



WELCOME

Achieving ACHC Home Health Accreditation

WELCOME

- Housekeeping Items



Restrooms



No Smoking



Breaks



Lunch



Evaluations

ACCREDITATION UNIVERSITY

- Accreditation University (AU) is dedicated to your organization's success
- Learn more about AU at AccreditationUniversity.com or talk with a representative today





LISA MEADOWS, MSW

Clinical Compliance Educator —
Home Health, Hospice & Private Duty



GREG STOWELL

Education & Consulting Manager



JOSÉ DOMINGOS

President & CEO

OBJECTIVES

- Review the ACHC Accreditation Process
- Learn how to prepare an organization for the ACHC Accreditation Survey
- Establish expectations for on-site survey and strategies for survey success
- Learn how to utilize the *ACHC Accreditation Guide to Success* workbook to ensure ongoing compliance
- Identify how to avoid condition-level deficiencies
- Review the ACHC Accreditation Standards to understand expectations for compliance

HOME HEALTH ACCREDITATION

- ACHC earned CMS deeming authority in 2006
- Accredits more than 1,000 locations nationally
- Program-specific standards include Conditions of Participation (CoPs)
- Agencies have the ability to choose from comprehensive group of services, including
 - Skilled Nursing
 - Home Health Aide
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Social Work
 - Palliative Care
 - Behavioral Health Home Care



INDTRODUCTION

ABOUT ACHC

ABOUT ACHC

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

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 PROGRAMS & SERVICES



HOME HEALTH

- Home Health Aide
- Medical Social Services
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech Therapy



HOSPICE

- Hospice Inpatient Care
- Hospice Care



PRIVATE DUTY

- Private Duty Aide
- Private Duty Companion/Homemaker
- Private Duty Infusion Nursing
- Private Duty Nursing
- Private Duty Occupational Therapy
- Private Duty Physical Therapy
- Private Duty Speech Therapy
- Private Duty Social Work



DMEPOS

- Community Retail
- Clinical Respiratory Care Services
- Fitter
- Home/Durable Medical Equipment
- Medical Supply Provider
- Complex Rehabilitation and Assistive Technology Supplier



SLEEP

- Sleep Lab/Center
- Home Sleep Testing



AMBULATORY CARE

- Convenient Care Clinics



BEHAVIORAL HEALTH

ACHC offers a variety of Behavioral Health services to suit your accreditation needs. Contact ACHC for details or visit achc.org for a complete listing of services available.



PHARMACY

- Ambulatory Infusion Center
- Infusion Nursing
- Infusion Pharmacy
- Specialty Pharmacy
 - > SRX without DMEPOS
- Long Term Care Pharmacy

PCAB Accreditation (A Service of ACHC)

- > Non-Sterile Compounding (Ref. USP <795>)
- > Sterile Compounding (Ref. USP <797>)
- ACHC Inspection Services (AIS)



DISTINCTIONS*

- Distinction in Behavioral Health
- Distinction in Hazardous Drug Handling
- Distinction in Infectious Disease Specific to HIV
- Distinction in Nutrition Support
- Distinction in Oncology
- Distinction in Palliative Care

*The provider must be accredited with ACHC to be eligible for a distinction service.

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



CONSULTATIVE SURVEY APPROACH

- ACHC values drive the survey approach
 - Consultative but not consultants
 - Flexibility without compromise
 - Consistency in interpretation of requirements
 - Accuracy in reporting findings/observations
 - Offering organizations the opportunity to clarify or correct deficiencies

CUSTOMER SATISFACTION

ACHC is committed to providing the best possible experience.

98%



of our customers regard their experience with ACHC as positive.

“There was time, attention and excellent feedback given by ACHC/PCAB at every point of the process.”

– PHARMACY, FOLCROFT, PA

98%



of our customers would recommend ACHC.

“ACHC standards certainly improved our compounding pharmacy in terms of quality and control!”

– PHARMACY, HAVERTOWN, PA

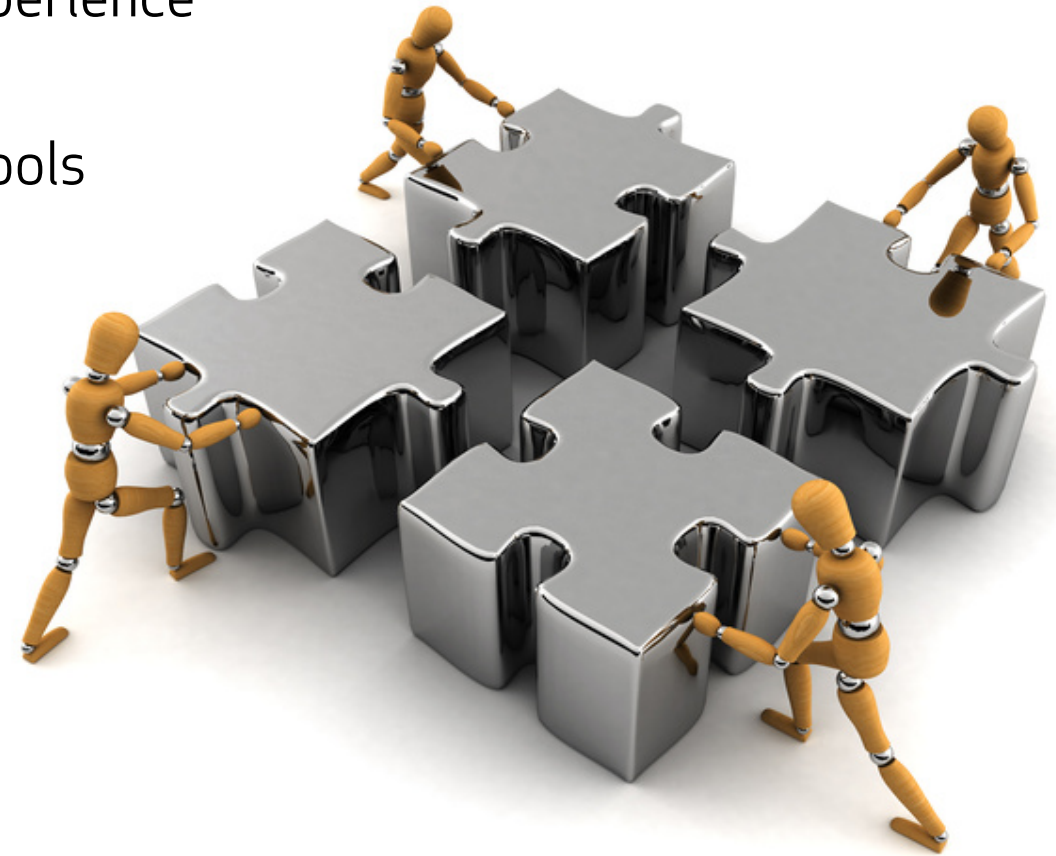
Customer Satisfaction Survey data gathered from 7/2015-present.

WE VALUE YOUR FEEDBACK

- Customer Satisfaction data is collected by electronic and phone surveys
- A report is created monthly and submitted to the Accreditation and Clinical Managers that contains the Customer Satisfaction scores
- 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

SURVEYOR EXPERTISE

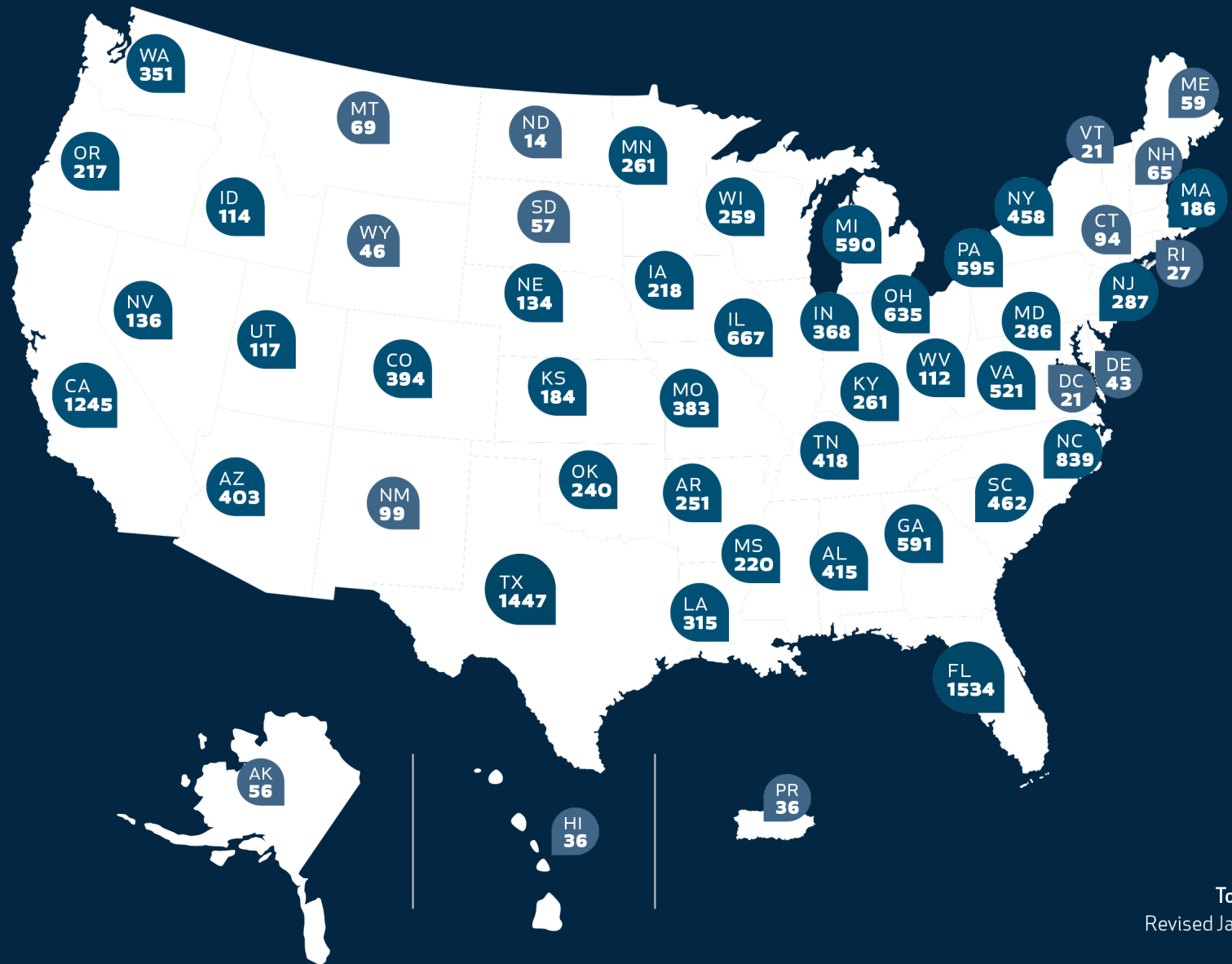
- Surveyor knowledge and expertise drive both the experience and the quality of the survey
- Surveyor success is driven by ACHC processes and tools
 - Surveyor Training
 - Surveyor Annual Evaluations
 - Surveyor Satisfaction Surveys



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 resource links
- Questions that cannot be answered by them will be sent to the appropriate Clinical or Regulatory department





Total: 16,857
 Revised January 2018



INTRODUCTION

WHY SEEK ACCREDITATION?

REGULATORY COMPLIANCE

- ACHC Accreditation Standards include the Medicare Conditions of Participation (CoPs)
- Creates a “Culture of Compliance”
 - Objective evaluation
 - Identify the “gaps” between practice and policy
 - Process improvement
 - Audits
 - Survey preparation

CMS EXPECTATIONS

- Expectation is that providers “remain in substantial compliance with Medicare program requirements as well as State law”
 - As defined by 42 CFR 488.705, “Substantial compliance means compliance with all condition-level requirements, as determined by CMS or the State”
- Have continued compliance, rather than cyclical compliance
- Providers take the “initiative and responsibility for continuously monitoring their own performance to sustain compliance”

HOME HEALTH ALTERNATIVE SANCTIONS

- Prior to the implementation of alternative sanctions, the only option for non-compliance was termination within 90 days
- Alternative sanctions allow agencies additional time to come into compliance

WHAT ARE THE ALTERNATIVE SANCTIONS?

- Civil money penalties
- Suspension of payment for new admissions
- Temporary management
- Directed in-service
- Directed plan of correction

CIVIL MONEY PENALTIES

- Can be per day or per instance
- Per instance only if issue corrected during survey
- Cannot exceed \$10,000 per day
- Cannot exceed six months in duration
- Can include concurrent suspension of payment for new admissions

DEEMED STATUS

- Accrediting Organizations (AOs) do not have to impose alternative sanctions on customers with condition-level deficiencies
- Deemed status agencies remain under the jurisdiction of their AO rather than the state for oversight of their ongoing compliance with health and safety standards, unless the state conducting a **validation or complaint survey** finds evidence of serious noncompliance
 - In such cases, the agency is placed under the jurisdiction of the state agency
- Once the agency returns to compliance, the Regional Office (RO) will restore its deemed status and return oversight to the AO

FACTORS IN DETERMINING SANCTIONS

- If there are condition-level deficiencies that immediately jeopardize the health and safety of patients that the provider is unwilling or unable to correct, the Medicare agreement is terminated
- Alternative sanctions may also be imposed
- If there are condition-level deficiencies that do not involve the Immediate Jeopardy (IJ) of patients, CMS may
 - Terminate agreement and/or
 - Impose alternative sanctions

FACTORS IN DETERMINING SANCTIONS

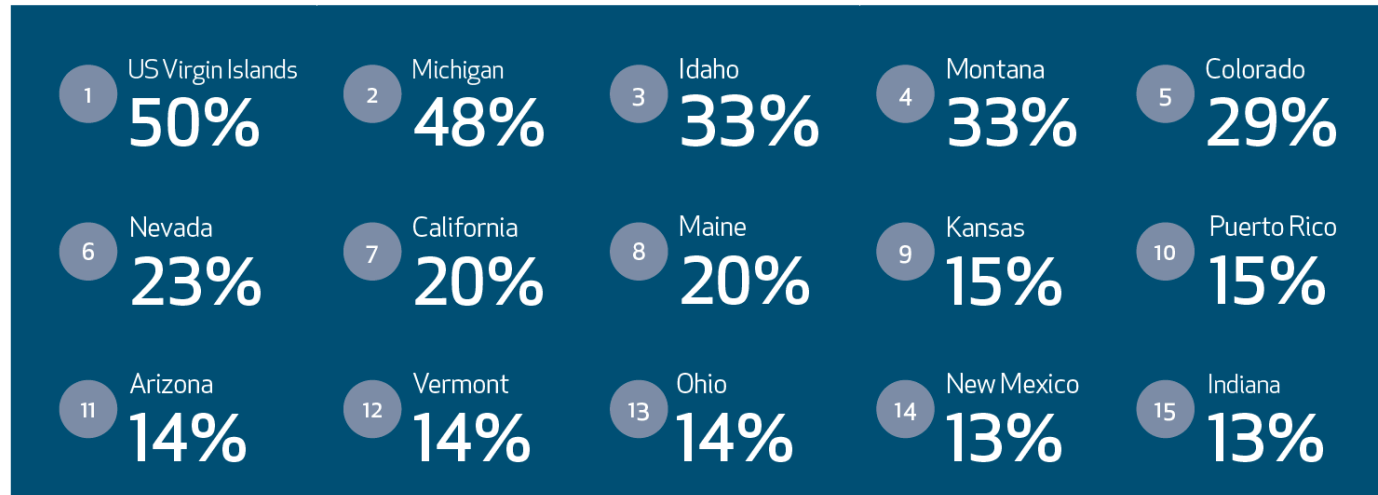
- Immediate Jeopardy (IJ) potential
- The nature, incidence, manner, degree, and duration of the deficiencies or non-compliance
- The presence of repeat deficiencies
- The extent to which the deficiencies are directly related to a failure to provide quality patient care
- The extent to which the home health agency is part of a larger organization with performance problems
- An indication of any system-wide failure to provide quality care

SANCTIONS

- Civil Monetary Penalties imposed
 - Penalty per day for home health's noncompliance (upper range):
 - Minimum: \$16,819
 - Maximum: \$19,797
 - 20 states have imposed CMPs:
 - AR, CO, CT, FL, IA, ID, IN, LA, MA, MI, MN, MO, NH, OH, OK, PA, TN, TX, UT, VA
 - Top 5 states for CMPs (based on dollar amount):
 - OH with \$3.3 million
 - IN with \$2.1 million
 - MI with \$1.8 million
 - MO with \$1.2 million
 - PA with \$913,950

CONDITION-LEVEL DEFICIENCIES BY STATE

Percentage of agencies surveyed by each state in fiscal years 2010 and 2011 where condition level deficiencies were reported.
Based on an OIG analysis of CMS data as reported at www.oig.hhs.gov/oei/reports/oei-06-11-00400.pdf.



- | | | | | |
|------------------------------|----------------------|----------------------|-----------------------|---------------------|
| 16) Alabama 12% | 24) New Jersey 9% | 32) Missouri 6% | 40) Virginia 3% | 48) Maryland 0% |
| 17) Florida 11% | 25) Utah 9% | 33) Wyoming 6% | 41) South Carolina 2% | 49) Mississippi 0% |
| 18) Iowa 11% | 26) Arkansas 8% | 34) Oklahoma 5% | 42) Wisconsin 2% | 50) Nebraska 0% |
| 19) Texas 11% | 27) Kentucky 8% | 35) Washington 5% | 43) North Carolina 1% | 51) North Dakota 0% |
| 20) Connecticut 10% | 28) Illinois 7% | 36) New York 4% | 44) Pennsylvania 1% | 52) Oregon 0% |
| 21) District of Columbia 10% | 29) Louisiana 7% | 37) Tennessee 4% | 45) Alaska 0% | 53) Rhode Island 0% |
| 22) New Hampshire 10% | 30) Massachusetts 7% | 38) West Virginia 4% | 46) Delaware 0% | |
| 23) Minnesota 9% | 31) Georgia 6% | 39) South Dakota 3% | 47) Hawaii 0% | |

Source: HHS Office of Inspector General

CMS REPORT

- Every year, Centers for Medicare & Medicaid Services (CMS) evaluates the approved accreditation organizations on the performance of the Home Health and Hospice programs with deeming authority
 - CMS conducts validation surveys on a random sampling of accredited organizations, comparing “condition-level” deficiencies cited by the AO to ones found by the state agency
 - If the state agency finds a condition-level deficiency that was not cited by the AO, it raises the disparity rate for that AO

BENEFITS OF ACHC'S LOW DISPARITY RATE

- Consistent and thorough survey experience
- Lower risk for alternative sanctions
- Confidence that the Medicare CoPs are being followed

	ACHC				CHAP				TJC				Total
	FY 2012	FY 2013	FY 2014	FY 2015	FY 2012	FY 2013	FY 2014	FY 2015	FY 2012	FY 2013	FY 2014	FY 2015	FY ₂ 2012–2015
60-Day Validation Sample Surveys	25	11	23	16	50	48	28	51	27	21	24	37	361
SA Surveys with Condition-Level Deficiencies	6	3	3	3	17	11	4	8	7	1	9	12	84
AO Surveys with Missed Comparable Deficiencies	3	1	3	2	11	9	4	8	5	1	4	7	58
Disparity Rate	12%	9%	13%	13%	22%	19%	14%	16%	19%	5%	17%	19%	16%
Sampling Fraction	.09	.05	.08	.06	.05	.05	.04	.05	.04	.03	.03	.05	.05



INTRODUCTION

ACCREDITATION ADVANTAGES

BECOME A PROVIDER OF CHOICE

Accreditation is a process of review that allows healthcare organizations to demonstrate their ability to meet a predetermined set of criteria and standards. It is regarded as one of the key benchmarks for measuring the quality of an organization. Preparing for accreditation will give you the opportunity to identify organizational strengths and areas for improvement.

BECOME A PROVIDER OF CHOICE

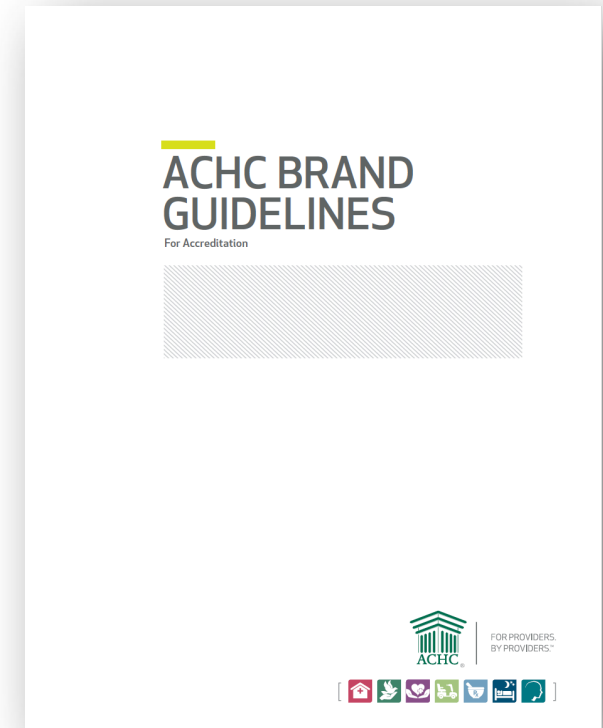
- Differentiate your organization from other healthcare providers
- Demonstrate your commitment to quality
- Build recognition and trust among patients
- Potentially reduce liability costs

MARKETING ADVANTAGE

- ACHC Accreditation is a noteworthy and distinguishing accomplishment that your agency should be proud to display
 - It shows the organization's dedication and adherence to a rigorous set of standards above and beyond the Medicare CoPs
 - It demonstrates a commitment to providing the highest quality of health care to those served
 - It provides assurance for key constituents: providers, payors, physicians, referral sources, and patients
 - It builds TRUST

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



ACHC
ACCREDITED



ACHC
ACCREDITED



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



HOME HEALTH REQUIREMENTS

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



HOME HEALTH REQUIREMENTS STARTUPS-INITIAL MEDICARE CERTIFICATION

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
- **Test OASIS transmission to the state repository (Successful)**
- **Required documents to be placed into scheduling**

INITIAL CERTIFICATION REQUIREMENTS

- Required number of patients prior to survey
 - Served 10 patients requiring skilled care and 7 active at time of survey (at least 1 patient has had 2 of the services)
 - Unless in a medically underserved area, 5-2 (as determined by the Regional Office)
- Required services
 - Nursing and one other therapeutic services (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



SEPARATE ENTITIES

MEDICARE-CERTIFIED HOME HEALTH &
NON-MEDICARE HOME CARE

SEPARATE ENTITIES

The following criteria should be considered in making a decision regarding whether a separate entity exists:

- Operation of the home health agency
 - Are there separate policies and procedures?
 - Are there separate clinical records for patients receiving home health and private duty services?
 - Are personnel identified as belonging to one program or the other and are their personnel records separated?
 - Are there separate budgets?
 - If the state requires a license for home health, is the agency licensed separately for private duty?

SEPARATE ENTITIES

- Consumer Awareness
 - Review marketing materials for distinction between the programs
 - Written material should clearly identify the home health agency as separate and distinct from other programs, departments, or other entities of the organization
- Staff Awareness
 - Staff should be able to identify the difference in services they provide for the home health agency and other programs, departments, or entities of the organization
 - Staff who divide time between the separate entities must be appropriately trained and meet the qualifications for home health services



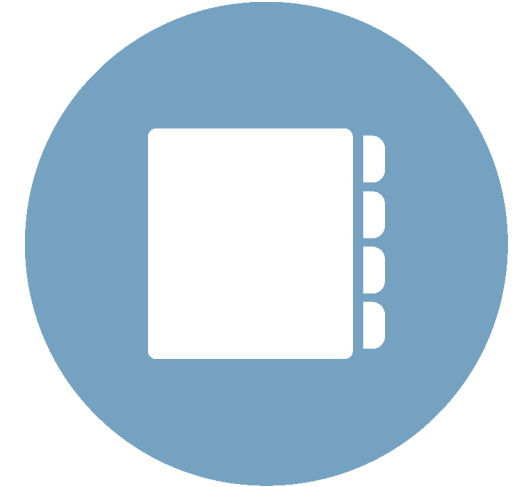
ACHIEVING A SUCCESSFUL SURVEY OUTCOME

PRE-SURVEY PREPARATION

ESSENTIAL MANUALS

- State Operations Manual Appendix B-Guidance to Surveyors: Home Health Agencies
- ACHC Accreditation Standards
- State Operations Manual, Chapter 2 - The Certification Process
- State licensing laws/regulations
- Agency policies and procedures
- Scope of practice for each discipline provided
- Local laws/regulations

Always follow the most stringent regulation



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






DEMOGRAPHIC INFORMATION


Standards | Application | Becoming Accredited

USERNAME PASSWORD LOG IN
[Forgot your password?](#)

 CUSTOMER CENTRAL

Becoming accredited with ACHC

- 1) Download Standards 
- 2) Complete Application 
- 3) Accreditation Process 

 Watch a video tutorial of the new 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.

FIRST NAME LAST NAME

PHONE EMAIL

COMPANY NAME

ADDRESS

CITY STATE ZIP

--- PROGRAMS OF INTEREST ---

SELECT A USERNAME

ENTER PASSWORD CONFIRM PASSWORD

How soon do you need to be accredited? Which of the following best describes you?

How did you hear about ACHC?

SUBMIT

PURCHASE STANDARDS

ACHC CUSTOMER CENTRAL Standards Application Accreditation Process After Accreditation My Account

1) Download Standards 2) Complete Application 3) Accreditation Process

Checkout items

ACHC Accreditation Standards	\$ 199.00
TOTAL:	\$ 199

Discount Code **RECALCULATE**

Billing Information

First Name Last Name
Street Address
City STATE ZIP
Phone Email

Shipping Information Same as billing information

First Name Last Name
Street Address
City STATE ZIP
Phone Email

Credit Card information

Card Number
Security Code ?
Expires Month Year

Personal Account
 Business Account

SUBMIT PAYMENT

VISA MasterCard DISCOVER American Express

GOOGLE.COM VERIFIED & SECURED

DOWNLOAD STANDARDS

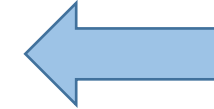
Download ACHC's Standards

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
<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>	
<input type="checkbox"/> HHA - Home Health Aide Services	<input checked="" type="checkbox"/> Standards ? <input type="checkbox"/> ACHC Process ?
<input type="checkbox"/> MSS - Medical Social Services	
<input type="checkbox"/> OT - Occupational Therapy Services	
<input type="checkbox"/> PT - Physical Therapy Services	



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

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	

GETTING STARTED

The screenshot shows the ACHC Customer Central website. The top navigation bar is green and contains the ACHC logo, 'CUSTOMER CENTRAL', and links for 'STANDARDS', 'APPLICATION', 'RESOURCES +', 'EASY PAY', and 'MY ACCOUNT +'. The main content area is divided into a left sidebar and a main right section. The sidebar features a profile for Danielle Kissinger, contact information for ACHC, and links to video tutorials and PDF resources. The main section displays a welcome message for 'Home Care Compnay' (PCAB Pharmacy Customer - Cary, NC) and provides instructions on how to start a new application or renew an existing one. Below this are three buttons: 'GET STANDARDS', 'NEW APPLICATION', and 'RENEWAL'. There are also two tables: 'In Progress' and 'Accreditation History', both of which are currently empty.

Account Services Team

Danielle Kissinger
dkissinger@achc.org
(919) 785-1214 ext. 232
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"

PDF Resources
Home Health Pre-Survey
Hospice Pre-Survey
DMEPOS Pre-Survey
PER Documents
More Forms »

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!

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
---------	----------------	---------	--------------------	--------

APPLICATION

- Online application
- Deposit
- Signed Accreditation agreement
- Payment method
- Preliminary Evidence Report (PER) checklist
- Required documents in order to be placed into scheduling





ONLINE APPLICATION


- Select “NEW APPLICATION” or “RENEWAL”
- Main office
 - Profile
 - Location
 - Contacts
 - Services
- Additional locations – branch locations, per Medicare provider number
- 10 Blackout dates
- Unduplicated admissions for past 12 months
- Identify services you want accredited
- **Renewal should complete application 6-9 months prior to expiration**




CONFIRMATION OF APPLICATION


 CUSTOMER CENTRAL
STANDARDS
APPLICATION
RESOURCES +
 EASY PAY
MY ACCOUNT +


Account Advisor




Brooke Renn
 brenn@achc.org
 (919) 785-1214 ext. 237
 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"


 **PDF Resources**
 Home Health Pre-Survey
 Hospice Pre-Survey
 DMEPOS Pre-Survey
 PER Documents
 More Forms »

✔ Application
PER
Payment
Survey
POC
Accreditation

 **Application: Home Care Company**
[Download Application PDF >>](#)
[Download Receipt PDF >>](#)

CONTINUE >

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

Account Services Team

Danielle Kissinger
dkissinger@achc.org
(919) 785-1214 ext. 232
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"

PDF Resources
Home Health Pre-Survey
Hospice Pre-Survey
DMEPOS Pre-Survey
PER Documents
More Forms >>

Application | PER | Payment | Survey | POC | Accreditation

Deposit

Almost finished! The last step of the application process is to submit your accreditation deposit.

Items	Price	Quantity	Total
Application Deposit	\$1500.00	1	\$1500.00

Accreditation University Discount Code: **RECALCULATE**

Subtotal: \$1500.00
Discount: \$0.00
Shipping: \$0.00
Total: \$1500.00

Accreditation University Products

- ACHC Workshops: \$399, \$599(RX)
- Guide to Success: \$349, \$499(RX)
- Extended Policy Review: \$499
- Policy & Standan Procedure: \$1595

CHECK OUT >

ACCREDITATION AGREEMENT

The screenshot displays the ACHC Customer Central interface. At the top, a green navigation bar contains the ACHC logo, 'CUSTOMER CENTRAL', and menu items: 'STANDARDS', 'APPLICATION', 'RESOURCES +', 'EASY PAY', and 'MY ACCOUNT +'. The main content area features a progress bar with steps: Application (checked), PER, Payment (active), Survey, POC, and Accreditation. Below the progress bar, a section titled 'Processing Accreditation Agreement' includes a message: '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. A note states: 'For immediate questions/concerns about your Accreditation Agreement, contact your Advisor.' On the left sidebar, under 'Account Advisor', there is a profile for Danielle Kissinger with contact information: email (dkissinger@achc.org), phone ((919) 785-1214 ext. 232), and fax ((919) 785 - 3011). Below this is the ACHC address: 139 Weston Oaks Ct., Cary, NC 27513. Further down are links for 'Video Tutorials' (Customer Central Tour, Application Tour, PER *How To*, On-Site Survey, POC *How To*) and 'PDF Resources' (Home Health Pre-Survey, Hospice Pre-Survey, DMEPOS Pre-Survey, PER Documents, More Forms »).

PRELIMINARY EVIDENCE REPORT (PER)

The screenshot displays the ACHC Customer Central interface. At the top, a green navigation bar contains the ACHC logo, 'CUSTOMER CENTRAL', and menu items for 'STANDARDS', 'APPLICATION', 'RESOURCES +', 'EASY PAY', and 'MY ACCOUNT +'. Below this, a progress bar shows the current step as 'PER' (Preliminary Evidence Report), with other steps like 'Application', 'Payment', 'Survey', 'POC', and 'Accreditation' also visible. The main content area is titled 'Preliminary Evidence Report (PER)' and includes a brief description: 'The PER is a compilation of your company's most important policies and procedures. This step provides supporting evidence of compliance prior to the survey. If you have an Extended Policy Review, you will also upload it on this page. There is a 20mb limit per file.' To the left, a sidebar provides contact information for Account Advisor Brooke Renn (brenn@achc.org, (919) 785-1214 ext. 237) and lists resources such as 'Video Tutorials' and 'PDF Resources'. On the right, there are instructions for downloading the checklist, a list of files (1. PER Checklist), and a 'Download Adobe Reader' link. A 'CONTINUE >' button is located at the bottom right of the main content area.

PRELIMINARY EVIDENCE REPORT CHECKLIST

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST



FOR PROVIDERS.
BY PROVIDERS.

[HOME HEALTH ACCREDITATION]

This checklist constitutes the requirements of the 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 and submit documentation it is still active.
- 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's Professional Advisory Committee (PAC) has met and approved the agency's policies and procedures prior to servicing patients
 - PAC membership at a minimum includes a Physician, a Registered Nurse (RN), representation of each discipline being provided, and a community member who is not an owner or employed by the organization
- 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

Revised: 2/14/2017
[379] Accreditation Preliminary Evidence Report (PER) Initial Checklist

Page 1 of 2 | achc.org

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 on site, 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)

Revised: 2/14/2017
[379] Accreditation Preliminary Evidence Report (PER) Initial Checklist

Page 2 of 2 | achc.org

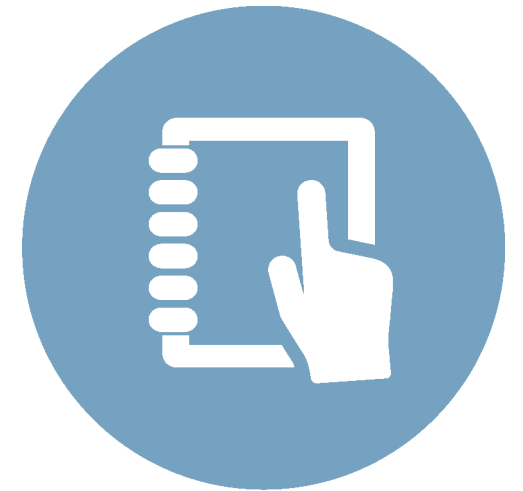
PRELIMINARY EVIDENCE REPORT

- 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



APPENDIX B

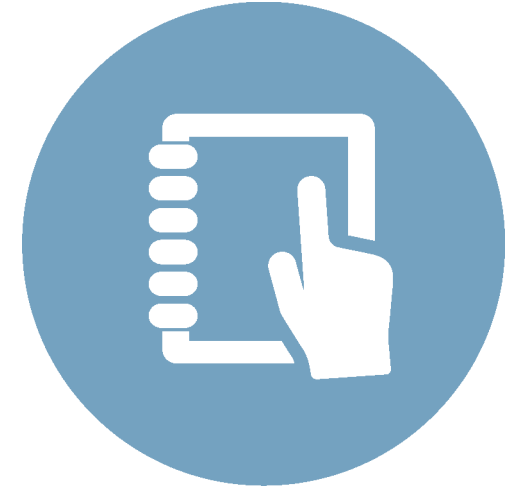
Appendix B: Reference Guide for Required Documents, Policies and Procedures

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	

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



“Tell me and I'll forget;
show me and I may remember;
involve me and I'll understand.”



TRAIN EVERYONE LAVISHLY

Thomas J. Peters

Thriving on Chaos



ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Home Health



GUIDE TO SUCCESS WORKBOOK

- Essential Components
 - Each ACHC standard contains “Essential Components,” which indicate what should be readily indefinable in policies and procedures, personnel records, medical records, etc.
 - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints
- Other Tools
 - Each section contains compliance checklist and a self-assessment tool to further guide the preparation process
- Section Index
 - Quickly locate important information for successfully completing the ACHC accreditation process



PREPARATION

- Educate Key Staff
 - Clinical staff (employees and contract)
 - Administrative
 - Professional Advisory Committee (PAC) until January 13, 2018
 - Governing body
 - Patients
- Prepare Agency
 - Human resources
 - IT/EMR
 - Office space
 - Walk around your agency

PREPARATION

- Helpful tools in the *ACHC Accreditation Guide to Success* workbook
- Mock Surveys
 - Interviews-Survey Process
 - Home visits-Section 4
 - Medical chart audits-Section 5
 - Personnel chart audits-Section 4
 - Observation-Survey Process

ITEMS NEEDED FOR ON-SITE SURVEY

ITEMS NEEDED FOR ON-SITE SURVEY MEDICARE CERTIFICATION AND RECERTIFICATION

HOME HEALTH

Below are items that will need to be reviewed by the Surveyor during the survey. Items are available prior to your Surveyor's arrival to expedite the process. If you are unable to provide any of the items listed below, please contact your Surveyor as soon as possible.

- Number of unduplicated admissions per Medicare provider run operation if less than one year
- Number of unduplicated admissions per branch location served the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admission date, and 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 Adjustment, Error Summary (N/A for initial Medicare Certification surveys)
- Personnel list with titles, discipline, and hire date (including direct care 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

Annual requirements are not applicable to agencies in operation for less than 12 months. Items are not applicable to agencies in operation for less than 12 months regardless of patient volume.

ACHC Standard	Required Item
HH1A	Copy of current applicable licenses or incorporation bylaws
HH1A.01	Access to policies and procedures manual <ul style="list-style-type: none"> • HH2-2A Patient rights and responsibilities • HH2-6A Informed Consent and Refusal • HH2-9A.01 Compliance Program • HH4-2B Personnel policies/employment • HH5-1B HIPAA policies • HH7-3B Emergency Preparedness Plan
HH1A.01	All required federal and state posters and notices
HH1B	Current B55A/CMS approval letter

Revised 11/28/2017
E558 Items Needed for Survey—Home Health

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item
HH1-2A, HH1-2A.03/ HH1-9A.01/HH2-4A/ HH2-7A.01/HH3-1A/ HH3-1C/HH6-1C	Governing body meeting minutes for the past 12 months and orientation and signed confidentiality statement(s)
HH1-5A	Job description for the Administrator
HH1-5A.01	Annual evaluation of the Administrator
HH1-6A	Organizational chart
HH1-6B	Job description for the clinical manager(s)
HH1-8A/HH1-8B	Previous 4 month's final OASIS Validation reports
HH1-10A	Contracts for direct care, including copies of professional liability certificates
HH1-11A	CLIA certificate of waiver for agency or CLIA certificate for the laboratory
HH1-12A.01	CMS letter of approval for branch addition (if applicable)
HH2-1A.01	Marketing materials
HH2-4A	Grievance/complaint log
HH2-5C.01	Business Associate Agreements (BAAs)
HH2-7A.01	Evidence of how ethical issues are identified, evaluated and documented
HH2-8A	Evidence of communication assistance for language barriers
HH2-9A.01	Evidence of a Compliance Program
HH2-10A.01/HH2-11A.01	On-call calendar
HH3-1A	Most recent annual operating budget
HH3-1B	Most recent capital expenditure plan (if applicable)
HH3-1C	Evidence of the review of the budget
HH3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)
HH3-4A.01	Listing of patient care charges
HH4-1B.01	Personnel records (including direct care and contract staff) of the items listed in the standard. Surveyor will review personnel records for the following disciplines: Administrator, Clinical Aide, Social Worker, Physical Therapist, Occupational Therapist (if services are provided by the home health agency)
HH4-2E.01	Job descriptions for identified staff
HH4-2L.01	Employee handbook or access to personnel policies
HH4-8A/HH4-8A.01	Evidence of ongoing education and/or written education plan
HH4-12A/HH4-12B/HH4-12C/HH4-12F	Home Health Aide competency evaluation and/or training materials (if applicable)
HH5-11A	Evidence of skilled services are provided by or under the supervision of qualified professionals per ACHC. Glossary of Personnel Qualifications
HH5-12A.01	Patient education materials
HH5-15A.01	Referral log
HH5-16A.01	Verification of physician licensure

Revised 11/28/2017
E558 Items Needed for Survey—Home Health

ACHC Standard	Required Item
HH6-1A	Quality Assessment and Performance Improvement Plan
HH6-1B.01	Job description for individual responsible for QAPI
HH6-1C	Governing body meeting minutes demonstrating body in QAPI
HH6-1D.01	Evidence of personnel involvement in QAPI
HH6-3A.01	QAPI annual report
HH6-4A.02	Evidence of monitoring processes that involve communicable diseases
HH6-4A.04	Evidence of monitoring of an aspect related to agency
HH6-4A.05	Satisfaction surveys utilized in QAPI
HH6-4A.06	Evidence of monitoring of patient grievance resolution process
HH6-4A.07	Evidence of quarterly record reviews and re-evaluations
HH6-5A	Evidence QAPI activities focus on high risk areas
HH6-6A	Evidence of the monitoring of all patient related issues
HH6-7A.01	OASIS reports (most recent OASIS, OASIS Report, Submission Statistics by Agency Report, and evidence of ongoing monitoring of reports)
HH7-1A	Evidence of an Infection Control Program, Tuberculosis Exposure Control Plan, and OSHA 300
HH7-1D	Infection control logs for patients and personnel data is monitored and incorporated into QAPI
HH7-3A	Emergency Preparedness Plan that includes all services
HH7-3C	Communication Plan
HH7-3D	Evidence of emergency preparedness training including staff that provide services under contract
HH7-3E	Evidence of a minimum of two tests/drill scenarios: <ul style="list-style-type: none"> • One is a community-based or facility-based test • Second is a community-based or facility-based tabletop exercise is completed If unable to complete a community-based test, support attempts made to participate in a community-based test.
HH7-3F	Emergency plan for integrated healthcare services agency's needs and circumstances, patient population, included in all aspects of the emergency preparedness plan (if applicable)
HH7-5A.01	Report of annual fire drill and results of test
HH7-6B.01	Access to Safety Data Sheets (SDS)

Revised 11/28/2017
E558 Items Needed for Survey—Home Health

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item	Located
HH7-7A.01	OSHA forms 300, 300A, and/or 301 (if applicable)	
HH7-8A.01/HH7-9A.01	Quality control logs of any equipment used in the provision of care	

Revised 11/28/2017
E558 Items Needed for Survey—Home Health

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SURVEY PREPARATION TOOLS

ACHC FOR PROVIDERS. BY PROVIDERS.

[HOMEHEALTH]

OBSERVATION AUDIT TOOL

- Agency has appropriate Articles of Incorporation or other documents of legal authority.
- Copy of Fair Labor Standards Act is posted in a prominent location.
- There is a description of the GB/BOD that includes name, address and telephone number for each member.
- There is evidence the GB/BOD and PAC members received an orientation.
- Agency goals are shared with personnel.
- Test OASIS transmission report is available to Surveyor upon arrival (n/a for providers already enrolled in the Medicare program).
- CMS Approval Letter for Branch Additions, if applicable.
- Compliance Program is available for Surveyor to review upon arrival.

PERSONNEL RECORD AUDIT TOOL

REQUIREMENTS	STANDARD	STAFF INITIALS
	Date of Hire:	
Application	HH4-1A.02	
Dated and signed withholding statements	HH4-1A.02	
Completed I-9	HH4-1A.02	
Personnel credentials	HH4-2B	
TB skin testing or chest x-ray (direct care staff only)	HH4-2C.01	
Hepatitis B or Declination (direct care staff only)	HH4-2D.01	
Signed job description	HH4-2E.01	
Valid driver's license (If required to transport patients)	HH4-2F.01	
Background Checks:	HH4-2H.01	
OIG exclusion list	HH4-2H.01	
National sex offender registry (direct care staff only)	HH4-2H.01	
Criminal background check	HH4-2H.01	
Evidence of receipt of employee handbook	HH4-3A.01	
Annual performance evaluations	HH4-2J	
Orientation	HH4-5A.01	
Review of job description and duties	HH4-5A.01	

ACHC FOR PROVIDERS. BY PROVIDERS.

[HOMEHEALTH]

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

STANDARD
 GOVERNING BODY
 ADMINISTRATOR
 NURSES
 AIDES
 THERAPISTS
 SOCIAL WORKER
 PI COORDINATOR
 PAC MEMBER

To whom would you report changes in ownership, Governing Body or management? HHI-1B

How does the Governing Body exercise their responsibility for the overall operations of the organization? HHI-2A

Can you describe your orientation process? HHI-2A.03

Can you describe your orientation?

Can you describe the agency's policies of interest and how it affects you?

From whom did you receive an evaluation?

Can you describe the chain of command level?

Describe the lines of authority and responsibility for administration, delivery, and supervision of parent, branch, and subunits.

What negative outcomes must you report any negative outcomes?

To whom would you report any alleged mistreatment, neglect or abuse of a patient?

Who would you report verified violations?

Audit each patient record for the items listed under all patients. Audit for the additional requirements as it pertains to the services provided to the patient.

Date: _____ Auditor: _____

HH	REQUIREMENTS	PATIENT INITIALS	SCORE
2-2A	Receipt of rights and responsibilities		af %
2-2B	Evidence that patient was advised of services to be provided		af %
2-4B	Receipt of complaint process		af %
2-5B	Receipt of privacy notice (HIPAA)		af %
2-6B	Advance Directive information		af %
3-4C	Information on financial responsibility		af %
3-4D.01	Services are properly billed for		af %
4-11B	LPN/LVN supervision, if applicable		af %
4-11D	PTA supervision, if applicable		af %
4-11E	COTA supervision, if applicable		af %
4-11F	SPT assistant supervision, if applicable		af %
4-14A	Aide supervision occurs timely		af %
5-1A.01	Identification data		af %
5-1A.01	Emergency contact information		af %
5-1A.01	Name of primary caregiver		af %
5-1A.01	Referral source		af %
5-1A.01	Physician responsible for care		af %
5-1A.01	Diagnosis		af %
5-1A.01	Orders		af %
5-1A.01	Signed release of information		af %
5-1A.01	Administrative consent documents		af %
5-1A.01	Assessment of home		af %

PATIENT RECORD AUDIT

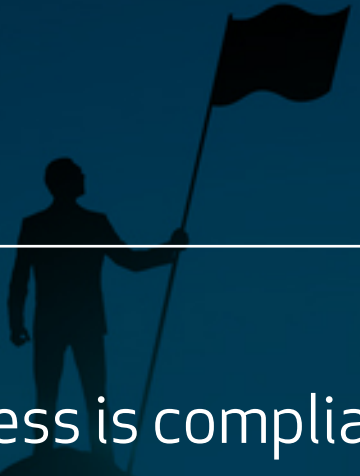
STANDARD- & CONDITION-LEVEL DEFICIENCIES

- Standard-level deficiencies are ACHC-only deficiencies and individual G tags
 - Not as “severe”
 - Individual, random issue vs. a systemic issue
- Condition-level deficiencies result when either an entire condition is out of compliance, multiple G tags under a single condition are out of compliance, or the deficiency is severe
 - Home Health protocols

FOCUS AREAS

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education
- Implement an internal Plan of Correction (POC)
- Share improvements with your Surveyor during survey

SURVEY SUCCESS

A silhouette of a person standing on a mountain peak, holding a flag. The person is facing right, and the flag is flying to the right. The background is a dark teal color with a silhouette of a mountain range at the bottom.

Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!



ACHIEVING A SUCCESSFUL SURVEY OUTCOME

ON-SITE SURVEY PROCESS

ROLE OF SURVEYOR

- To ensure ACHC Accreditation Standards are being followed
- Data collectors
- Documented evidence that is “readily identifiable”

ON-SITE SURVEY

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits
- Patient chart review
- Interview with staff, management, governing body, and PAC
- Review of agency's implementation of policies
- Quality Assessment and Performance Improvement (QAPI)
- Exit conference

OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
- Good time to gather information needed by the Surveyor
- **KEY REPORTS**
 - Unduplicated admissions for previous 12 months (number)
 - Current census and current schedule of visits
 - Name, diagnosis, start of care date, disciplines involved
 - Discharge and transfers
 - OASIS reports
 - Personnel (contract)
 - Name, start of hire, and discipline/role

TOUR

- Brief tour of facility
 - Medical record storage
 - Maintaining confidentiality of Protected Health Information (PHI)
 - Supply closet
 - Biohazard waste
 - Required posters
 - Fire extinguishers/smoke detectors/non-smoking signage
 - Restrooms

PERSONNEL FILE REVIEW

- Review personnel records for key staff and contract staff
 - Application, tax forms, and I-9
 - Job descriptions and evaluations
 - Verification of qualifications
 - Orientation records, competencies, ongoing education
 - Medical information
 - Background checks

For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

PERSONNEL FILE REVIEW

PERSONNEL FILE REVIEW



FOR PROVIDERS.
BY PROVIDERS.™

HOME HEALTH

Please gather or flag the identified items for the following personnel/contract individuals.

COMPLIANCE DATE:

Standard	Item Required	Administrator	Clinical Manager	RN Name:	LPN Name:	Aide Name:	PT/PTA Name:	OT/COTA Name:	SLP Name:	BSW/MSW Name:	Other Name:
HH4-1A.02	Position application (N/A for contract staff)										
HH4-1A.02	Dated and signed withholding statements (N/A for contract staff)										
HH4-1A.02	I-9 Form (N/A for contract staff)										
HH4-2B.01	Evidence that licensed staff credentials have been verified and are current										
HH4-2C.01	Evidence of initial and annual TB screening										
HH4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement										
HH4-2E.01	Signed job description or contract										
HH4-2F.01	Current driver's license and MVR check, if applicable										
HH4-2H.01	Criminal background check										
HH4-2H.01	Office of Inspector General Exclusion List check										
HH4-2H.01	National sex offender registry check, if applicable										
HH4-2L.01	Evidence of access to personnel policies										
HH4-2J.01	Most recent annual performance evaluation										
HH4-4.01	Verifications of qualifications for non-licensed personnel										
HH4-5A.01	Evidence of orientation										
HH4-6A.01 & HH4-12G	Initial and annual competency assessment										
HH4-6C.01	Evidence of training for the utilization of waived tests										
HH4-7C.01	Initial and annual on-site observation visit										
HH4-8A & HH4-8A.01	Evidence of annual education										
HH4-10A.01	Verification of additional education needed to administer pharmaceuticals or special treatments										
HH1-4A.01	Conflict of Interest Disclosure Form, if applicable										
HH2-5A	Signed confidentiality statement										
HH2-6B.01	Evidence of CPR, if applicable										
Other state- or agency-specific requirements											

ACCREDITATION COMMISSION *for* HEALTH CARE

→ [achc.org](https://www.achc.org) | (855) 937-2242
2478122017

MEDICAL CHART REVIEWS

- CMS requirement based on unduplicated admissions
- Representative of the care provided
 - Pediatric-geriatric
 - Environment served
 - Medically complex
 - All payors
- Electronic Medical Record
 - Do not print the medical record
 - Surveyor needs access to the entire record
 - Agency needs to provide a laptop/desktop for the Surveyor
 - Navigator/outline

HOME VISITS

- CMS requirement based on unduplicated admissions
- Visits will be with patients already scheduled for visits if census is large enough to accommodate
- Agency responsibility to obtain consent from patient/family
- Prepare patients and families for potential home visits
- Surveyor transportation

RECORD REVIEW/HOME VISITS

Unduplicated Admissions	Minimum # of Active Record Reviews Without Home Visits	Minimum # of Record Reviews With Home Visits	Minimum # of Closed Record Reviews	Total Record Reviews
300 or less	2	2	2	7
301-500	3	4	3	10
501-700	4	5	4	13
701 or greater	5	7	5	17

EXIT CONFERENCE

- Mini-exit
 - At end of each day identify deficiencies
- Final exit conference
 - Present all corrections prior to the Exit Conference
 - Surveyor cannot provide a score
 - Invite those you want to attend
 - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard/CoP
 - Seek clarification from your Surveyor while still on site
 - Regulatory requirements

CORRECTED ON SITE

- ACHC only requirements can be corrected on site and a Plan of Correction (POC) will not be required
- G tags that are corrected on site will still be scored as a “No” and a POC will be required
 - Always want to demonstrate regulatory compliance
 - Validation surveys



ACHIEVING A SUCCESSFUL SURVEY OUTCOME

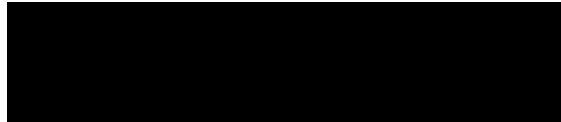
POST-SURVEY PROCESS

POST-SURVEY PROCESS

- ACHC Accreditation Review Committee examines all the data
- Accreditation decision is determined based primarily on CoP/G tag deficiencies
- Summary of Findings is sent within 10 business days from the last day of survey

SUMMARY OF FINDINGS SAMPLE

Survey Report for Survey on 01/28/2014
 Services: HHA, MSS, OT, PT, SN, ST



Deficiency Category - COP: Standard Level		Deficient
Standard / CFR	Comments	
HH1-10A 484.14(f) G142 An HHA that uses outside personnel to provide care/ services on behalf of the HHA has a written contract/ agreement for care furnished. The contract/ agreement contains all requirements and is kept on file within the HHA. (484.14(f)) (G142) (484.14(h)) (G146) (484.36(d)(4) (G231) (484.36(d)(4)(i) (G232)	On contract review 1 out of 2 (PTN) contracts did not include a provision that patients are accepted for care only by the agency. Action Required: When patients are to receive home care services from non-W2 staff under a contract agreement the patients are accepted for care only by the home health agency. All contracts for direct care staff must include a provision that patients are accepted for care only by the primary agency. Revise existing contracts to include this provision and include this provision in all future contracts. Educate staff to this requirement. Audit contracts for compliance.	X
HH1-10A 484.14(h) G146 An HHA that uses outside personnel to provide care/ services on behalf of the HHA has a written contract/ agreement for care furnished. The contract/ agreement contains all requirements and is kept on file within the HHA. (484.14(f)) (G142) (484.14(h)) (G146) (484.36(d)(4) (G231) (484.36(d)(4)(i) (G232)	2 out of 2 contracts (NTS, PTN) were not in compliance with section 1961(w) of the Social Security Act which states that a home health agency may have others furnish covered items or services through arrangements under which receipt of payment by the home health agency for the services discharges the liability of the beneficiary or any other person to pay for the services.	X

STANDARD- & CONDITION-LEVEL DEFICIENCIES

- Standard-level deficiencies are ACHC-only deficiencies and individual G tags
 - Not as “severe”
 - Individual, random issue vs. a systemic issue
 - Only require a Plan of Correction
- Condition-level deficiencies result when either an entire condition is out of compliance, multiple G tags under a single condition are out of compliance, or the deficiency is severe
 - Home Health Agency Survey Protocols
 - Requires another on-site survey

ACHC ACCREDITATION DECISION DEFINITIONS



ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*



ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.



DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.



DENIED


Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

PLAN OF CORRECTION REQUIREMENTS

- Due in 10 calendar days to ACHC
- Deficiencies are auto-filled
- Plan of Correction
 - Specific action step to correct the deficiency
- Date of compliance of the action step
 - 10 calendar days for condition-level
 - 30 calendar days for standard-level
- Title of individual responsible
- Process to prevent recurrence – 2-step process
 - Percentage and frequency
 - Target threshold
 - Maintaining compliance



PLAN OF CORRECTION


FOR PROVIDERS.
BY PROVIDERS.™

PLAN OF CORRECTION (POC)

Organization: <<Organization Name>>	Company ID: <<CompanyID>>	Application ID: <<ApplicationID>>
Address: <<Address>>		
Services Reviewed: <<Services Reviewed>>	Date of Survey <<Survey Date>>	Surveyor: <<Surveyor>>




INSTRUCTIONS:

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Private Duty, date of compliance for ACHG deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

SAMPLE: Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction <small>(Specific action taken to bring standard into compliance)</small>	Date of Compliance <small>(Date correction to be completed)</small>	Title <small>(Individual responsible for correction)</small>	Process to Prevent Recurrence <small>(Describe monitoring of corrective actions to ensure they effectively prevent recurrence)</small>	POC Compliant <small>(ACHC internal use only)</small>	Evidence Required <small>(ACHC internal use only)</small>	Evidence Approved <small>(ACHC internal use only)</small>	Comments <small>(ACHC internal use only)</small>
HH5-12A (484.30 (a), G177)	Staff will be in-serviced on requirements for documentation of patient response to care, treatment, and education provided.	18-Jan-15	Branch Director	Audit 10% of visit notes weekly for at least 5 weeks, assessing presence of documentation of patient response to care, treatment, and teaching provided. Target threshold is 95%. Once threshold is met, will continue to audit 10% of visit notes quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Direct care staff will be in-serviced on requirements of the initial TB screening and annual verification that they are free of symptoms.	23-Jan-15	Administrator	100% of direct-care staff personnel records will be audited for evidence of a negative chest x-ray or negative PPD on hire and negative PPD in the previous 12 months. If no evidence, then newly hire direct care staff will have an initial PPD and another PPD in 2 to 3 weeks. Threshold is 100% compliance. Once threshold is met, 50% of direct care staff personnel records will be audited bi-annually.				

 HOME HEALTH
 HOSPICE
 PRIVATE DUTY

[482] POC Template Revised: 03/01/2017

Page | 1

EVIDENCE

- Evidence that is required to support compliance is identified on the POC
- Summation of evidence
- All evidence to the Account Advisor within 60 days
- No PHI or other confidential information of patients or employees
- Accreditation can be terminated if evidence is not submitted

**Additional evidence may be required based on the decision of the
ACHC Review Committee**

SAMPLE AUDIT SUMMARY

EVIDENCE CHART



FOR PROVIDERS.
BY PROVIDERS.™

Company name: _____

Date: _____ For the week/month of: _____

Complete the Medical Record/Personnel Record chart with the summation of your medical record and/or personnel record audit results. Complete the Observation Deficiencies chart and provide the required documents to support compliance with the requirements. Examples of evidence that may need to be submitted are: Governing Body or Personnel Advisory Committee (PAC) meeting minutes, revised contracts, annual program evaluation, PI activities, or OASIS Validation reports.

All evidence supporting the implementation of the Plan of Correction (POC) must be submitted, at one time, to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.
Do not submit any Protected Health Information (PHI) or confidential employee information.

Medical Record/Personnel Record Audit Summary:

DEFICIENCY/ G-TAG	AUDIT DESCRIPTION	RECORDS CORRECT/ RECORDS REVIEWED	PERCENT CORRECT
Example: HH5-3A\G159	Audit charts for complete plan of care	9/10	90%

Observation Deficiencies:

DEFICIENCY/ G-TAG	DEFICIENCY	EVIDENCE
Example: HH1-10A\G146	Incomplete contracts	Revised contracts
HH6-2A\G243	Missing program evaluation	Current program evaluation

AFTER ACCREDITATION



SERVICE ADDITIONS

- Home Health
 - Notify Account Advisor
 - Receive a Service Addition Checklist
 - Submit copies of updated policies and procedures
 - Submit copies of appropriate licenses/certificates of staff
 - Submit copies of any contracts that will be utilized
 - Distinction in Behavioral Health and Palliative Care require an additional one-day survey

BRANCH ADDITIONS

- Home Health
 - Notify Account Advisor
 - Receive a Branch Addition Checklist form
 - Submit copy of CMS approval letter for branch addition
 - Submit copies of all applicable licenses
 - Submit list of all licensed employees
 - Submit copies of any contracts being utilized
 - Submit photographs of the outside and inside of the office
 - May or may not require a survey



BENEFITS OF PARTNERING WITH ACHC EDUCATIONAL RESOURCES

EDUCATIONAL RESOURCES








- Accreditation University resources
 - Workbooks and workshops
- Online resources
 - *The Surveyor* newsletter
 - Regulatory updates
 - Accreditation resources
 - Maintaining compliance checklists
- Email updates
 - "Did You Know?"
 - *ACHC Today* bi-monthly e-newsletter

REGULATORY UPDATES

- Regulatory Updates can be filtered to state-specific issues
- *achc.org*
 - Resources & Events
 - Regulatory Updates

Regulatory Updates

California Adopted, Proposed, CMS

 PHARMACY	 DMEPOS	 BEHAVIORAL HEALTH	 HOME HEALTH	 HOSPICE	 PRIVATE DUTY	 SLEEP
--	--	---	---	---	--	---

Total of 5 records returned. Page 1 of 1


State: All

Medicare Fraud & Abuse: Prevention, Detection, and Reporting Booklet
Date Posted: 10/1/2016

The Medicare Fraud & Abuse: Prevention, Detection, and Reporting booklet

Learn about:

- Fraud and abuse definitions
- Laws used to fight fraud and abuse
- Government partnerships engaged in fighting fraud and abuse
- Where to report suspected fraud and abuse

[LEARN MORE](#) 

CUSTOMER CENTRAL

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

The screenshot shows the ACHC Customer Central website. The header is green with the ACHC logo and navigation links: CUSTOMER CENTRAL, STANDARDS, APPLICATION, RESOURCES +, EASY PAY, and MY ACCOUNT +. The main content area is divided into two columns. The left column features an 'Account Advisor' section with a photo of Brooke Renn, her contact information (brenn@achc.org, (919) 785-1214 ext. 237, Fax: (919) 785-3011), the ACHC address (139 Weston Oaks Ct., Cary, NC 27513), and lists of 'Video Tutorials' and 'PDF Resources'. The right column contains an 'Education Library' section with a description of ACHC's commitment to education and a list of educational materials. Below this are sections for 'Educational Tools', '"Did You Know" Emails', 'Surveyor Newsletter' (with a list of past issues from Winter 2016 to Spring 2004), and 'Industry Links'.

MAINTAINING COMPLIANCE CHECKLIST

The screenshot displays the ACHC Customer Central interface. At the top, a green navigation bar contains the ACHC logo and menu items: CUSTOMER CENTRAL, STANDARDS, APPLICATION, RESOURCES +, EASY PAY (with a shopping cart icon), and MY ACCOUNT +. The main content area is divided into two columns. The left column, titled 'Account Advisor', features a profile for Jeff East, including a photo, name, email (jeast@achc.org), phone number ((919) 785-1214 ext. 364), and fax number (919) 785-3011. The right column, titled 'Continued Compliance', includes a sub-header with an 'A' icon, a paragraph explaining that ACHC provides ongoing compliance help, and a dropdown menu currently set to 'HOME HEALTH'. Below the dropdown are three links: 'Renewal Accreditation', '12 Month checklist', and '24 Month checklist'. A note below these links reads 'Home Health Items Needed for Survey'.

MAINTAINING COMPLIANCE

RENEWAL ACCREDITATION COMPLIANCE RESOURCES



PROTECT YOURSELF WITH ACHC ACCREDITATION
Let us help you to maintain compliance in an ever-changing regulatory environment. To complete your Medicare recertification survey, having an alternative sanction imposed upon your home health agency costs thousands of dollars per day, a strong compliance program maintaining ACHC Accreditation is a key strategy. Successful accreditation is a key strategy. Successful accreditation is a key strategy. Successful accreditation is a key strategy.

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

- Condition-level and standard-level violations by ACHC are not subject to the alternatives available to providers.
- For providers who have deemed status, Centers for Medicare & Medicaid Services only conducts on-site surveys for complaint or the risk of an on-site visit during which sanctions are imposed.
- New home health agencies are frequently less likely to be successful in their Medicare enrollment and Surveyors with industry-specific experience and after the accreditation process.

CMS identified the upper range for Civil Monetary Penalties for 20 states have imposed CMPs AR, CO, CT, FL, GA, TN, TX, UT, VA. The top 5 states for CMPs based on the number of agencies are:

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

Utilize the 12-Month and 24-Month Compliance Checklists with the CoPs along with the ACHC Accreditation Standards.

[665] Revised: 11/06/2017

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST



Use this checklist, along with the Medical Record Audit tool and the Personal Health Agency (PHA) and operations 12 months after your ACHC survey. If your organization is in compliance with applicable local, state, and federal regulations, you are intended to replace your own comprehensive review of ACHC Accreditation successful accreditation decision. For any areas found to be out of compliance, a correction be implemented and results monitored for compliance.

SECTION 1: ORGANIZATION AND ADMINISTRATION

Standard	Expectation
HH-1A	All applicable licenses and permits are current and posted.
HH-1A.01	Federal and state posters are posted.
HH-1B	Any changes in ownership or of managing employees have been 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 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 during all operating hours.
HH-6C	Evidence is available to demonstrate the parent agency and all branches, if applicable.
HH-7A	At least one service is provided directly by employees.
HH-8A	OASIS data is collected on appropriate patients.
HH-8B	OASIS data is reported within 30 days of completion of clinical and data audits verify that collected OASIS data reported OASIS data.
HH-9A.01	Negative outcomes from sanctions, regulatory inspections have been reported, if applicable.
HH-10A	All contracts for direct care have been reviewed as required by the contract and the HHA does not have any contracts that have been.

[514] Revised: 11/03/2017
Accreditation 12-Month Compliance Checklist (Home Health)

ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST



Use this checklist, along with the Medical Record Audit tool and the Personal Health Agency (PHA) and operations 24 months after your ACHC survey. If your organization is in compliance with applicable local, state, and federal regulations, you are intended to replace your own comprehensive review of ACHC Accreditation successful accreditation decision. For any areas found to be out of compliance, a correction be implemented and results monitored for compliance.

SECTION 1: ORGANIZATION AND ADMINISTRATION

Standard	Expectation
HH-1A	All applicable licenses and permits are current and posted.
HH-1A.01	Federal and state posters are posted.
HH-1B	Any changes in ownership or of managing employees have been 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 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 during all operating hours.
HH-6C	Evidence is available to demonstrate the parent agency and all branches, if applicable.
HH-7A	At least one service is provided directly by employees.
HH-8A	OASIS data is collected on appropriate patients.
HH-8B	OASIS data is reported within 30 days of completion of clinical and data audits verify that collected OASIS data reported OASIS data.
HH-9A.01	Negative outcomes from sanctions, regulatory inspections have been reported, if applicable.
HH-10A	All contracts for direct care have been reviewed as required by the contract and the HHA does not have any contracts that have been.

[515] Revised: 10/31/2017
Accreditation 24-Month Compliance Checklist (Home Health)



FOR PROVIDERS,
BY PROVIDERS.™

ITEMS NEEDED FOR ON-SITE SURVEY

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 payor.

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-2.6A Informed Consent and Refusal of Care policy • HH-2.9A.01 Compliance Program • HH-4.21D Personnel policies/employee handbook • HH-5.1B HIPAA policies • HH-7.3B Emergency Preparedness Plan/Policy 	
HH-1A.01	All required federal and state posters are placed in a prominent location	
HH-1B	Current BSSA/CMS approval letter	

Revised 11/28/2017
[558] Items Needed for Survey—Home Health

Page 1 of 4 | achc.org



ACHIEVING A SUCCESSFUL SURVEY OUTCOME

UNDERSTANDING THE ACHC HOME HEALTH STANDARDS

REVIEW THE STANDARDS

- Standard
 - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
- Interpretation
 - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
 - Items that will be reviewed to determine if the standard is met

STANDARD EXAMPLE

Standard HH2-2C: The HHA protects and promotes the exercise of the Patient's Rights. 484.50, 484.50(c), 484.50(c)(1)



Interpretation:

Personnel honor the patient right to:

- To exercise his or her rights as a patient of the HHA
- Have his or her property and person treated with respect Be able to identify visiting personnel members through agency-generated photo identification
- Choose a health care provider, including an attending physician
- Receive appropriate care without discrimination in accordance with physician orders
- Be informed of any financial benefits when referred to an HHA
- Be fully informed of one's responsibilities

STANDARD EXAMPLE (CONTINUED)



Evidence:

Home visits

STANDARD EXAMPLE

Standard HH2-10A.01: Supervision is available during all hours that care/service is provided.



Interpretation:

There is administrative and clinical supervision of personnel in all care/service areas provided 24 hours per day, 7 days a week, as applicable. Supervision is consistent with state laws and regulations.

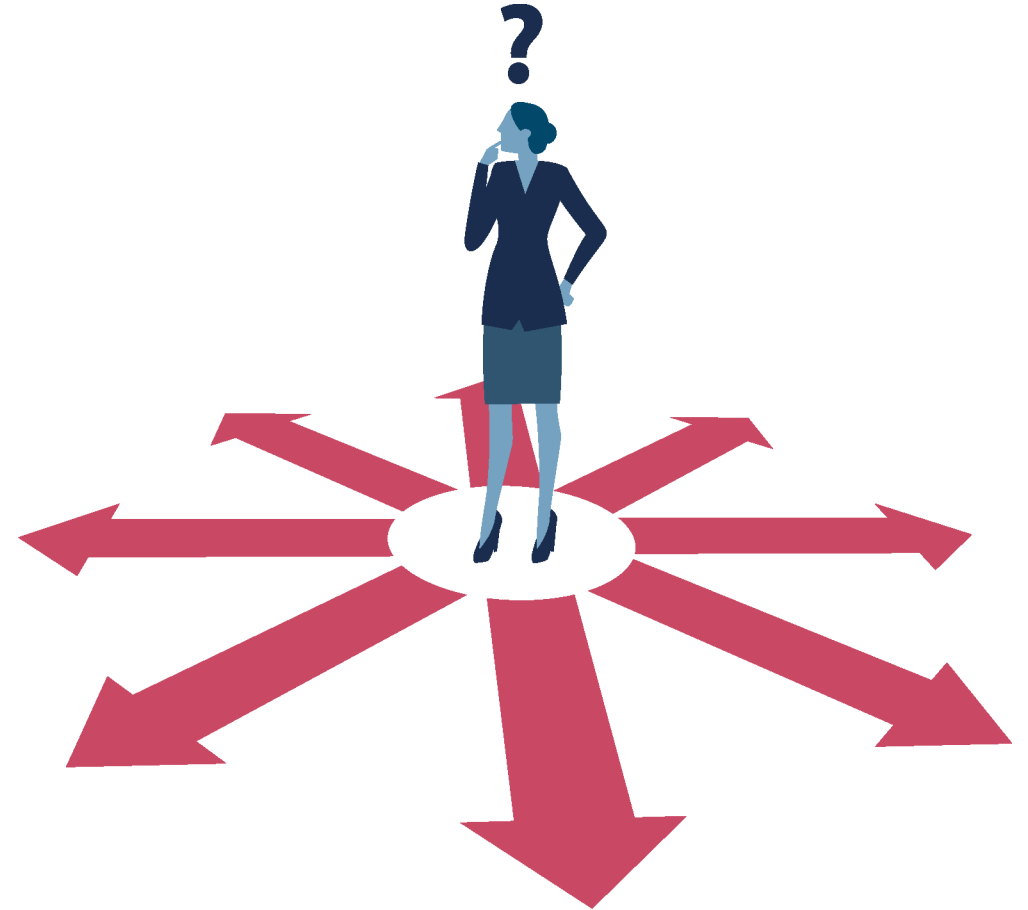


Evidence:

On-Call Schedule; Observation ; Response to Interviews

CONFLICTING REGULATIONS

- Conditions of Participation (CoPs)
- State regulations
- ACHC standards
- Discipline-specific scopes of practice
- Agency policy and procedures



MOST STRINGENT REGULATION

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards



SECTION 1

ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

WORKBOOK TOOLS

- Compliance Checklist
- Governing Body Meeting Agenda Template
- PAC Meeting Minute Template
- Hourly Contract Staff Audit Tool
- Conflict of Interest Disclosure Statement
- Acknowledgement of Confidentiality Statement
- Governing Body Orientation
- Self-Audit

SECTION 2

PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.

WORKBOOK TOOLS

- Compliance Checklist
- Patient Rights & Responsibilities Audit Tool
- Sample Ethical Issues/Concerns Reporting Form
- Sample Patient Complaint/Concern Form
- Self-Audit

SECTION 3

FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

WORKBOOK TOOLS

- Compliance Checklist
- Home Health Financial Disclosure Statement
- Self-Audit

SECTION 4

HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

WORKBOOK TOOLS

- Compliance Checklist
- Job Description Template
- Physical Demands Documentation Check-off List
- Sample Employee Educational Record
- Sample Annual Observation/Evaluation Visit Form
- Personnel Record Audit Tool
- Hints for Developing an Educational Plan
- Sample Hepatitis B Declination Statement
- Tuberculosis Screening Tool
- Sample In-Service Attendance Record Form
- Self-Audit

SECTION 5

PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient /client/ patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

WORKBOOK TOOLS

- Compliance Checklist
- Patient Record Audit
- Sample Medication Profile
- Self-Audit

SECTION 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

WORKBOOK TOOLS

- Compliance Checklist
- Sample Annual PI Report
- Sample Annual Program Evaluation
- Sample Patient Incident/Variance Report
- Sample PI Activity/Audit Descriptions Plan
- Sample Performance Improvement
- Self-Audit

SECTION 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

WORKBOOK TOOLS

- Compliance Checklist
- Hints for Developing a Disaster Plan
- Hints for an Infection Control Plan
- Infection Control Tracking Form
- Safety Tracking Log
- Report of Employee Accident Investigation
- Quality Maintenance Log
- Self-Audit



ACHIEVING A SUCCESSFUL SURVEY OUTCOME

AVOIDING CONDITION-LEVEL DEFICIENCIES

TOP SURVEY DEFICIENCIES

- Based on previous survey results, these are the anticipated deficiencies likely to be cited based on the new Medicare Conditions of Participation (CoPs)
- The deficiencies focus on 4 CoPs:
 - §484.60 Condition of Participation: Care planning, coordination of services, and quality of care
 - §484.75 Condition of Participation: Skilled professional services
 - §484.80 Condition of participation: Home Health Aide services
 - §484.55 Condition of Participation: Comprehensive assessment of patients

TOP SURVEY DEFICIENCIES

- §484.60 Condition of Participation: Care planning, coordination of services, and quality of care
- Plan of Care:
 - An individualized plan of care that identifies patient-specific measurable outcomes and goals
 - Needs to identify all required components as required in §484.60 (a)(2)
 - All verbal orders are required to be recorded in the plan of care and a new requirement is that verbal orders are to be timed
 - Care is to be provided in accordance with the plan of care/physician orders
 - Drugs, services and treatments are administered only as ordered by the physician
 - Plan of care must be reviewed at least every 60 days or when there are any changes that may warrant a change to the plan of care

TOP SURVEY DEFICIENCIES

- Plan of care continued:
 - Revisions to the plan of care are made based on updated comprehensive assessments
 - Revisions to the plan of care are communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the plan of care
 - Written information that is provided to the patient:
 - Visit schedule and frequency of visits
 - Patient medication schedule and instructions
 - Any treatments to be administered
 - Any other pertinent instruction related to the patient's care
 - Name of the Clinical Manager

TOP SURVEY DEFICIENCIES

- §484.75 Condition of Participation: Skilled professional services
- Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, occupational therapy services, and medical social work services. Skilled professionals must:
 - Provide ongoing interdisciplinary assessment of the patient
 - Develop the plan of care with the patient, representative (if any), and caregiver
 - Provide services in accordance with the plan of care
 - Provide patient, caregiver and family counseling and education
 - Prepare clinical notes
 - Communicate with all physicians involved in the plan of care as well as with each other
 - Participate in the QAPI program
 - Participate in HHA-sponsored in-service training

TOP SURVEY DEFICIENCIES

- §484.80 Condition of participation: Home health aide services
- Home Health Aides must:
 - Be qualified per §484.80(a)(1)
 - Have evidence of training and competency
 - Have written patient care instructions prepared by the RN or other appropriate skilled professional
 - Provide services that are ordered by the physician and included in the plan of care
 - Be supervised at least every 14 days and have an annual observation visit
 - Report changes in the patient's medical condition and complete documentation per agency policies

TOP SURVEY DEFICIENCIES

- §484.55 Condition of Participation: Comprehensive assessment of patients
- Specific to the medication review
 - An ongoing medication review is completed for all patients; in therapy-only cases, the therapist submits a list of medications for the RN to review
 - All PRN medications identify an indicator as to when the PRN medication should be administered
 - O₂ is listed on the medication profile
 - The physician is notified of any medication discrepancies, side effects, problems, or reactions

ADDITIONAL DEFICIENCIES

- §484.102 Condition of participation: Emergency preparedness
- Emergency Preparedness
 - Emergency Plan is based on a documented, facility-based and community-based all-hazards risk assessment
 - Policies and procedures are specific to your plan and the geographical area in which you provide patient care
 - Communication plan includes the required information
 - All staff have been trained
 - Two tests of the plan have been conducted:
 - Community or facility-based drill and
 - Community, facility, or tabletop drill
 - The entire plan is reviewed and updated at least annually

ADDITIONAL DEFICIENCIES

- §484.65 Condition of participation: Quality assessment and performance improvement (QAPI)
- Must have a QAPI Program that is capable of:
 - Showing measureable improvement in areas where improvements are needed
 - Reflects the scope of the agency
 - Tracking and monitoring of quality indicators:
 - Adverse patient events
 - OASIS outcomes
 - High volume, high risk, problem prone areas
 - Must maintain improvement
 - Demonstrate governing body oversight of the program
 - Performance Improvement Projects; July 13, 2018

TAKEAWAY

- Regulations
 - CoPs
 - State regulations
 - ACHC Home Health Standards
 - Agency policies and procedures
- Audit
- Educate
- Observe
- Repeat





QUESTIONS?

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