



**ACHIEVING ACHC
ACCREDITATION**
APRIL 2018



 HOSPICE

 [AccreditationUniversity.com](https://www.AccreditationUniversity.com)

ACCREDITATION COMMISSION *for* HEALTH CARE



ACHIEVING ACHC ACCREDITATION

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WELCOME

Achieving ACHC Hospice Accreditation

Wi-Fi:
Username: ACHC-Guest
Password: ACHC-Guest

NOTES

WELCOME

- Housekeeping Items



Restrooms No Smoking Breaks Lunch Evaluations



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- Accreditation University (AU) is dedicated to your organization's success
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NOTES

 HOSPICE



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 HOSPICE



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5

 HOSPICE



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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 the 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



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NOTES

HOSPICE ACCREDITATION

- Earned CMS deeming authority in 2009
- Program-specific standards include Medicare Conditions of Participation (CoPs)
- Life Safety Code regulations
- Accreditation for both in-home and facility-based services, including:
 - Hospice Care
 - Hospice Inpatient Care
 - Palliative 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
- First AO with a 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
Filter
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 (Per USP <795>)
► Sterile Compounding (Per 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



NOTES

CONSULTATIVE SURVEY APPROACH

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

CUSTOMER SATISFACTION

ACHC is committed to providing the best possible experience.

98%



of our customers regard their experience with ACHC as positive.

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

– PHARMACY, FOLCROFT, PA

98%



of our customers would recommend ACHC.

"ACHC standards certainly improved our compounding pharmacy in terms of quality and control."

– PHARMACY, HAVERTOWN, PA

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

WE VALUE YOUR FEEDBACK

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

SURVEYOR EXPERTISE

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

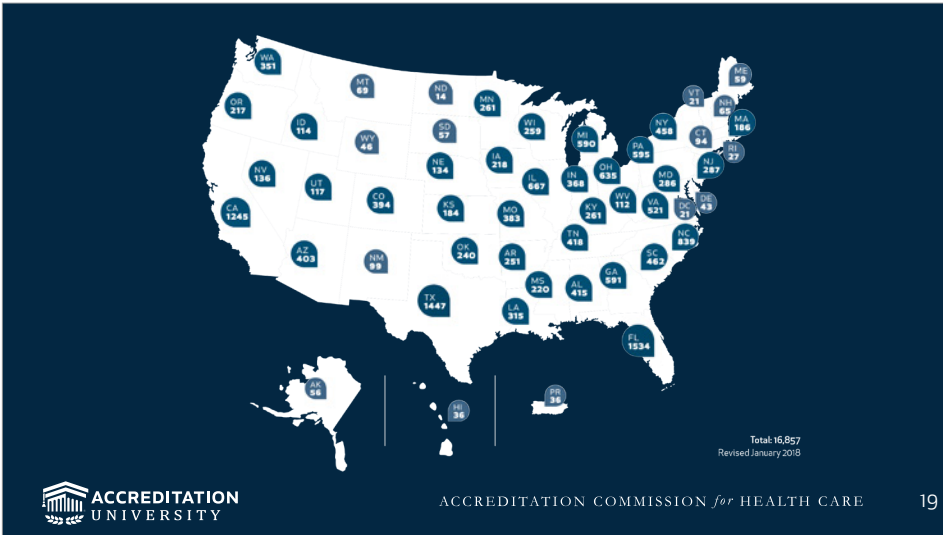


PERSONAL ACCOUNT ADVISORS

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



ACHIEVING ACHC ACCREDITATION



NOTES



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

IMPACT ACT

- Requires all Medicare-certified hospice providers to have a re-certification survey every 3 years through 2025
- Can choose the state for a re-certification survey or a deemed survey with an approved AO
- Average length of time between state surveys before April 2015 was 9 years

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
- Confidence that the Medicare CoPs are being followed

	ACBC				CHAP				TCC				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	
30-Day Validation Sample Surveys	1	1	1	5	10	11	7	19	10	6	8	10	89
SA Surveys with Condition-Level Deficiencies	N/A	N/A	N/A	0	2	1	1	2	0	0	1	2	9
AO Surveys with Missed Comparable Deficiencies	N/A	N/A	N/A	0	2	1	1	1	0	0	0	2	7
Disparity Rate	N/A	N/A	N/A	0%	20%	9%	14%	9%	0%	0%	0%	20%	8%
Sampling Fraction	N/A	N/A	N/A	.06	.03	.04	.02	.05	.05	.02	.02	.03	.03

*N/A: When a minimum sample size of five is not observed for an AO, no data is reported given the lack of statistical significance.

ACHIEVING ACHC ACCREDITATION



NOTES

BECOME A PROVIDER OF CHOICE

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

BECOME A PROVIDER OF CHOICE

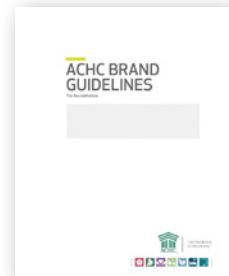
- Differentiate your organization from other healthcare providers
- Demonstrate your commitment to quality
- Build recognition and trust among patients
- Potentially reduce liability costs

MARKETING ADVANTAGE

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

MARKETING TOOLS

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



BRANDING ELEMENTS

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



ACHC
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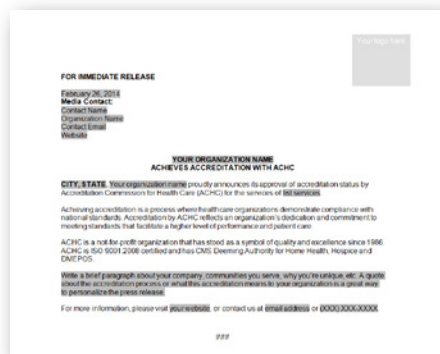
ACHIEVING ACHC ACCREDITATION

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

NOTES

SAMPLE PRESS RELEASE



ACHC MARKETING RESOURCES

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

CREATE CUSTOMER CENTRAL ACCOUNT

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



DEMOGRAPHIC INFORMATION

PURCHASE STANDARDS

ACHIEVING ACHC ACCREDITATION

DOWNLOAD STANDARDS AND POLICIES

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

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

Pharmacy [Download]

Portable Medical Equipment, Prosthetics, Orthotics, and Supplies [Download]

Community Based [Download]

Behavioral Health [Download]

Home Health - Medicare Certified [Download]

Hospice [Download]

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

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

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

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

NOTES

APPENDIX A

Appendix A: Standard Service Table for Selected Services

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

APPENDIX B

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

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

MEDICARE CoP CHECKLIST

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

How to use this pre-evaluation checklist:
Review each Medicare CoP for the respective survey type. The "Date of Question Asked" column indicates the date the agency must be in compliance. The "Date of Survey" column indicates the date the survey will be conducted. The "Survey Type" column indicates the type of survey. The "Survey Frequency" column indicates the frequency of the survey.

How to use this pre-evaluation checklist:
Review each Medicare CoP for the respective survey type. The "Date of Question Asked" column indicates the date the agency must be in compliance. The "Date of Survey" column indicates the date the survey will be conducted. The "Survey Type" column indicates the type of survey. The "Survey Frequency" column indicates the frequency of the survey.

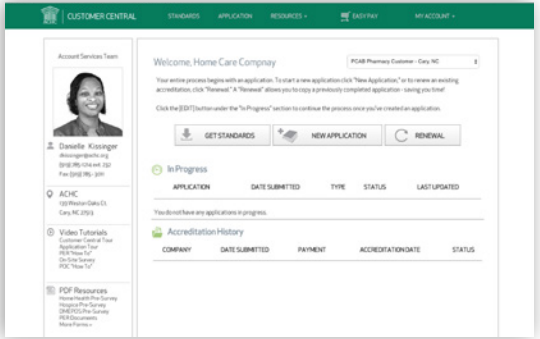
MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

CoP	Survey Type	Survey Frequency	Survey Date	Survey Type	Survey Frequency	Survey Date
101	101	101	101	101	101	101
102	102	102	102	102	102	102
103	103	103	103	103	103	103
104	104	104	104	104	104	104
105	105	105	105	105	105	105
106	106	106	106	106	106	106
107	107	107	107	107	107	107
108	108	108	108	108	108	108
109	109	109	109	109	109	109
110	110	110	110	110	110	110
111	111	111	111	111	111	111
112	112	112	112	112	112	112
113	113	113	113	113	113	113
114	114	114	114	114	114	114
115	115	115	115	115	115	115
116	116	116	116	116	116	116
117	117	117	117	117	117	117
118	118	118	118	118	118	118
119	119	119	119	119	119	119
120	120	120	120	120	120	120

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

CoP	Survey Type	Survey Frequency	Survey Date	Survey Type	Survey Frequency	Survey Date
121	121	121	121	121	121	121
122	122	122	122	122	122	122
123	123	123	123	123	123	123
124	124	124	124	124	124	124
125	125	125	125	125	125	125
126	126	126	126	126	126	126
127	127	127	127	127	127	127
128	128	128	128	128	128	128
129	129	129	129	129	129	129
130	130	130	130	130	130	130
131	131	131	131	131	131	131
132	132	132	132	132	132	132
133	133	133	133	133	133	133
134	134	134	134	134	134	134
135	135	135	135	135	135	135
136	136	136	136	136	136	136
137	137	137	137	137	137	137
138	138	138	138	138	138	138
139	139	139	139	139	139	139
140	140	140	140	140	140	140

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



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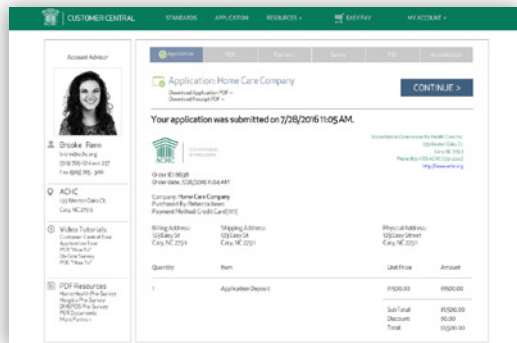
ONLINE APPLICATION

- Select “NEW APPLICATION” or “RENEWAL”
- Main office
 - Profile
 - Location
 - Contacts
 - Services
- 10 blackout dates
- Unduplicated admissions for past 12 months
- Services you want accredited
 - HSP
 - HIC
 - PCHSP
- Renewal should complete application 6 months prior to expiration

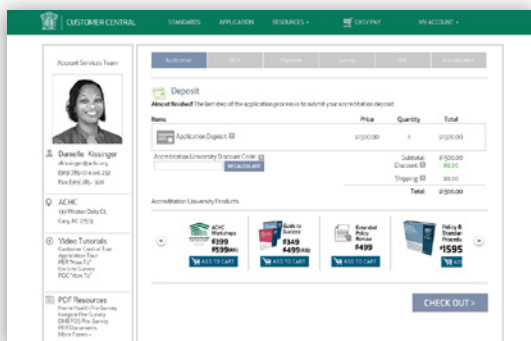


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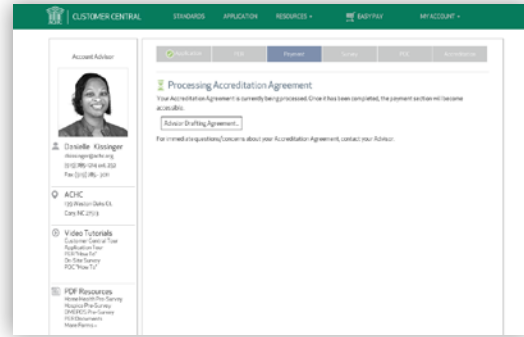
CONFIRMATION OF APPLICATION



SUBMIT DEPOSIT



ACCREDITATION AGREEMENT



PRELIMINARY EVIDENCE REPORT (PER)



PRELIMINARY EVIDENCE REPORT



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PRELIMINARY EVIDENCE REPORT (PER)

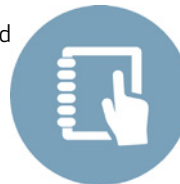
- PER
 - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process
- Date of Compliance you establish on the PER
 - ACHC-only requirements/non-CoPs
- Medicare CoPs, state requirements
 - Acceptance of first patient
- Agency policies
 - Implementation date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



NOTES

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
- Customized reference guide for required documents and policies and procedures, available as a download
- Utilize Appendix B to organize policies



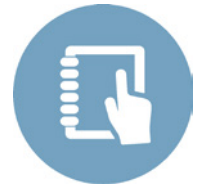
APPENDIX B

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

Standard #	Documents, Policies and Procedures	Agency Notes
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HSP1-1B.01	Written Policies and Procedures	
HSP1-2B	Written Policies and Procedures	
HSP1-2B.01	Written Policies and Procedures	
HSP1-2B.02	List of Governing Body/Ownership	
HSP1-2C.01	Written Mission Statement	
HSP1-2C.02	Strategic Plans and/or Other Evidence of Written Goals	
HSP1-3A.01	Written Policies and Procedures	
HSP1-4A	Written Policies and Procedures	
HSP1-4B	Written Policies and Procedures	
HSP1-5A.01	Organizational Chart	
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HSP1-10A	Written Policies and Procedures	
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HSP2-2A	Documents that include Care/Service Descriptions	
HSP2-2A	Written Policies and Procedures	
HSP2-3A	Statement of Patient's Rights and Responsibilities	
HSP2-3A	Written Policies and Procedures	
HSP2-4A	Written Policies and Procedures	

EXTENDED POLICY REVIEW RESULTS


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



DESK REVIEW REPORT SAMPLE

Desk Review Report
Services:
[REDACTED]

Address
City, State Zip



Standard / CFR	Comments	Defi- cient
HSP1-1A.01 Written policies and procedures are established and implemented by the hospice in regard to compliance with all applicable federal, state, and local laws and regulations.	Referenced policy does not specifically address: Local and State licensure, Fair Labor Standards Act, Title VI of the Civil Rights Act of 1964, Occupational Safety and Health Standards (OSHA), Drug Enforcement Administration (DEA), if applicable.	X



HOSPICE REQUIREMENTS

ACHIEVING ACHC ACCREDITATION

HOSPICE AGENCY

- Definition of hospice
 - A public agency or private organization, or a subdivision of either, that is primarily engaged in providing care to terminally ill individuals, meets the CoPs for hospices, and has a valid Medicare provider agreement

HOSPICE CORE SERVICES

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

HOSPICE CORE SERVICES

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

NOTES

HOSPICE REQUIRED SERVICES

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

HOSPICE REQUIRED SERVICES

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

HOSPICE REQUIRED SERVICES

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

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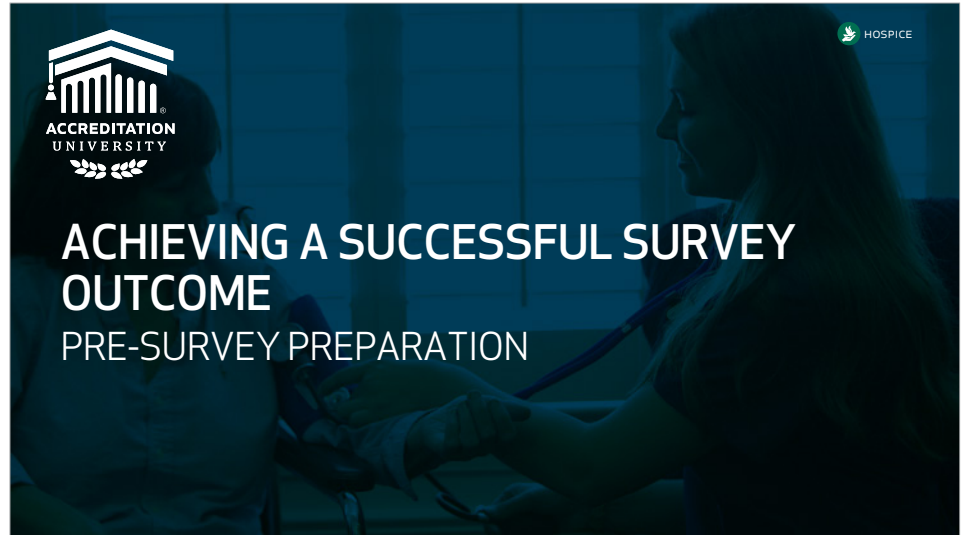
NOTES

INITIAL CERTIFICATION REQUIREMENTS

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

INITIAL CERTIFICATION REQUIREMENTS

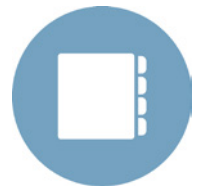
- Required number of patients prior to survey
 - Served 5 patients for hospice care and 3 active at time of survey
 - Unless in a medically underserved area: 2-1 (as determined by the Regional Office)
- Required services
 - Core services
 - Non-core services
 - Medications, supplies, biologicals, and Home/Durable Medical Equipment (DME)
 - All four levels of care



ESSENTIAL MANUALS

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

Always follow the most stringent regulation





ACHIEVING ACHC ACCREDITATION




TRAIN EVERYONE LAVISHLY


Thomas J. Peters
Thriving on Chaos

NOTES

ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Hospice



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GUIDE TO SUCCESS WORKBOOK

- Essential Components
 - Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable 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 a 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



ACHIEVING ACHC ACCREDITATION

SURVEY PREPARATION TOOLS

OBSERVATION AUDIT TOOL

PERSONNEL RECORD AUDIT TOOL

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Establish the process for reporting a change in ownership, governing body or management to ACHC?

Category: describe the title of the governing body?

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NOTES

MEDICARE CoP CHECKLIST

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

The ACHC Accreditation Standards are developed in cooperation with the Medicare Conditions of Participation (CoP). This checklist will assist you in identifying areas of non-compliance with the Medicare Conditions of Participation. Non-compliance with any condition of the Medicare Conditions of Participation may result in the agency being placed in a non-compliance status. The Medicare Conditions of Participation are published in the Medicare Conditions of Participation Manual, Part 418, Subpart D, Section 418.2. The Medicare Conditions of Participation Manual is available on the Medicare website at www.medicare.gov.

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

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STANDARD- & CONDITION-LEVEL DEFICIENCIES


- Standard-level deficiencies are ACHC-only deficiencies and individual L 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 L tags under a single condition are out of compliance, or the deficiency is severe

NOTES

FOCUS AREAS

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

SURVEY SUCCESS



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



HOSPICE



ACHIEVING A SUCCESSFUL SURVEY OUTCOME

ON-SITE SURVEY PROCESS

ACHIEVING ACHC ACCREDITATION

ROLE OF SURVEYOR

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

ON-SITE SURVEY

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/ patient chart review
- Interview with staff, management, governing body, and volunteers
- Review of agency’s implementation of policies
- Quality Assessment 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, transfers, revocation, and death
 - Personnel/Volunteers/Contract
 - Name, start of hire, and discipline/role

NOTES

NOTES

TOUR

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

PERSONNEL RECORD REVIEW

- Review personnel records for key staff, contract staff, and volunteers
 - Application, tax forms, and I-9
 - Job descriptions and evaluations
 - Verification of qualifications
 - Orientation records, competencies, and 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 RECORD REVIEW

PERSONNEL FILE REVIEW

ACHC
HOSPICE

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

COMPLIANCE DATE:

Standard	Item Required	Administrative Director	Director of Clinical Services	Director of Compliance	Director of Quality Improvement	Director of Regulatory Affairs	Director of Safety	Director of Training	Director of Volunteer Services	Other
HSP4-1A.01	Position application									
HSP4-1A.02	Dated and signed withholding statements									
HSP4-1A.03	I-9 Form (NA, if independent contractor)									
HSP4-2B	Evidence of verification credentials of licensed staff are current									
HSP4-2C.01	Evidence of initial and annual TB screening									
HSP4-2C.02	Evidence of Hepatitis B vaccination received or signed declination statement									
HSP4-2E.01	Signed job description or contract									
HSP4-2F.01	Current driver's license and MVR check, if applicable									
HSP4-2H	Criminal background check									
HSP4-2H	Office of Inspector General Exclusion List check									
HSP4-2H	National sex offender registry check, if applicable									
HSP4-2I.01	Evidence of access to personnel policies									
HSP4-2I.02	Most recent annual performance evaluation									
HSP4-2B	Verifications of qualifications for non-licensed personnel									
HSP4-4A	Evidence of orientation									
HSP4-5B.01	Verification of additional education needed to administer pharmaceuticals or special treatments									
HSP4-5B.02	Evidence of training for the utilization of waived tests									
HSP4-6A & HSP4-6A.01	Evidence of annual education									
HSP4-7A	Initial and annual competency assessment									
HSP4-9A	Recipient competency (if patient only)									
HSP4-10A.03	Initial and annual on-site observation visit									
HSP4-2B.03	Conflict of Interest Disclosure Form, if applicable									
HSP4-5A	Signed confidentiality statement									
HSP4-6A.03	Evidence of CPR, if applicable									
Other state- or agency-specific requirements										

ACHIEVING ACHC ACCREDITATION

MEDICAL CHART REVIEWS

- CMS requirement based on unduplicated admissions
- Representative of the care provided
 - Interdisciplinary
 - Pediatric-geriatric
 - Environment served
 - Medically complex
 - All payors
- Electronic Medical Record
 - Do not print the medical record
 - Need access to the entire record
 - Need to have a laptop/desktop supplied by the agency
 - Navigator/outline

NOTES

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 for a recent 12 months	Minimum # of Record Reviews Without Home Visit	Minimum # of Record Reviews With Home Visit	Total Record Reviews
<150	8	3	11
150-750	10	3	13
751-1250	12	4	16
1251 or more	15	5	20

EXIT CONFERENCE

- Mini-exit
 - At the end of each day to identify the 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
 - Seek clarification from Surveyor while still on site
 - Regulatory requirements
 - Best practice suggestions

CORRECTED ON SITE

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



ACHIEVING A SUCCESSFUL SURVEY OUTCOME POST-SURVEY PROCESS

ACHIEVING ACHC ACCREDITATION

POST-SURVEY PROCESS

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

NOTES

SUMMARY OF FINDINGS SAMPLE

Summary of Findings Report for Survey on 06/12/2017
Services: HSP



Deficiency Category - COP: Standard Level	Standard / CFR	Comments	Deficient
18P5-3C 418.54(e)(4) L1539	A medication profile is part of the patient-specific comprehensive assessment. A Registered Nurse creates and maintains a current medication profile and reviews all patient medications, both prescription and non-prescription, on an ongoing basis in collaboration with other interdisciplinary group (IDG) members. (418.54(c)(4)(i)-(iv) L1535)	Upon client record review, 1 of 16 (N-Silver's Point) did not contain evidence of oxygen therapy on the medication profile. This was corrected on site. Corrective Action: The hospice will need to ensure that there is evidence in the patient record that all prescription and non-prescription medications, including herbal remedies that could affect drug therapy and oxygen therapy are included on the medication profile. Educate staff and perform chart audits for compliance.	X
18P5-4C 418.54(e)(2) L1555	Hospice services are delivered in accordance with the written plan of care. (418.54(e)(2) L1555)	Upon client record review, 3 of 16 records (CG, MR, MR, De Pore) did not contain evidence that the IDG ensured that all care and services were provided in accordance with the plan of care. CG Marriage therapy visits were ordered as once per week. There was documentation of visits on 6/17/17 and 6/21/17, which is twice in the same week. MR There was an order for a PT evaluation dated 6/16/17. There was no evidence that this evaluation was completed. MR De Pore was ordered as 1x/month. There is no evidence of a visit after 4/27/17. The patient transferred to another hospice on 6/3/17. Corrective Action: The agency will need to ensure that there is evidence in the patient record that care and services are provided in accordance with the plan of care. Educate staff and perform chart audits for compliance.	X

STANDARD- AND CONDITION-LEVEL DEFICIENCIES

- Standard-level deficiencies are ACHC-only deficiencies and individual L 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 L tags under a single condition are out of compliance, or the deficiency is severe
 - Requires another on-site survey

ACHC ACCREDITATION DECISION DEFINITIONS



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



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



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



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

PLAN OF CORRECTION REQUIREMENTS

- Due in 10 calendar days to ACHC
- Deficiencies are auto-filled
- Plan of Correction
 - Specific action step to correct the deficiency
- Date of compliance of the action step
 - 10 calendar days if condition-level
 - 30 calendar days if 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)

Organization: Company: Approver:

Address: Date of Entry: Director:

Service Received:

INSTRUCTIONS:

- The provider is to implement an already listed in the first column. The rest should be filled out accordingly. Please see the sample below.
- The form itself and the date of completion for Condition of Participation (COP) identified and ACHC deficiency number will be 30 calendar days from receipt of findings.
- If you are not in compliance for condition or deficiency number, either: 1) calendar days from receipt of the POC.
- For Plan of Correction (POC) and services must be given to address each item listed in findings of the POC.
- The condition number must be in your report, unless you are to include the percentage of work, time, and target threshold. See example or 10% of daily work.
- The condition number must be in your report, unless you are to include the percentage of work, time, and target threshold. See example or 10% of daily work.
- Do not include any information (POC or other) submitted with the POC, or when submitting outside of your Account Holder.
- Do not include any information other than Account Holder.

SAMPLE: Below is a sample which is currently 90% of your POC.

Deficiency	Plan of Correction	Date of Compliance	Target Threshold	Process to Prevent Recurrence	POC Completion Date	POC Status	POC Approved	POC Approved Date	POC Approved By
100-120	Staff will be re-trained on documentation of patient care.	10/01/20	100%	Staff will be re-trained on documentation of patient care.	10/01/20	Completed	Completed	10/01/20	10/01/20
100-121	Staff will be re-trained on documentation of patient care.	10/01/20	100%	Staff will be re-trained on documentation of patient care.	10/01/20	Completed	Completed	10/01/20	10/01/20
100-122	Staff will be re-trained on documentation of patient care.	10/01/20	100%	Staff will be re-trained on documentation of patient care.	10/01/20	Completed	Completed	10/01/20	10/01/20

ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)

Page 1 of 1

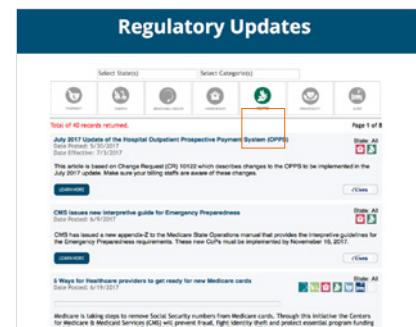


EDUCATIONAL RESOURCES

- 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 monthly e-newsletter

REGULATORY UPDATES

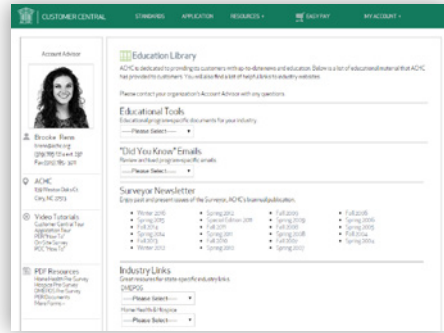
- Regulatory Updates can be filtered to state-specific issues
- achc.org
 - Resources & Events
 - Regulatory Updates



ACHIEVING ACHC ACCREDITATION

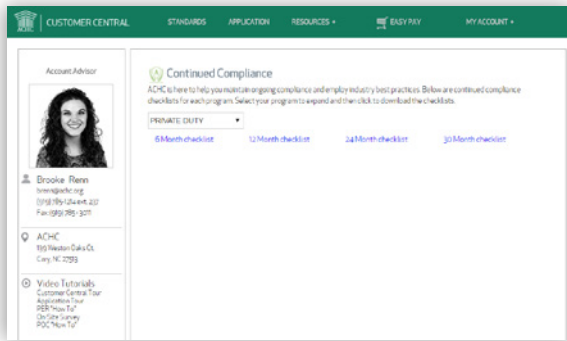
CUSTOMER CENTRAL

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



NOTES

MAINTAINING COMPLIANCE CHECKLIST



MAINTAINING COMPLIANCE

ACCREDITATION 6-MONTH COMPLIANCE CHECKLIST HOSPICE	ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST HOSPICE	ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST HOSPICE	ITEMS NEEDED FOR ON-SITE SURVEY MEDICARE CERTIFICATION AND RE-CERTIFICATION HOSPICE																																	
<p>Use this checklist to audit your Hospice agency and department regularly to ensure compliance with accreditation standards and regulations. This checklist is not intended to replace your own standards, but does guarantee a successful accreditation.</p> <p>Regulatory Requirements:</p> <ul style="list-style-type: none"> 1. The Board of Directors (BOD) must have a minimum of 5 members. 2. Quality Assessment and Performance Improvement (QAPI) program. 3. A review of patient records. 4. An expert related to patient care. 5. The expert related to end-of-life care function. 6. A review of patient compliance. 7. A review of patient compliance. 8. A review of patient compliance. 9. A review of patient compliance. 10. A review of patient compliance. <p>General Requirements:</p> <ul style="list-style-type: none"> 1. Accredited Hospice Organizations (AHO) must have a minimum of 5 members. 2. Accredited Hospice Organizations (AHO) must have a minimum of 5 members. 3. 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Current list of patients. <table border="1"> <thead> <tr> <th>ACHC Standard</th> <th>Requirement</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>ACHC-01</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-01</td> </tr> <tr> <td>ACHC-02</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-02</td> </tr> <tr> <td>ACHC-03</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-03</td> </tr> <tr> <td>ACHC-04</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-04</td> </tr> <tr> <td>ACHC-05</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-05</td> </tr> <tr> <td>ACHC-06</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-06</td> </tr> <tr> <td>ACHC-07</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-07</td> </tr> <tr> <td>ACHC-08</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-08</td> </tr> <tr> <td>ACHC-09</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-09</td> </tr> <tr> <td>ACHC-10</td> <td>Clear of all other organizations' personnel and other staff.</td> <td>ACHC-10</td> </tr> </tbody> </table>	ACHC Standard	Requirement	Location	ACHC-01	Clear of all other organizations' personnel and other staff.	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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

Section 1

STANDARD EXAMPLE

Standard HSP1-4B: An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies. (418.100(b)) (L651)



Interpretation: A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and policies and procedures and are included in the orientation of this individual.



Evidence: Written Policies and Procedures, Alternate Administrator Resume, Orientation Records

ACHIEVING ACHC ACCREDITATION

Section 1

STANDARD EXAMPLE

Standard HSP1-8A.02: Service contracts/agreements are reviewed and renewed as required in the contract.



Interpretation: The hospice has an established process to review and renew contract/agreements as required in the contract. A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/agreement or development of an updated contract/agreement.



Evidence: Written Contracts/Agreements



MOST STRINGENT REGULATION

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



NOTES



HOSPICE

ACHIEVING A SUCCESSFUL SURVEY OUTCOME

UNDERSTANDING THE MEDICARE CONDITIONS OF PARTICIPATION

MEDICARE MANUALS

- State Operations Manual: Appendix M- Guidance to Surveyors: Hospice (Rev. 149, 10-09-15)
 - Part II-Interpretive Guidelines- L tags
- Medicare Benefit Policy Manual Chapter 9-Coverage of Hospice Services Under Hospital Insurance (Rev. 209, 05-08-15)
- Medicare Claims Processing Manual Chapter 11-Processing Hospice Claims (Rev. 3577, 08-05-16)

418.52

PATIENT RIGHTS

The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.



- L 502-Notice of rights and responsibilities
- L503- Advance directive information
- L504- Patient or representative's signature

Representative means an individual who has the authority under State law (whether by statute or pursuant to an appointment by the courts of the State) to authorize or terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill patient who is mentally or physically incapacitated. This may include a legal guardian.

418.52

PATIENT RIGHTS

The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.



- L 505- Exercise of rights
- L 508- L 511- Any allegations of mistreatment are investigated and reported
- L 512- Right to effective pain management
- L513- Involved in plan of care
- L 534- Refuse care
- L 515-Choose attending physician

Is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

ACHIEVING ACHC ACCREDITATION

NOTES

418.52

PATIENT RIGHTS

The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.



- L 516- Confidential medical record
- L 517- Be free from mistreatment
- L 518/L 519- Receive information about all services/limitations covered under the hospice
 - Core services
 - Non-core services
 - Levels of care
 - Medications
 - DME

418.54

INITIAL & COMPREHENSIVE ASSESSMENT

The hospice must conduct and document in writing a patient-specific comprehensive assessment that identifies the patient's need for hospice care and services, and the patient's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.



- L 522- Initial assessment with 48 hours after the election of hospice care
- L 523- Comprehensive assessment within 5 days after the election of hospice care
- L 524- Physical, psychosocial, emotional and spiritual needs of patient and family
- L 525- Nature causing admission
- L 526- Complications that affect care planning
- L 527- Patient's ability to participate in care
- L 528- Imminence of death

418.54

INITIAL & COMPREHENSIVE ASSESSMENT

The hospice must conduct and document in writing a patient-specific comprehensive assessment that identifies the patient's need for hospice care and services, and the patient's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.



- L 529- Severity of symptoms
- L 530- Review of all medications
- L 531- Bereavement risk assessment
- L 532- Need for referrals
- L 533- Update of the comprehensive assessment at least every 15 days
- L 534/L 535- Patient outcome measures/data elements

418.56

IDG, CARE PLANNING & COORDINATION

The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient.



- L 539- IDG in its entirety must supervise the care and services
- L 540- RN continuous assessment
- L 541- Composition of IDG
- L 542- IDG assigned to review P&P
- L 543- Plan of care
- L 544- Patient receives education needed
- L 545- Content of the plan of care

418.56

IDG, CARE PLANNING & COORDINATION

The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient.



- L 546- Interventions to manage pain and symptoms
- L 547- Detailed scope and frequency of services necessary
 - Visit ranges with small intervals are acceptable
 - PRN cannot stand alone; PRN small frequency
 - If the patient requires frequent use of PRN visits, the plan of care should be updated to include the need for additional visits
 - Standing orders or routine orders must be individualized to address the specific patient's needs and signed by the patient's physician

418.56

IDG, CARE PLANNING & COORDINATION

The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient.



- L 548- Measurable outcomes anticipated from implementing and coordinating the plan of care
- L 549- Drugs and treatment necessary to meet the needs of the patient
 - Complete orders
 - Pulse oximetry
- L 550- DME and supplies needed
- L 551-IDG's documentation of patient's level of understanding, involvement and agreement

ACHIEVING ACHC ACCREDITATION

418.56

IDG, CARE PLANNING & COORDINATION

The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient.



- L 552-Review of the plan of care, in collaboration with the attending, at least every 15 days
- L 553- Note the patient's progress toward outcomes and goals specified in the plan of care
- L 554- IDG maintains responsibility for directing, coordinating, and supervising care
- L 555- Plan of care is followed
- L 556- Care and services provided are based on all assessments of the patient and family needs
- L 557- Sharing of information between all disciplines providing care and services in all settings
- L 558- Sharing of information with other non-hospice healthcare providers furnishing services



ACCREDITATION COMMISSION *for* HEALTH CARE 121

NOTES

418.58

QAPI

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.



- L 561- Show measurable improvement in indicators related to improved palliative outcomes and hospice services
- L 562-Measure, analyze, and track quality indicators, including adverse patient events
- L 563- Use quality indicator data, including patient care, and other relevant data, in the design of its program



ACCREDITATION COMMISSION *for* HEALTH CARE 122

418.58

QAPI

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.



- L 564- Use the data collected to do the following:
 - Monitor the effectiveness and safety of services and quality of care
 - Identify opportunities and priorities for improvement
- L 565- Frequency and detail of data approved by governing body



ACCREDITATION COMMISSION *for* HEALTH CARE 123

418.58

QAPI

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.



- L 566- The hospice's performance improvement activities must focus on high-risk, high-volume, or problem-prone areas
- L 567- Consider incidence, prevalence, and severity of problems in those areas
- L 568- Affect palliative outcomes, patient safety, and quality of care

418.58

QAPI

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.



- L 569- Must track adverse patient events, analyze their causes, and implement preventive actions
- L 570- Track performance to ensure that improvements are sustained
- L 571- Performance improvement projects
- L 572- Number and scope are based on the hospice's population and organizational needs
- L 573- Document what performance improvement projects are being conducted

418.58

QAPI

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.



- L 574- Governing body ensures the program implemented and maintained and is evaluated annually
- L 575- Address priorities for improved quality of care and patient safety
- L 576- Someone is designated as responsible for the program

ACHIEVING ACHC ACCREDITATION

NOTES

418.58

QAPI

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.



ACCREDITATION COMMISSION *for* HEALTH CARE 127

418.60

INFECTION CONTROL

The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases



- L 579- Follow accepted standards of practices are followed
- L 580- Coordinated agency-wide program for surveillance, identification, prevention, control and investigation of infectious and communicable diseases and is part of QAPI
- L 581- A method of identifying infectious and communicable disease and plan for implementing the appropriate actions
- L 582- Provide education to employees, contracted providers, patients, and family members



ACCREDITATION COMMISSION *for* HEALTH CARE 128

418.62

LICENSED PROFESSIONAL SERVICES

Licensed professional services provided directly or under arrangement must be authorized, delivered, and supervised only by health care professionals who meet the appropriate qualifications specified under §418.114 and who practice under the hospice's policies and procedures.



- L 585- Licensed professionals participate in coordination of care
- L 586- Licensed professionals participate in QAPI



ACCREDITATION COMMISSION *for* HEALTH CARE 129

428.64

CORE SERVICES

A hospice must routinely provide substantially all core services directly by hospice employees. These services must be provided in a manner consistent with acceptable standards of practice. These services include nursing services, medical social services, and counseling. The hospice may contract for physician services as specified in paragraph (a) of this section.



A hospice may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of patients under extraordinary or other non-routine circumstances. A hospice may also enter into a written arrangement with another Medicare certified hospice program for the provision of core services to supplement hospice employee/staff to meet the needs of patients. Circumstances under which a hospice may enter into a written arrangement for the provision of core services include: unanticipated periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt patient care; and temporary travel of a patient outside of the hospice's service area.

428.64

CORE SERVICES

A hospice must routinely provide substantially all core services directly by hospice employees. These services must be provided in a manner consistent with acceptable standards of practice. These services include nursing services, medical social services, and counseling. The hospice may contract for physician services as specified in paragraph (a) of this section.



- L 590- Physician services: one designated Medical Director
- L 591- Nursing services
- L 592- Nurses to write orders per state law
- L 593- Highly specialized nursing services
- L 594- Medical social services
- L 595- Counseling services

428.64

CORE SERVICES

A hospice must routinely provide substantially all core services directly by hospice employees. These services must be provided in a manner consistent with acceptable standards of practice. These services include nursing services, medical social services, and counseling. The hospice may contract for physician services as specified in paragraph (a) of this section.



- L 596- Bereavement counseling
- L 596- Dietary counseling
 - If an RN is capable of meeting the patient's needs, then the dietary counseling can be provided by the RN
- L 598- Spiritual care provided to patients and families

ACHIEVING ACHC ACCREDITATION

NOTES

418.66

NURSING SERVICES-WAIVER

CMS may waive the requirement in §418.64(b) that a hospice provide nursing services directly, if the hospice is located in a non-urbanized area. The location of a hospice that operates in several areas is considered to be the location of its central office. The hospice must provide evidence to CMS that it has made a good faith effort to hire a sufficient number of nurses to provide services.



Waiver request is submitted to CMS Regional Office
Waiver is issued for one year

418.70

FURNISHING OF NON-CORE SERVICES

A hospice must ensure that the services described in §418.72 through §418.78 are provided directly by the hospice or under arrangements made by the hospice as specified in §418.100. These services must be provided in a manner consistent with current standards of practice.



L 604- Physical therapy services, occupational therapy services, and speech-language pathology services must be available
L 605- Waiver of requirement- Physical therapy, occupational therapy, speech-language pathology, and dietary counseling
L 606- Request for a waiver to CMS Regional Office

418.76

HOSPICE AIDE & HOMEMAKER SERVICES

All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. Homemaker services must be provided by individuals who meet the personnel requirements specified in paragraph (j) of this section.



L 609- Hospice qualifications
L 610- 24 consecutive months without compensation
L 611- Content and duration of hospice aide classroom and supervised practical training
L 612- 16 hours of classroom training
L613 - Training program addresses required subjects
L614- Maintain documentation that aides are properly trained

418.76

HOSPICE AIDE & HOMEMAKER SERVICES

All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. Homemaker services must be provided by individuals who meet the personnel requirements specified in paragraph (j) of this section.



- L 615- Competency evaluation
- L 616- Cannot accept if from HHA, if the HHA is not in good standing (new HHA CoP)
- L 617- Competency performed by RN
- L 618- Cannot perform any tasks in which they have been evaluated as incompetent to perform
- L 619- Maintain documentation of competency

418.76

HOSPICE AIDE & HOMEMAKER SERVICES

All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. Homemaker services must be provided by individuals who meet the personnel requirements specified in paragraph (j) of this section.



- L 620- 12 hours of in-service training every 12 months
- L 621- Must be supervised by an RN
- L 622- Maintain documentation of in-service training
- L 623- Qualifications of instructors conducting classroom and practical training
- L 624- Cannot accept competency if HHA is not in good standing
- L 625- Aide written instructions are specific to task and frequency, prepared by RN
- L 626- Aide follows the written instructions

418.76

HOSPICE AIDE & HOMEMAKER SERVICES

All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. Homemaker services must be provided by individuals who meet the personnel requirements specified in paragraph (j) of this section.



- L 627- Duties of the aide
- L 628- Aide reports changes in the patient's conditions
- L 629- Aide supervisory visit at least every 14 days
- L 630- Areas of concern identified then aide must be observed while performing the care
- L 631- Requires another competency to be completed on area of concern
- L 632- Annual on-site visit with aide present
- L 633- Requirements to be documented during the annual on-site visit

ACHIEVING ACHC ACCREDITATION

NOTES

418.76

HOSPICE AIDE & HOMEMAKER SERVICES

All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. Homemaker services must be provided by individuals who meet the personnel requirements specified in paragraph (j) of this section.



- L 634- Medicaid personal care aides
- L 635- Services under the Medicaid personal care benefit
- L 636- Coordination of services
- L 637- Homemaker qualifications
- L 638- Homemaker supervision
- L 639- Supervised by a member of the IDG
- L 640- Report concerns to a member of the IDG

418.78

VOLUNTEERS

The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee.



- L 643- Volunteer orientation
- L 644- Volunteers used in administrative roles and direct patient care roles
- L 645- Recruiting and retaining
- L 646- Cost savings
- L 647- Level of activity

418.100

ORGANIZATION & ADMINISTRATION

The hospice must organize, manage, and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions.



- L 650- Serves the hospice patient and family
- L 651- Governing body and administrator
- L 652- Required services, short-term inpatient care, DME and medications
- L 653- Nursing, physician and drugs and biologicals available 24/7; others as reasonable and necessary
- L 654- Cannot discontinue care to Medicare/Medicaid beneficiaries
- L 655- Professional management for services provided under contract

418.100

ORGANIZATION & ADMINISTRATION

The hospice must organize, manage, and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions.



- L 656- Medicare approval for multiple locations
- L 657- Supervision of multiple locations
- L 658- Lines of authority for multiple locations
- L 659- Definition of a multiple location
- L 660- Monitor and manage all services provided at all locations

418.100

ORGANIZATION & ADMINISTRATION

The hospice must organize, manage, and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions.



- L 661- Orientation on hospice philosophy to all employees and contracted staff
- L 662- Orientation to address specific job duties
- L 663- Competency, in-service training

418.102

MEDICAL DIRECTOR

The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with, the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.



- L666- Medical director as employee or under contract
When contracting for medical director services, the contract must specify the physician who assumes the medical director responsibilities and obligations
- L 667- Initial certification:
 - (1) The primary terminal condition;
 - (2) Related diagnosis(es), if any;

ACHIEVING ACHC ACCREDITATION

NOTES

418.102

MEDICAL DIRECTOR

The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with, the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.



- (3) Current subjective and objective medical findings;
- (4) Current medication and treatment orders; and
- (5) Information about the medical management of any of the patient's conditions unrelated to the terminal illness.

L 668- Recertification of the terminal illness

418.102

MEDICAL DIRECTOR

The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with, the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.



Before the recertification period for each patient, as described in §418.21(a), the medical director or physician designee must review the patient's clinical information

L669-The medical director or physician designee has responsibility for the medical component of the hospice's patient care program

418.104

CLINICAL RECORDS

A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.



L 672- Initial plan of care, updated plans of care, initial assessment, comprehensive assessment, updated comprehensive assessments, and clinical notes

L 673- Signed copies of the notice of patient rights in accordance with §418.52 and election statement in accordance with §418.24

L674- Responses to medications, symptom management, treatments, and services

L675- Outcome measure data elements

L 676- Physician certification and recertification of terminal illness as required in §418.22 and §418.25 and described in §418.102(b) and §418.102(c) respectively, if appropriate

418.104

CLINICAL RECORDS

A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.



L 677-Advance directives

L 678- Physician orders

L 679- Authentication

All entries must be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice

L 680- Safeguard against loss or unauthorized use

L 681-Retention of records

418.104

CLINICAL RECORDS

A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.



L 682/L 683-Discharge or transfer of care/revocation

- Send hospice discharge summary and

- Patient's clinical record, if requested

L 684- Content of discharge summary

L 685- Retrieval of clinical records

418.106

DRUGS AND BIOLOGICALS, MEDICAL SUPPLIES & DME

Medical supplies and appliances, as described in §410.36 of this chapter; durable medical equipment, as described in §410.38 of this chapter; and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, must be provided by the hospice while the patient is under hospice care.



L 688- Confers with individual with education and training in drug management

L 689- Hospice inpatient provides pharmacy under the direction of a qualified licensed pharmacist

L 690-Physician or NP can order medications and verbal orders are only received by appropriate individuals

L 691-Drugs obtained by appropriate community or institutional Pharmacists

ACHIEVING ACHC ACCREDITATION

NOTES

418.106

DRUGS AND BIOLOGICALS, MEDICAL SUPPLIES & DME

Medical supplies and appliances, as described in §410.36 of this chapter; durable medical equipment, as described in §410.38 of this chapter; and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, must be provided by the hospice while the patient is under hospice care.



- L 692- Only appropriate individuals can administer medications
- L 693- Labeling, disposing and storing of drugs
- L 694- Policies on disposal of controlled drugs in a patient's home
- L 695- Provide copy to patients
- L 696- Discuss policies and procedures
- L 697- Document discussion occurred

418.106

DRUGS AND BIOLOGICALS, MEDICAL SUPPLIES & DME

Medical supplies and appliances, as described in §410.36 of this chapter; durable medical equipment, as described in §410.38 of this chapter; and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, must be provided by the hospice while the patient is under hospice care.



- L 698- Inpatient disposal of controlled drugs
- L 699- Inpatient storage of medications
- L 700- Discrepancies are documented and investigated
- L 701- Routine and preventive maintenance on DME
- L 702- Patient and caregiver are trained on how to use DME
- L 703- DME providers need to be accredited; hospice needs to verify this on survey

418.108

SHORT-TERM INPATIENT CARE

Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility.



- L 706/707-Inpatient care for pain control and symptom management must be provided in one of the following:
 - (1) A Medicare-certified hospice that meets the conditions of participation for providing inpatient care directly as specified in §418.110
 - (2) Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in §418.110(b) and (e) regarding 24-hour nursing services and patient areas

418.108

SHORT-TERM INPATIENT CARE

Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility.



- L 708/L 709- Inpatient care for respite purposes must be provided by one of the following:
 - (i) A provider specified in paragraph (a) of this section
 - (ii) A Medicare or Medicaid-certified nursing facility that also meets the standards specified in §418.110 (e)
- L 710- Respite care facility needs to have 24-hour nursing services
- L 711- Short-term inpatient agreement
- L 712- Inpatient provider have established patient care policies consistent with the hospice

418.108

SHORT-TERM INPATIENT CARE

Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility.



- L 713- Requirements in the patient's inpatient record
- L 714- Someone at the facility is identified as responsible for the implementation of the agreement
- L 715- Hospice trains facility personnel and documentation is maintained
- L 716- Method for verifying all requirements are met
- L 717/L 718- Inpatient cap and exemptions

418.110

HOSPICE INPATIENT DIRECTLY

A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards:



- L 721- Staffing reflects volume of patients, acuity, etc.
- L 722- 24-hour nursing services
- L 723- GIP requires an RN each shift
- L 724- Physical environment
- L 725- Safety management
- L 726- Written disaster preparedness plan; specific to LSC
- L 727- Physical plant and equipment

ACHIEVING ACHC ACCREDITATION

NOTES

418.110

HOSPICE INPATIENT DIRECTLY

A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards:



- L 728- Fire protection; specific to LSC
- L 729- Homelike environment
- L 730- Patient rooms
- L 731- Toileting and bathing facilities
- L 732- Plumbing facilities
- L 733- Infection control; ability to isolate patients
- L 734- Sanitary environment

418.110

HOSPICE INPATIENT DIRECTLY

A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards:



- L 735- Linen
- L 736- Meal service
- L 737/L 758- Requirements for restraints used in the hospice inpatient unit

418.112

INPATIENT IN AN SNF/NF/ICF/IID

In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of an SNF/NF or ICF/IID must abide by the following additional standards.



- L 761- Residents must be eligible for hospice
- L 762- Hospice maintains professional management of the terminal illness
- L 763- Signed written agreement content
- L 764- Communication and coordination with each entity
- L 765- Communication of changes to the hospice
- L 766- Hospice determines the course of hospice care
- L 767- Facility to provide 24-hour room and board; services same level before hospice

418.112

INPATIENT IN AN SNF/NF/ICF/IID

In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of an SNF/NF or ICF/IID must abide by the following additional standards.



- L 768- Hospice to provide same level of services patient would receive at home
- L 769- Delineation of the hospice's responsibilities
- L 770- Hospice may use facility staff to administer meds in accordance with state law
- L 771- Hospice to report any alleged patient violations to the facility administrator
- L 772- Delineation of bereavement service to facility staff

418.112

INPATIENT IN AN SNF/NF/ICF/IID

In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of an SNF/NF or ICF/IID must abide by the following additional standards.



- L 773- Hospice plan of care maintained in consultation with facility representative
- L 774- Hospice plan of care identifies the care and service to be provided and specifically identifies which provider is responsible
- L 775- Hospice plan of care reflects participation of all
- L 776- Any changes must be discussed with all
- L 777- A member of the IDG acts as a liaison
- L 778- Provides overall coordination of care with all

418.112

INPATIENT IN AN SNF/NF/ICF/IID

In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of an SNF/NF or ICF/IID must abide by the following additional standards.



- L 779- Communication with all to ensure quality of care is provided
- L 780- IDG communicates with medical director, attending physician, and other physicians
- L 781- Required information in the facility record:

Most recent plan of care	Election form
Certification and recertification	Contact information for hospice personnel
How to access hospice 24/7	Hospice medication information
Physician orders	
- L 782- Orientation and training of facility staff

ACHIEVING ACHC ACCREDITATION

NOTES

418.114

PERSONNEL QUALIFICATIONS

Except as specified in paragraph (c) of this section, all professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license, or State certification, or registration. All personnel qualifications must be kept current at all times.



L785-Physicians must be an MD or OD and licensed in the state in which they are going to be providing care

L 786-Hospice Aides

L 787- Social Worker:

MSW or BSW or baccalaureate in psychology, sociology or other field related to social work and is supervised by MSW **and 1 year social work experience in a health care setting or BSW hired prior to Dec 2, 2008**



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418.114

PERSONNEL QUALIFICATIONS

Except as specified in paragraph (c) of this section, all professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license, or State certification, or registration. All personnel qualifications must be kept current at all times.



L 788- Speech-Language Pathologist

L 789/L790-OT/OTA

L 791/L792- PT/PTA

L 793-RN

L 794- LPN



ACCREDITATION COMMISSION *for* HEALTH CARE

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418.114

PERSONNEL QUALIFICATIONS

Except as specified in paragraph (c) of this section, all professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license, or State certification, or registration. All personnel qualifications must be kept current at all times.



L 795- The hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.

L 796- Criminal background checks must be obtained in accordance with State requirements. In the absence of State requirements, criminal background checks must be obtained within three months of the date of employment for all states that the individual has lived or worked in the past 3 years.



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418.116

COMPLIANCE FEDERAL/STATE/LOCAL LAWS

The hospice and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of patients. If State or local law provides for licensing of hospices, the hospice must be licensed.



L 799- Multiple locations approved by Medicare

L 800- CLIA certificate

L 801- Reference laboratory must be certified in appropriate specialties and subspecialties

EMERGENCY PREPAREDNESS

418.113 Emergency Preparedness

- Emergency Preparedness Plan that is specific to the geographical area served by your agency and specific to your patient population based on an all-hazards risk assessment
- Communication plan is specific to the contact information for your area
- Policies address the specific strategies based on the all-hazards risk assessment
- Training of all staff, including contract staff on the specific strategies and the role they would play in the event the plan is put in place
- Two tests/drills are conducted annually
 - Community-based drill or facility-based drill if unable to participate in a community-based drill (need documentation to show attempts to participate in a community-based drill and
 - Community-based drill, facility-based drill or a tabletop drill that meets the requirements
- All components of the plan are to be reviewed and updated at least annually



**ACHIEVING A SUCCESSFUL
SURVEY OUTCOME**

UNDERSTANDING THE ACHC STANDARDS

ACHIEVING 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.

NOTES

SECTION 1

- Governing body duties and orientation requirements
- List of governing body members
- Signed confidentiality statements
- Conflict of interest and disclosure
- Annual evaluation of the administrator
- Organizational chart
- RN in charge of hospice nursing services has a minimum of 2 years of hospice/homecare experience
- Negative outcomes are reported within 30 days

SECTION 1

- Direct care contract requirements
- Contract staff care is monitored
- SNF contract specifies personnel's responsibilities in crisis/disaster situations
- Verification of attending and hospice physician's licensure

WORKBOOK TOOLS

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

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

- 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
- Ethical issues

ACHIEVING ACHC ACCREDITATION

SECTION 2

- Language and communication barriers
- Cultural diversity
- Compliance program
- On-call availability
- Written duties of the attending physician
- Bereavement plan of care is updated at time of death
- Bereavement needs that cannot be met by the hospice

WORKBOOK TOOLS

- Compliance Checklist
- Patient Rights and Responsibilities Audit Tool
- Hints for an Effective Compliance Program/Plan
- Sample Ethical Issues/Concerns Reporting Form
- Sample Patient Complaint/Concern Form
- Self-Audit

NOTES

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

- Annual operating budget
- Hospice implements financial management practices
- Maintaining of financial records
- Hospice Medicare Cost report
- List of patient charges/care service rates
- Reconciliation of bills

WORKBOOK TOOLS

- Compliance Checklist
- Hospice Financial Disclosure Statement
- Self-Audit

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.

ACHIEVING ACHC ACCREDITATION

SECTION 4

- Management of personnel records
- Personnel record requirements
- TB testing
- Hepatitis B vaccination or declination
- Job descriptions/employee review of job descriptions
- Driver's license and MVR check
- Background checks, OIG and national sex offender
- Hiring those convicted of a crime
- Employee handbook/personnel files



SECTION 4

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



SECTION 4

- Initial and annual on-site evaluation of staff
- Supervision of LPNs/OTAs/PTAs and BSWs
- Utilization of surviving family members as volunteers



NOTES

WORKBOOK TOOLS

- Compliance Checklist
- Job Description Template
- Physical Demands Documentation Checkoff 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

Standards

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

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

ACHIEVING ACHC ACCREDITATION

SECTION 5

- Specifics of patient and family education
- Pharmacologic and non-pharmacologic interventions
- 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 hospice are appropriately referred out
- Level of care criteria

SECTION 5

- Revocations are completed correctly
- Patients have access to laboratory, ambulance and radiology services needed related to the terminal illness
- Continuum of care into bereavement care

WORKBOOK TOOLS

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

NOTES

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

- Satisfaction surveys are utilized for QAPI
- Annual QAPI report
- Total program evaluation
- Clinical record review
- QAPI project required items
- Monitoring of patient complaints
- Monitoring of patient incidents
- Monitoring of an administrative function

WORKBOOK TOOLS

- Compliance Checklist
- Annual QAPI Evaluation Template
- QAPI Activity/Audit Descriptions
- Sample Annual Program Evaluation
- Sample QAPI Plan
- Self-Audit

ACHIEVING ACHC ACCREDITATION

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

- 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
- Emergency Preparedness per Appendix Z
- Tracking of employee incidents/illnesses
- Equipment and supplies are properly maintained and inspected
- Safe handling of biohazard waste; PPE; SDS

WORKBOOK TOOLS

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

NOTES

NOTES

TAKEAWAY

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





ADDITIONAL RESOURCES



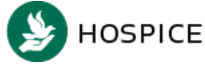
ACCREDITATION COMMISSION *for* HEALTH CARE



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ITEMS NEEDED FOR ON-SITE SURVEY

MEDICARE CERTIFICATION AND RECERTIFICATION



Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your personal 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 multiple 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/revocation patient census for past 12 months (or since start of operation if less than one year)
- List of individuals receiving bereavement services
- Personnel list with title, discipline, and hire date (including direct care contract staff and volunteers)
- 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
HSP1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HSP1-1A.01	Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none"> • HSP4-7A Competency assessment policy • HSP5-1B HIPAA policy • HSP7-6B Disposal of controlled drugs policy • HSP7-4C Emergency Preparedness Plan/Policies 	
HSP1-1A.01	All required federal and state posters are placed in a prominent location	
HSP1-1B	Current 855A/CMS approval letter	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B/HSP1-2B.03/ HSP1-3A.01/HSP2-7A.01/ HSP3-1A.01/HSP4-12D/	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
HSP1-3A.01	Governing body as well as personnel have a signed conflict of interest disclosure statement (if applicable)	

ACHC Standard	Required Item	Located
HSP1-4B.01	Annual evaluation of the Administrator	
HSP1-5A.01	Organizational chart	
HSP1-8A/HSP1-8A.01	Contracts for direct care, including copies of professional liability insurance certificates as well as evidence of monitoring contracted services	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management)	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care	
HSP1-9A	CLIA certificate of waiver for agency and/or CLIA certificate for reference laboratory	
HSP1-11A	CMS letter of approval for multiple locations addition (if applicable)	
HSP1-12A	Verification of physician licensure	
HSP2-1A	Marketing materials	
HSP2-3A	Grievance/complaint log	
HSP2-5A.01	Business Associate Agreements (BAAs) for non-covered entities	
HSP2-7A.01	Evidence of how ethical issues are identified, evaluated, and discussed	
HSP2-8A.01	Evidence of communication assistance for language barriers	
HSP2-10A	On-call calendar	
HSP2-9A.01	Evidence of a Compliance Program	
HSP2-11B.01	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver (if applicable)	
HSP2-11F & HSP5-5B.01	Bereavement program materials	
HSP2-11F.01	Counseling resources for bereaved individuals whose needs cannot be met by the hospice	
HSP2-12A	Contract(s) for non-core services; this includes but is not limited to PT, OT, ST	
HSP2-12B	Therapy and dietary counseling waiver (if applicable)	
HSP2-13B	Contract(s) for DME provider and copy of certificate of accreditation	
HSP3-1A.01	Most recent annual operating budget	
HSP3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)	
HSP3-4A	Listing of patient care charges	
HSP3-6A	Hospice inpatient CAP report	
HSP4-1B.01	Personnel records contain evidence of the items listed in the standard. Surveyor will review personnel records for the following disciplines (at a minimum): Administrator, Alternate Administrator, Director of Clinical Services, Alternate Director of Clinical Services, Medical Director, Nurses, Social Worker, Spiritual Care Provider, Volunteer Coordinator, Volunteer, Bereavement Coordinator, Hospice Aide, Physical Therapist, Occupational Therapist, Speech Therapist	
HSP4-2E.01	Job descriptions for identified staff	
HSP4-2I.01	Employee handbook or access to personnel policies	
HSP4-4B	Training logs/materials used to educate SNF/NF or ICF/IID staff	



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ACHC Standard	Required Item	Located
HSP4-5B.01, HSP4-5B.02, HSP4-6A/HSP4-6A.01	Evidence of ongoing education and/or a written education plan and evidence of required training	
HSP4-6B/HSP4-7B/HSP4-7C/HSP4-8A	Hospice aide competency evaluation and/or training materials	
HSP4-11A	Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)	
HSP4-12A & HSP4-4A	Evidence of volunteer orientation	
HSP4-12B	Evidence of the ability to provide direct care and administrative volunteers	
HSP4-12C	Current volunteer cost savings report	
HSP4-12D	Current volunteer activity report	
HSP5-1A & HSP5-1A.01	Patient records contain all required items as identified in the standards	
HSP5-3C.01	Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)	
HSP5-4A	Plans of care contain all required items as identified in the standard	
HSP5-9A.01	Referral log and community referral resources	
HSP6-1A	Quality Assessment and Performance Improvement (QAPI) program	
HSP6-1B	Job description for the individual responsible for the QAPI program	
HSP6-2A	Governing body meeting minutes demonstrate involvement of governing body and organizational leaders in QAPI	
HSP6-2B	Evidence of personnel involvement in QAPI	
HSP6-3A/HSP6-4A	QAPI annual report	
HSP6-3A.01	Most current annual agency report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
HSP6-6B	Evidence of data elements collected from the comprehensive assessment are monitored and utilized in QAPI	
HSP6-6B.01	Evidence of chart audit results utilized in QAPI	
HSP6-6B.02	Satisfaction surveys utilized in QAPI	
HSP6-6B.03	Grievance log and evidence of monitoring of patient grievances/complaints	
HSP6-6B.04	Evidence of monitoring of an aspect related to administrative function of the agency	
HSP6-6C	Evidence of written corrective action plans for any QAPI projects that did not meet desired outcomes	
HSP6-7A/HSP2-4A/HSP7-5A.01	Incident log and evidence of monitoring of all patient grievances and complaints	
HSP7-1A	TB prevalence rates for all counties served, TB exposure control plan, and OSHA Bloodborne Pathogens plan	

ACHC Standard	Required Item	Located
HSP7-1C	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	
HSP7-3A.01	Report of annual fire drill and results of testing of emergency power systems	
HSP7-4B	Emergency Preparedness Plan that includes the all-hazards risk assessment	
HSP7-4D	Communication Plan	
HSP7-4E	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
HSP7-4E	<p>Evidence of a minimum of two tests completed</p> <ul style="list-style-type: none"> • 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 <p>If unable to complete a community-based exercise, documentation must exist to support attempts made to participate in a community-based exercise</p>	
HSP7-4F	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements(if applicable)	
HSP7-5A.01	OSHA forms 300, 300A, and/or 301 (if applicable)	
HSP7-7A.01/HSP7-8A	Maintenance logs of any equipment used in the provision of care	
HSP7-9A.02	Access to Safety Data Sheets (SDS)	

PERSONNEL FILE REVIEW



HOSPICE

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

COMPLIANCE DATE:

Standard	Item Required	Administrator	Alternate Administrator	Director of Clinical Services	Alternate Director of Clinical Services	RN/LPN Name:	MD Name:	Aide Name:	PT/PTA Name:	OT/COTA Name:	SLP Name:	BSW/MSW Name:	SCP Name:	BC Name:	VC Name:	Volunteer Name:	Other Name:	
HSP4-1A.02	Position application (N/A for contract staff)																	
HSP4-1A.02	Dated and signed withholding statements (N/A for contract staff)																	
HSP4-1A.02	I-9 Form (N/A for contract staff)																	
HSP4-2B	Evidence that licensed staff credentials have been verified and are current																	
HSP4-2C.01	Evidence of initial and annual TB screening																	
HSP4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement																	
HSP4-2E.01	Signed Job Description or contract																	
HSP4-2F.01	Current driver's license and MVR check, if applicable																	
HSP4-2H	Criminal background check																	
HSP4-2H	Office of Inspector General Exclusion List check																	
HSP4-2H	National sex offender registry check, if applicable																	
HSP4-2I.01	Evidence of access to personnel policies (N/A for contract staff)																	
HSP4-2J.01	Most recent annual performance evaluation																	
HSP4-2B	Verifications of qualifications for non-licensed personnel																	
HSP4-4A	Evidence of orientation																	
HSP4-5B.01	Verification of additional education needed to administer pharmaceuticals or special treatments																	
HSP4-5B.02	Evidence of training for the utilization of waived tests																	
HSP4-6A & HSP4-6A.01	Evidence of annual education																	
HSP4-7A	Initial and annual competency assessment																	
HSP4-9A	Restraint competency (In-patient only)																	
HSP4-10A.03	Initial and annual on-site observation visit																	
HSP1-3A.01	Disclosure of conflict of interest, if applicable																	
HSP2-5A	Signed confidentiality statement																	
HSP2-6A.01	Evidence of CPR, if applicable																	
Other state or agency specific requirements																		



→ §418.54 Condition of Participation: Initial and Comprehensive Assessment of the Patient

ACHC STANDARD: HSP5-3D

A medication profile is part of the patient-specific comprehensive assessment. A Registered Nurse creates and maintains a current medication profile and reviews all patient medications, both prescription and non-prescription, on an ongoing basis in collaboration with other interdisciplinary group (IDG) members.

- **L-530 – Drug Profile:** A review of all of the patient’s prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following: (i) Effectiveness of drug therapy, (ii) Drug side effects, (iii) Actual or potential drug interactions, (iv) Duplicate drug therapy, and (v) Drug therapy currently associated with laboratory monitoring.

ACHC STANDARD: HSP5-3C

The hospice interdisciplinary group, in consultation with the individual’s attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care.

- **L-524 – Content of the Comprehensive Assessment:** The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient’s well-being, comfort, and dignity throughout the dying process.
- **L-531-Bereavement:** An initial bereavement assessment of the needs of the patient’s family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient’s death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.

→ §418.56 Condition of Participation: Interdisciplinary Group, Care Planning, and Coordination of Services

ACHC STANDARD: HSP5-4A

The hospice develops an individualized written plan of care for each patient in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient’s needs if any of them so desire. The plan of care must reflect patient/family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.

- **L-545- Content of the Plan of Care:** The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.
- **L-547 – Content of the Plan of Care:** A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.
- **L-549 – Content of the Plan of Care:** Drugs and treatment necessary to meet the needs of the patient.

ACHC STANDARD: HSP5-4B

Hospice services are delivered in accordance with the written plan of care.

- **L-555 – Coordination of Services:** Ensure that the care and services are provided in accordance with the plan of care.

→ §418.76 Condition of Participation: Hospice Aide and Homemaker Services

ACHC Standard: HSP4-13A

Hospice aides are assigned to a specific patient by a Registered Nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a Registered Nurse who is responsible for the supervision of a hospice aide.

- **L-625 – Hospice Aide Assignments and Duties:** Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.
- **L-626 – Hospice Aide Assignments and Duties:** A hospice aide provides services that are:
(i) Ordered by the interdisciplinary group, (ii) Included in the plan of care, (iii) Permitted to be performed under State law by such hospice aide, and (iv) Consistent with the hospice aide training.

ACHC Standard: HSP4-13B

Hospice aides are supervised by a Registered Nurse to ensure the quality of care the patient is receiving.

- **L-629 – Supervision of Hospice Aides:** A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.

PULSE OXIMETRY IN THE HOME



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[HOME HEALTH & HOSPICE ACCREDITATION]

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- Premarket- 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.



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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

Tub bath or shower per patient request.

May use walker or cane for ambulation per patient request.

Change bed linens PRN.

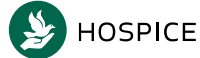
ACCEPTABLE

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. Patient is functionally and cognitively able to make the choice.

Change bed linens weekly and anytime they are soiled.

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST



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Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool, to audit your Hospice agency and operations 12 months after your ACHC survey. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is 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
HSP1-1A	All applicable licenses and permits are current and posted for all locations	
HSP1-1A.01	Federal and state posters are posted	
HSP1-1B	Any changes in ownership or managing employees have been properly reported	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B	Governing body meeting minutes are properly documented	
HSP1-2B.03	New governing body members have been oriented	
HSP1-3A.01	Any conflict of interest has been properly disclosed	
HSP1-4B.01	Annual evaluation of the Administrator has been completed	
HSP1-5A.01	Organizational chart is up to date	
HSP1-8A/ HSP1-8A.01	Contracts for direct care have been reviewed per the terms of the contract and professional liability insurance certificates are up to date	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management) have been reviewed per the terms of the contract	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care have been reviewed per the terms of contract	
HSP1-9A	CLIA certificate of waiver for agency is current and posted	
HSP1-11A	Any new multiple locations have obtained Medicare approval prior to billing for Medicare services	
HSP1-12A	Verification of physician licensure occurs before the acceptance of patient	

SECTION 2: PROGRAMS/SERVICE OPERATIONS

Standard	Expectation	Comments
HSP2-1A	Marketing materials are current and accurately reflect care/service provided	
HSP2-3A	All grievances and complaints have been reported, documented, investigated, resolved, and reported to the governing body quarterly	
HSP2-5A.01	Business Associate Agreements exist for non-covered entities	

HSP2-7A.01	Summary of any ethical issues has been reported to the governing body	
HSP2-8A.01	Language resource information is available to assist patients with limited English proficiency as well as persons with disabilities	
HSP2-9A.01	Evidence that compliance issues have been reported, documented, and corrective action has been taken as appropriate	
HSP2-11B.1	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver is renewed (if applicable)	
HSP2-12A	Contract(s) for non-core services including but not limited to PT, OT, and SLP	
HSP2-12B	Therapy and dietary counseling waiver is renewed (if applicable)	
HSP2-13B	Contract(s) for DME providers have been reviewed per the terms of the contract and copy of certificate of accreditation is current	

SECTION 3: FISCAL MANAGEMENT

Standard	Expectation	Comments
HSP3-1A.01	Operating budget has been developed and approved by the appropriate individuals	
HSP3-3B.02	Medicare cost report has been completed on time	
HSP3-4A	Listing of patient care charges is current	
HSP3-6A	Calculation of hospice inpatient services does not exceed the allowable CAP	

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
HSP4-2B	All credentialing activities are up to date	
HSP4-2C.01	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel	
HSP4-2E.01	All job descriptions are up to date and any revisions have been signed by personnel	
HSP4-2J.01	All employee personnel evaluations have been completed, reviewed, and signed by personnel	
HSP4-4A	Orientation materials cover the required topics	
HSP4-4B	Training logs/materials used to educate SNF/NF or ICF/IID staff have been updated (if applicable)	
HSP4-6A	Hospice aides have received 12 hours of in-service education in the past 12 months	

HSP4-6A.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: <ul style="list-style-type: none"> • Emergency/disaster training • How to handle grievances/complaints • Infection control training • Cultural diversity • Communication barriers • Ethics training • Workplace (OSHA) and patient safety • Methods for coping with work-related issues of grief, loss, and change • Patient Rights and Responsibilities • Compliance Program • Pain and symptom management 	
HSP4-12C	Annual volunteer cost savings report	
HSP4-12D	Annual volunteer activity demonstrates utilization of 5% or greater	

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
HSP5-1B	All patient records are retained for the appropriate period of time after discharge	
HSP5-1B	All clinical records are safeguarded against loss or unauthorized use	
HSP5-5A	Patient education materials address, at a minimum: <ul style="list-style-type: none"> • Hospice care and services • Physical and psychological aspects of dying • Palliative care • End of life care issues • Pain and symptom management • Treatment and disease management education • Plan of care • Emergency preparedness information <ul style="list-style-type: none"> ○ Evacuation plans ○ Medications 	
HSP5-5B.01	Evidence of support provided to the community on grief and loss	
HSP5-9A.01	Agency does not admit patients for whom it cannot care and provides information to referral sources when patients cannot be admitted	

SECTION 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

Standard	Expectation	Comments
HSP6-1A	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	
HSP6-2A	QAPI results are communicated to the governing body/organizational leaders	

HSP6-2B	Personnel are involved in QAPI	
HSP6-3A/ HSP6-4A	QAPI report has been completed at least annually	
HSP6-3A.01	Most current annual agency report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Processes related to patient care (high risk, high volume, problem prone) are being monitored	
HSP6-6B	Data elements collected from the comprehensive assessment are collected and utilized in QAPI	
HSP6-6B.01	Results of chart audit results are utilized in QAPI	
HSP6-6B.02	The QAPI plan identifies the process for conducting satisfactions surveys and results are incorporated into QAPI	
HSP6-6B.03	Grievance log and evidence of monitoring of patient grievances/complaints	
HSP6-6B.04	QAPI activities include ongoing monitoring of at least one important administrative function of the agency	
HSP6-6C	Written corrective action plans for any QAPI projects that did not meet desired outcomes are developed and implemented	
HSP6-7A/ HSP2-4A/ HSP7-5A.01	QAPI activities include ongoing monitoring of patient grievances/complaints and the actions needed to resolve grievances/complaints and improve patient care/service	

SECTION 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

Standard	Expectation	Comments
HSP7-1A	The hospice must maintain and document an infection control program that has as its goal the prevention and control of infections and communicable diseases	
HSP7-1A	Copies of the TB Exposure Control and OSHA Blood Borne Pathogens plans have been reviewed annually and are available to personnel	
HSP7-1C	Infection control data for patients is incorporated into QAPI as appropriate	
HSP7-3A.01	There is evidence of an annual fire drill; smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by the manufacturer	
HSP7-4B	Emergency Preparedness Plan is reviewed and updated annually	
HSP7-4B	Risk assessment using an all-hazards approach has been updated annually	
HSP7-4D	Communication Plan has been reviewed and updated annually	
HSP7-4E	Training of Emergency Preparedness has occurred annually	
HSP7-4E	A minimum of two exercises/drills have been completed annually	
HSP7-4F	Agencies part of an integrated healthcare system have evidence that the Emergency Preparedness Plan addresses the specific needs of the home health agency	
HSP7-5A.01	Results of reported incidents, accidents, variances, or unusual occurrences involving personnel are incorporated into QAPI when appropriate	
HSP7-6B	Education provided to patients regarding the disposal of controlled drugs is current	
HSP7-7A.01/ HSP7-8A	Quality control logs for any equipment used in the provision of care are current	
HSP7-9A.02	Current Safety Data Sheets (SDS) are accessible to personnel	

ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST



FOR PROVIDERS.
BY PROVIDERS.™

Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool, to audit your Hospice agency 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
HSP1-1A	All applicable licenses and permits are current and posted for all locations	
HSP1-1A.01	Federal and state posters are posted	
HSP1-1B	Any changes in ownership or managing employees have been properly reported	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B	Governing body meeting minutes are properly documented	
HSP1-2B.03	New governing body members have been oriented	
HSP1-3A.01	Any conflict of interest has been properly disclosed	
HSP1-4B.01	Annual evaluation of the Administrator has been completed	
HSP1-5A.01	Organizational chart is up to date	
HSP1-8A/ HSP1-8A.01	Contracts for direct care have been reviewed per the terms of the contract and professional liability insurance certificates are up to date	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management) have been reviewed per the terms of the contract	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care have been reviewed per the terms of contract	
HSP1-9A	CLIA certificate of waiver for agency is current and posted	
HSP1-11A	Any new multiple locations have obtained Medicare approval prior to billing for Medicare services	
HSP1-12A	Verification of physician licensure occurs before the acceptance of patient	

SECTION 2: PROGRAMS/SERVICE OPERATIONS		
Standard	Expectation	Comments
HSP2-1A	Marketing materials are current and accurately reflect care/service provided	
HSP2-3A	All grievances and complaints have been reported, documented, investigated, resolved, and reported to the governing body quarterly	
HSP2-5A.01	Business Associate Agreements exist for non-covered entities	

HSP2-7A.01	Summary of any ethical issues has been reported to the governing body	
HSP2-8A.01	Language resource information is available to assist patients with limited English proficiency as well as persons with disabilities	
HSP2-9A.01	Evidence that compliance issues have been reported, documented, and corrective action has been taken as appropriate	
HSP2-11B.1	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver is renewed (if applicable)	
HSP2-12A	Contract(s) for non-core services including but not limited to PT, OT, and SLP	
HSP2-12B	Therapy and dietary counseling waiver is renewed (if applicable)	
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