



2024 Joint Commission *and* CMS Crosswalk

Comparing Hospital Standards and CoPs



Joint Commission Resources Mission

The mission of Joint Commission Resources (JCR) is to continuously improve the safety and quality of health care in the United States and in the international community through the provision of education, publications, consultation, and evaluation services.

Disclaimers

JCR educational programs and publications support, but are separate from, the accreditation activities of The Joint Commission. Attendees at Joint Commission Resources educational programs and purchasers of JCR publications receive no special consideration or treatment in, or confidential information about, the accreditation process. The inclusion of an organization name, product, or service in a JCR publication should not be construed as an endorsement of such organization, product, or service, nor is failure to include an organization name, product, or service to be construed as disapproval.

This publication is designed to provide accurate and authoritative information regarding the subject matter covered. Every attempt has been made to ensure accuracy at the time of publication; however, please note that laws, regulations, and standards are subject to change. Please also note that some of the examples in this publication are specific to the laws and regulations of the locality of the facility. The information and examples in this publication are provided with the understanding that the publisher is not engaged in providing medical, legal, or other professional advice. If any such assistance is desired, the services of a competent professional person should be sought.

© 2024 The Joint Commission

Published by Joint Commission Resources
Oakbrook Terrace, Illinois 60181 USA
<https://www.jcrinc.com>

Joint Commission Resources, Inc. (JCR), a not-for-profit affiliate of The Joint Commission, has been designated by The Joint Commission to publish publications and multimedia products. JCR reproduces and distributes these materials under license from The Joint Commission.

All rights reserved. No part of this publication may be reproduced in any form or by any means without written permission from the publisher. Requests for permission to make copies of any part of this work should be sent to permissions@jcrinc.com.

ISBN (print): 978-1-63585-368-1

ISBN (e-book): 978-1-63585-369-8

Printed in the USA

For more information about The Joint Commission, please visit <https://www.jointcommission.org>.

Development Team

Senior Editor: Margaret McConnell

Senior Project Manager: Chris Zwirek

Associate Director, Editorial, Accreditation Content: Mary Beth Curran

Associate Director, Production: Johanna Harris

Executive Director, Global Publishing: Catherine Chopp Hinckley, MA, PhD

Reviewers

Joint Commission Division of Accreditation and Certification Operations

Andrea A. Coffaro, MBA, Senior Associate Director

Theresa Hendricksen, RN, MS, FACHE, Field Director, Surveyor Management and Support

Chad Larson, MBA, Executive Director, Hospital Accreditation Program

Stephen Misenko, MBA, CMS Program Director

Tiffany Wiksten, DNP, RN, CIC, Associate Director, Standards Interpretation

Joint Commission Division of Healthcare Quality Evaluation and Improvement

Herman A. McKenzie, MBA, CHSP, Director, Physical Environment Department

Laura Smith, MA, Project Director, Department of Standards and Survey Methods

Joint Commission Resources

John Berry, RN, MSN, Specialist Principal Consultant, CMS

Contents

Introduction	1
Purpose of the Book	1
Overview of Contents	1
What's New	3
How to Use the Crosswalks	3
Potential Limitations with the Crosswalks	4
Part 1: Understanding Deemed Status	7
What Is Deemed Status?	9
How Does My Hospital Achieve Joint Commission Accreditation for Deemed Status Purposes? ..	14
What Is Intracycle Monitoring?	21
How Do We Know What Requirements to Meet?	22
What Is an 1135 Waiver?	23
When Might My Organization Need an 1135 Waiver?	23
What Are Blanket Waivers?	23
How Does My Organization Request an 1135 Waiver?	25
What Happens If a Joint Commission Surveyor Identifies Noncompliance?	25
How Will We Learn About Our Joint Commission Survey Findings?	32
How Will CMS Be Notified of Our Joint Commission Survey Results?	33
What Is a CMS Validation Survey?	37
Part 2: 2024 Joint Commission and CMS Hospital Crosswalk	41
§482.1 Basics and Scope	43
§482.11 CoP: Compliance with Federal, State, and Local Laws	43
§482.12 CoP: Governing Body	46
§482.13 CoP: Patient's Rights	66
§482.15 CoP: Emergency Preparedness	107
§482.21 CoP: Quality Assessment and Performance Improvement Program	149
§482.22 CoP: Medical Staff	170
§482.23 CoP: Nursing Services	201
§482.24 CoP: Medical Record Services	226
§482.25 CoP: Pharmaceutical Services	251
§482.26 CoP: Radiologic Services	261
§482.27 CoP: Laboratory Services	273
§482.28 CoP: Food and Dietetic Services	289
§482.30 CoP: Utilization Review	297
§482.41 CoP: Physical Environment	325
§482.42 CoP: Infection Prevention and Control and Antibiotic Stewardship Programs	383
§482.43 CoP: Discharge Planning	404
§482.45 CoP: Organ, Tissue and Eye Procurement	412
§482.51 CoP: Surgical Services	416
§482.52 CoP: Anesthesia Services	430
§482.53 CoP: Nuclear Medicine Services	440
§482.54 CoP: Outpatient Services	449
§482.55 CoP: Emergency Services	457

2024 Joint Commission and CMS Crosswalk: Comparing Hospital Standards and CoPs

§482.56 CoP: Rehabilitation Services	462
§482.57 CoP: Respiratory Care Services	468
§482.58 CoP: Special Requirements for Hospital Providers of Long-Term Care Services (“Swing-Beds”)	475
§483.5 CoP: Definitions	487
§483.10 CoP: Resident Rights	488
§483.12 CoP: Freedom from Abuse, Neglect, and Exploitation	501
§483.15 CoP: Admission, Transfer, and Discharge Rights	504
§483.21 CoP: Comprehensive Person-Centered Care Planning	524
§483.40 CoP: Behavioral Health Services	529
§483.55 CoP: Dental Services	529
§483.65 CoP: Specialized Rehabilitative Services	533
Part 3: 2024 Joint Commission and CMS Psychiatric Hospital Crosswalk	537
§482.60 CoP: Special Provisions Applying to Psychiatric Hospitals	539
§482.61 CoP: Special Medical Record Requirements for Psychiatric Hospitals	540
§482.62 CoP: Special Staff Requirements for Psychiatric Hospitals	566
Part 4: Joint Commission Hospital Standards/EPs Equivalent to CoPs	581
Environment of Care [®] (EC)	583
Emergency Management (EM)	586
Human Resources (HR)	587
Infection Prevention and Control (IC)	588
Information Management (IM)	588
Leadership (LD)	589
Life Safety (LS)	592
Medication Management (MM)	596
Medical Staff (MS)	598
National Patient Safety Goals [®] (NPSG)	600
Nursing (NR)	600
Provision of Care, Treatment, and Services (PC)	600
Performance Improvement (PI)	603
Record of Care, Treatment, and Services (RC)	604
Rights and Responsibilities of the Individual (RI)	605
Transplant Safety (TS)	606
Part 5: Joint Commission Psychiatric Hospital Standards/EPs Equivalent to CoPs	607
Human Resources (HR)	609
Information Management (IM)	609
Leadership (LD)	609
Medical Staff (MS)	610
Nursing (NR)	610
Provision of Care, Treatment, and Services (PC)	610
Record of Care, Treatment, and Services (RC)	611
Rights and Responsibilities of the Individual (RI)	611

Introduction



The Joint Commission and the US Centers for Medicare & Medicaid Services (CMS) have a long history of working together on health care quality and safety issues.

The two entities share a common goal of helping health care organizations provide high-quality and safe care, treatment, and services for all patients and their families.

Hospitals that wish to be accredited by The Joint Commission must demonstrate compliance with its accreditation requirements. To participate in and receive payment from the Medicare and Medicaid programs, hospitals must meet federal requirements called Conditions of Participation (CoPs). Some believe that the two sets of requirements differ enough that they need separate activities, processes, and approaches to support compliance. In actuality, the two sets of requirements are equivalent in many ways.



The Joint Commission has achieved deeming authority from CMS for hospitals and psychiatric hospitals by demonstrating that the accreditation standards meet or exceed the Medicare Conditions of Participation, as well as demonstrating that

the survey process is comparable to that of CMS. Effective July 2022, CMS renewed The Joint Commission's deeming authority for hospitals, allowing it to evaluate compliance with the requirements set forth in federal regulations. This renewal is effective through July 2025. CMS last renewed deeming authority for psychiatric hospitals in February 2023 for a six-year period. The Joint Commission's deeming authority means any hospital that selects the deemed status option and is found in compliance with Joint Commission standards can be "deemed" to be compliant with federal hospital requirements.

Purpose of the Book

The *2024 Joint Commission and CMS Crosswalk: Comparing Hospital Standards and CoPs* identifies equivalencies between Joint Commission standards and federal CoPs. Our three main objectives for this resource are to do the following:

1. Present a simple, straightforward introduction to CMS to help staff understand why a hospital would use Joint Commission accreditation for deemed status
2. Provide a map that your staff can use to walk through each



terms & topics

Conditions of Participation (CoPs): A set of regulatory requirements with which a hospital must comply in order to participate in the Medicare program and to receive Medicare and Medicaid payments. Identification of noncompliance with a CoP during a survey may result in an on-site revisit survey to ensure that the facility has returned to compliance with the particular CoP.

Deemed Status: The finding by the Secretary of Health and Human Services (HHS) that accreditation of a provider entity by a national accreditation body demonstrates that all applicable Medicare Conditions are met or exceeded through the use of a survey process that is comparable to that of CMS.

Standard: An expectation of a CoP for which compliance is assessed by the degree and severity of any findings. Also called a regulation.

State Survey Agency (SA): A state health agency or other designated agency under contract with the HHS Secretary to survey for compliance with federal health and safety requirements.

CoP and relate it to the corresponding Joint Commission standards and elements of performance (EPs)

3. Help staff understand how your hospital's policies, procedures, and practices can support one or several Joint Commission standards while also demonstrating compliance with equivalent CMS regulations

Overview of Contents

This book provides your hospital easy access to the CMS requirements. Although two of the four crosswalks found in this publication are available on E-dition® (accessible through the accredited organization's *Joint Commission Connect*® extranet site), this handy reference goes a step further, providing critical information about CMS that allows your organization to identify correlations between the two sets of requirements from a starting point of the Joint Commission standard. The book's sidebars and tables provide additional information on Joint Commission accreditation for deemed status, access to CMS-related resources, and the ways both organizations survey for compliance.

2024 Joint Commission and CMS Crosswalk: Comparing Hospital Standards and CoPs

The book is divided into five parts:

1 UNDERSTANDING DEEMED STATUS This section takes an in-depth look at the Joint Commission accreditation process as it relates to CMS deemed status and answers some key questions your hospital may have about the process. More specifically, the chapter focuses on (1) the eligibility requirements for using Joint Commission accreditation for deemed status, (2) the use of the Joint Commission on-site accreditation surveys to assess compliance with Joint Commission standards, (3) the relationship with associated CoPs, and (4) the process to follow when a surveyor finds an area of noncompliance.

2 2024 JOINT COMMISSION AND CMS HOSPITAL CROSSWALK This section offers a complete comparison between the CoPs applicable to acute care hospitals and the equivalent Joint Commission standards and EPs.

3 2024 JOINT COMMISSION AND CMS PSYCHIATRIC HOSPITAL CROSSWALK This section compares the additional special CoPs for psychiatric hospitals relating to special provisions, medical records, and staff requirements to comparable Joint Commission standards. (Psychiatric hospitals must meet both the hospital CoPs and the special psychiatric hospital CoPs to be eligible for deemed status.)

INSTRUCTIVE INFOGRAPHIC

A Snapshot of the Crosswalk in Parts 2 and 3

CFR Number §482.1	Medicare Requirements	Joint Commission Equivalent Standards and Elements of Performance
§482.1	TAG: A-0008 §482.1 Basis and scope.	
§482.1(a)	TAG: A-0008 (a) Statutory basis.	
§482.1(a)(1)	TAG: A-0008 (1) Section 1861(e) of the [Social Security] Act provides that—	
§482.1(a)(1)(i)	TAG: A-0008 (i) Hospitals participating in Medicare must meet certain specified requirements; and	LD.04.01.01 The hospital complies with law and regulation. EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.)
§482.1(a)(1)(ii)	TAG: A-0008 (ii) The Secretary may impose additional requirements if they are found necessary in the interest of the health and safety of the individuals who are furnished services in hospitals.	LD.04.01.01 The hospital complies with law and regulation. EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.)
§482.1(b)	TAG: A-0008 (b) Scope. Except as provided in subpart A of part 488 of this chapter, the provisions of this part serve as the basis of survey activities for the purpose of determining whether a hospital qualifies for a provider agreement under Medicare and Medicaid.	LD.04.01.01 The hospital complies with law and regulation. EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.)
§482.11	TAG: A-0020 §482.11 Condition of Participation: Compliance with Federal, State and Local Laws	

In this snapshot of the crosswalk in Part 2, notice how the left column shows the US Centers for Medicare & Medicaid Services (CMS) requirements and the right column shows the associated Joint Commission standards and elements of performance (EPs). Documentation requirements © and risk status R icons will appear with applicable EPs.



The crosswalks in Parts 2 and 3 are the result of an iterative process between The Joint Commission and CMS during the deeming application process and are the only crosswalks reviewed and approved by both The Joint Commission and CMS (see the Instructive Infographic on the previous page).

The left-hand column includes the Medicare conditions and standards, including the Code of Federal Regulations (CFR) number—this is the number of the regulation published in the *Federal Register*—and the language of the condition or standard.

The right-hand column shows the associated Joint Commission hospital standard(s) and EP(s) used to demonstrate equivalency. This includes the standard and EP number, the language, any requirement, and the risk status of the EP.

4 JOINT COMMISSION HOSPITAL STANDARDS/ EPs EQUIVALENT TO CoPs This section provides a reverse crosswalk listing Joint Commission hospital requirements with comparable CoP numbers, showing equivalencies in the opposite direction from the crosswalk provided in Part 2. Changes to these equivalencies over the last year are shaded to allow for quick identification of updates to the crosswalk in Part 2.*

- A new sidebar that summarizes CMS changes over the past year
- Updates to the CMS validation survey process
- Updated Joint Commission requirements and CoPs applicable to hospitals and psychiatric hospitals, effective January 1, 2024, in Parts 2 and 3
- Updated crosswalks in Parts 4 and 5 to align with revised standards and CoPs

5 JOINT COMMISSION PSYCHIATRIC HOSPITAL STANDARDS/EPs EQUIVALENT TO CoPs This section provides a reverse crosswalk listing Joint Commission psychiatric hospital requirements with comparable CoP numbers, showing equivalencies in the opposite direction from the crosswalk provided in Part 3. As with Part 4, changes are shaded to allow for quick identification of updates to the crosswalk in Part 3.*

How to Use the Crosswalks

To gain a full appreciation of how the two sets of requirements relate and to gain a better proficiency with the crosswalks, you must understand their differing structures. For the CMS requirements, *conditions* (that is, CoPs) are the major categories, whereas the *standards* detail specific requirements under a condition. Hospitals must meet CoPs. For The Joint Commission, a *standard* makes a principle statement, and the EPs detail the specific requirements related to a standard. So, the Joint Commission standards and the Medicare conditions are the “parents” that provide the overarching concepts, and Joint Commission EPs and Medicare standards are the “children” that contain the specific details required by the larger concepts (*see* the following Instructive Infographic).

What’s New

The Joint Commission continued to work closely throughout 2023 with CMS to allow hospitals to focus on meeting the challenges presented by the COVID-19 pandemic. As a result of these and other efforts, changes to the *2024 Joint Commission and CMS Crosswalk* include the following new content:

INSTRUCTIVE INFOGRAPHIC

Comparing the Structure of the Requirements

Federal Requirement

Joint Commission Requirement

Condition of Participation



Standard

Standard

Element of Performance

Standard

Element of Performance

* This crosswalk was published with Joint Commission standards effective January 1, 2024, and reflects *all* updates made in 2023.

INSTRUCTIVE INFOGRAPHIC

A Snapshot of the Crosswalk in Parts 4 and 5

Standard EC.01.01.01	EC.01.01.01, EP 7 §482.41(a)	§482.41(e)(1)(ii) §482.41(e)(1)(iii) §482.41(e)(1)(iv)	EC.02.01.01, EP 7 §482.13(c)(2)
EC.01.01.01, EP 1 §482.41(c) §482.41(c)(1) §482.41(c)(2) §482.41(d)(2)	EC.01.01.01, EP 8 §482.41(a) §482.41(d)(2)	§482.41(e)(1)(v) §482.41(e)(1)(vi)	EC.02.01.01, EP 8 §482.13(c)(2) §482.53(b)
EC.01.01.01, EP 3 §482.41(d)(2)	EC.01.01.01, EP 9 §482.41(a) §482.41(d)(2)	Standard EC.02.01.01	EC.02.01.01, EP 9 §482.13(c)(2)
EC.01.01.01, EP 4 §482.26(b) §482.41(a)	EC.01.01.01, EP 12 §482.15(e)(1) §482.15(h)(1)(i) §482.15(h)(1)(ii) §482.15(h)(1)(iii) §482.15(h)(1)(iv) §482.15(h)(1)(v) §482.15(h)(1)(vi) §482.41(e)(1)(i)	EC.02.01.01, EP 1 §482.13(c)(2) §482.26(b) §482.41(a)	EC.02.01.01, EP 10 §482.13(c)(2)
EC.01.01.01, EP 5 §482.13(c)(2)		EC.02.01.01, EP 3 §482.13(c)(2) §482.26(b) §482.41(a)	EC.02.01.01, EP 11 §482.25(b) §482.41(a)
EC.01.01.01, EP 6 §482.26(b) §482.41(a)		EC.02.01.01, EP 5 §482.41(a)	Standard EC.02.01.03
			EC.02.01.03, EP 4 §482.41(c)

This snapshot of the crosswalk in Part 4 lists Joint Commission hospital standards and EPs with their comparable CoP number(s) and allows you to look up equivalencies in the opposite direction from the crosswalk provided in Part 2.

Note: Parts 4 and 5 include shading to identify standards/EPs updated since the previous edition.

Not every Joint Commission standard and EP map to one Medicare condition and standard. In addition, multiple Joint Commission standards and EPs can demonstrate equivalency with one Medicare condition and standard. In fact, Medicare conditions can contain several requirements in a single statement and may be associated with several Joint Commission EPs in the crosswalks. Using the crosswalks in Parts 4 and 5 of this publication can help staff see the relationship between the two sets of requirements. The crosswalks are designed to highlight these relationships (see the Instructive Infographic above).

Potential Limitations with the Crosswalks

Although this publication is designed to be a comprehensive and accurate resource, it does have some potential limitations, including the following:

- The crosswalks in Parts 2 and 3 were created to demonstrate equivalency with federal requirements as part of the deeming process. Any changes made after the deeming application was approved must be evaluated by CMS to determine whether the

- changes continue to meet or exceed the federal requirements.
- The crosswalks represent a point in time,* and as such they may not maintain 100% accuracy because Joint Commission and CMS requirements are changed and updated. Any updates to the standards and EPs are published in *Joint Commission Perspectives*[®]—the official newsletter of The Joint Commission—or in updates to the *Comprehensive Accreditation Manual for Hospitals (CAMH)* and E-dition. Further, specific updates to a Joint Commission standard or EP may affect the equivalency with federal requirements. (Note that E-dition will include the most up-to-date version of the crosswalk through the course of the year.)
- Although the crosswalks demonstrate how Joint Commission standards and EPs are equivalent to CMS requirements, they are not meant to include a comprehensive list of Joint Commission standards and EPs. The Joint Commission has additional requirements that do not appear in the crosswalk to CMS requirements, as they are not used to demonstrate equivalency and they exceed the federal requirements (for example, most National Patient Safety Goals). Therefore,

* This crosswalk was published with Joint Commission standards effective January 1, 2024, and reflects *all* updates made in 2023.

hospitals seeking Joint Commission accreditation must comply with more requirements than those listed here. For a complete list of standards with which your hospital must comply, use the Standards Applicability Grid in the most recent edition of the Joint Commission's *CAMH* or your organization-specific E-dition on your *Joint Commission Connect* extranet site.

- In some rare circumstances, hospitals meeting the exact crosswalk of the Joint Commission language could still find that surveyors from the state survey agency or CMS will rule them out of compliance with a Medicare condition or

standard by manner or degree (*see* "CMS Focuses on Manner and Degree," on page 28 for more information). In addition, a surveyor may decide that a Medicare condition is out of compliance even if the supporting findings do not identify an equivalency represented in these crosswalks.

Despite the potential limitations, we hope you find value in this publication. It is designed to help your organization understand how the two sets of requirements align overall, determine how you can maintain ongoing compliance, and help ensure that you are ready for a Joint Commission, state agency, or CMS survey.

