

FOR PROVIDERS. BY PROVIDERS.[™]

EXPERIENCE THE ACHC DIFFERENCE

California Licensure Survey Preparation

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ABOUT ACHC

MISSION: Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.

- Nationally recognized accreditation organization (AO) with more than 30 years of experience
- CMS deeming authority for Home Health, Hospice, and DMEPOS
- Recognition by most major third-party payors
- Approved to perform Home Health California state licensure survey, October 2017
- Quality Management System certified to ISO 9001:2015



RESOURCES

- ACHC has created resources to assist you with the California Licensure Survey including the California Licensure Survey Prep tool and the California Process for Initial Licensure
- To view these resources, log on or create a Customer Central account at <u>cc.achc.org</u>

| [1 HOME HEALTH ACCREDITATION] | | This information is intended to provide an abbreviated version of the California licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit leginfo.legislature.ca.g |
|--|--|---|
| Certification of the start of t | STEP SIX — ACHC SHOUL Schedule and conduct a Outify your agency, and decision in writing Once an approval decisi granted accreditation fc STEP SEVEN—COPH SHOL Stert developing patien Start developin | All policies must be available for the Surveyor to review once they arrive on site. Please flag the identified policies for review. POLICES AND PROCEDURES Written policies and procedures, per California requirement 1727 S[F], describe the purchase, storage, furnishing, ar transportation of legend devices, including. A Legend devices are reviewed annually by a group of professional personnel, including a physician and surgeo Pharmacist, and Registered Nurse A legend devices are reviewed annually by a group of professional personnel, including a physician and surgeo Pharmacist, and Registered Nurse A legend device is defined as any device that bears the label "Caution: federal law restricts this device to sale by or on the order of a(ro words of similar meaning) Written policies and procedures, per California requirement 7,4703, describe the circumstances under which the H+ requires on-site supervisory visits to be conducted jointly with the Home Health Aide present. Written policies and procedures, per California requirement 7,473, describe the retention, retrieval, and security for off-site centralized storage of inactive patient records. Written policies and procedures are established in regard to the Compliance Program detailing what actions the organization takes to prevent fraud and abuse to include, at a minimum: Implementation of Written policies procedures, and procedures and procedures for a Compliance Committee Canducting effective training and education programs Development of open lines of communication between the Compliance Officer and/or Compliance Committe Stablishing and publicizing disciplinary guidelines for faling to comply with policies and procedures, applicable statutes, and regulations Performance of internal audits to monitor compliance Conducting effective training and education programs Prommare sponse to detected of fenses through corrective action Written policies and procedures are consistent with HIPAA standards to include, at a minimum: Electronic transmission proc |

[658] California Department of Public Health Process of Initial Licensure Accreditation- Home He [2696] California Licensure Survey



ACCREDITATION COMMISSION for HEALTH CARE

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CREATE CUSTOMER CENTRAL ACCOUNT

- Step 1: Visit cc.achc.org
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your customized ACHC standards
- Step 5: Obtain the California regulations for home health agencies by contacting the California Department of Public Health (CDPH)





DEMOGRAPHIC INFORMATION

| ACHC CUSTOMER CENTRAL | | ccreditation p | rocess, from start t | |
|--|---|-----------------------|---------------------------------|----------|
| ecoming accredited with ACHC | Please provide the account and downl | | quested below to crea dards. | ate your |
| 1) Download Standards 🛛 😓 | FIRST NAME | 1 | ASTNAME | |
| 2) Complete Application | PHONE | EMAIL | | |
| 3) Accreditation Process | COMPANY NAME ADDRESS | | | |
| | CITY | | ATE 👻 ZIP | |
| | SELECT A USERNAME | | | |
| Watch a video tutorial of the new Customer Central | ENTER PASSWORD | | CONFIRM PASSWORD | |
| | How soon do you need to | | Which of the following best des | |
| | Please | | Please Choose | **** |
| | How did you hear about A | CHC? Choose | SUBMIT | |



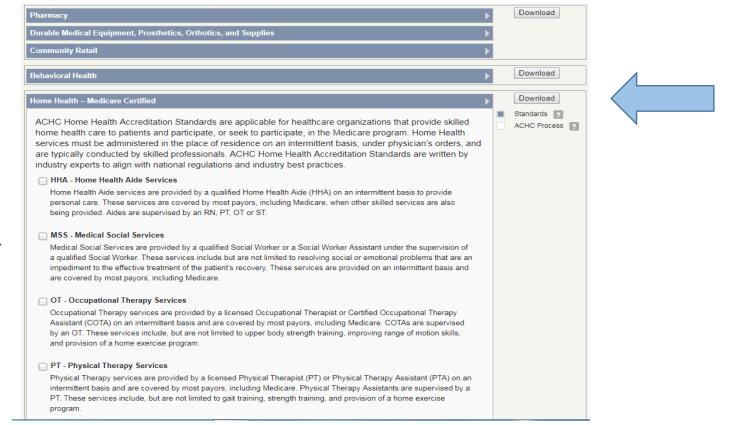
DOWNLOAD APPROPRIATE STANDARDS

Download ACHC's Standards

Application »

Select the program and services applicable to your company and click 'Download'. If standards are not required, continue to your application.

Applying for reaccreditation? Download the program-specific updates under Educational Tools





6

APPENDIX A

| tandard | HHA | MSS | SN |
|-----------|-----|-----|-----|
| IH1-1A | X | X | Х |
| IH1-1A.01 | X | X | Х |
| IH1-1B | X | X | Х |
| H1-1B.01 | X | X | Х |
| H1-1C | X | X | Х |
| H1-2A | X | X | Х |
| H1-2A.01 | X | X | Х |
| H1-2A.02 | X | X | Х |
| H1-2A.03 | X | X | Х |
| H1-2A.04 | X | X | Х |
| H1-2A.05 | X | X | Х |
| 11-3A | X | X | Х |
| H1-3A.01 | X | X | Х |
| H1-3A.02 | X | X | Х |
| 11-3B | X | X | - X |
| I1-4A.01 | X | X | Х |
| 11-5A | X | X | Х |
| 11-5A.01 | X | X | Х |
| H1-5B | X | X | Х |
| H1-6A | X | X | Х |
| H1-6A.01 | X | X | X |
| H1-6B | X | X | Х |
| H1-6C | X | X | Х |
| 11-7A | X | X | Х |
| H1-8A | X | X | Х |
| H1-8B | X | X | Х |
| H1-9A.01 | X | X | Х |



APPENDIX B

| Standard # | Documents, Policies and Procedures | Agency Notes | |
|------------|------------------------------------|--------------|--|
| HH1-1A.01 | Written Policies and Procedures | | |
| HH1-1B | Written Policies and Procedures | | |
| HH1-2A | Written Policies and Procedures | | |
| HH1-4A.01 | Written Policies and Procedures | | |
| HH1-6B | Written Policies and Procedures | | |
| HH1-6C | Written Policies and Procedures | | |
| HH1-8B | Written Policies and Procedures | | |
| HH2-1A.01 | Written Policies and Procedures | | |
| HH2-2A | Written Policies and Procedures | | |
| HH2-3A | Written Policies and Procedures | | |
| HH2-4A | Written Policies and Procedures | | |
| HH2-5A | Written Policies and Procedures | | |
| HH2-6A | Written Policies and Procedures | | |
| HH2-6B.01 | Written Policies and Procedures | | |
| HH2-7A.01 | Written Policies and Procedures | | |
| HH2-8A | Written Policies and Procedures | | |
| HH2-8B.01 | Written Policies and Procedures | | |
| HH2-9A.01 | Written Policies and Procedures | | |



PURCHASE STANDARDS

| | Standards Application Accred | tation Process | After Accreditation | Μγ Αςςοι |
|--|---|---|--------------------------|----------|
| Jownload Standards | 2) Complete Applie | tation | 3) Accreditation Process | ¢ |
| Checkout items | | | | |
| ACHC Accreditation | Standards | | \$ 199.00 | |
| | | тс | DTAL: \$ 199 | |
| Billing Information | | Credit Card information | on | |
| Billing Information | | Credit Card information | on | |
| First Name | Last Name | Card Number | on | |
| First Name Street Address | | Card Number Security Code | | |
| First Name Street Address City | STATE ZIP | Card Number Security Code ? Expires Month Vea | | |
| First Name Street Address | | Card Number Security Code | | |
| First Name Street Address City Phone | STATE ZIP Email | Card Number Security Code Expires Month Personal Account | | |
| First Name Street Address City Phone Shipping Information | STATE ZIP Email Same as billing information | Card Number Security Code Expires Month Yea Personal Account Business Account SUBMIT PAYMENT | | |
| First Name Street Address City Phone Shipping Information First Name | STATE ZIP Email Same as billing information | Card Number Security Code Expires Month Vea Personal Account Business Account SUBMIT PAYMENT | | |



9

COMPLETE THE APPLICATION

| CUSTOMER CENTRAL | STANDARDS APPLICATION RESOURCES + 🛒 EASY PAY MY ACCOUNT + |
|--|--|
| Account Services Team | Welcome, Home Care Compnay PCAB Pharmacy Customer - Cary, NC + Your entire process begins with an application. To start a new application click "New Application," or to renew an existing accreditation, click "Renewal" A "Renewal" allows you to copy a previously completed application - saving you time! |
| Katherine Mitchell kmitchell@achc.org | Click the [EDIT] button under the "In Progress" section to continue the process once you've created an application. |
| ACHC 139 Weston Oaks Ct. Cary, NC 27513 | APPLICATION DATE SUBMITTED TYPE STATUS LAST UPDATED You do not have any applications in progress. |
| Video Tutorials Customer Central Tour Application Tour PER "How To" On-Site Survey POC "How To" | COMPANY DATE SUBMITTED PAYMENT ACCREDITATION DATE STATUS |
| PDF Resources Home Health Pre-Survey Hospice Pre-Survey | |



SUBMIT REQUIRED PAPERWORK

- Online application
- Deposit \$1,500
- Signed Accreditation Agreement
- File an application and any additional documentation required with the Central Applications Unit (CAU) of the CDPH and include a cover letter indicating that you intend to hire ACHC as your accreditor



11





- Once CAU determines that your licensure application is complete, you will receive an application approval letter
- CAU will send ACHC a copy of this letter
- CAU will send a copy of this letter along with the completed application to the District Office (DO)
- You should contact ACHC to schedule your initial licensure survey and verify that ACHC has received a copy of the letter from CAU



ON-SITE SURVEY

- Survey date will be scheduled
- Interview the Administrator and/or the Director of Nursing/Clinical Manager
- Will review policies and procedures; must have state-specific policies and procedures
- Will review personnel records for the Administrator and the Director of Nursing/Clinical Manager to ensure they meet the California requirements
- Will review a mock patient record to ensure the required components will be included in the patient record
- Will review any patient education materials and/or admission packet
- Will review governing body meeting minutes, if applicable



CORRECT DEFICIENCIES ON SITE

- For any deficiencies the Surveyor identifies, make all corrections that you can and show the Surveyor before he or she leaves
- Once survey is completed, the Surveyor will submit all required documentation to ACHC; the findings will be reviewed and you will receive your Summary of Findings (SOF) within 10 business days from the last day of survey
- ACHC will notify CDPH of the final accreditation decision in writing and once the approval decision is received, your agency will be granted accreditation for one year
- CDPH will issue you a home health agency provisional license



INITIAL MEDICARE CERTIFICATION

- Complete and submit an 855A application to The Centers for Medicare and Medicaid Services (CMS); once approved submit approval letter to ACHC
- Develop your patient caseload
 - 10 patients served with 7 active at time of survey
 - Must meet the definition of CMS skilled care per the Medicare Benefit Policy Manual Chapter 7
 - Do not have to be Medicare beneficiaries
- Successfully complete and transmit an Outcome and Assessment Information Set (OASIS) and submit a copy of the Final Validation Report to ACHC
- Provide skilled nursing services and one other therapeutic service, PT, OT, SLP, MSS, or Aide services; one discipline must be provided entirely by W2 employees
- Notify ACHC in writing when all of the requirements have been completed



INITIAL MEDICARE CERTIFICATION

- ACHC will create a second ACHC Agreement for Accreditation Service and send to you for approval
- Once this agreement is signed and returned to ACHC, your unannounced Initial Medicare Certification survey will be scheduled



RESOURCES

- ACHC has created resources to assist you with the California Licensure Survey as well as your Initial Medicare certification survey and Medicare re-certification survey
- To view these resources, log in to Customer Central at <u>cc.achc.org</u>
- Your best resource is your personal Account Advisor
- If you have any questions regarding this presentation or about the survey process, contact your Account Advisor





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QUESTIONS?

Contact your personal Account Advisor or Account Services Representative