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ACHIEVING ACHC ACCREDITATION

MARCH 2018

HOME HEALTH

AccreditationUniversity.com

ACCREDITATION COMMISSION *for* HEALTH CARE

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- Housekeeping Items

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HOME HEALTH

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HOME HEALTH

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HOME HEALTH

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ACHIEVING ACHC ACCREDITATION

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

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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.

ACHIEVING ACHC ACCREDITATION

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

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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

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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.

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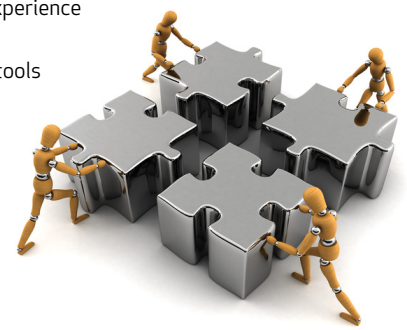
WE VALUE YOUR FEEDBACK

- 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

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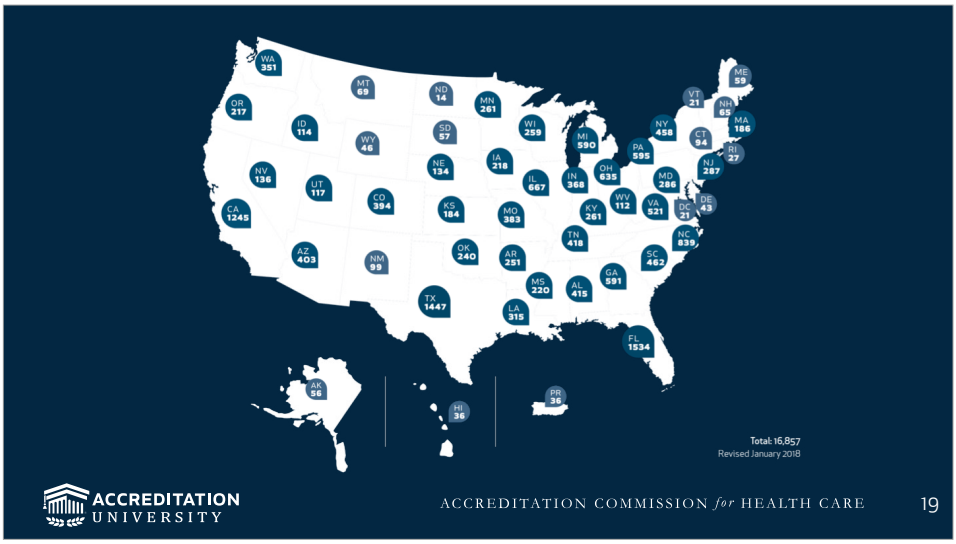

REGULATORY COMPLIANCE

- 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

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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

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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

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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

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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.

1 US Virgin Islands 50%	2 Michigan 48%	3 Idaho 33%	4 Montana 33%	5 Colorado 29%
6 Nevada 23%	7 California 20%	8 Maine 20%	9 Kansas 15%	10 Puerto Rico 15%
11 Arizona 14%	12 Vermont 14%	13 Ohio 14%	14 New Mexico 13%	15 Indiana 13%

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

Source: HHS Office of Inspector General

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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	FYs 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

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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

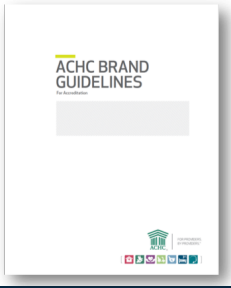
MARKETING ADVANTAGE

- 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

ACHIEVING ACHC ACCREDITATION

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



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BRANDING ELEMENTS

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

ACHC ACCREDITED

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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

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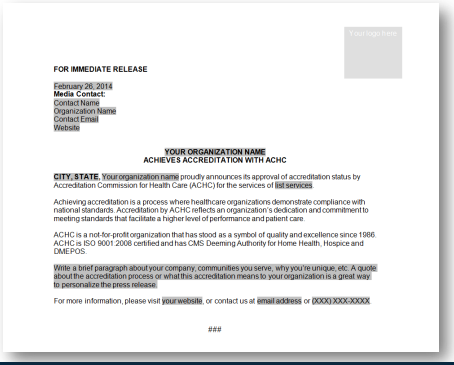
SAMPLE PRESS RELEASE



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 DME/POS.

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.

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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

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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

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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

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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

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?

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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

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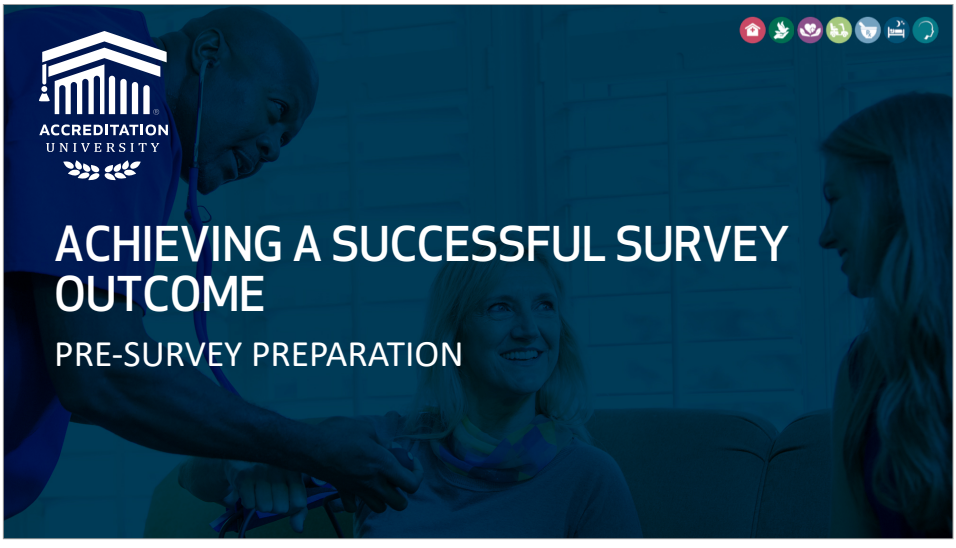

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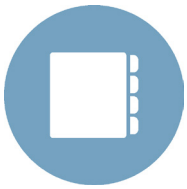
ESSENTIAL MANUALS

- State Operations Manual Appendix B-Revised
- 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



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CREATE CUSTOMER CENTRAL ACCOUNT

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

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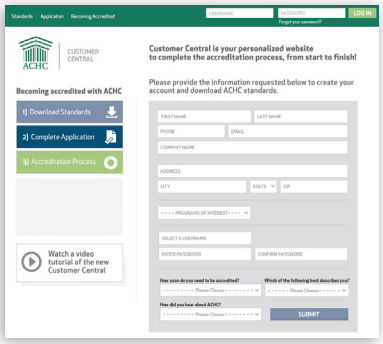
DEMOGRAPHIC INFORMATION



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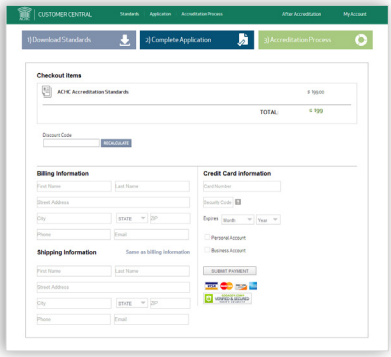
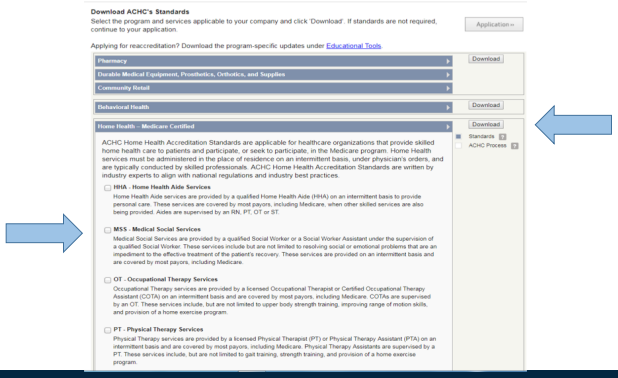
PURCHASE STANDARDS



DOWNLOAD STANDARDS



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

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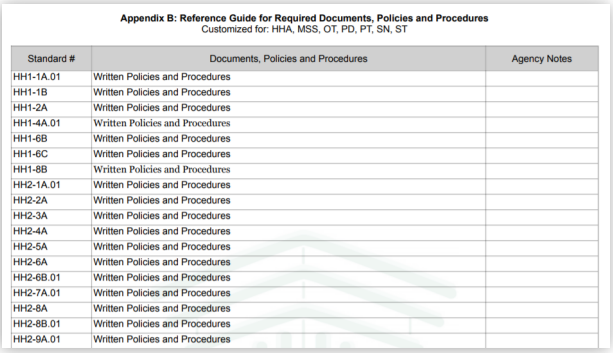
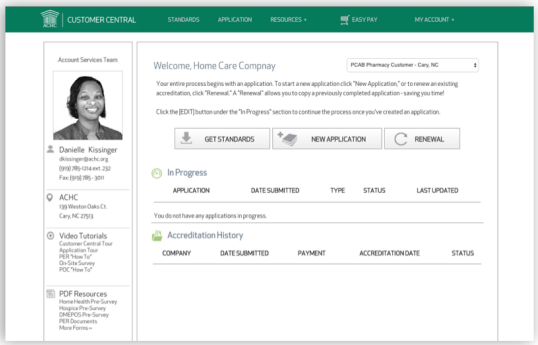
APPENDIX B



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



APPLICATION

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

ACHIEVING ACHC ACCREDITATION

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**

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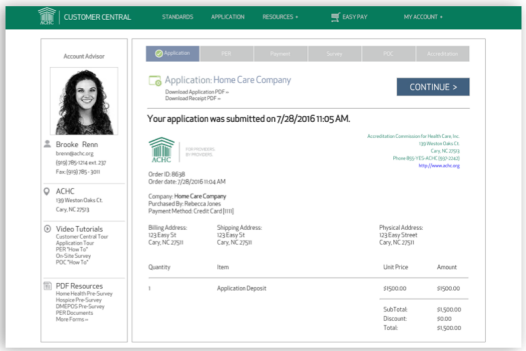
CONFIRMATION OF APPLICATION



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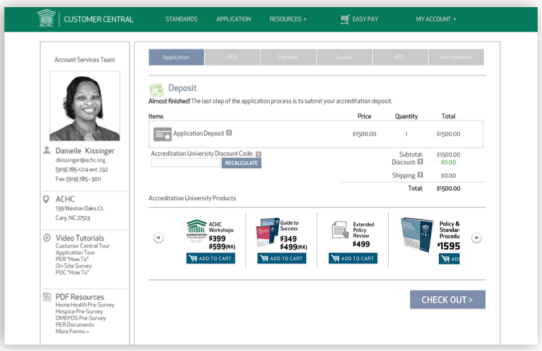
SUBMIT DEPOSIT



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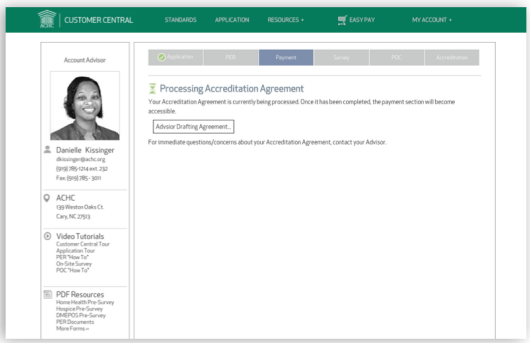
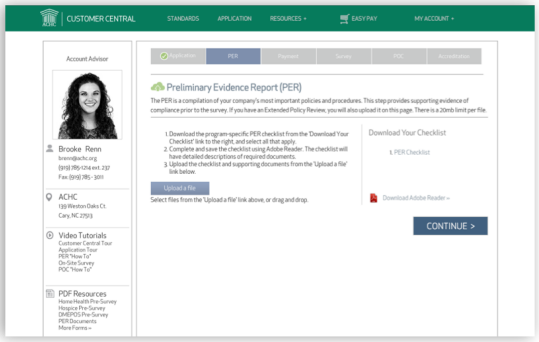
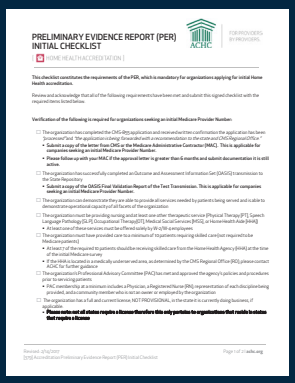
ACCREDITATION AGREEMENT

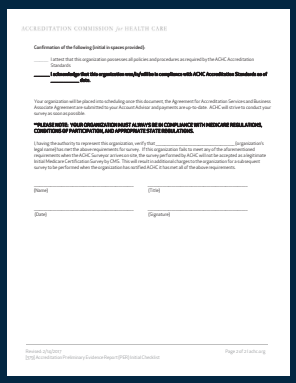


PRELIMINARY EVIDENCE REPORT (PER)



PRELIMINARY EVIDENCE REPORT CHECKLIST


PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST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Confirmation of the following (initial in spaces provided):

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	

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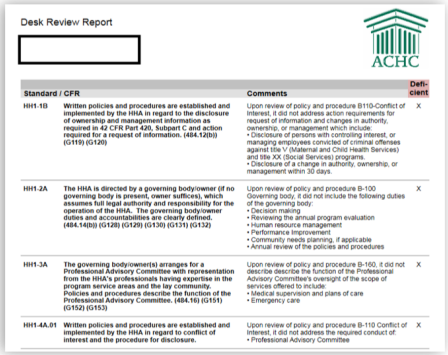
POLICY REVIEW RESULTS

- 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

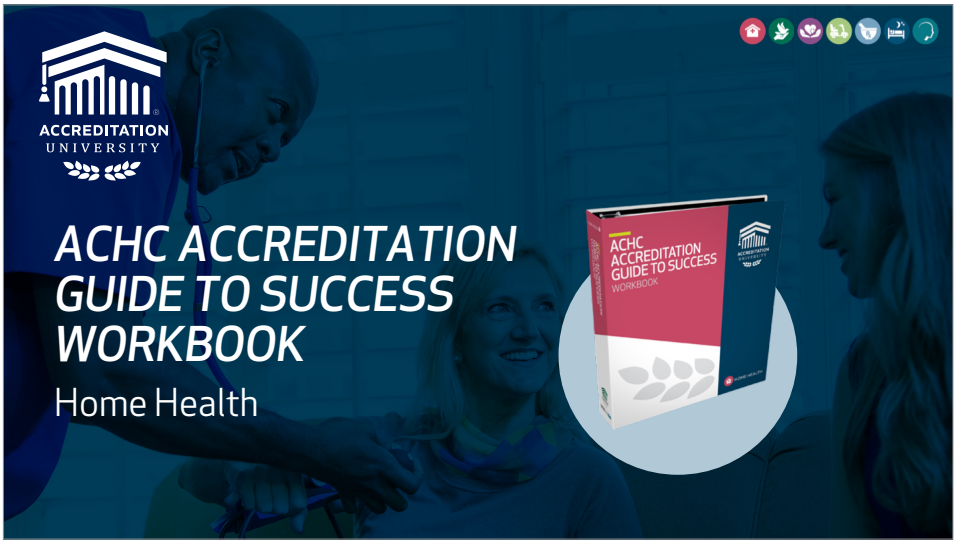


Desk Review Report

ACHC

Standard / CFR		Comments	Defi-cient
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: • 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: • 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 the function of the Professional Advisory Committee's oversight of the scope of services offered to include: • 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: • Professional Advisory Committee	X

ACHIEVING ACHC ACCREDITATION



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

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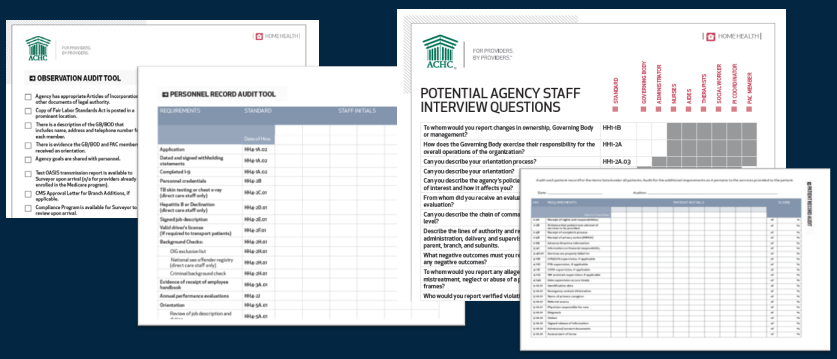
PREPARATION

- Educate Key Staff
  - Clinical staff (employees and contract)
  - Administrative
  - Governing body
  - Patients
- Prepare Agency
  - Human resources
  - IT/EMR
  - Office space
    - Walk around your agency

PREPARATION

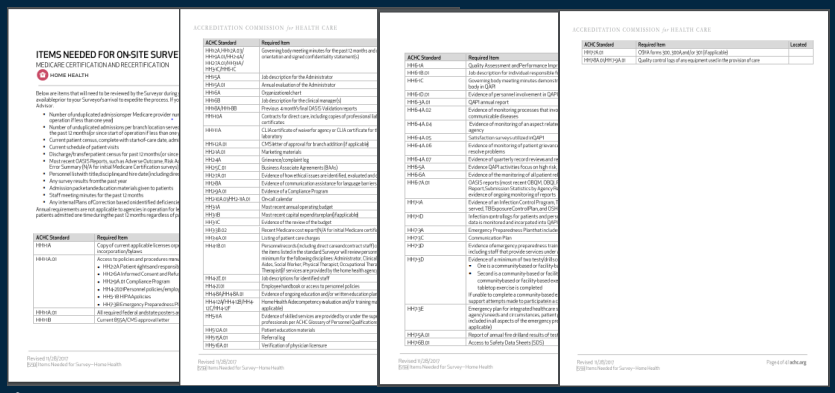
- Helpful tools in the *ACHC Accreditation Guide to Success* workbook
- Mock Surveys
  - Interviews-Survey Process
  - Home visits-Section 4
  - Medical chart audits-Section 5
  - Personnel chart audits-Section 4
  - Observation-Survey Process

SURVEY PREPARATION TOOLS



ACHIEVING ACHC ACCREDITATION

ITEMS NEEDED FOR ON-SITE SURVEY



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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
  - Level 1 and Level 2 G tags

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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

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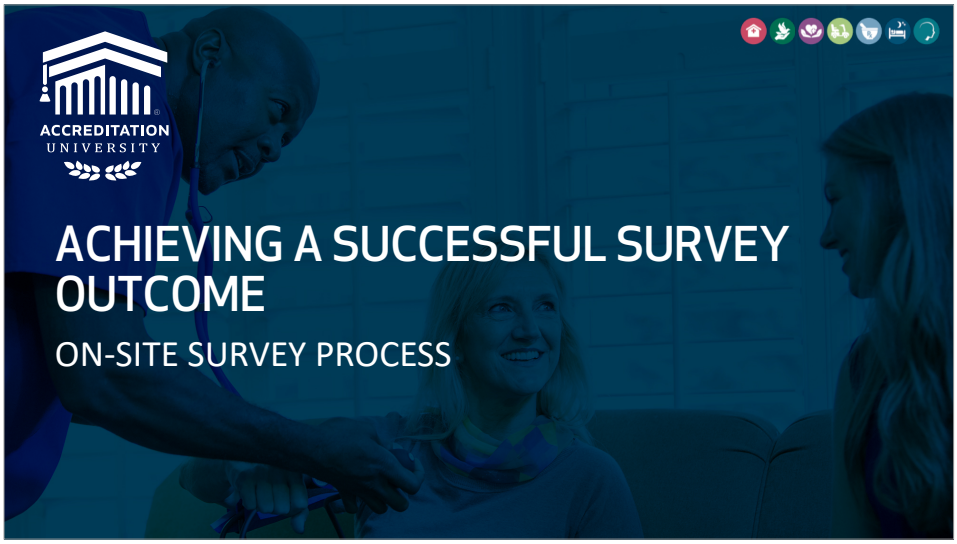

ROLE OF SURVEYOR

- 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, and governing body
- 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

NOTES

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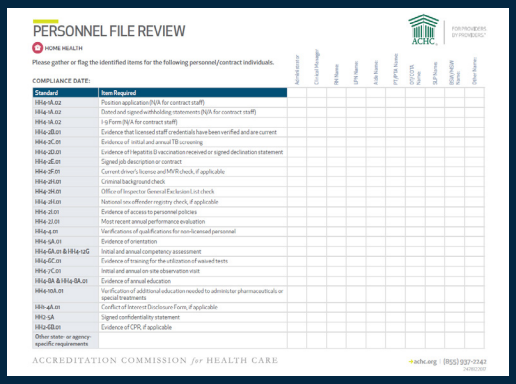
PERSONNEL FILE REVIEW

- 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

HOME HEALTH

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

COMPLIANCE DATE:

Standard	Item Required
HH4-9A.02	Position application (N/A for contract staff)
HH4-9A.02	Dated and signed withholding statements (N/A for contract staff)
HH4-9A.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
HH4-2I.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
HH-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	

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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	3	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

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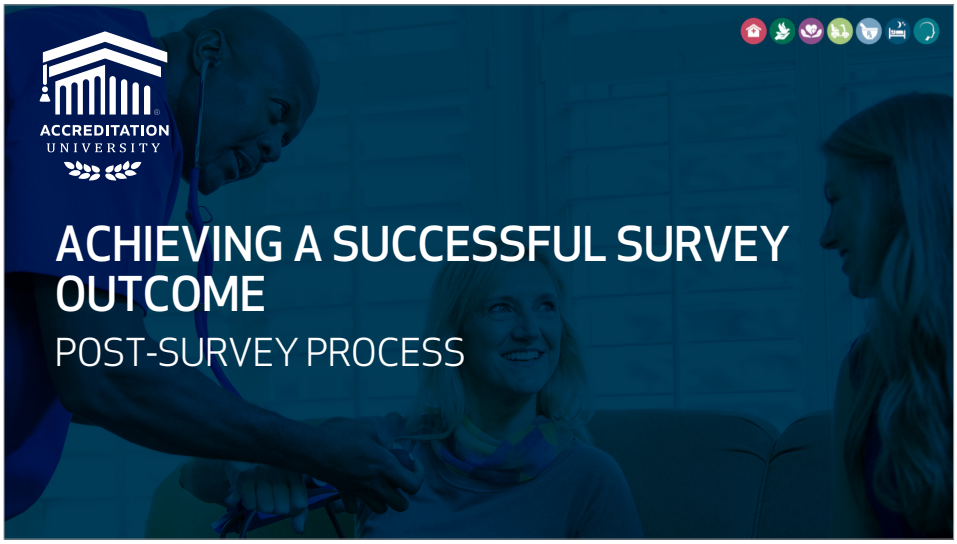
CORRECTED ON SITE

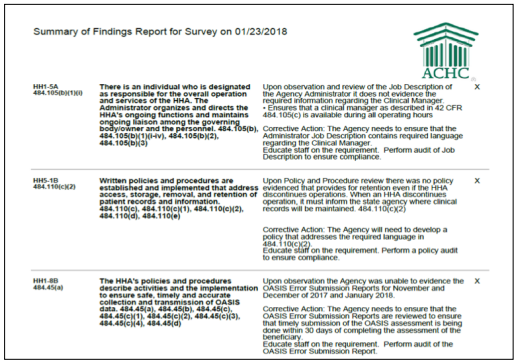
- ACHC only requirements can be corrected on site and a Plan of Correction (POC) will not be required
- G tags that are corrected on site will still be scored as a "No" and a POC will be required
  - Always want to demonstrate regulatory compliance
  - Validation surveys



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



Summary of Findings Report for Survey on 01/23/2018

ACHC

HH1-5A 484.105(b)(1)(i)	**There is an individual who is designated as responsible for the overall operation and services of the HHA. The Administrator organizes and directs the HHA's ongoing functions and maintains ongoing liaison among the governing body/owner and the personnel. 484.105(b), 484.105(b)(1)(i-iv), 484.105(b)(2), 484.105(b)(3)**	Upon observation and review of the Job Description of the Agency Administrator it does not evidence the required information regarding the Clinical Manager. • Ensures that a clinical manager as described in 42 CFR 484.105(c) is available during all operating hours Corrective Action: The Agency needs to ensure that the Administrator Job Description contains required language regarding the Clinical Manager. Educate staff on the requirement. Perform audit of Job Description to ensure compliance.	X
HH5-1B 484.110(c)(2)	**Written policies and procedures are established and implemented that address access, storage, removal, and retention of patient records and information. 484.110(c), 484.110(c)(1), 484.110(c)(2), 484.110(d), 484.110(e)**	Upon Policy and Procedure review there was no policy evidenced that provides for retention even if the HHA discontinues operations. When an HHA discontinues operation, it must inform the state agency where clinical records will be maintained. 484.110(c)(2) Corrective Action: The Agency will need to develop a policy that addresses the required language in 484.110(c)(2) Educate staff on the requirement. Perform a policy audit to ensure compliance.	X
HH1-8B 484.45(a)	**The HHA's policies and procedures describe activities and the implementation to ensure safe, timely and accurate collection and transmission of OASIS data. 484.45(a), 484.45(b), 484.45(c), 484.45(c)(1), 484.45(c)(2), 484.45(c)(3), 484.45(c)(4), 484.45(d)**	Upon observation the Agency was unable to evidence the OASIS Error Submission Reports for November and December of 2017 and January 2018. Corrective Action: The Agency needs to ensure that the OASIS Error Submission Reports are reviewed to ensure that timely submission of the OASIS assessment is being done within 30 days of completing the assessment of the beneficiary. Educate staff on the requirement. Perform audit of the OASIS Error Submission Report.	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 Protocols-Level 1 and Level 2 G tags
  - 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.

NOTES

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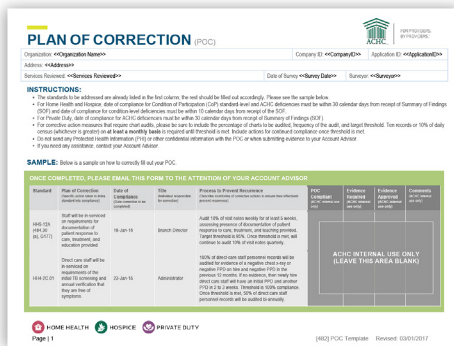
PLAN OF CORRECTION REQUIREMENTS

- 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



PLAN OF CORRECTION (POC)

FOR PROVIDERS. BY PROVIDERS.

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 ACHC 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 (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Evidence Required (ACHC internal use only)	Evidence Approved (ACHC internal use only)	Comments (ACHC internal use only)
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

Page | 1 [482] POC Template Revised: 03/01/2017

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

ACHIEVING ACHC ACCREDITATION

SAMPLE AUDIT SUMMARY


EVIDENCE CHART

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 requested 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 QAPI Validation report/s.

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 / F/TAG	AUDIT DESCRIPTION	RECORDS CORRECT/ RECORDS REVIEWED	PERCENT CORRECT
Sample: HHA.484.55	Audit charts for complete plan of care	9/10	90%

Observation Deficiencies:

DEFICIENCY / F/TAG	DEFICIENCY	EVIDENCE
Sample: HHA.484.55	Incomplete contracts	Revised contracts
HHA.484.55	Missing program evaluation	Current program evaluation

AFTER ACCREDITATION

SERVICE ADDITIONS

- Before an organization begins the Service and/or Specialty Service Additions process, they must notify ACHC and the appropriate Medicare Administrative Contractor (MAC) promptly, in writing, when an additional service is being contemplated.
- The organization must complete and submit a Home Health Service Addition Packet. The packets are located on Customer Central under:
  - My Account/Edit Company Information/Add/Remove Services/Home Health Service Addition Packet.

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SERVICE ADDITIONS

- Once all required documentation has been submitted, ACHC will review the submitted documentation and a decision is made whether a site survey is warranted.
- A site survey is based on several factors that include the original survey findings, where the organization is in the three year accreditation cycle, and how many locations have been added from the start of its accreditation.
- All fees must be paid in full before ACHC issues any accreditation documentation.

BRANCH ADDITIONS

- The organization must complete and submit a Home Health Branch Addition Packet. The packets are located on Customer Central under:
  - My Account/Edit Company Information/Add Branch/Home Health Branch Addition Packet..
  - The packet must be completed in full, including all sections and any additional information listed on the form
  - CMS Regional Office must approve the branch before
- For organizations located in Florida please refer to one of the following two branch addition options:
  - Florida Home Care Agencies Branch Addition Packet -- New licensed required
  - Florida Branch Addition Packet -- Licensed under Parent Location

BRANCH ADDITIONS

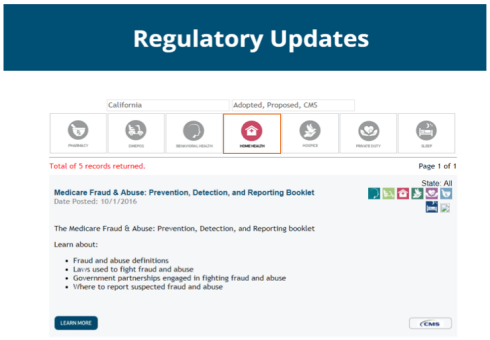
- Once all required documentation has been submitted, the Regulatory Department reviews the submitted documentation and a decision is made whether a site survey is warranted.
- A site survey is based on several factors that include the original survey findings, where the organization is in the three year accreditation cycle, and how many locations have been added from the start of its accreditation.
- All fees must be paid in full before ACHC issues any accreditation documentation.

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



NOTES

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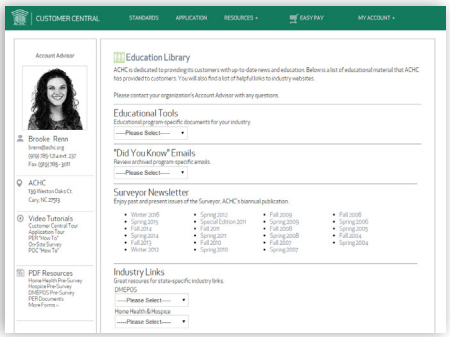
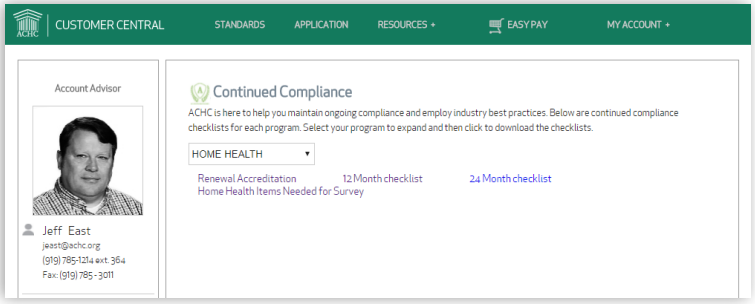
CUSTOMER CENTRAL

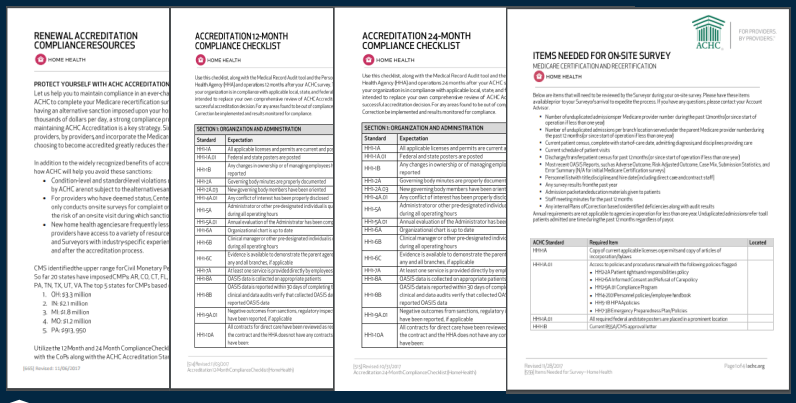
- Customer Central is available 24/7 with resources and educational materials designed for your company
- cc.achc.org



MAINTAINING COMPLIANCE CHECKLIST



MAINTAINING COMPLIANCE



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

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Section 2

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

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NOTES

NOTES

Section 2

STANDARD EXAMPLE (CONTINUED)

Evidence:
Home visits

Section 2

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.

SECTION 1-ACHC REQUIREMENTS

- Governing body duties and orientation requirements
- List of governing body members
- Signed confidentiality statements
- Conflicts of interest and disclosure statements
- Annual evaluation of the Administrator
- Organizational chart
- Clinical manager needs to have a minimum of 2 years of homecare experience
- Negative outcomes are reported within 30 days
- Direct care contract requirements

NOTES

NOTES

WORKBOOK TOOLS

- Compliance Checklist
- Governing Body Meeting Agenda Template
- Hourly Contract Staff Audit Tool
- Conflict of Interest Disclosure Statement
- Acknowledgement of Confidentiality Statement
- Governing Body Orientation
- Self-Audit
- Sample policies and procedures

Standards

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.

SECTION 2-ACHC REQUIREMENTS

- Marketing materials
- Written description of services
- Patient rights and responsibilities
- Investigation of complaints
- Contact information provided to patient regarding to report complaints
- Business Associate Agreements
- Resuscitative guidelines and CPR requirements
- Advance Directives
- Reporting of ethical issues

WORKBOOK TOOLS

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

Standards

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.

SECTION 3-ACHC REQUIREMENTS

- Financial management practices
- Maintaining of financial records
- Home Health Medicare Cost report
- List of patient charges/care service rates
- Reconciliation of claims against care provided

NOTES

NOTES

WORKBOOK TOOLS

- Compliance Checklist
- Home Health Financial Disclosure Statement
- Self-Audit
- Sample policies and procedures

Standards

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.

SECTION 4-ACHC REQUIREMENTS

- Polices regarding the management of personnel records
- Personnel record requirements
- TB testing and annual screening
- Hepatitis B vaccination or declination
- Job descriptions/employee review of job descriptions
- Driver's license and MVR check only for individuals who drive patients
- Background checks, OIG and national sex offender registry check
- Policies regarding hiring individuals convicted of a crime
- Employee handbook/personnel files

SECTION 4-ACHC REQUIREMENTS

- Annual personnel evaluations
- Orientation requirements
- Individual designated as responsible for orientation
- Licensure and certification necessary to administer pharmaceuticals per state scope of practice
- Training for waived tests
- Written education plan
  - Topics
  - Required hours

SECTION 4-ACHC REQUIREMENTS

- Initial and annual competency required for all disciplines that provide direct care
- Initial and annual on-site evaluation of all disciplines that provide direct care
- Supervision of LPNs/OTAs/PTAs and BSWs
  - Every 60 days unless state law/scope of practice requires a more stringent frequency

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
- Sample policies and procedures

NOTES

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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.

SECTION 5-ACHC REQUIREMENTS

- Required content of medical record
- Referral process
- Eligibility guidelines
- Comprehensive assessment requirements
- Medication profile
- Psychosocial assessment requirements
- Therapy assessment requirements
- Plan of care requirements

SECTION 5-ACHC REQUIREMENTS

- Specifics of patient and family education
- Identification of drugs or drug classifications and routes that are not approved for administration by hospice personnel
- First dose administration requirements
- Face-to-face requirements
- Transfer and discharge summary requirements
- Referrals that cannot be met by the home health agency are appropriately referred out
- Verification of physician licensure

WORKBOOK TOOLS

- Compliance Checklist
- Patient Record Audit
- Sample Medication Profile
- Self-Audit
- Sample policies and procedures

Standards

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.

SECTION 6-ACHC REQUIREMENTS

- Satisfaction surveys are utilized for QAPI
- Annual QAPI report
- Clinical record review
- QAPI project required items
- Monitoring of patient complaints
- Monitoring of patient incidents
- Monitoring of an administrative function
- OASIS information is incorporated into QAPI

NOTES

NOTES

WORKBOOK TOOLS

- Compliance Checklist
- Sample Annual PI Report
- Sample Patient Incident/Variance Report
- Sample PI Activity/Audit Descriptions Plan
- Sample Performance Improvement
- Self-Audit
- Sample policies and procedures

Standards

SECTION 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

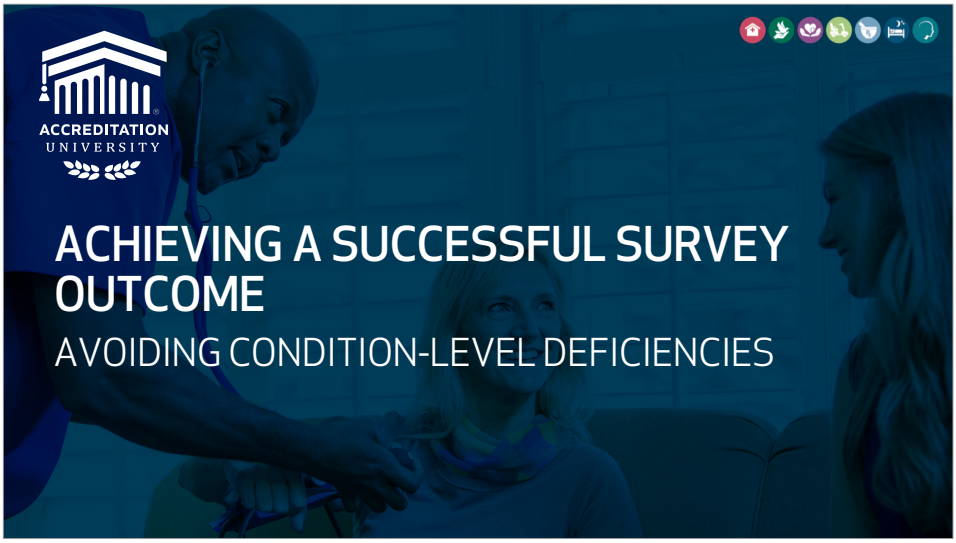
The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

SECTION 7-ACHC REQUIREMENTS

- TB Exposure Control plan and OSHA Bloodborne Pathogen plan
- TB incidence rate
- Personnel safety
- Fire drills/smoke alarms/fire alarms/fire extinguishers
- Office safety plan
- Tracking of employee incidents/illnesses
- Equipment and supplies are properly maintained and inspected
- Safe handling of biohazard waste; PPE; SDS

WORKBOOK TOOLS

- Compliance Checklist
- Tools for developing an Emergency Preparedness Plan
- Hints for an Infection Control Plan
- Infection Control Tracking Form
- Safety Tracking Log
- Report of Employee Accident Investigation
- Quality Maintenance Log
- Self-Audit
- Sample policies and procedures



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

NOTES

NOTES

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 measureable 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
  - O_2 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

NOTES

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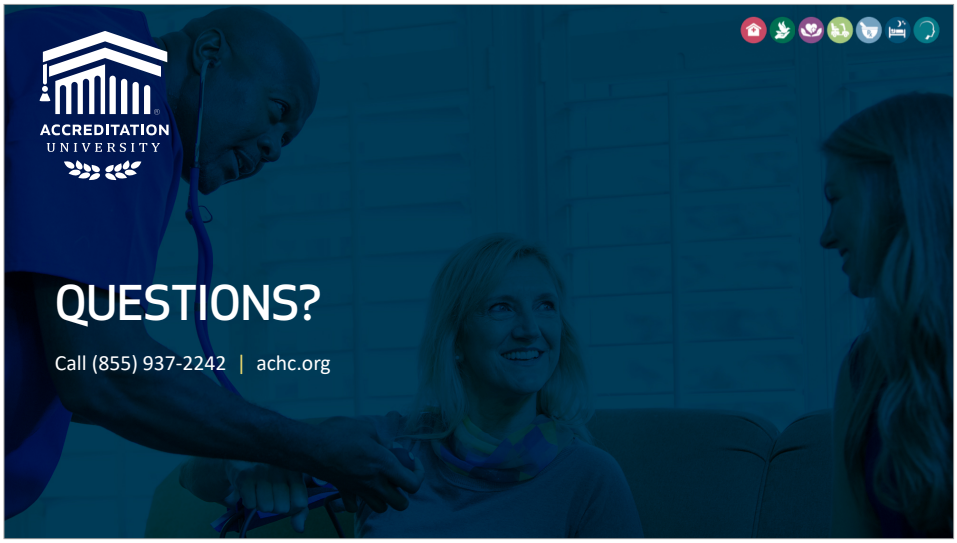
ADDITIONAL DEFICIENCIES

- §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



ACCREDITATION UNIVERSITY

RESOURCES

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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 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
HH1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HH1-1A.01	Access to policies and procedures manual with the following policies flagged: • HH2-2A Patient rights and responsibilities policy • HH2-9A.01 Compliance Program • HH5-1B HIPAA policies • HH5-6A Transfer and discharge policies • HH5-8A Acceptance of verbal orders • HH7-3B Emergency Preparedness Plan/Policies	
HH1-1A.01	All required federal and state posters are placed in a prominent location	
HH1-1B	Current 855A/CMS approval letter	

ACHC Standard	Required Item	Located
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 documentation of 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 insurance certificates	
HH1-11A	CLIA certificate of waiver for agency or CLIA certificate for the reference 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 discussed	
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) contain evidence of the items listed in the standard. Surveyor will review personnel records at a minimum for the following disciplines: Administrator, Clinical Manager, Nurses, Aides, Social Worker, Physical Therapist, Occupational Therapist, Speech Therapist (if services are provided by the home health agency)	
HH4-2E.01	Job descriptions for identified staff	
HH4-2I.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	
HH5-13A.01	Referral log	
HH5-16A.01	Verification of physician licensure	

ACHC Standard	Required Item	Located
HH6-1A	Quality Assessment and Performance Improvement (QAPI) Program	
HH6-1B.01	Job description for individual responsible for the QAPI Program	
HH6-1C	Governing body meeting minutes demonstrate involvement of the governing 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 risks, including infections and communicable diseases	
HH6-4A.04	Evidence of monitoring of an aspect related to administrative function of the agency	
HH6-4A.05	Satisfaction surveys utilized in QAPI	
HH6-4A.06	Evidence of monitoring of patient grievances/complaints and actions needed to resolve problems	
HH6-4A.07	Evidence of quarterly record reviews and results are utilized in QAPI	
HH6-5A	Evidence QAPI activities focus on high risk, high volume, or problem prone areas	
HH6-6A	Evidence of the monitoring of all patient related variances	
HH6-7A.01	OASIS reports (most recent OBQM, OBQI, Patient/Agency Characteristics Report, Submission Statistics by Agency Report, and Error Summary Report) and evidence of ongoing monitoring of reports	
HH7-1A	Evidence of an Infection Control Program, TB prevalence rates for all counties served, TB Exposure Control Plan, and OSHA Bloodborne Pathogen Plan	
HH7-1D	Infection control logs for patients and personnel and evidence infection control data is monitored and incorpated into QAPI as appropriate	
HH7-3A	Emergency Preparedness Plan that includes the all-hazards risk assessment	
HH7-3C	Communication Plan	
HH7-3D	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
HH7-3D	Evidence of a minimum of two tests/drills completed • One is a community-based or facility-based exercise • Second is a community-based or facility-based exercise or, when a community-based or facility-based exercise cannot be completed, a tabletop exercise is completed If unable to complete a community-based exercise, documentation must exist to support attempts made to participate in a community-based exercise	
HH7-3E	Emergency plan for integrated healthcare systems can demonstrate that the agency's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
HH7-5A.01	Report of annual fire drill and results of testing of emergency power systems	
HH7-6B.01	Access to Safety Data Sheets (SDS)	

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

PERSONNEL FILE REVIEW

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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										
HH4-2I.01	Evidence of access to personnel policies (N/A for contract staff)										
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											

TOP ACHC SURVEY DEFICIENCIES

HOME HEALTH

FOR PROVIDERS. BY PROVIDERS.™

Based on previous survey results, these are the deficiencies most likely to be cited under the new Medicare Conditions of Participation.

§484.60 Condition of Participation: Care planning, coordination of services, and quality of care

ACHC Standard: HH5-3A

There is a written plan of care for each patient accepted to services. 484.60, 484.60(a), 484.60(a)(1), 484.60(a)(2), 484.60(a)(2)(i-xvi), 484.60(a)(3)

TIPS FOR COMPLIANCE:

- Ensure all patients have a written plan of care that addresses the issues identified in the comprehensive assessment
- Ensure all physician orders are obtained prior to the initiation of services
- Ensure all orders for all disciplines include the amount, frequency, and duration of the service provided
- Ensure all therapy orders include the specific procedures and modalities to be provided
- Ensure PRN orders for medications and treatments identify an indicator for the administration of PRN treatment or medication
- Ensure all verbal orders are recorded in the plan of care

ACHC Standard: HH5-3B

Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. 484.60(a)(1), 484.60(b) , 484.60(b)(1), 484.60(b)(2)

TIPS FOR COMPLIANCE:

- Ensure all medications, treatments, and services are administered as ordered by the physician
- Ensure all missed visits are communicated to the physician to determine if the plan of care needs to be altered

ACHC Standard: HH5-3C

The HHA must provide the patient and caregiver with a copy of written instruction in regard to care to be provided. 484.60(e), 484.60(e)(1), 484.60(e)(2), 484.60(e)(3), 484.60(e)(4), 484.60(e)(5)

TIPS FOR COMPLIANCE:

- Ensure all patients are provided the following written information:
  - Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA
  - Medication schedule/instructions, including: medication name, dosage, and frequency, and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA
  - Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services
  - Any other pertinent instructions related to the patient's care and treatments that the HHA will provide, specific to the patient's care needs
  - Name and contact information of the HHA clinical manager

§484.60 Condition of Participation: Care planning, coordination of services, and quality of care

ACHC Standard: HH5-8B

The HHA personnel promptly alert the physician(s) to any changes in the patient's condition or needs that suggest outcomes are not being achieved and/or that the plan of care should be altered. 484.60(c)(1), 484.60(c)(2), 484.60(c)(3), 484.60(c)(3)(i-ii)

TIPS FOR COMPLIANCE:

- Ensure all clinicians document communication to the patient, the representative (if any), and the caregiver; and that all physicians issuing orders for the HHA plan of care are notified of any changes that suggest a need to alter the plan of care.

§484.75 Condition of Participation: Skilled professional services

ACHC Standard: HH5-11A

The HHA furnishes skilled professional services. Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in 42 CFR 409.44, and physician and medical social work services as specified in 42 CFR 409.45, 484.75, 484.75(a), 484.75(b), 484.75(b)(1-9), 484.75(c), 484.75(c)(1-3)

TIPS FOR COMPLIANCE:

- Ensure all skilled professional services:
  - Provide an ongoing interdisciplinary assessment of the patient
  - Develop an evaluation of the plan of care in partnership with the patient, representative (if any), and the caregiver
  - Provide services in accordance with the plan of care
  - Provide patient, caregiver, and family counseling
  - Provide patient and caregiver education
  - Complete clinical documentation in accordance with agency policies and procedures
  - Communicate with all physicians involved in the plan of care

§484.80 Condition of participation: Home Health Aide services

ACHC Standard: HH4-14A

Aides providing skilled or personal care services are supervised in those tasks in the patient's home as appropriate to the service level provided. 484.80(h), 484.80(h)(1)

TIPS FOR COMPLIANCE:

- Ensure all patients receiving Home Health Aide services are properly supervised by the Registered Nurse (RN) or other appropriate skilled professional.
- Ensure Home Health Aide supervision validates that care is furnished in a safe and effective manner and addresses the following elements:
  - The Home Health Aide is following the patient's plan of care for completion of tasks assigned by the RN or other appropriate skilled professional
  - The Home Health Aide maintains an open communication process with the patient, representative (if any), caregivers, and family
  - The Home Health Aide demonstrates competency with assigned tasks
  - The Home Health Aide complies with infection prevention and control policies and procedures
  - The Home Health Aide reports changes in the patient's condition
  - The Home Health Aide honors the patient's rights

ACHC Standard: HH5-11F

The HHA defines the duties of the Home Health Aide and ensures they are implemented in patient care. 484.80(g), 484.80(g)(1), 484.80(g)(2), 484.80(g)(2)(i-iv), 484.80(g)(3)(i-iv), 484.80(g)(4)

TIPS FOR COMPLIANCE:

- Ensure the written instructions provided to the Home Health Aide are specific to the task provided and frequency in which to provide it. "Per patient request" and PRN orders should not be used for any tasks, as the Home Health Aide lacks the decision-making ability to interpret information/data needed to revise the plan of care
- Ensure all revisions to the aide plan of care are discussed, approved, and documented by the RN or other qualified professional
- Ensure documentation in the patient record supports that the Home Health Aide provided care in accordance with the plan of care and that if the patient refuses care, the refusal is properly documented

§484.55 Condition of Participation: Comprehensive assessment of patients

ACHC Standard: HH5-2F

The comprehensive assessment includes a review of all medications the patient is currently using, both prescription and non-prescription. The drug regimen review occurs as an ongoing part of the care to the patient. 484.55(c)(5)

TIPS FOR COMPLIANCE:

- Ensure an ongoing medication review is completed for all patients; in therapy-only cases, the therapist submits a list of medications for the HHA RN to review
- Ensure all PRN medications identify an indicator as to when the PRN medication should be administered
- Ensure O2 is listed on the medication profile
- Ensure the physician is notified of any medication discrepancies, side effects, problems, or reactions

PULSE OXIMETRY IN THE HOME

[HOME HEALTH & HOSPICE ACCREDITATION]

FOR PROVIDERS. BY PROVIDERS.™

Q: Is a physician's order required for pulse oximetry in the home?

CMS RESPONSE PER NAHC:

"Thank you for your recent question relating to the need for physician's orders for pulse oximetry in the home. I have researched the issue, including consultation with many clinical practitioners (physicians, nurse practitioners, registered nurses and therapists) at CMS. The consensus agrees that a physician's order for pulse oximetry should be required for home health clinicians in home health. Our primary concern in survey and certification is the health and safety of the patient."

"While we agree that pulse oximetry is not invasive, we recognize that not all clinicians have the same level of training and understanding about the procedure. When the home health clinician is required to obtain orders for pulse oximetry, the clinician should also obtain parameters to be reported to the physician. Failure to report changes in the patient's condition that might require a change in the plan of care continues to be of the most frequent deficiencies on HHA surveys."

Centers for Medicare & Medicaid Services
Survey and Certification Group | March, 2013

FDA PERSPECTIVE:

The FDA requires that a physician's order be obtained before using a pulse oximeter on a patient because it is considered a prescription device.* The performance of the oximetry makes a provider eligible for the clinical respiratory services and standards of compliance.* There are expectations from both the patient and the ordering physician related to the test's performance. In short, it becomes part of the patient's plan of care. As it can drive additional orders etc...

The FDA has determined that pulse oximeters are prescription devices and should not be utilized without a physician's order. The FDA cannot extend into the practice of medicine, but a physician does need to make a determination as to how this device is to be used – hence, the need for a physician's order.

Guidance for Industry and Food and Drug Administration staff
Pulse Oximeters- Premarker- Notification Submissions [510(K)S] | March, 2013

NOTE: Home Health and Hospice agencies should also obtain a physician's order for pulse oximetry along with parameters to be reported to the physician.

ACHC

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CMS REQUIREMENTS REGARDING THE USE OF "PRN"

CMS states **PRN not to be used** for Aide tasks

Official Direction from the Centers for Medicare & Medicaid Services (CMS)

Home Health & Hospice Aides plan of care cannot use PRN or per patient choice for any task whether personal care or non-personal care. It is out of the scope of practice for the aide to determine what tasks need to be done and when. The qualified professional must develop the plan of care; indicate what task to be done and the frequency of these tasks. If the patient and/or caregiver are cognitively able to make a choice, then the RN must indicate this on the plan of care plus that the patient is functionally able to perform the task. The qualified professional, based on the needs of the patient, also selects non-personal tasks that need to be specific for frequency. Again, if the patient/caregiver is cognitively and functionally able to make a choice, the professional must indicate this on the plan of care.

CMS recently stated that the Home Health & Hospice Aides plan of care CANNOT use "PRN" or "per patient choice" for ANY task, whether they are personal care or non-personal care. **Please be aware that:**

- The use of PRN or "per patient request" in a patient record must be cited as a deficiency during an on-site survey.
- Multiple types of care, such as the choice between a shower or sponge bath, can only be used when it has been documented by the nurse that the patient/caregiver has the ability to functionally and cognitively make a choice between the types of care that have been ordered.
- The Aide Plan of Care must be individualized and refrain from using blanket statements like "patient is cognitively and functionally able to make the choice" for all patients and tasks.
- If patients are requesting a specific type of care as a result of changes in their condition, Aides must still contact their supervisor prior to administering care.

EXAMPLES:

UNACCEPTABLE	ACCEPTABLE
Tub bath or shower per patient request.	Tub bath or shower 3 times a week. Patient is functionally and cognitively able to make the choice.
May use walker or cane for ambulation per patient request.	May use walker or cane for ambulation. Patient is functionally and cognitively able to make the choice.
Change bed linens PRN.	Change bed linens weekly and anytime they are soiled.

ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST

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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 not 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 1: ORGANIZATION AND ADMINISTRATION		
Standard	**Expectation**	**Comments**
HH1-1A	All applicable licenses and permits are current and posted for all locations	
HH1-1A.01	Federal and state posters are posted	
HH1-1B	Any changes in ownership or of managing employees have been properly reported	
HH1-2A	Governing body minutes are properly documented	
HH1-2A.03	New governing body members have been oriented	
HH1-4A.01	Any conflict of interest has been properly disclosed	
HH1-5A	Administrator or other pre-designated individual is qualified and available during all operating hours	
HH1-5A.01	Annual evaluation of the Administrator has been completed	
HH1-6A	Organizational chart is up to date	
HH1-6B	Clinical manager or other pre-designated individual is qualified and available during all operating hours	
HH1-6C	Evidence is available to demonstrate the parent agency is responsible for any and all branches, if applicable	
HH1-7A	At least one service is provided directly by employees of the agency	
HH1-8A	OASIS data is collected on appropriate patients	
HH1-8B	OASIS data is reported within 30 days of completing the assessment, and clinical and data audits verify that collected OASIS data is consistent reported OASIS data	
HH1-9A.01	Negative outcomes from sanctions, regulatory inspections, and/or audits have been reported, if applicable	
HH1-10A	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:	

	• 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	
HH1-11A	CLIA certificate of waiver is current and posted	
HH1-12A.01	Any new branches have obtained Medicare approval prior to billing Medicare for services	
SECTION 2: PROGRAMS/SERVICE OPERATIONS		
Standard	**Expectation**	**Comments**
HH2-1A.01	Marketing materials are current and accurately reflect care/service provided	
HH2-2A	Patient Rights and Responsibilities document is current and has the current contact information for the Administrator	
HH2-3A	All alleged violations by anyone furnishing services on behalf of the HHA have been properly investigated and appropriate corrective action has been taken as needed	
HH2-4A	All grievances and complaints have been documented, investigated, resolved, and reported to the governing body quarterly	
HH2-4B	Patient-related materials have the correct contact information for: • Agency on Aging • Center for Independent Living • Protection and Advocacy Agency • Aging and Disability Resource Center • Quality Improvement Organization • State's toll-free hotline number to file complaints about the agency as well as issues concerning Advance Directives • HHA information to file a complaint • ACHC's phone number to file a complaint • Clinical manager information	
HH2-5C.01	Business Associate Agreements exist for non-covered entities	
HH2-7A.01	Summary of any ethical issues have been reported to the governing body	
HH2-8A	Language resource information is available to assist patients with limited English proficiency as well as persons with disabilities	
HH2-9A.01	Evidence that any compliance issues have been reported, documented, and corrective action has been taken as appropriate	
HH2-10A.01	Evidence that administrative and clinical supervision is available during all times care is provided	
HH2-11A.01	Evidence of on-call scheduling	
SECTION 3: FISCAL MANAGEMENT		

Standard	Expectation	Comments
HH3-1A	Operating budget has been developed and approved by the appropriate individuals	
HH3-1B	Capital expenditure plan is available, if applicable	
HH3-1C	Operating budget has been reviewed by the appropriate individuals at least annually	
HH3-3B.02	Medicare cost report has been completed on time	
SECTION 4: HUMAN RESOURCE MANAGEMENT		
Personnel records have been audited and contain all required elements. Utilize the ACHC Personnel File Audit tool to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.		
Standard	**Expectation**	**Comments**
HH4-2B.01	All credentialing activities are up to date	
HH4-2C.01	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel	
HH4-2E.01	All job descriptions are up to date and any revisions have been signed by personnel	
HH4-2J.01	All employee personnel evaluations have been completed, reviewed, and signed by personnel	
HH4-5A.01	Orientation materials cover the required topics	
HH4-6A.01	Competency assessments have been completed on all direct care personnel (including contract personnel)	
HH4-7A.01	Annual on-site evaluation visits have been completed on direct care personnel (including contract personnel)	
HH4-8A	Home health aides have received 12 hours of in-service education in the past 12 months	
HH4-8A.01	All direct care personnel have 12 received hours of in-service education in the past 12 months and non-direct care personnel have received 8 hours in the past 12 months The required topics have been addressed: • Emergency/disaster training • How to handle grievances/complaints • Infection control training • Cultural diversity • Communication barriers • Ethics training • Workplace (OSHA) and patient safety • Patient Rights and Responsibilities • Compliance Program	

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT		
Medical records have been audited and contain all required elements. Utilize the ACHC Medical Record Audit tool to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.		
Standard	**Expectation**	**Comments**
HH5-1B	All patient records are retained for the appropriate period of time after discharge	
HH5-1B	All clinical records are safeguarded against loss or unauthorized use	
HH5-11A	Current copies of applicable rules and regulations and the state's Practice Acts are available to personnel	
HH5-12A.01	Patient education materials address, at a minimum: • Treatment and disease management education • Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment provided • Plan of care • Emergency preparedness information	
HH5-14B.01	Agency does not admit patients for whom it cannot care and provides information to referral sources when patients cannot be admitted	
HH5-16A.01	Verification of referring physician license occurs before the acceptance of patient	
SECTION 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT		
Standard	**Expectation**	**Comments**
HH6-1A	Agency has evidence of a quality assessment process improvement program that measures, analyzes, and tracks quality indicators, including adverse patient events and other aspects of performance that enable the agency to assess processes of care, agency services, and operations	
HH6-1C	QAPI results are communicated to the governing body/organizational leaders	
HH6-1D.01	Personnel are involved in QAPI	
HH6-3A.01	QAPI report has been completed at least annually	
HH6-4A.02	Processes involving risks, including infections and communicable diseases, are being monitored	
HH6-4A.04	QAPI activities include ongoing monitoring of at least one important administrative function of the agency	
HH6-4A.05	The QAPI plan identifies the process for conducting satisfaction surveys	
HH6-4A.06	QAPI activities include ongoing monitoring of patient grievances/complaints and the actions needed to resolve grievances/complaints and improve patient care/service	
HH6-4A.07	Patient medical records are audited quarterly	
HH6-5A	QAPI activities focus on high-risk, high-volume, or problem-prone areas, with	

	a consideration of incidence, prevalence, and severity of problems in those areas	
HH6-7A.01	QAPI activities include obtaining and systematically analyzing OASIS reports	
SECTION 7: RISK MANAGEMENT:INFECTION AND SAFETY CONTROL		
Standard	**Expectation**	**Comments**
HH7-1A	The HHA must maintain and document an infection control program that has as its goal the prevention and control of infections and communicable diseases	
HH7-1A	Copies of the TB Exposure Control and OSHA Blood Borne Pathogen plans have been reviewed annually and are available to personnel	
HH7-1A	The agency provides infection control education to patients, family members, and personnel	
HH7-1D	The agency monitors infection statistics of patients and personnel, and data is analyzed for trends and incorporated into QAPI when appropriate	
HH7-2B.01	Safety education is provided to patients	
HH7-3A	Emergency Preparedness Plan is reviewed and updated annually	
HH7-3A	Risk assessment using an all-hazards approach has been updated annually	
HH7-3B	Emergency Preparedness policies have been reviewed and updated annually	
HH7-3C	Communication plan has been reviewed and updated annually	
HH7-3D	Training of Emergency Preparedness has occurred annually	
HH7-3D	A minimum of two exercises/drills have been completed annually	
HH7-3E	Agencies part of an integrated healthcare system have evidence that the Emergency Preparedness Plan addresses the specific needs of the home health agency	
HH7-5A.01	There is evidence of an annual fire drill; smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by the manufacturer	
HH7-5A.01	Emergency power system is tested at least once a year	
HH7-6A.01	Hazardous wastes, chemicals, and materials are handled appropriately	
HH7-6B.01	Current Safety Data Sheets (SDS) are accessible to personnel	
HH7-7A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into QAPI when appropriate	
HH7-8A.01	Quality control logs for equipment used for conducting waived tests, if applicable	
HH7-9A.01	Quality control logs for any equipment used in the provision of patient care, if applicable	

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