CARF’s Network Standards Reflect Changes in the Healthcare Field

A recent article published by GE Healthcare Camden Group, titled “Top Predicted Healthcare Trends of 2016,” discusses this consolidation trend and the regulatory interest it is expected to invite. In the article, Laura Jacobs, president of GE Healthcare Camden Group, states, “It will be essential to demonstrate direct consumer benefit related to efficiency, access and quality...” It is important that providers looking to affiliate with other programs and facilities begin to implement a quality system specific to that type of relationship.

In response to these types of market forces, CARF has published Network standards that are downloadable free at www.carf.org/Accreditation/QualityStandards/OnlineStandards. In the context of the CARF standards, a network is a legal entity that contracts with two or more organizations that deliver health or human services to persons served (“participating providers”) to coordinate functions between or on behalf of the participating providers.
Various types of networks exist and they may have different purposes in the field. For example, business networks may be formed to establish strategic business arrangements with or among participating providers, and service delivery networks may establish an integrated system of service provision by participating providers to persons served. Other types of networks may combine the functions of business and service delivery networks.

The Network standards are available for use in combination with all CARF standards manuals beginning in standards manual year 2016, effective July 1, 2016. They replace the standards for Aging Services Networks previously included in the Aging Services and CARF–CCAC Standards Manuals and the Business and Services Management Network Standards Manual in its entirety.

CARF is presenting a webinar on the Network standards on April 12, 2016. To learn more about this event, visit: www.carf.org/Events/Webinars.

Questions regarding the Network standards may be directed to the following CARF resource specialists:

- Nancy Bradley, Behavioral Health, nbradley@carf.org, ext. 7145
- John Hannon, Employment and Community Services, jhannon@carf.org, ext. 7198
- Cathy Rebella, Aging Services, crebella@carf.org, ext. 7132
- Kelly Silberschlag, Medical Rehabilitation, ksilberschlag@carf.org, ext. 7190


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**Coaching Corner: CARF Financial Standard 1.F.7.**

The Financial Planning and Management standard that requires “review of a representative sampling of records of the persons served” was listed as a frequently cited standard during the standards manual year 2014 (July 1, 2014 to June 30, 2015). Frequently cited standards represent those areas that seem to be the most difficult for providers in the field to achieve conformance.

**Intent of the standard:**

If an organization bills for services provided, it should determine that billing statements match service information in the records of the persons served. This review and corresponding corrective action are proactive methods to help reduce or eliminate costly audit exceptions.

The CARF definition of *representative sampling* is as follows: A group of randomly selected individuals determined through a procedure such that each person has an equal probability of inclusion in the sample. If sampling is used, the sample should reflect the population to which the results are generalized. Although no specific percentage of persons served is required to be included in the sample, general principles of data analysis state that the larger
the sample, the less the error that is expected in comparing the sample to the entire population of persons served. The number of persons sampled within each program area or subgroup should be sufficient to give confidence that the characteristics of the sample reflect the distribution of the entire population of persons served.

Reasons the standard will be cited, in order of occurrence:

- The records review is not being done at all, or it is being completed at a frequency less than quarterly.
- The records review does not document that the dates of services provided coincide with the billed episodes of care.
- The records review did not include a representative sample.
- The records review did not determine that the bills accurately reflected the services provided.
- The records review did not identify the necessary corrective actions.

Tips for conformance:

An organization will need to determine what its representative sample should consist of. It is important that a review include a cross-section of characteristics of persons being served, the various services provided by the organization, and the variety of funding sources for those services. Many organizations have already developed procedures for determining their representative sample as part of their quality assurance/performance improvement system. In addition, the representative sample should contain a mix of the various types of episodes of care, such as admission days, service delivery days, transition days, and discharge days. It is not necessary, however, to include every day of each billing record reviewed.

Determine the best way to document the review. This might be a checklist developed by the organization that outlines all necessary steps, or the review may be documented in a narrative format.

Once the records review has been completed, it is important for the organization to review the results in an effort to determine any corrective action that might be necessary.

Jim Bodine Joins CARF’s Financial Advisory Panel

CARF extends a warm welcome to Mr. James Bodine, the newest member of its Financial Advisory Panel (FAP). Mr. Bodine is executive vice president at Herbert J. Sims & Co., Inc. He specializes in senior living and healthcare finance and has extensive experience providing financing and advisory services for the acquisition, development, expansion, refinancing/recapitalization, and corporate affiliation of senior living and healthcare service providers.

Mr. Bodine brings nearly 30 years of investment banking experience to the FAP. He has completed more than 100
transactions totaling more than $2.5 billion in tax-exempt and taxable debt financing under a range of structures and credit profiles. He is familiar with private and public equity financing, mergers, acquisitions, and advisory assignments for not-for-profit and for-profit providers.

In addition to his role on CARF’s FAP, Mr. Bodine serves on the board of directors and Fiscal Oversight Committee of The Philadelphia Protestant Home, a not-for-profit senior living provider based in Philadelphia, Pennsylvania, and on the Investment Committee of Elwyn, a not-for-profit provider of services to individuals with disabilities based in Media, Pennsylvania. He is the cofounding chairman of Run to Remember, a running team that conducts fundraising and other activities in support of the Alzheimer’s Association Delaware Valley Chapter.

Prior to joining Herbert J. Sims & Co. in 2014, Mr. Bodine spent eight years at BB&T Capital Markets, eight years at Janney Montgomery Scott LLC, and 11 years at Wheat First Butcher. He served as the managing director at each firm. He received his B.S. in Economics and M.B.A. from The Wharton School at the University of Pennsylvania.

2016 Aging Services Educational Opportunities

**Achieving and Maintaining CARF Accreditation in Aging Services - Canada**

Attend this interactive, two-day training session to learn valuable tips and tricks for getting organized, planning for an on-site survey, and managing outcomes. Emphasis will be placed on areas in which organizations most often need guidance to conform to the standards.

- June 21–22, Mississauga, ON
- Achieving and Maintaining CARF Accreditation in Aging Services
  - [Register here](#)

**101s**

These engaging two-day sessions provide a solid foundation for organizations seeking CARF accreditation. Participants will gain valuable insight into the accreditation process as well as helpful information on preparing for a survey and how to avoid the pitfalls some organizations may experience on their survey.

- April 20–21, Charlotte, NC
- AS 101: Preparing for Successful Accreditation in Aging Services including Continuing Care Retirement Communities
  - [Register here](#)
Webinars

March 29 & July 12
Changes to CARF’s Aging Services standards manuals

Register here

April 12
Overview of CARF’s Network Standards

Register here

April 13 & June 14
Ahead of the Curve: Expanding the Reach of Medical and Health Services with Technology

This exciting webinar series explores the challenges, opportunities, and current uses of new and dynamic technologies in the provision of a wide variety of medical and health services. Designed to benefit direct service professionals and administrators, the “Ahead of the Curve” webinar series addresses the critical issues surrounding the integration of technology in the provision of medical and health services.

Register here

May 6 & November 3
An Introduction to CARF Aging Services Accreditation

This webinar will familiarize participants with CARF, the benefits of CARF accreditation, and the survey process for organizations of all sizes. This introductory presentation is designed for Aging Services providers that are not currently CARF accredited or would like to become familiar with the CARF accreditation process.

Register by emailing canadainfo@carf.org or calling (888) 281-6531, extension 3009.

For questions, please contact the CARF Education and Training Unit at (520) 325-1044 or toll free (888) 281-6531. Online registration is available at www.carf.org/events two to three months prior to an event.

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If a lender is interested in the systems you use to manage risk in your organization, support management competencies, measure outcomes, and foster sound business practices, please direct the lender to www.carf.org/lenders. The website includes language geared toward lenders, a five-minute webinar to educate them about accreditation for your organization, and a downloadable factsheet with key information about CARF.