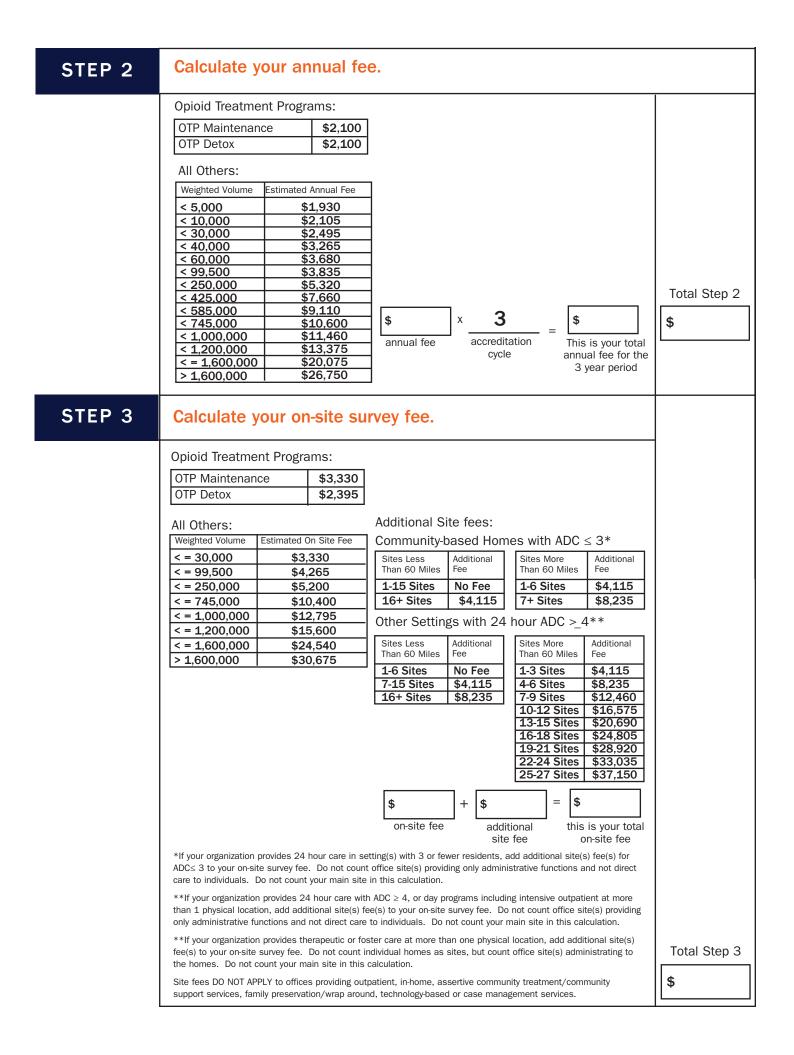


2021 Behavioral Health Care and Human Services Pricing Worksheet

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.	
	 Find your type of services, programs or settings in column A. Enter the appropriate volume (average daily census, visits, cases, etc.) in column B. Multiply column B and C to determine the weighted volume (enter in the "Total" column). Complete each line of this sheet for each service, program or setting provided by your organization. Total the weighted volume at the bottom of this worksheet. Carry the total weighted volume to the reverse side to estimate your annual and on-site survey fees. 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! 	
	Column A	Column B Column C Weighted Volume
ļ	Inpatient/24 HR Crisis Stabilization	=X _5= [ADC* X 365]
	Residential/Group Homes/24 Hr. Therapeutic School Therapeutic Foster Care/Outdoor Behavioral Health/Supervised/ Transitional/Supportive Living/ Community-Based Home(s)	$\begin{bmatrix} ADC^* X 365 \end{bmatrix} \times \underbrace{5}_{[ADC^* X 365]} \times \underbrace{5}_{[ADC^* X 365]} \times \underbrace{3}_{[ADC^* X 365]} \times \underbrace{3}_{[ADC^* X 365]} = $
	Partial Hospitalization/Day Treatment/ Adult Day Care/Intensive Outpatient/ Therapeutic Day School	= X X =
	Assertive Community Treatment/ Community Support Services	= X _2 = [Total Cases/Year]
	In Home	= x <u>1.5</u> = [Total Visits/Year]
	Technology Based	= x <u>1.5</u> = [Total Contacts/Year]
	Outpatient	= x1.5 = [Total Visits/Year]
	Vocational Rehab-Outpatient	= x0.5 = [Total Visits/Year]
	Case Management	= x0.5 = [Total Cases/Year]
	Foster Care/Kinship/Reunification/ Adoption/Protective Services	= x <u>0.5</u> = [Total # Of Individuals/Year]
	Family Preservation/Wrap Around Services	= x 0.5 = Total Step 1 [Total Cases/Year] (Total weighted
	Shelter (Count Each Family As One)	= x <u>0.25</u> = volume)
	*Average Daily Census	



Important items to note when estimating your fees:



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.



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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.

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 or contact 630.792.5115.

Note: Corporate orientation or corporate summation are available for \$2,150.