support to the Office of External Accreditation Director.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight on VISNs to ensure compliance with this directive.

d. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for:

(1) Communicating the contents of this directive to associated VHA Rehabilitation Program Director/Lead.

(2) Providing oversight to associated VHA Rehabilitation Program Director/Lead to ensure compliance with this directive. **NOTE:** *This responsibility is applicable to rehabilitation programs within Clinical Services.*

e. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for:

(1) Communicating the contents of this directive to associated VHA Rehabilitation Program Director/Lead.

(2) Providing oversight to associated VHA Rehabilitation Program Director/Lead to ensure compliance with this directive. **NOTE:** *This responsibility is applicable to rehabilitation programs within Patient Care Services.*

f. **Office of External Accreditation Services and Programs Director.** The Office of External Accreditation Services and Programs Director is responsible for:

(1) Management and oversight of the VHA Rehabilitation Program Accreditation Services contract.

(2) Management of contract associated agreements between VHA and CARF.

(3) Serving as the VHA Corporate Liaison with CARF.

(4) Functioning as the VHA subject-matter expert for guidance related to CARF standards and accreditation process requirements.

(5) Communicating information related to CARF accreditation of VHA programs to senior VHA leadership.

(6) Disseminating information to inform VHA program offices, VISNs and VHA medical facilities of changes in CARF standards, process requirements and corporate trends.

(7) Collaborating with other VHA leaders across all levels of the organizations for coordinated activity related to the management of the VHA Rehabilitation Program Accreditation Services contract.

(8) Management of key resources and information located at: <https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx> **NOTE:** *This is an internal VA website not accessible to the public.*

g. **VHA Rehabilitation Program Director/Lead.** The VHA Rehabilitation Program Director/Lead is responsible for:

(1) Designation of specific rehabilitation programs required to obtain and maintain rehabilitation program accreditation, per their VHA national policy (directives and handbooks). Refer to Appendix A for VHA program offices and national policies which set expectations for obtaining and maintaining rehabilitation program accreditation.

(2) Ensuring that proposed changes to their VHA national policy (directives and handbooks), which set expectations for obtaining and maintaining rehabilitation program accreditation are coordinated through the Office of External Accreditations Services and Programs.

(3) Collaborating with the Office of External Accreditation and other VHA leaders for coordinated activity related to the management of the VHA Rehabilitation Program Accreditation Services contract (e.g., fundings needs/forecasting, expansion or termination of requirements, etc.).

h. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring all applicable VHA programs accredited within the respective VISN adhere to applicable rehabilitation program accreditation requirements and national contract expectations.

(2) Ensuring continual compliance with CARF standards and accreditation process requirements.

(3) Designating an employee to function as the VISN CARF Liaison for:

(a) Ensuring requests for initial accreditation, extension, or withdrawal are coordinated through established processes. **NOTE: Process details can be found at: <https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx>. NOTE: This is an internal VA website not available to the public.**

(b) Monitoring time cycles for accredited VISN rehabilitation programs and associated process requirements (e.g., application, Annual Conformance to Quality Report [ACQR], Quality Improvement Plan [QIP])

(c) Disseminating CARF information, such as availability of publications and changes in accreditation standards and required processes.

(d) Providing information on the status of CARF accreditation within their VISN when requested for the management of the VHA Rehabilitation Program Accreditation Services contract.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring all applicable VHA programs accredited within the facility adhere to applicable rehabilitation program accreditation requirements.

(2) Ensuring continual compliance with applicable CARF accreditation standards, process requirements and national contract expectations.

(3) Ensuring full cooperation of VA medical facility staff during the survey process, including interactions with external surveyors/teams, and continuous compliance activities.

3. VHA PROGRAMS REQUIRED TO ACHIEVE AND MAINTAIN REHABILITATION PROGRAM ACCREDITATION

a. To obtain and maintain the required rehabilitation program accreditation, VHA programs must ensure continuous compliance with applicable CARF accreditation standards and processes. **NOTE:** *Alignment with CARF program and applicable standards and processes is determined by the information submitted in the program application.*

b. VHA programs required to obtain and maintain rehabilitation program accreditation and achieved through the VHA Rehabilitation Program Accreditation Services Contract are detailed in multiple VHA national policies (directives and handbooks) (e.g., medical rehabilitation, behavioral health services, employment and community services and vision rehabilitation). For details and requirements, see <https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx>. **NOTE:** *This is an internal VA website not accessible to the public.*

4. SERVICES PROVIDED THROUGH THE VHA REHABILITATION PROGRAM ACCREDITATION SERVICES CONTRACT

a. The following rehabilitation program accreditation services and products are provided by CARF.

(1) **Accreditation.** Accreditation for rehabilitation programs at individual VHA facilities.

(2) **Annual Corporate Summation.** Each year CARF provides VHA Leadership a summary review of the previous year's survey activity, including VHA-specific trends and corporate comparison.

(3) **Electronic Tools, Publications and Resources.** Electronic access and support to all applicable CARF electronic tools, publications and resources (e.g., Application, Quality Improvement Plans, CARF Connect, Program Manuals) for required accreditation processes and continuous compliance.

(4) **Survey.** VHA program surveys are conducted in accordance with CARF standards, policies and procedures. The announced survey process is scheduled with the individual programs and conducted on established cycles as defined by published processes.

(5) **Survey Notification System.** CARF provides a survey schedule to personnel designated by VHA at least 30 days before the start of any survey.

(6) **Technical Assistance.** CARF will provide trainers and educational training sessions to help VHA clinicians/staff understand the accreditation process for all applicable programs. Dedicated account representatives are designated to provide VHA continuous access to and support of electronic tools and resources.

b. The VHA Rehabilitation Program Accreditation Services contract addresses the routine costs, such as annual fees and onsite survey for programs required by VHA national policies (directives and handbooks). Accordingly, VHA healthcare facilities are relieved of the responsibility for budgeting and payment for costs associated with designated rehabilitative accreditation services provided through the VHA Rehabilitation Program Accreditation Services contract. **NOTE:** *Cost/fees associated with the cancellation of scheduled survey is the responsibility of the facility.*

5. COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES ACCREDITATION PROCESS

a. CARF is an independent, peer review system of accreditation. CARF uses consumer-focused, field-driven standards for rehabilitation developed in the areas of medical rehabilitation, behavioral health and employment, community services, and vision rehabilitation services. The accreditation process is a complex system of related and interdependent activities, which enable VHA rehabilitation programs to maintain ongoing compliance with regulatory standards that demonstrate the delivery of safe, high quality rehabilitative care.

b. Achieving CARF accreditation involves demonstrating conformance to standards of quality in the provision of programs and services as evidenced through observable practices, verifiable results over time and comprehensive supporting documentation.

c. The CARF Accreditation Sourcebook and Program manuals provide full details of the accreditation process, standards and requirements. **NOTE:** *Program manuals and CARF Accreditation Sourcebook (within each manual) can be found at: <https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx> NOTE: This is an internal VA website not available to the public.*

d. 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 strong practices between VHA and private sector programs. VHA employee surveyors are prohibited from CARF assignments that review VHA rehabilitation programs. **NOTE:** *More information regarding qualifications, training and expectations for surveyors may be obtained from CARF.*

6. DATA USE AGREEMENTS BETWEEN VHA AND CARF

a. The CARF has signed a Business Associate Agreement (BAA) with VHA to ensure the adherence to privacy and security rules regarding the use and disclosure of protected health information. **NOTE: Full BAA details can be found at:** <https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx>. **NOTE: This is an internal VA website not available to the public.**

b. The CARF surveyors may neither use VA computers to access the VHA network, nor connect their own equipment to the VHA network. Surveyors may review electronic records from the VHA system only by observing a VHA staff person who navigates the electronic medical record at the surveyor's request.

7. TRAINING

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

9. BACKGROUND

a. VHA is committed to providing the highest standard of care for eligible Veterans who choose Department of Veterans Affairs (VA) health care. External review is a key function of the quality assurance program required to monitor and evaluate the quality and safety of health care provided by VHA, and ensuring continual compliance and improvement consistent with industry standards and community health care delivery.

b. Accreditation of VHA Rehabilitation Programs is accomplished through a national contract to ensure enterprise standardization and promotion of high reliability.

c. As the vendor for the national VHA Rehabilitation Program Accreditation Services contract, CARF provides an international and independent peer review system of accreditation that is widely recognized by Federal agencies, state governments, major insurers and leading professional groups in rehabilitation, as well as by consumer and advocacy organizations through the United States and in other countries. The standards developed by CARF are person-centered, field-driven, state-of-the-art and nationally and internationally accepted for rehabilitation services in community and hospital-based organizations of varying size and complexity. They have been developed in the areas of aging services, employment and community services, medical rehabilitation and mental health. CARF standards directly address many of the populations and services of concern to VHA.

d. Through a system-wide, long-term collaboration with CARF to achieve and maintain national accreditation for all appropriate VHA rehabilitation programs, VHA ensures that applicable rehabilitation programs meet the unique needs of patient populations and provide a catalyst for improving the quality of life for 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.

10. DEFINITIONS

a. **Accreditation.** Accreditation is a continuous process whereby organizations are required to demonstrate to the accrediting agency they are providing safe, high-quality care, as determined by compliance with applicable standards, recommendations and performance measurement requirements. Key components of this process are evaluation of an organization and, where applicable, submission of performance measurement data. Accreditation is awarded by a third-party, external accrediting agency when an eligible organization/program complies with applicable quality and patient safety standards and requirements.

b. **Annual Conformance to Quality Report.** An ACQR is an annual submission reaffirming the organization's ongoing conformance to accreditation standards.

c. **Application.** An electronic form used to provide detailed information about leadership, programs and services the organization is seeking to accredit and the service delivery locations.

d. **Quality Improvement Plan.** A QIP is a report indicating the actions or improvements the organization has already undertaken or plans to take to address each survey recommendation.

e. **Survey.** A survey is an evaluation by a surveyor or survey team of an organization's compliance with accreditation standards and process requirements. The survey is a key component in the accreditation process.

11. REFERENCES

a. 38 U.S.C. § 7301(b)

b. Commission on Accreditation of Rehabilitation Programs.
<http://www.carf.org/home/>

c. CARF Program Manuals
<https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx>. **NOTE:** This is an internal VA website not available to the public.

APPENDIX A

VHA PROGRAM OFFICES AND VHA NATIONAL POLICY WHICH SET EXPECTATIONS FOR OBTAINING AND MAINTAINING REHABILITATION PROGRAM ACCREDITATION

NOTE: This list is current as of the publication of this directive and may not reflect subsequent policy updates. This appendix is intended to provide the breadth of VHA programs offices and national policies which set expectations for obtaining and maintaining rehabilitation program accreditation. For the most up to date information, see <https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx>. **NOTE:** This is an internal VA website not accessible to the public.

VHA Program Offices and VHA national policy (directives and handbooks) supported by the VHA Rehabilitation Program Accreditation Services contract:

1. VHA Office of Mental Health & Suicide Prevention (11MHSP).

a. VHA Directive 1162.02 Mental Health Residential Rehabilitation Treatment Program, dated 7/15/2019

b. VHA Directive 1163 Psychosocial Rehabilitation and Recovery Services, dated 8/13/2019

c. VHA Handbook 1160.01 Uniform Mental Health Services in VA Medical Centers and Clinics, dated 9/11/2008

d. VHA Handbook 1163.06 Intensive Community Mental Health Recovery Services, dated 1/7/2016

2. VHA Rehabilitation and Prosthetic Services (12RPS).

a. VHA Directive 1170.03 Physical Medicine and Rehabilitation Service, dated 11/5/2019

b. VHA Directive 1172.01 Polytrauma System of Care, dated 1/24/2019

c. VHA Directive 1174 Blind and Visual Impairment Rehabilitation Continuum of Care, dated 4/19/2021

d. VHA Directive 1172.03(1) VHA Amputation System of Care, dated 8/3/2018

3. VHA Spinal Cord Injuries and Disorders National Program Office (11SCID).

a. VHA Directive 1176(2) Spinal Cord Injuries and Disorders System of Care, dated 9/30/2019

4. VHA Specialty Care Program Office (11SPEC).

September 23, 2022

**VHA DIRECTIVE 1170.01
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a. VHA Directive 2009-053 Pain Management, dated 10/28/2009