



EDUCATIONAL RESOURCES

Welcome

Achieving ACHC Home Health & Hospice Accreditation

 HOME HEALTH  HOSPICE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Objectives

- Introduction to ACHC
- Review how to create your Customer Central account
- Overview of Home Health requirements
- Overview of Hospice requirements



EDUCATIONAL RESOURCES

Introduction

 HOME HEALTH  HOSPICE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



About ACHC

- Nationally recognized AO with more than 30 years of experience
- CMS Deeming Authority
- Recognition by major third-party payors
- Approved to perform state licensure surveys
- Quality Management System that is ISO 9001:2015 Certified

ACHC Mission & Values

Our 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.

Our Values


- Committed to successful, collaborative relationships
- Flexibility without compromising quality
- Each employee is accountable for his or her contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

ACHC Offerings

Available Programs

 ACUTE CARE HOSPITAL (HFAP)

 AMBULATORY CARE

 AMBULATORY SURGERY CENTER (HFAP)

 ASSISTED LIVING

 BEHAVIORAL HEALTH

 CRITICAL ACCESS HOSPITAL (HFAP)

 CLINICAL LABORATORY

 DENTISTRY

 DMEPOS

 HOME HEALTH

 HOME INFUSION THERAPY

 HOSPICE

 NON-STERILE COMPOUNDING (PCAB)

 OFFICE-BASED SURGERY (HFAP)

 PALLIATIVE CARE

 PHARMACY

 PRIVATE DUTY

 RENAL DIALYSIS

 SLEEP

 STERILE COMPOUNDING (PCAB)

ACHC Offerings

Distinctions

- 🏆 TELEHEALTH
- 🏆 HAZARDOUS DRUG HANDLING
- 🏆 CUSTOM MOBILITY
- 🏆 CLINICAL RESPIRATORY PATIENT MANAGEMENT
- 🏆 INFECTIOUS DISEASES SPECIFIC TO HIV
- 🏆 RARE DISEASES & ORPHAN DRUGS
- 🏆 NUTRITION SUPPORT
- 🏆 ONCOLOGY
- 🏆 PALLIATIVE CARE

Certifications (HFAP)

- 🏆 JOINT REPLACEMENT
- 🏆 LITHOTRIPSY
- 🏆 STROKE
- 🏆 WOUND CARE

Experience the ACHC Difference

- Standards created for providers, by providers
- All-inclusive pricing — no annual fees
- Personal Account Advisors
- Commitment to exceptional customer service
- Surveyors with industry-specific experience
- Dedicated clinical support
- Dedicated regulatory support
- Educational resources

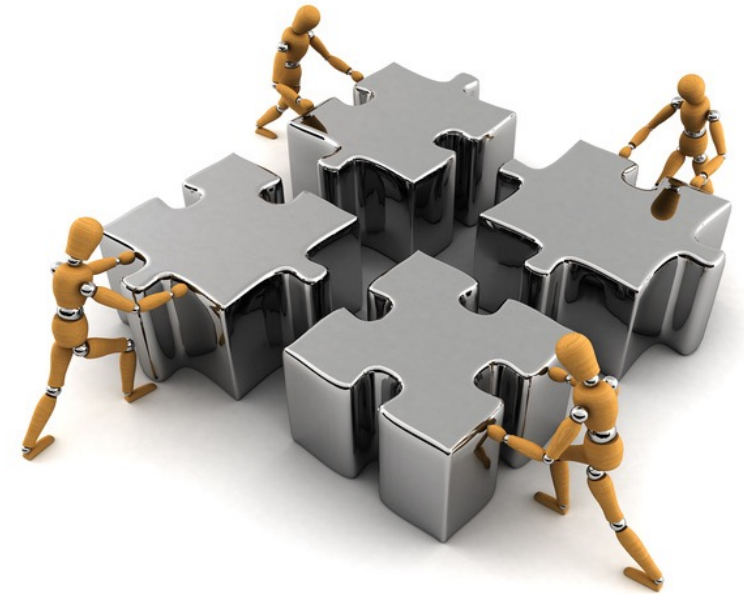


Educational Survey Approach

- ACHC values drive the survey approach:
 - Flexibility without compromise
 - Consistency in interpretation of requirements
 - Accuracy in reporting findings/observations
 - Offering organizations the opportunity to clarify or correct deficiencies

Surveyor Expertise

- Surveyor knowledge and expertise drive both the experience and the quality of the survey.
- Surveyor success is driven by ACHC processes and tools:
 - Surveyor Training
 - Surveyor Annual Evaluations
 - Surveyor Satisfaction Surveys



Personal Account Advisors

- Primary contact with customers
- Assigned once a customer submits an application
- Assist customers with the ACHC survey process:
 - Pre-survey phone calls
 - Email with links to brief survey-prep webinars and other resources
- Questions that cannot be answered by them will be sent to the appropriate Clinical or Regulatory department



Customer Satisfaction



98%

OF OUR CUSTOMERS REPORT
POSITIVE EXPERIENCES



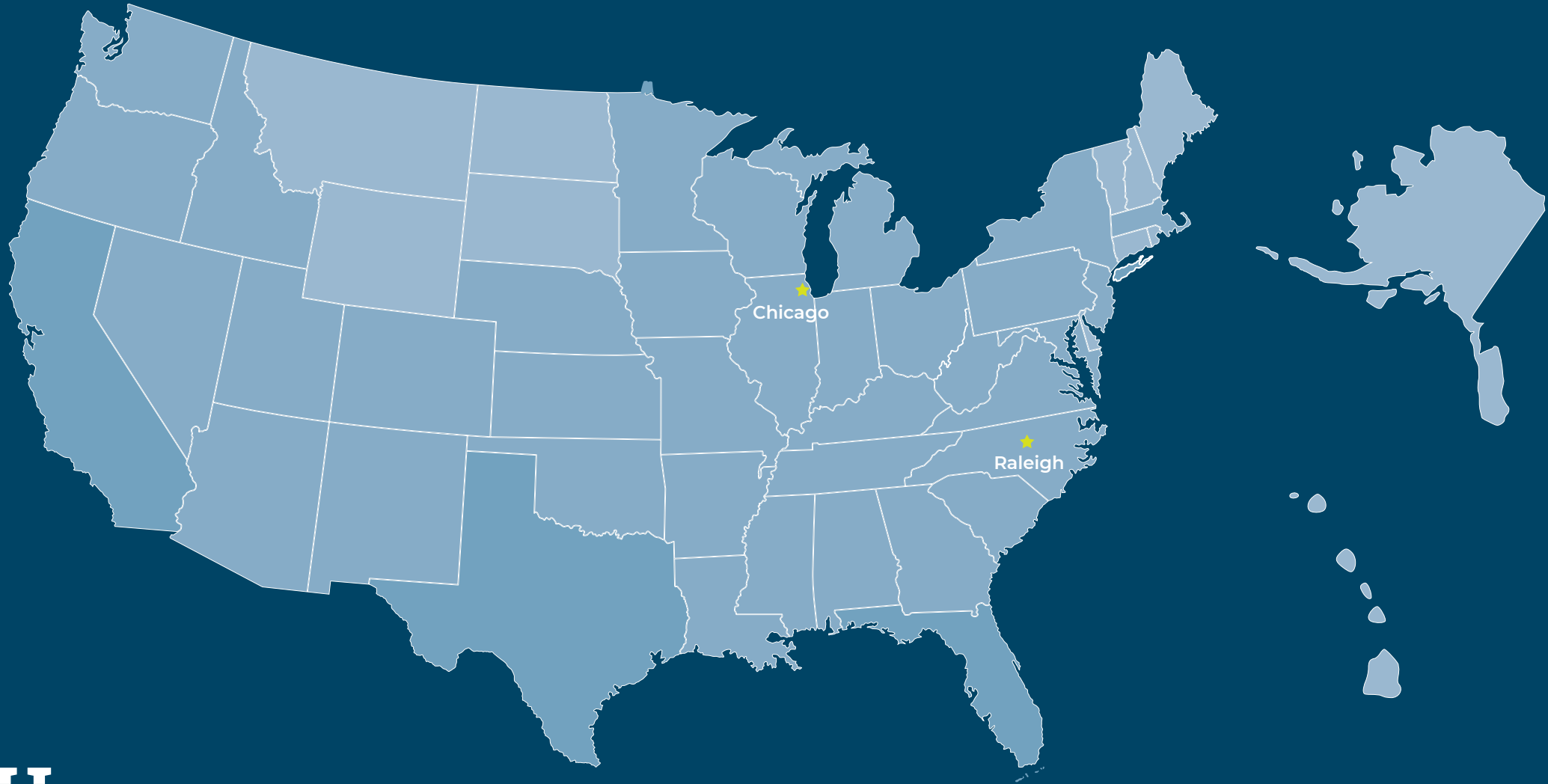
98%

OF OUR CUSTOMERS
RECOMMEND ACHC

We Value Your Feedback

- Customer Satisfaction data is collected by electronic and phone surveys.
- A report containing the Customer Satisfaction scores is created monthly and submitted to the Accreditation and Clinical Managers.
- Cumulative reports are generated quarterly whereby comments and scores for all Surveyors and Account Advisors are reviewed and shared with staff.
- Any negative comments or low scores are escalated and the customers are contacted.

ACHC currently accredits over 19,600 providers.





EDUCATIONAL RESOURCES

Create Your Customer Central Account

 HOME HEALTH  HOSPICE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Create Your Account

- Step 1: Visit cc.achc.org
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your ACHC standards customized to the services provided

USERNAME

PASSWORD

LOG IN

[Forgot username or password?](#)



Customer Central is your personalized website to complete the accreditation process, from start to finish!

Becoming accredited with ACHC

Download Standards



Complete Application



On-Site Survey



Watch a video tutorial of the new Customer Central



[Watch Install Video »](#)
[Get Desktop App for Windows »](#)

EDUCATIONAL RESOURCES

Please provide the information requested below to create your account and download ACHC standards

FIRST NAME	LAST NAME	
PHONE	EMAIL	
COMPANY NAME	DBA NAME	
ADDRESS		
CITY	STATE	ZIP
-----ACCREDITATION PROGRAM-----	NUMBER OF LOCATIONS	
SELECT A USERNAME		
ENTER PASSWORD	CONFIRM PASSWORD	
Accreditation completed by:	Which of the following best describes you?	
-----Please Choose-----	-----Please Choose-----	
How did you hear about ACHC?	Are you hospital-affiliated?	
-----Please Choose-----	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="button" value="SUBMIT"/>		

Go To: cc.achc.org

Log in above, or create a new account below.



ACHCU is a brand of ACHC.





Account Advisor



Lomeka Perry
Lperry@achc.org
(919) 785-1214 ext. 226
Fax: (919) 785-3011

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

Video Tutorials
Customer Central Tour
Application Tour
PER "How To"
On-Site Survey
POC "How To"

Welcome, Kevin!

Joyous Healthcare - Paradise, 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!

Click the [EDIT] button under the "In Progress" section to continue the process once you've created an application.

 GET STANDARDS
  NEW APPLICATION
  RENEWAL

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED
You do not have any applications in progress.				

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
---------	----------------	---------	--------------------	--------

If this is your first time with ACHC Accreditation, click the "NEW APPLICATION" button.

If you're in an existing accredited account (like shown), you can click on the "RENEWAL" button to save time.

Download ACHC's Standards

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

Application »

Applying for reaccreditation? Download the program-specific updates under [Educational Tools](#).

Pharmacy ▶	Download
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies ▶	
Community Retail ▶	
Behavioral Health ▶	Download
Home Health – Medicare Certified ▶	Download
<p>ACHC Home Health Accreditation Standards are applicable for healthcare organizations that provide skilled home health care to patients and participate, or seek to participate, in the Medicare program. Home Health services must be administered in the place of residence on an intermittent basis, under physician's orders, and are typically conducted by skilled professionals. ACHC Home Health Accreditation Standards are written by industry experts to align with national regulations and industry best practices.</p>	
<p><input type="checkbox"/> HHA - Home Health Aide Services Home Health Aide services are provided by a qualified Home Health Aide (HHA) on an intermittent basis to provide personal care. These services are covered by most payors, including Medicare, when other skilled services are also being provided. Aides are supervised by an RN, PT, OT or ST.</p>	
<p><input type="checkbox"/> MSS - Medical Social Services Medical Social Services are provided by a qualified Social Worker or a Social Worker Assistant under the supervision of a qualified Social Worker. These services include but are not limited to resolving social or emotional problems that are an impediment to the effective treatment of the patient's recovery. These services are provided on an intermittent basis and are covered by most payors, including Medicare.</p>	
<p><input type="checkbox"/> OT - Occupational Therapy Services Occupational Therapy services are provided by a licensed Occupational Therapist or Certified Occupational Therapy Assistant (COTA) on an intermittent basis and are covered by most payors, including Medicare. COTAs are supervised by an OT. These services include, but are not limited to upper body strength training, improving range of motion skills, and provision of a home exercise program.</p>	
<p><input type="checkbox"/> PT - Physical Therapy Services Physical Therapy services are provided by a licensed Physical Therapist (PT) or Physical Therapy Assistant (PTA) on an intermittent basis and are covered by most payors, including Medicare. Physical Therapy Assistants are supervised by a PT. These services include, but are not limited to gait training, strength training, and provision of a home exercise program.</p>	

- Standards ?
- ACHC Process ?

Once inside your account, download the appropriate standards.

This allows continuous access to the standards.

Download ACHC's Standards

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

Application »

Applying for reaccreditation? Download the program-specific updates under [Educational Tools](#).

Pharmacy	Download
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	
Community Retail	
Behavioral Health	Download
Home Health – Medicare Certified	Download
Hospice	Download

ACHC Hospice Accreditation Standards are applicable for healthcare organizations that provide hospice care to patients and their families. Hospice services provide an interdisciplinary approach to end of life care, to meet the physical, psychosocial, spiritual, and emotional needs of terminally ill individuals and their families. ACHC Hospice Accreditation Standards are written by industry experts to align with federal regulations, industry best practices, and are approved for CMS Deeming Authority.

HSP - Hospice Care Services
 Hospice Care services provide care for terminally ill patients in their place of residence. End of life care involves an interdisciplinary approach to meet physical, psychosocial, spiritual, and emotional needs of the patient and/or family, as well as the palliation of symptoms related to the terminal illness.

Distinction(s)

PCHSP - Palliative Care Hospice
 For an organization to earn Hospice Accreditation with a Distinction in Palliative Care, the provider must also be accredited for Hospice Care Services. This additional recognition focuses on patient and family centered care that optimizes quality of life throughout the continuum of illness by addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.

HIC - Hospice Inpatient Care Services
 Hospice Inpatient Care services are provided directly by the hospice personnel at a facility owned/operated by the hospice. These services do not include facilities in which care is provided by contract. The level of care provided can be general inpatient, or respite. If general inpatient or respite care is provided, there must be a nurse on duty 24/7. End of life care involves an interdisciplinary approach to meet physical, psychosocial, spiritual, and emotional needs of the patient and/or family, as well as palliation of symptoms related to the terminal illness.

Standards ?

ACHC Process ?

Once inside your client's account, encourage them to purchase standards.

This allows continuous access to the standards.

Home Health Appendix A

Appendix A: Standard Service Table for Selected Services

Standard	HHA	MSS	SN
HH1-1A	X	X	X
HH1-1A.01	X	X	X
HH1-1B	X	X	X
HH1-1B.01	X	X	X
HH1-1C	X	X	X
HH1-2A	X	X	X
HH1-2A.01	X	X	X
HH1-2A.02	X	X	X
HH1-2A.03	X	X	X
HH1-2A.04	X	X	X
HH1-2A.05	X	X	X
HH1-3A	X	X	X
HH1-3A.01	X	X	X
HH1-3A.02	X	X	X
HH1-3B	X	X	X
HH1-4A.01	X	X	X
HH1-5A	X	X	X
HH1-5A.01	X	X	X
HH1-5B	X	X	X
HH1-6A	X	X	X
HH1-6A.01	X	X	X
HH1-6B	X	X	X
HH1-6C	X	X	X
HH1-7A	X	X	X
HH1-8A	X	X	X
HH1-8B	X	X	X
HH1-9A.01	X	X	X

Home Health Appendix B

Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: HHA, MSS, OT, PD, PT, SN, ST

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	

Hospice Appendix A

Appendix A: Standard Service Table for Selected Services

Standard	HIC	HRC
HSP1-1A	X	X
HSP1-1A.01	X	X
HSP1-1B	X	X
HSP1-1B.01	X	X
HSP1-2A	X	X
HSP1-2B	X	X
HSP1-2B.01	X	X
HSP1-2B.02	X	X
HSP1-2B.03	X	X
HSP1-2C.01	X	X
HSP1-2C.02	X	X
HSP1-3A.01	X	X
HSP1-4A	X	X
HSP1-4B	X	X
HSP1-4B.01	X	X
HSP1-5A.01	X	X
HSP1-5A.02	X	X
HSP1-6A	X	X
HSP1-7A.01	X	X
HSP1-8A	X	X
HSP1-8A.01	X	X
HSP1-8A.02	X	X
HSP1-8A.03	X	X
HSP1-8B		X
HSP1-8C		X
HSP1-9A	X	X
HSP1-10A		X
HSP1-10B	X	
HSP1-11A		X

Hospice Appendix B

Appendix B: Reference Guide for Required Documents, Policies and Procedures
Customized for: HIC, HRC

Standard #	Documents, Policies and Procedures	Agency Notes
HSP1-1A	Copy of All Current Applicable License(s)/Permit(s) for Each Premise	
HSP1-1A.01	Written Policies and Procedures	
HSP1-1B.01	Written Policies and Procedures	
HSP1-2B	Written Policies and Procedures	
HSP1-2B.01	Written Policies and Procedures	
HSP1-2B.02	List of Governing Body/Ownership	
HSP1-2C.01	Written Mission Statement	
HSP1-2C.02	Strategic Plans and/or Other Evidence of Written Goals	
HSP1-3A.01	Written Policies and Procedures	
HSP1-4A	Written Policies and Procedures	
HSP1-4B	Written Policies and Procedures	
HSP1-5A.01	Organizational Chart	
HSP1-6A	Written Policies and Procedures	
HSP1-10A	Written Policies and Procedures	
HSP1-10B	Written Policies and Procedures	
HSP1-12A	Written Policies and Procedures	
HSP2-1A	Written Policies and Procedures	
	Documents that include Care/Service Descriptions	
HSP2-2A	Written Policies and Procedures	
	Statement of Patient's Rights and Responsibilities	
HSP2-3A	Written Policies and Procedures	
HSP2-4A	Written Policies and Procedures	

Application

- Online application
- Deposit of \$1,500
- Signed Accreditation Agreement
- Payment method
- Preliminary Evidence Report (PER) checklist





Online Application


- Select “NEW APPLICATION” or “RENEWAL”
- Services you want accredited
- Renewal should complete application six to nine months prior to expiration
- Main office
 - Profile
 - Location
 - Contacts
 - Services
- Purchased policies from an approved consultant
- 10 blackout dates
- Unduplicated admissions for past 12 months



Confirmation Of Application

 CUSTOMER CENTRAL
STANDARDS APPLICATION RESOURCES + FORMS + UPLOAD  EASY PAY MY ACCOUNT +

Account Advisor




Lomeka Perry
 lperry@achc.org
 (919) 785-1214 ext. 226
 Fax: (919) 785-3011

ACHC
 139 Weston Oaks Ct.
 Cary, NC 27513


Video Tutorials
 Customer Central Tour
 Application Tour
 PER "How To"
 On-Site Survey
 POC "How To"

✔ Application
PER
Payment
Survey
POC
Accreditation

 Application: Home Care Company
CONTINUE >

Download Application PDF »
Download Receipt PDF »

Your application was submitted on 7/28/2016 11:05 AM.



FOR PROVIDERS.
BY PROVIDERS.

Accreditation Commission for Health Care, Inc.
 139 Weston Oaks Ct.
 Cary, NC 27513
 Phone 855-YES-ACHC (937-2242)
<http://www.achc.org>

Order ID: 8638
Order date: 7/28/2016 11:04 AM

Company: Home Care Company
Purchased By: Rebecca Jones
Payment Method: Credit Card [1111]

Billing Address:
123 Easy St
Cary, NC 27511

Shipping Address:
123 Easy St
Cary, NC 27511


Physical Address:
123 Easy Street
Cary, NC 27511

Quantity	Item	Unit Price	Amount
1	Application Deposit	\$1500.00	\$1500.00
		SubTotal:	\$1,500.00
		Discount:	\$0.00
		Total:	\$1,500.00

Submit Deposit

ACHC CUSTOMER CENTRAL STANDARDS APPLICATION RESOURCES + FORMS + UPLOAD EASY PAY MY ACCOUNT +


Account Advisor



Nora Lee Stephen
 nstephen@achc.org
 (919) 785-1214 ext. 230
 Fax: (919) 785-3011

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Video Tutorials
 Customer Central Tour
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 On-Site Survey
 POC "How To"



WORKSHOPS
 Learn more about ACHC standards & survey tips
[MORE INFO](#)

Application
PER
Payment
Survey
POC
Accreditation

Application: ACHC
PAY DEPOSIT & SUBMIT >

Download Application PDF >>

Main Office
 You can complete the application all at once, or in stages, as time permits. All sections, including your additional locations, must be completed prior to submitting the application.

CONTINUE MAIN OFFICE >

Main Office: 139 Weston Oaks Court Cary, NC 27344

Location	Incomplete
Profile	Incomplete
Contacts	Incomplete
Services Offered	Incomplete
More Info	Incomplete

Additional Office
 Click the "ADD LOCATION" button to add other physical offices or warehouses.

+ ADD LOCATION



Accreditation Agreement

The screenshot displays the ACHC Customer Central interface. At the top, a dark blue navigation bar contains the ACHC logo and the text "CUSTOMER CENTRAL". To the right of this bar are several menu items: "STANDARDS", "APPLICATION", "RESOURCES +", "FORMS +", "UPLOAD", "EASY PAY" (with a shopping cart icon), and "MY ACCOUNT +".

Below the navigation bar, the main content area is divided into two columns. The left column is titled "Account Advisor" and features an icon of three people. It lists the contact information for Lomeka Perry:

- Name: Lomeka Perry
- Email: lperry@achc.org
- Phone: (919) 785-1214 ext. 226
- Fax: (919) 785-3011

 Below this, the address for ACHC is provided:



- Address: ACHC, 139 Weston Oaks Ct., Cary, NC 27513

 At the bottom of the left column, there is a section for "Video Tutorials" which includes links for:


- Customer Central Tour
- Application Tour
- PER "How To"
- On-Site Survey
- POC "How To"

The right column contains a progress bar with six stages: "Application" (checked), "PER", "Payment" (active), "Survey", "POC", and "Accreditation". Below the progress bar, the heading "Processing Accreditation Agreement" is followed by the text: "Your Accreditation Agreement is currently being processed. Once it has been completed, the payment section will become accessible." A button labeled "Advisor Drafting Agreement..." is visible. At the bottom of the right column, a note states: "For immediate questions/concerns about your Accreditation Agreement, contact your Advisor."

Preliminary Evidence Report (PER)


CUSTOMER CENTRAL
STANDARDS
APPLICATION
RESOURCES +
FORMS +
UPLOAD
 EASY PAY
MY ACCOUNT +

Account Advisor



Nora Lee Stephen
nstephen@achc.org
(919) 785-1214 ext. 230
Fax: (919) 785-3011

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

Video Tutorials
Customer Central Tour
Application Tour
PER "How To"
On-Site Survey
POC "HowTo"

Application
PER
Payment
Survey
POC
Accreditation

⌚ Waiting on previous steps

For the best possible accreditation experience, please follow the navigation above. This page will become available once all previous steps have been completed.

Please return to the [Application](#) section to continue.

Completed Steps:	Steps Remaining:
	Application
	PER
	Payment
	Survey
	POC

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Preliminary Evidence Report Checklist

PRELIMINARY EVIDENCE REPORT CHECKLIST



This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Home Health accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Verification of the following is required for organizations seeking an initial Medicare Provider Number:

- The organization has completed the CMS-855 application and received written confirmation the application has been "processed" and "the application is being forwarded with a recommendation to the state and CMS Regional Office."
 - **Submit a copy of the letter from CMS or the Medicare Administrative Contractor (MAC). This is applicable for companies seeking an initial Medicare Provider Number.**
 - **Please follow up with your MAC if the approval letter is greater than 6 months. It is the responsibility of the agency to make sure your 855a is still active. It is the responsibility of the agency to report any changes that would affect the status of your 855a to your MAC and/or CMS.**
- The organization has successfully completed an Outcome and Assessment Information Set (OASIS) transmission to the State Repository
 - **Submit a copy of the OASIS Final Validation Report of the Test Transmission. This is applicable for companies seeking an initial Medicare Provider Number.**
- The organization can demonstrate they are able to provide all services needed by patients being served and is able to demonstrate operational capacity of all facets of the organization
- The organization must be providing nursing and at least one other therapeutic service (Physical Therapy [PT], Speech Language Pathology [SLP], Occupational Therapy [OT], Medical Social Services [MSS], or Home Health Aide [HHA])
 - At least one of these services must be offered solely by W-2/W-4 employees
- The organization must have provided care to a minimum of 10 patients requiring skilled care (not required to be Medicare patients)
 - At least 7 of the required 10 patients should be receiving skilled care from the Home Health Agency (HHA) at the time of the initial Medicare survey
 - If the HHA is located in a medically underserved area, as determined by the CMS Regional Office (RO), please contact ACHC for further guidance
- The organization has a full and current license, NOT PROVISIONAL, in the state it is currently doing business, if applicable.
 - **Please note: not all states require a license therefore this only pertains to organizations that reside in states that require a license**

ACCREDITATION COMMISSION for HEALTH CARE

Confirmation of the following (initial in spaces provided):

- _____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards
- _____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ date.

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

****PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH MEDICARE REGULATIONS, CONDITIONS OF PARTICIPATION, AND APPROPRIATE STATE REGULATIONS.**

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. If this organization fails to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey, the survey performed by ACHC will not be accepted as a legitimate Initial Medicare Certification Survey by CMS. This will result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

(Name)

(Title)

(Date)

(Signature)

Establish compliance date



Preliminary Evidence Report Checklist

Establish
Compliance
Date

PRELIMINARY EVIDENCE REPORT CHECKLIST



This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Hospice accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Verification of the following is required for organizations seeking an initial Medicare Provider Number:

- Organization has completed the CMS-855 application and received written confirmation the application has been "processed" and "the application is being forwarded with a recommendation to the state and CMS Regional Office"
 - Submit a copy of the letter from CMS or the Medicare Administrative Contractor (MAC) to your Account Advisor. This is applicable for companies seeking an initial Medicare Provider Number.
 - Please follow up with your MAC if the approval letter is greater than 6 months. It is the responsibility of the agency to make sure your 855a is still active. It is the responsibility of the agency to report any changes that would affect the status of your 855a to your MAC and/or CMS.
- The organization must have provided care to a minimum of 5 patients (not required to be Medicare patients).
 - At least 3 of the required 5 patients should be receiving care at the time of the Initial Medicare Certification Survey.
 - If the hospice is located in a medically underserved area, as determined by the CMS Regional Office (RO), please call ACHC for further guidance.
- The organization can demonstrate they are able to provide all services needed by patients being served and is able to demonstrate operational capacity of all facets of the organization. The hospice is fully prepared to provide all services necessary to meet the hospice Conditions of Participation (CoPs).
- The organization has a full and current license, NOT PROVISIONAL, in the state it is currently doing business, if applicable.
 - Please note: not all states require a license therefore this only pertains to organizations that reside in states that require a license.

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards.
_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ date.

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

****PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH MEDICARE REGULATIONS, CONDITIONS OF PARTICIPATION, AND APPROPRIATE STATE REGULATIONS.**

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. If this organization fails to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey, the survey performed by ACHC will not be accepted as a legitimate Initial Medicare Certification Survey by CMS. This will result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

(Name) (Title)

(Date) (Signature)



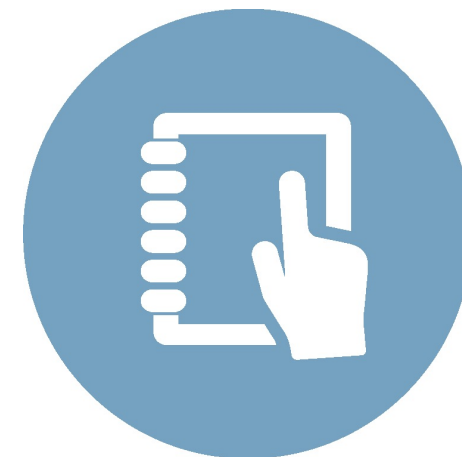
Preliminary Evidence Report

- PER
 - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process
- **Date of Compliance** you establish on the PER
 - ACHC-only requirements/non-CoPs
- Medicare CoPs, state requirements
 - Acceptance of first patient
- Agency policies
 - Implementation date of policy



Extended Policy Review

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey
- Feedback from an ACHC Surveyor regarding the alignment of agency's policies and procedures to ACHC Accreditation Standards
- Option to purchase through the Customer Central portal
- Reference guide for required documents, and policies and procedures, available as a download
- Utilize Appendix B to organize policies



Desk Review Reference Guide

DESK REVIEW REFERENCE GUIDE



HOME HEALTH



For a more timely review of your agency policies and procedures, use this reference guide to ensure you are submitting all ACHC required policies. Reference the ACHC Accreditation Standards for detailed policy and procedure requirements. Your organization must ensure additional state requirements are addressed, if applicable.

Standard	Policy/Document Description	Agency Policy
HH1-1B	Changes in authority, ownership and/or management	
HH1-2A	Governing body activities	
HH1-4A.01	Conflict of interest disclosure requirements	
HH1-6B	Duties and responsibilities of the Clinical Manager	
HH1-6C	Parent agency responsibilities	
HH1-8B	Collection and transmission of OASIS	
HH2-1A.01	Description of care/services provided by the agency	
HH2-2A	Patient Rights and Responsibilities	
HH2-3A	Reporting and investigation of alleged violations involving patient care	

Desk Review Reference Guide

DESK REVIEW REFERENCE GUIDE

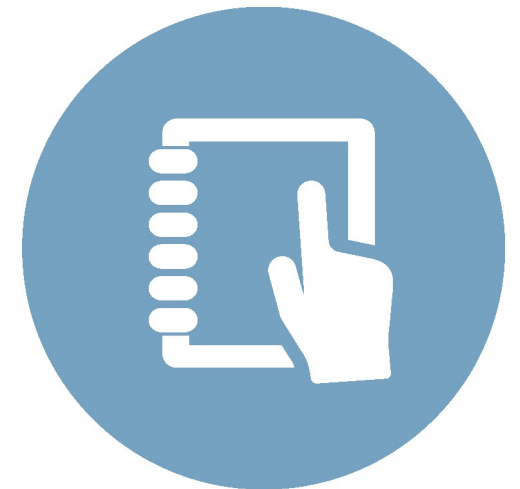


For a more timely review of your agency policies and procedures, use this reference guide to ensure you are submitting all ACHC required policies. Reference the ACHC Accreditation Standards for detailed policy and procedure requirements. Your organization must ensure additional state requirements are addressed, if applicable.


Standard	Policy/Document Description	Agency Policy
HSP1-1B	Changes in authority, ownership and/or management	
HSP1-2B	Governing body activities	
HSP1-3A.01	Conflict of interest disclosure requirements	
HSP1-6A	Duties and responsibilities of the clinical leader	
HSP1-10A	Patient or family ability to safely administer medications	
HSP1-10B	Inpatient facility medication requirements	
HSP1-12A	Verification of licensure for those approved to prescribe medical services	
HSP2-1A	Description of care/services provided by the agency	
HSP2-2A	Patient Rights and Responsibilities	
HSP2-3A	Reporting and investigation of alleged violations involving patient care	
HSP2-4A	Reporting and investigation of patient grievances/complaints	
HSP2-5A	Securing and releasing confidential Protected Health Information and Electronic Protected Health Information	

Extended Policy Review Results

- Desk Review Report will come from your Account Advisor
- 21 days to revise and re-submit all corrections to your Account Advisor
- 30-day window to prepare staff
 - Policy often reflects practice



Desk Review Report Sample

Desk Review Report			
Standard / CFR	Comments	Deficient	
HH1-1B Written policies and procedures are established and implemented by the HHA in regard to the disclosure of ownership and management information as required in 42 CFR Part 420, Subpart C and action required for a request of information. (484.12(b)) (G119) (G120)	Upon review of policy and procedure B110-Conflict of Interest, it did not address action requirements for request of information and changes in authority, ownership, or management which include: <ul style="list-style-type: none"> • Disclosure of persons with controlling interest, or managing employees convicted of criminal offenses against title V (Maternal and Child Health Services) and title XX (Social Services) programs. • Disclosure of a change in authority, ownership, or management within 30 days. 	X	
HH1-2A The HHA is directed by a governing body/owner (if no governing body is present, owner suffices), which assumes full legal authority and responsibility for the operation of the HHA. The governing body/owner duties and accountabilities are clearly defined. (484.14(b)) (G128) (G129) (G130) (G131) (G132)	Upon review of policy and procedure B-100 Governing body, it did not include the following duties of the governing body: <ul style="list-style-type: none"> • Decision making • Reviewing the annual program evaluation • Human resource management • Performance Improvement • Community needs planning, if applicable • Annual review of the policies and procedures 	X	
HH1-3A The governing body/owner(s) arranges for a Professional Advisory Committee with representation from the HHA's professionals having expertise in the program service areas and the lay community. Policies and procedures describe the function of the Professional Advisory Committee. (484.16) (G151) (G152) (G153)	Upon review of policy and procedure B-160, it did not describe describe the function of the Professional Advisory Committee's oversight of the scope of services offered to include: <ul style="list-style-type: none"> • Medical supervision and plans of care • Emergency care 	X	
HH1-4A.01 Written policies and procedures are established and implemented by the HHA in regard to conflict of interest and the procedure for disclosure.	Upon review of policy and procedure B-110 Conflict of Interest, it did not address the required conduct of: <ul style="list-style-type: none"> • Professional Advisory Committee 	X	



EDUCATIONAL RESOURCES

Home Health Requirements

 HOME HEALTH  HOSPICE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Home Health Agency Requirements

- General Requirements
 - *State Operations Manual, Chapter 2, Section 2180C*
- Is primarily engaged in providing Skilled Nursing services and other therapeutic services
 - *Medicare Benefit Policy Manual Chapter 7, Section 40*
- Policies are established by a group of professionals (associated with the agency), including one or more physicians and one or more Registered Nurses to govern the services that it provides.

Home Health Agency Requirements

- Provides supervision of above-mentioned services by a physician or RN.
- Maintains clinical records on all patients.
- Is licensed pursuant to state or local law.
- Has in effect an overall plan and budget.
- Meets the Medicare CoPs.
- Meets additional requirements as the Secretary finds necessary.

Initial Certification Requirements

- Approved 855A letter
 - Medicare Enrollment Application
 - Required for all home health agencies requesting participation in the Medicare program
 - www.CMS.gov/MedicareProviderSupEnroll

Initial Certification Requirements

- Required number of patients prior to survey:
 - Served **10** patients requiring skilled care and **seven** active at time of survey (at least one patient has had two of the services).
 - Unless in a medically underserved area, 5-2 (as determined by the Regional Office).
- Required services:
 - Nursing and one other therapeutic service (Aide, Physical Therapy [PT], Occupational Therapy [OT], Speech Therapy [ST], and Social Work [SW] for home health).
 - Both therapeutic services have to have been provided/are being provided.
 - At least one service, in its entirety, must be provided directly by a W-2 employee.
- Fully operational:
 - State Operations Manual, Chapter 2, Section 2008A.



EDUCATIONAL RESOURCES

Hospice Requirements

 HOME HEALTH  HOSPICE



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Initial Certification Requirements

- Approved 855A letter
- Medicare Enrollment Application
- Required for all hospice agencies requesting participation in the Medicare program
- www.CMS.gov/MedicareProviderSupEnroll
- Must be fully operational
- Must be able to provide all four levels of care

Initial Certification Requirements

- Required number of patients prior to survey:
 - Served five patients for hospice care and three active at time of survey
 - Unless in a medically underserved area: 2-1 (as determined by the Regional Office)
- Required services:
 - Core services
 - Non-core services
 - Medications, supplies, biologicals, and Home/Durable Medical Equipment (DME)
 - All four levels of care

Hospice Core Services

- Core services:
 - Physician services
 - Nursing services
 - Medical Social Services
 - Counseling (including, but not limited to bereavement, dietary, and spiritual counseling)

Hospice Core Services

- With the exception of physician services, substantially all core services must be provided directly by hospice employees on a routine basis.
- A hospice may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of patients under extraordinary or other non-routine circumstances.
- Waiver – An extraordinary circumstance generally would be a short-term, temporary event that was unanticipated.

Hospice Required Services

- The hospice is required to make nursing services, physician services, drugs, and biologicals routinely available on a 24-hour basis, 7 days a week.
- The hospice also has to make all other covered services available on a 24-hour basis, 7 days a week, when reasonable and necessary to meet the needs of the patient and family.

Hospice Non-Core Services

- The following services must be provided by the hospice, either directly or under arrangements, to meet the needs of the patient and family:
 - Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)
 - Hospice Aide services
 - Homemaker services
 - Volunteers
 - Medical supplies

Hospice Required Levels Of Care

- Short-term inpatient care, including respite care and interventions necessary for pain control, in a Medicare/Medicaid-participating facility
- Continuous home care provided during a period of crisis
- Nursing care may be covered on a continuous basis for up to 24 hours a day during periods of crisis and as necessary to maintain the patient at home



EDUCATIONAL RESOURCES

Benefits Of Partnering With ACHC

Educational Resources

 HOME HEALTH  HOSPICE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Educational Resources

- ACHCU.com:
 - Workbooks
 - Workshops
 - Webinars
- Online resources:
 - *The Surveyor* newsletter
 - Regulatory updates
 - Accreditation resources
 - Maintaining compliance checklists
- Email updates:
 - “Did You Know?”
 - ACHC Today e-newsletter
 - Sign Up at <https://www.achc.org/e-news-signup.html>

Regulatory Updates

- Regulatory updates can be filtered to state-specific issues
- achc.org:
 - Resources and Events
 - Regulatory Updates

Regulatory Updates

Select Program

Select State(s)

Select Category(s)

Total of 214 records returned. Page 1 of 43

July Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule State: All

Date Posted: 6/28/2019

Change Request (CR) 11334 informs DME MACs about the changes to the DMEPOS fee schedule which Medicare updates on a quarterly basis, when necessary, to implement fee schedule amounts for new codes and correct any fee schedule amounts for existing codes. Make sure that your billing staff is aware of these changes.

[LEARN MORE](#)

Sleep Labs - Palmetto GBA Jurisdiction J State: AL,GA,NC,SC,TN,VA,WV

Date Posted: 6/26/2019

A report released on June 7, 2019, by The Office of Inspector General (OIG), discovered that Medicare paid claims with inappropriate diagnosis codes, missing documentation, and to providers with questionable billing patterns. In addition, Medicare spending on polysomnography services has increased, according to the report, leading the OIG to conduct its review.

[LEARN MORE](#)

Home Health Agency - Clarification of Billing and Payment Policies for Negative Pressure Wound Therapy (NPWT) Using a Disposable Device - Revised State: All


Date Posted: 6/11/2019

The Consolidated Appropriations Act, 2016 (Pub. L 114-113) requires a separate payment to be made to Home Health Agencies (HHAs) for disposable Negative Pressure Wound Therapy (NPWT) devices when furnished, on or after January 1, 2017, to an individual who receives home health services for which payment is made under the Medicare home health benefit. In the CY 2017 HH PPS Final Rule, the Centers for Medicare & Medicaid Services (CMS) finalized a separate payment for supplies NPWT devices furnished under home health.

Customer Central

- Customer Central is available 24/7 with resources and educational materials designed for your company.
- cc.achc.org

Forgot username or password?



CUSTOMER CENTRAL

Customer Central is your personalized website to complete the accreditation process, from start to finish!

Please provide the information requested below to create your account and download ACHC standards

Becoming accredited with ACHC

Download Standards

Complete Application

On-Site Survey

Watch a video tutorial of the new Customer Central

Watch Install Video »
Get Desktop App for Windows »

EDUCATIONAL RESOURCES



ACHCU helps you prepare for, and maintain accreditation with products, tools and consulting*

GET SURVEY READY


*Consulting available for Pharmacy and DMEPOS providers

<input type="text" value="FIRST NAME"/>	<input type="text" value="PHONE"/>
<input type="text" value="LAST NAME"/>	<input type="text" value="EMAIL"/>
<input type="text" value="COMPANY NAME"/>	
<input type="text" value="DBA NAME"/>	
<input type="text" value="ADDRESS"/>	
<input type="text" value="CITY"/>	<input type="text" value="STATE"/>
<input type="text" value="ZIP"/>	
<input type="text" value="ACCREDITATION PROGRAM"/>	<input type="text" value="NUMBER OF LOCATIONS"/>
<input type="text" value="SELECT A USERNAME"/>	<input type="text" value="ENTER PASSWORD"/>
<input type="text" value="CONFIRM PASSWORD"/>	
Accreditation completed by: <input type="text" value="Please Choose"/>	Which of the following best describes you? <input type="text" value="Please Choose"/>
How did you hear about ACHC? <input type="text" value="Please Choose"/>	Are you hospital-affiliated? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="button" value="SUBMIT"/>	

Education Library

 CUSTOMER CENTRAL
STANDARDS APPLICATION RESOURCES + FORMS + UPLOAD  EASY PAY MY ACCOUNT +

Account Advisor



NoraLee Stephen
 nstephen@achc.org
 (919) 785-1214 ext. 230
 Fax: (919) 785-3011

ACHC
 139 Weston Oaks Ct.
 Cary, NC 27513

Video Tutorials
 Customer Central Tour
 Application Tour
 PER "How To"
 On-Site Survey
 POC "How To"

Education Library

ACHC is dedicated to providing its customers with up-to-date news and education. Below is a list of educational material that ACHC has provided to customers. You will also find a list of helpful links to industry websites.

Please contact your organization's Account Advisor with any questions.

Educational Tools

Educational program-specific documents for your industry.

-----Please Select----- ▾

"Did You Know" Emails

Review archived program-specific emails.

["Did You Know" Emails Section >>](#)

ACHC Today

Review ACHC Today news.

[ACHC Today >>](#)

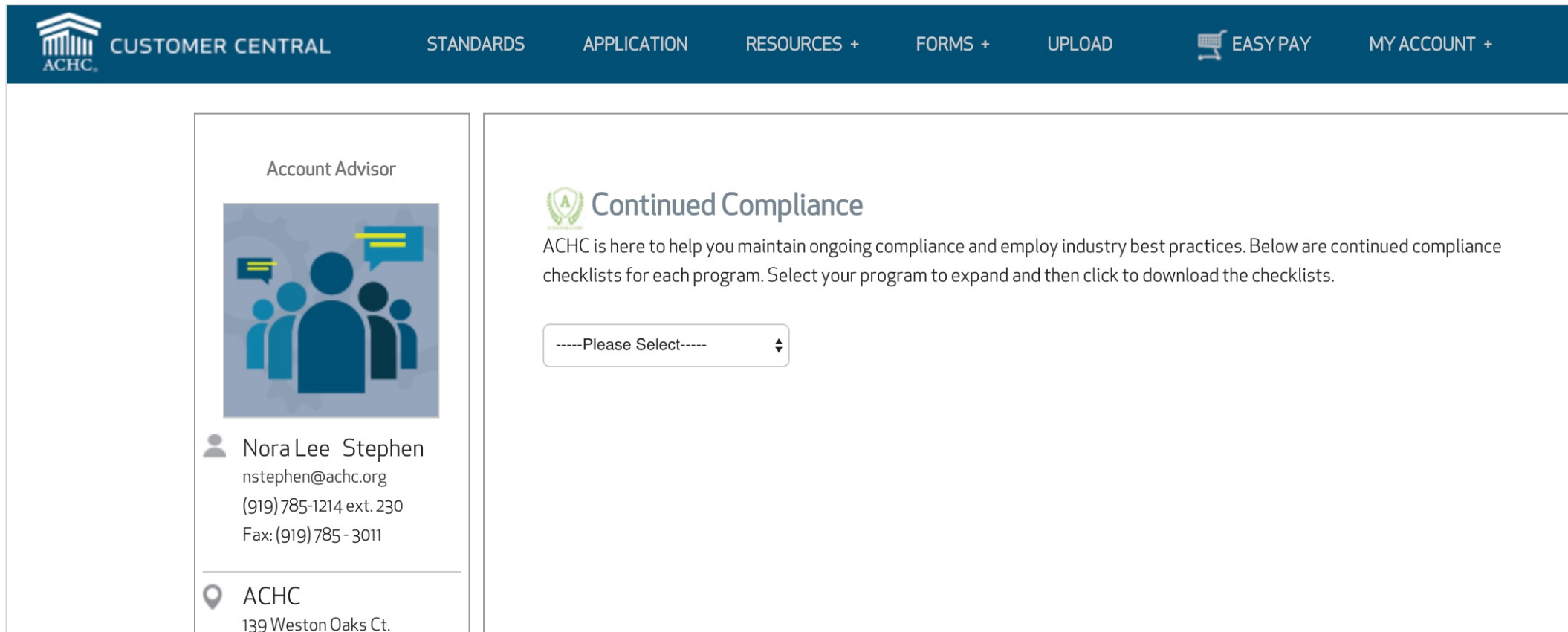
Industry Links

Great resoures for state-specific industry links.

DMEPOS
 -----Please Select----- ▾

Home Health & Hospice
 -----Please Select----- ▾

Maintaining Compliance Checklist



The screenshot displays the ACHC Customer Central interface. The top navigation bar includes the ACHC logo, 'CUSTOMER CENTRAL', and menu items: 'STANDARDS', 'APPLICATION', 'RESOURCES +', 'FORMS +', 'UPLOAD', 'EASY PAY', and 'MY ACCOUNT +'. The main content area is divided into two columns. The left column, titled 'Account Advisor', features an icon of three people and contact information for Nora Lee Stephen: email (nstephen@achc.org), phone ((919) 785-1214 ext. 230), and fax ((919) 785-3011). Below this is the address: ACHC, 139 Weston Oaks Ct. The right column, titled 'Continued Compliance', includes a green 'A' icon and text stating: 'ACHC is here to help you maintain ongoing compliance and employ industry best practices. Below are continued compliance checklists for each program. Select your program to expand and then click to download the checklists.' Below the text is a dropdown menu with the placeholder text '-----Please Select-----'.

Maintaining Compliance

RENEWAL ACCREDITATION COMPLIANCE RESOURCES



HOME HEALTH

PROTECT YOURSELF WITH ACHC ACCREDITATION

Let us help you to maintain compliance in an ever-changing regulatory environment. ACHC to complete your Medicare re-certification survey can significantly reduce the risk of having an alternative sanction imposed upon your home health agency. With financial penalties of thousands of dollars per day, a strong compliance program achieved through effective accreditation is a key strategy. Since ACHC standards are designed to help providers, by providers, and incorporate the Medicare Conditions of Participation, choosing to become accredited greatly reduces the risk of financial penalties.

In addition to the widely recognized benefits of accreditation, the following are ways ACHC will help you avoid these sanctions:

- Condition-level and standard-level violations cited during any on-site surveys by ACHC are not subject to the alternative sanctions.
- For providers who have deemed status, Centers for Medicare & Medicaid Services only conducts on-site surveys for complaint or validation purposes, significantly reducing the risk of an on-site visit during which sanctions could be imposed.
- New home health agencies are frequently less familiar with CMS requirements. ACHC provides access to a variety of resources, as well as a personal Accreditation Advisor and Surveyors with industry-specific experience aimed at helping them understand and after the accreditation process.

CMS identified the upper range for Civil Monetary Penalties (CMPs) per day as follows for 20 states that have imposed CMPs: AR, CO, CT, FL, IA, ID, IN, LA, MA, MI, MN, PA, TN, TX, UT, VA. The top 5 states for CMPs based on dollar amount are:

1. OH: \$3.3 million
2. IN: \$2.1 million
3. MI: \$1.8 million
4. MO: \$1.2 million
5. PA: \$913,950

Utilize the 12-Month and 24-Month Compliance Checklists to assist you in maintaining compliance.

[665] Revised: 02/13/2019

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST



HOME HEALTH

Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool to audit your Home Health Agency (HHA) and operations 12 months after your ACHC survey. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

SECTION I: ORGANIZATION AND ADMINISTRATION

Standard	Expectation	Comments
HH-1A	All applicable licenses and permits are current and posted for all locations	
HH-1A.01	Federal and state posters are posted	
HH-1B	Any changes in ownership or of managing employees have been properly reported	
HH-2A	Governing body minutes are properly documented	
HH-2A.03	New governing body members have been oriented	
HH-4A.01	Any conflict of interest has been properly disclosed	
HH-5A	Administrator or other pre-designated individual is qualified and available during all operating hours	
HH-5A.01	Annual evaluation of the Administrator has been completed	
HH-6A	Organizational chart is up to date	
HH-6B	Clinical manager or other pre-designated individual is qualified and available during all operating hours	
HH-6C	Evidence is available to demonstrate the parent agency is responsible for any and all branches, if applicable	
HH-7A	At least one service is provided directly by employees of the agency	
HH-8A	OASIS data is collected on appropriate patients	
HH-8B	OASIS data is reported within 30 days of completing the assessment, and clinical and data audits verify that collected OASIS data is consistent with reported OASIS data	
HH-9A.01	Negative outcomes from sanctions, regulatory inspections, and/or audits have been reported, if applicable	
HH-10A	All contracts for direct care have been reviewed as required per the terms of the contract and the HHA does not have any contracts with agencies that have been: <ul style="list-style-type: none"> • Denied Medicare or Medicaid enrollment, • Been excluded or terminated from any federal healthcare program or Medicaid, • Had its Medicare or Medicaid billing privileges revoked, or • Been debarred from participating in any government program 	
HH-11A	CLIA certificate of waiver is current and posted	
HH-12A.01	Any new branches have obtained Medicare approval prior to billing Medicare for services	

Revised: 06/08/2018
[514] Accreditation 12-Month Compliance Checklist (Home Health)

Page 1 of 5 | aachc.org

ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST



HOME HEALTH

Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool to audit your Home Health Agency (HHA) and operations 24 months after your ACHC survey. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

SECTION I: ORGANIZATION AND ADMINISTRATION

Standard	Expectation	Comments
HH-1A	All applicable licenses and permits are current and posted for all locations	
HH-1A.01	Federal and state posters are posted	
HH-1B	Any changes in ownership or of managing employees have been properly reported	
HH-2A	Governing body minutes are properly documented	
HH-2A.03	New governing body members have been oriented	
HH-4A.01	Any conflict of interest has been properly disclosed	
HH-5A	Administrator or other pre-designated individual is qualified and available during all operating hours	
HH-5A.01	Annual evaluation of the Administrator has been completed	
HH-6A	Organizational chart is up to date	
HH-6B	Clinical manager or other pre-designated individual is qualified and available during all operating hours	
HH-6C	Evidence is available to demonstrate the parent agency is responsible for any and all branches, if applicable	
HH-7A	At least one service is provided directly by employees of the agency	
HH-8A	OASIS data is collected on appropriate patients	
HH-8B	OASIS data is reported within 30 days of completing the assessment, and clinical and data audits verify that collected OASIS data is consistent with reported OASIS data	
HH-9A.01	Negative outcomes from sanctions, regulatory inspections, and/or audits have been reported, if applicable	
HH-10A	All contracts for direct care have been reviewed as required per the terms of the contract and the HHA does not have any contracts with agencies that have been: <ul style="list-style-type: none"> • Denied Medicare or Medicaid enrollment, • Been excluded or terminated from any federal healthcare program or Medicaid, • Had its Medicare or Medicaid billing privileges revoked, or • Been debarred from participating in any government program 	
HH-11A	CLIA certificate of waiver is current and posted	
HH-12A.01	Any new branches have obtained Medicare approval prior to billing Medicare for services	

Revised: 06/08/2018
[515] Accreditation 24-Month Compliance Checklist (Home Health)

Page 1 of 5 | aachc.org

ITEMS NEEDED FOR ON-SITE SURVEY



HOME HEALTH

MEDICARE CERTIFICATION AND RECERTIFICATION

Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Number of unduplicated admissions per Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per branch location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for past 12 months (or since start of operation if less than one year)
- Most recent OASIS Reports, such as Adverse Outcome, Risk Adjusted Outcome, Case Mix, Submission Statistics, and Error Summary (N/A for initial Medicare Certification surveys)
- Personnel list with title, discipline, and hire date (including direct care and contract staff)
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payer.

ACHC Standard	Required Item	Located
HH-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HH-1A.01	Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none"> • HH-2A Patient rights and responsibilities policy • HH-2A.01 Compliance Program • HH-5-B HIPAA policies • HH-5-6A Transfer and discharge policies • HH-5-8A Acceptance of verbal orders • HH-7-3B Emergency Preparedness Plan/Policies 	
HH-1A.01	All required federal and state posters are placed in a prominent location	
HH-1B	Current BSA/CMS approval letter	

Revised: 06/27/2018
[559] Items Needed for Survey - Home Health

Page 1 of 4 | aachc.org



ACHCU is a brand of ACHC.



Marketing Tools

- ACHC provides you the tools to leverage accredited status
- All accredited organizations receive the ACHC Branding Kit
 - Brand Guidelines
 - ACHC Accredited logos
 - Window cling



Branding Elements

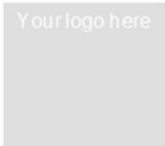
- Gold Seal of Accreditation
 - Represents compliance with the most stringent national standards
- ACHC Accredited Logo



Promoting Your Accredited Status

- A few basic places to promote ACHC-accredited status:
 - Website — home page or dedicated landing page
 - Marketing Materials — any marketing piece that is seen by the public
 - Press Releases — in the “boilerplate” of the press release, or the background information normally found towards the bottom of a press release
 - Social Media — home page, banner image, or profile image
 - Promotional Items — trade show displays, giveaways, binders, or folders
 - Email — email signature

Sample Press Release



Your logo here

FOR IMMEDIATE RELEASE

February 26, 2014
Media Contact:
 Contact Name
 Organization Name
 Contact Email
 Website

**YOUR ORGANIZATION NAME
 ACHIEVES ACCREDITATION WITH ACHC**

CITY, STATE, Your organization name proudly announces its approval of accreditation status by Accreditation Commission for Health Care (ACHC) for the services of list services.

Achieving accreditation is a process where healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a not-for-profit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2008 certified and has CMS Deeming Authority for Home Health, Hospice and DMEPOS.

Write a brief paragraph about your company, communities you serve, why you're unique, etc. A quote about the accreditation process or what this accreditation means to your organization is a great way to personalize the press release.

For more information, please visit your website, or contact us at email address or (XXX) XXX-XXXX.

###

ACHC Marketing Resources

- ACHC's Marketing Department is available to help with your marketing needs.
- Feel free to contact ainfo@achc.org or (855) 937-2242.



EDUCATIONAL RESOURCES

Questions?

Call (855) 937-2242 | achcu.com
customerservice@achcu.com

 HOME HEALTH  HOSPICE



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