

# 2018 Behavioral Health Care Pricing Worksheet

Joint Commission accreditation fees are based on a combination of an on-site survey fee billed during the year of the organization's on-site survey and an annual fee billed during application year and in January of each year during an organization's accreditation cycle. Approximately 60% of the organization's total accreditation fees are due during the year of the on-site survey.

This document is a tool for your organization to calculate the estimated total fees, including the on-site survey fee and annual fees, for a 3-year period.

STEP 1		Calculate your weighted volume.			
<ul style="list-style-type: none"> <li>Find your type of services, programs or settings in column A.</li> <li>Enter the appropriate volume (average daily census, visits, cases, etc.) in column B.</li> <li>Multiply column B and C to determine the weighted volume (enter in the "Total" column).</li> <li>Complete each line of this sheet for each service, program or setting provided by your organization.</li> <li>Total the weighted volume at the bottom of this worksheet.</li> <li>Carry the total weighted volume to the reverse side to estimate your annual and on-site survey fees.</li> </ul> <p><i>Note: If the same individuals served are provided service in more than one category, only count the most restrictive type. Please do not double-count individuals!</i></p>					
Column A	Column B	Column C	Weighted Volume		
Inpatient/24 HR Crisis Stabilization	= <u>          </u> x <u>5</u> = <u>          </u> [ADC* X 365]				
Residential/Group Homes/24 Hr. Therapeutic School	= <u>          </u> x <u>5</u> = <u>          </u> [ADC* X 365]				
Therapeutic Foster Care/Outdoor Behavioral Health/Supervised/ Transitional/Supportive Living/ Community-Based Home(s)	= <u>          </u> x <u>3</u> = <u>          </u> [ADC* X 365]				
Partial Hospitalization/Day Treatment/ Adult Day Care/Intensive Outpatient/ Therapeutic Day School	= <u>          </u> x <u>2.5</u> = <u>          </u> [ADC* X 261]				
Assertive Community Treatment/ Community Support Services	= <u>          </u> x <u>2</u> = <u>          </u> [Total Cases/Year]				
In Home	= <u>          </u> x <u>1.5</u> = <u>          </u> [Total Visits/Year]				
Technology Based	= <u>          </u> x <u>1.5</u> = <u>          </u> [Total Contacts/Year]				
Outpatient	= <u>          </u> x <u>1.5</u> = <u>          </u> [Total Visits/Year]				
Vocational Rehab-Outpatient	= <u>          </u> x <u>0.5</u> = <u>          </u> [Total Visits/Year]				
Case Management	= <u>          </u> x <u>0.5</u> = <u>          </u> [Total Cases/Year]				
Foster Care	= <u>          </u> x <u>0.5</u> = <u>          </u> [Total # Of Individuals/Year]				
Family Preservation/Wrap Around Services	= <u>          </u> x <u>0.5</u> = <u>          </u> [Total Cases/Year]				
Shelter (Count Each Family As One)	= <u>          </u> x <u>0.25</u> = <u>          </u> [Total Cases/Year]				
* Average Daily Census					
			<b>Total Step 1</b> (Total weighted volume) <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>		

**STEP 2****Calculate your annual fee.****Opioid Treatment Programs:**

OTP Maintenance	<b>\$1,980</b>
OTP Detox	<b>\$1,980</b>

**All Others:**

Weighted Volume	Estimated Annual Fee
< 5,000	<b>\$1,820</b>
< 10,000	<b>\$1,985</b>
< 30,000	<b>\$2,350</b>
< 40,000	<b>\$3,080</b>
< 60,000	<b>\$3,470</b>
< 99,500	<b>\$3,615</b>
< 250,000	<b>\$5,015</b>
< 425,000	<b>\$7,220</b>
< 585,000	<b>\$8,585</b>
< 745,000	<b>\$9,990</b>
< 1,000,000	<b>\$10,800</b>
< 1,200,000	<b>\$12,605</b>
< 1,600,000	<b>\$18,920</b>
> 1,600,000	<b>\$25,215</b>

$$\begin{array}{c}
 \$ \boxed{\phantom{0000}} \times \frac{3}{\text{accreditation cycle}} = \$ \boxed{\phantom{0000}} \\
 \text{annual fee} \qquad \qquad \qquad \text{This is your total annual fee for the 3 year period}
 \end{array}$$

**Total Step 2**\$ **STEP 3****Calculate your on-site survey fee.****Opioid Treatment Programs:**

OTP Maintenance	<b>\$3,110</b>
OTP Detox	<b>\$2,235</b>

**All Others:**

Weighted Volume	Estimated On Site Fee
< = 30,000	<b>\$3,110</b>
< = 99,500	<b>\$3,985</b>
< = 250,000	<b>\$4,860</b>
< = 745,000	<b>\$9,720</b>
< = 1,000,000	<b>\$11,955</b>
< = 1,200,000	<b>\$14,580</b>
< = 1,600,000	<b>\$22,940</b>
> 1,600,000	<b>\$28,675</b>

**Additional Site fees:****Community-based Homes with ADC ≤ 3\***

Sites Less Than 60 Miles	Additional Fee	Sites More Than 60 Miles	Additional Fee
1-15 Sites	No Fee	1-6 Sites	<b>\$3,840</b>
16+ Sites	<b>\$3,840</b>	7+ Sites	<b>\$7,780</b>

**Other Settings\*\***

Sites Less Than 60 Miles	Additional Fee	Sites More Than 60 Miles	Additional Fee
1-6 Sites	No Fee	1-3 Sites	<b>\$3,840</b>
7-15 Sites	<b>\$3,840</b>	4-6 Sites	<b>\$7,780</b>
16+ Sites	<b>\$7,780</b>	7-9 Sites	<b>\$11,620</b>

$$\begin{array}{c}
 \$ \boxed{\phantom{0000}} + \$ \boxed{\phantom{0000}} = \$ \boxed{\phantom{0000}} \\
 \text{on-site fee} \qquad \qquad \text{additional site fee} \qquad \qquad \text{this is your total on-site fee}
 \end{array}$$

\*If your organization provides 24 hour care in setting(s) with 3 or fewer residents, add additional site(s) fee(s) for ADC ≤ 3 to your on-site survey fee. Do not count office site(s) providing only administrative functions and not direct care to individuals. Do not count your main site in this calculation.

\*\*If your organization provides 24 hour care with ADC ≥ 4, or day programs including intensive outpatient at more than 1 physical location, add additional site(s) fee(s) to your on-site survey fee. Do not count office site(s) providing only administrative functions and not direct care to individuals. Do not count your main site in this calculation.

\*\*\*If your organization provides therapeutic or foster care at more than one physical location, add additional site(s) fee(s) to your on-site survey fee. Do not count individual homes as sites, but count office site(s) administering to the homes. Do not count your main site in this calculation.

Site fees DO NOT APPLY to offices providing outpatient, in-home, assertive community treatment/ community support services, family preservation/wrap around, technology-based or case management.

**Total Step 3**\$

**STEP 4****Total accreditation fee. Add Step 2 and Step 3.**\$ **Important items to note when estimating your fees:**

- 1** Fee estimates are based on current published pricing and information about services and service volume provided by your organization. Changes to any of these factors as provided in your organization's application for survey may result in a change in your organization's on-site or annual fees.
- 2** Initial applicants must submit a non-transferable, non-refundable deposit of \$1,700 with the application for survey. This deposit is applied to any accreditation fees billed to the organization until the deposit is exhausted. Electronic checks and credit card payments are accepted for deposit. To make a credit card payment over the phone, please call (630) 792-5115, Option #1.
- 3** A pro-rated annual fee is billed at the beginning of the quarter after which an initial application is received.

For further pricing information or for an official quote, email [pricingunit@jointcommission.org](mailto:pricingunit@jointcommission.org) or contact 630.792.5115.

