



EDUCATIONAL RESOURCES

Welcome

Achieving ACHC Home Health & Hospice Accreditation

 HOME HEALTH  HOSPICE



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



Objectives

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



EDUCATIONAL RESOURCES

Introduction

 HOME HEALTH  HOSPICE



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



About ACHC

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

ACHC Mission & Values

Our Mission

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

Our Values

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

ACHC Offerings

Available Programs

 ACUTE CARE HOSPITAL

 AMBULATORY CARE

 AMBULATORY SURGERY CENTER

 ASSISTED LIVING

 BEHAVIORAL HEALTH

 CRITICAL ACCESS HOSPITAL

 CLINICAL LABORATORY

 DENTISTRY

 DMEPOS

 HOME HEALTH

 HOME INFUSION THERAPY

 HOSPICE

 NON-STERILE COMPOUNDING

 OFFICE-BASED SURGERY

 PALLIATIVE CARE

 PHARMACY

 PRIVATE DUTY

 RENAL DIALYSIS

 SLEEP

 STERILE COMPOUNDING

ACHC Offerings

Distinctions

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

Certifications

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

Experience the ACHC Difference

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

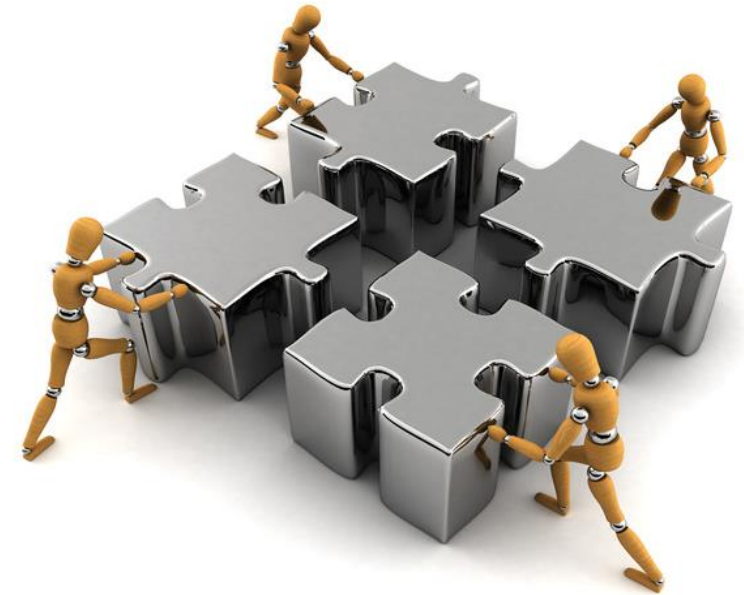


Educational Survey Approach

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

Surveyor Expertise

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



Personal Account Advisors

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



Customer Satisfaction



98%

OF OUR CUSTOMERS REPORT
POSITIVE EXPERIENCES



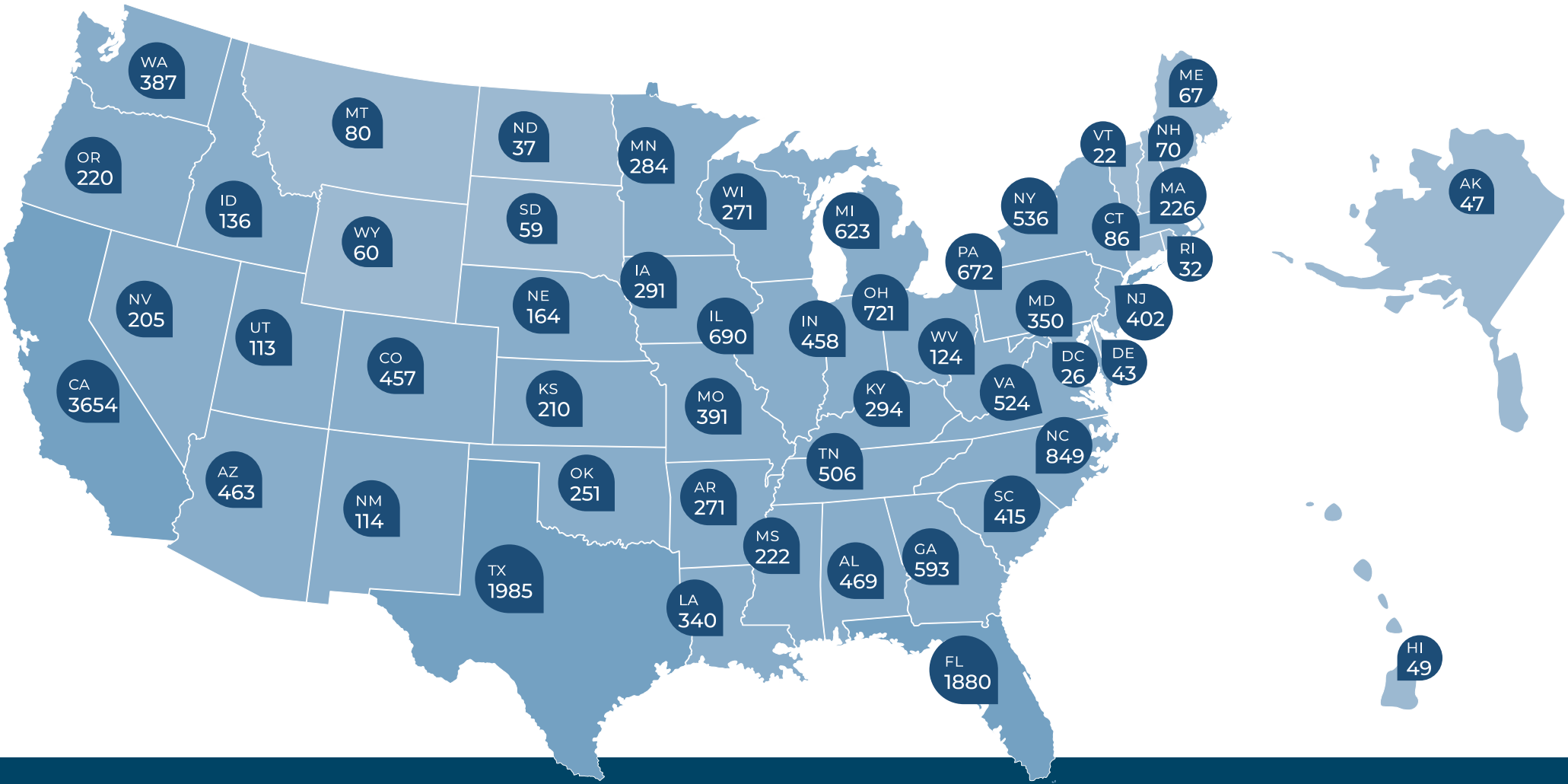
98%

OF OUR CUSTOMERS
RECOMMEND ACHC

We Value Your Feedback

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

ACHC currently accredits over 20,000 providers.





EDUCATIONAL RESOURCES

Create Your Customer Central Account

 HOME HEALTH  HOSPICE



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



Create Your Account

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

USERNAME PASSWORD LOG IN

[Forgot username or password?](#)



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

Becoming accredited with ACHC

- Download Standards
- Complete Application
- On-Site Survey

Watch a video tutorial of the new Customer Central

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

EDUCATIONAL RESOURCES

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


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


Go To: cc.achc.org

Log in above, or create a new account below.




Account Advisor

 Sonya Jackson
sjackson@achc.org
(855) 937-2242 ext. 223
Fax: (919) 785-3011

 ACHC
139 Weston Oaks Ct.
Cary, NC 27513

ACHC Holidays

 ACHC observes the following holidays and will not survey your agency on these dates. Please reach out to your Account Advisor if you would like to add black out days or with any questions.

- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day

Welcome, Dee!


Herndon Hospice TEST - Garner, NC

Your entire process begins with an application. To start a new application click **New Application**.

DOWNLOAD STANDARDS

NEW APPLICATION

 Current Applications

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED	
84470	9/14/2020 10:55 AM	New	In Progress	9/14/2020 10:55 AM	

 Accreditation History

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

Click the "NEW APPLICATION" button.

Download ACHC's Standards

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

Application »

Applying for reaccreditation? Download your program-specific standards below and review the changes from previous standards under the [Educational Tools](#) dropdown. Be sure to also download the latest survey preparation documents in the [Resources](#) section.

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

ACHC Home Health Accreditation Standards are applicable for healthcare organizations that provide skilled home health care to patients and participate, or seek to participate, in the Medicare program. Home Health services must be administered in the place of residence on an intermittent basis, under physician's orders, and are typically conducted by skilled professionals. ACHC Home Health Accreditation Standards are written by industry experts to align with national regulations and industry best practices.

- HHA - Home Health Aide Services**
Home Health Aide services are provided by a qualified Home Health Aide (HHA) on an intermittent basis to provide personal care. These services are covered by most payors, including Medicare, when other skilled services are also being provided. Aides are supervised by an RN, PT, OT or ST.
- MSS - Medical Social Services**
Medical Social Services are provided by a qualified Social Worker or a Social Worker Assistant under the supervision of a qualified Social Worker. These services include but are not limited to resolving social or emotional problems that are an impediment to the effective treatment of the patient's recovery. These services are provided on an intermittent basis and are covered by most payors, including Medicare.
- OT - Occupational Therapy Services**
Occupational Therapy services are provided by a licensed Occupational Therapist or Certified Occupational Therapy Assistant (COTA) on an intermittent basis and are covered by most payors, including Medicare. COTAs are supervised by an OT. These services include, but are not limited to upper body strength training, improving range of motion skills, and provision of a home exercise program.

Standards ?
ACHC Process ?

Once inside your account, download the appropriate standards.

This allows continuous access to the standards.

Download ACHC's Standards

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

Application »

Applying for reaccreditation? Download your program-specific standards below and review the changes from previous standards under the [Educational Tools](#) dropdown. Be sure to also download the latest survey preparation documents in the [Resources](#) section.

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

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

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

Standards ?
ACHC Process ?

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

This allows continuous access to the standards.

Home Health Appendix A

Appendix A: Standard Service Table for Selected Services

Standard	HHA	MSS	PT
HH1-1A	X	X	X
HH1-1A.01	X	X	X
HH1-1B	X	X	X
HH1-1C	X	X	X
HH1-2A	X	X	X
HH1-2A.03	X	X	X
HH1-4A.01	X	X	X
HH1-5A	X	X	X
HH1-5A.01	X	X	X
HH1-6A	X	X	X
HH1-6B	X	X	X
HH1-6C	X	X	X
HH1-7A	X	X	X
HH1-8A	X	X	X
HH1-8B	X	X	X
HH1-9A.01	X	X	X
HH1-10A	X	X	X
HH1-11A	X	X	X
HH1-12A.01	X	X	X
HH2-1A.01	X	X	X
HH2-2A	X	X	X
HH2-2C	X	X	X
HH2-3A	X	X	X

Home Health Appendix B

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

Customized for: HHA, MSS, PT

Standard #	Documents, Policies and Procedures	Agency Notes
HH1-1A.01	Written Policies and Procedures	
HH1-1B	Written Policies and Procedures	
HH1-1C	Written Policies and Procedures	
HH1-2A	Written Policies and Procedures	
HH1-4A.01	Written Policies and Procedures	
HH1-6B	Written Policies and Procedures	
HH1-6C	Written Policies and Procedures	
HH1-8B	Written Policies and Procedures	
HH2-1A.01	Written Policies and Procedures	
HH2-2A	Written Policies and Procedures	
HH2-3A	Written Policies and Procedures	
HH2-4A	Written Policies and Procedures	
HH2-5A	Written Policies and Procedures	
HH2-6A	Written Policies and Procedures	
HH2-6B.01	Written Policies and Procedures	
HH2-6B.02	Written Policies and Procedures	
HH2-7A.01	Written Policies and Procedures	

Hospice Appendix A

Appendix A: Standard Service Table for Selected Services

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

Hospice Appendix B

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

Customized for: HIC, HSP

Standard #	Documents, Policies and Procedures	Agency Notes
HSP1-1A.01	Written Policies and Procedures	
HSP1-1B	Written Policies and Procedures	
HSP1-2B	Written Policies and Procedures	
HSP1-3A.01	Written Policies and Procedures	
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	Written Policies and Procedures	
HSP2-3A	Written Policies and Procedures	
HSP2-4A	Written Policies and Procedures	
HSP2-5A	Written Policies and Procedures	
HSP2-6A	Written Policies and Procedures	
HSP2-6A.01	Written Policies and Procedures	

Application

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




Online Application

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




Confirmation Of Application

 CUSTOMER CENTRAL

[STANDARDS](#)
[APPLICATION](#)
[RESOURCES +](#)
[FORMS +](#)
[UPLOAD](#)
[EASY PAY](#)
[MY ACCOUNT +](#)

Account Advisor



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

ACHC
 139 Weston Oaks Ct.
 Cary, NC 27513

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


Application
PER
Payment
Survey
POC
Accreditation

Application: Home Care Company

[Download Application PDF >>](#)
[Download Receipt PDF >>](#)

CONTINUE >

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



FOR PROVIDERS.
BY PROVIDERS.

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

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

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

Billing Address:
 123 Easy St
 Cary, NC 27511

Shipping Address:
 123 Easy St
 Cary, NC 27511

Physical Address:
 123 Easy Street
 Cary, NC 27511

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

Submit Deposit

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

Account Advisor

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

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

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

WORKSHOPS
Learn more about ACHC
standards & survey tips

MORE INFO

Application	PER	Payment	Survey	POC	Accreditation
-------------	-----	---------	--------	-----	---------------

Application: ACHC PAY DEPOSIT & SUBMIT >

Download Application PDF >>

Main Office

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

CONTINUE MAIN OFFICE >

Main Office: 139 Weston Oaks Court Cary, NC 27344

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

Additional Office

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



+ ADD LOCATION

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Accreditation Agreement

The screenshot displays the ACHC Customer Central interface. At the top, a dark blue navigation bar contains the ACHC logo and the text 'CUSTOMER CENTRAL'. To the right of this bar are several menu items: 'STANDARDS', 'APPLICATION', 'RESOURCES +', 'FORMS +', 'UPLOAD', 'EASY PAY' (with a shopping cart icon), and 'MY ACCOUNT +'. Below the navigation bar, the main content area is divided into two columns. The left column, titled 'Account Advisor', features an icon of three people and contact information for Lomeka Perry: 'Lperry@achc.org', '(919) 785-1214 ext. 226', and 'Fax: (919) 785-3011'. Below this is the ACHC address: '139 Weston Oaks Ct., Cary, NC 27513'. At the bottom of this column is a 'Video Tutorials' section listing: 'Customer Central Tour', 'Application Tour', 'PER "How To"', 'On-Site Survey', and 'POC "How To"'. The right column shows a progress bar with six stages: 'Application' (checked), 'PER', 'Payment' (active), 'Survey', 'POC', and 'Accreditation'. Below the progress bar is the heading 'Processing Accreditation Agreement' with a sandglass icon. The text states: 'Your Accreditation Agreement is currently being processed. Once it has been completed, the payment section will become accessible.' A button labeled 'Advisor Drafting Agreement...' is visible. At the bottom of this column, it says: 'For immediate questions/concerns about your Accreditation Agreement, contact your Advisor.'

Preliminary Evidence Report (PER)


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

Account Advisor




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nstephen@achc.org
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Cary, NC 27513

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

Application
PER
Payment
Survey
POC
Accreditation

 **Waiting on previous steps**

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

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

Completed Steps:	Steps Remaining:
	Application
	PER
	Payment
	Survey
	POC

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Preliminary Evidence Report Checklist

PRELIMINARY EVIDENCE REPORT CHECKLIST



 HOME HEALTH

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

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

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

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

Confirmation of the following (initial in spaces provided):

____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards

____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ date.

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

ACCREDITATION COMMISSION *for* HEALTH CARE

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

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

(Name)

(Title)

(Date)

(Signature)

Establish
compliance date



Preliminary Evidence Report Checklist

Establish
Compliance
Date

PRELIMINARY EVIDENCE REPORT CHECKLIST



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

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

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

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

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards.

_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ date.

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

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(Name)

(Title)

(Date)

(Signature)



Preliminary Evidence Report

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



Extended Policy Review

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



Desk Review Reference Guide

DESK REVIEW REFERENCE GUIDE



HOME HEALTH

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

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

Desk Review Reference Guide

DESK REVIEW REFERENCE GUIDE



HOSPICE

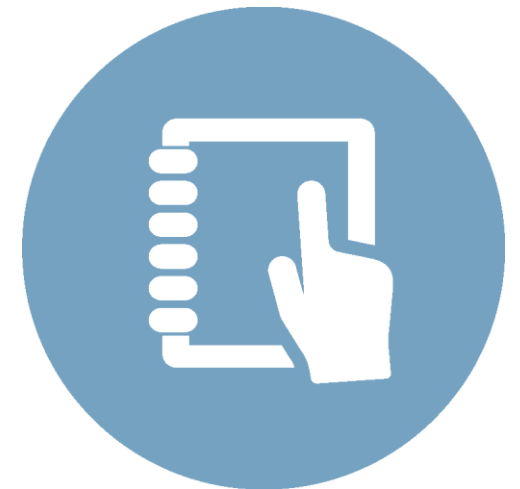


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ACHC Standard	Policy/Document Description	Agency Policy
HSP1-1B	Changes in authority, ownership and/or management	
HSP1-2B	Governing body activities	
HSP1-3A.01	Conflict of interest disclosure requirements	
HSP1-6A	Duties and responsibilities of the clinical leader	
HSP1-10A	Patient or family ability to safely administer medications	
HSP1-10B	Inpatient facility medication requirements	
HSP1-12A	Verification of licensure for those approved to prescribe medical services	

Extended Policy Review Results

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



Desk Review Report Sample

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



EDUCATIONAL RESOURCES

Home Health Requirements

 HOME HEALTH  HOSPICE



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



Home Health Agency Requirements

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

Home Health Agency Requirements

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

Initial Certification Requirements

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

Initial Certification Requirements

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



EDUCATIONAL RESOURCES

Hospice Requirements

 HOME HEALTH  HOSPICE



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Initial Certification Requirements

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

Initial Certification Requirements

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

Hospice Core Services

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

Hospice Core Services

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

Hospice Required Services

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

Hospice Non-Core Services

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

Hospice Required Levels Of Care

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



EDUCATIONAL RESOURCES

Benefits Of Partnering With ACHC

Educational Resources

 HOME HEALTH  HOSPICE



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

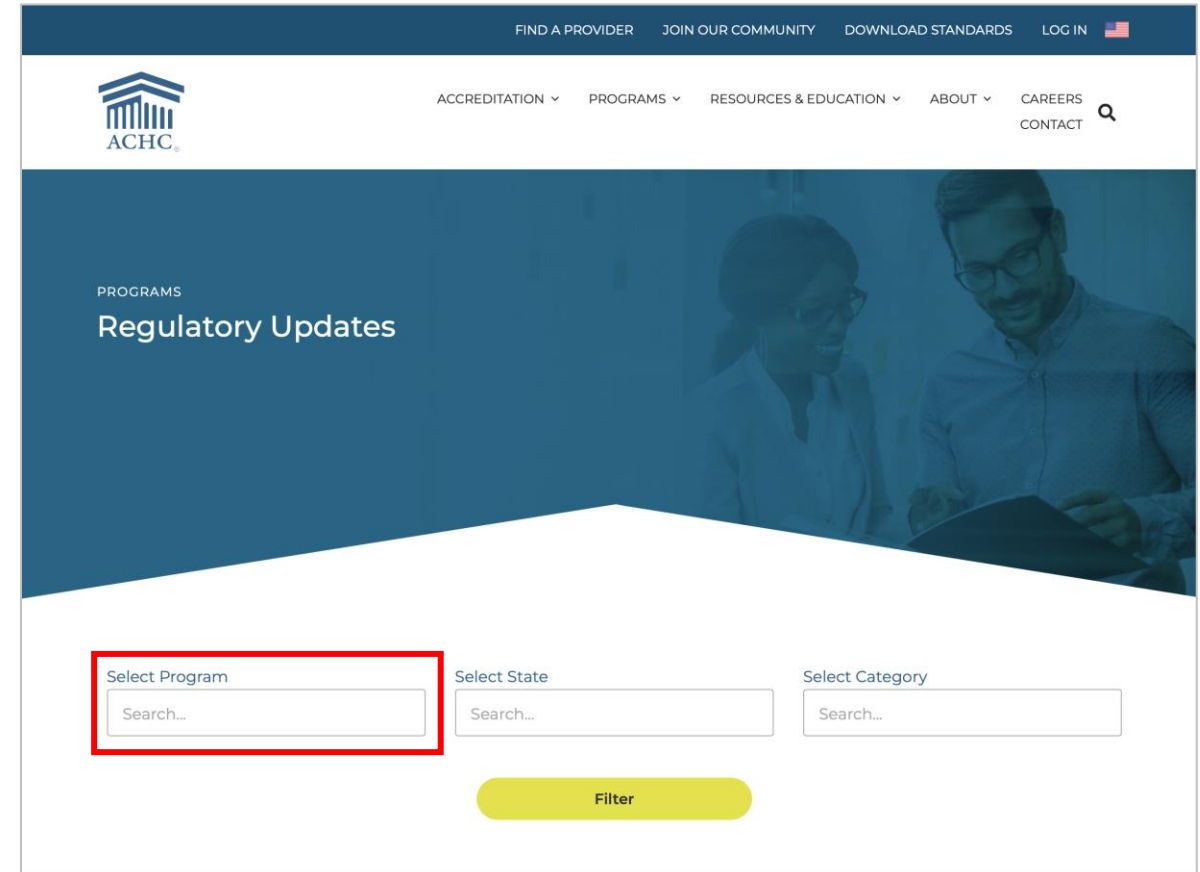


Educational Resources

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

Regulatory Updates

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



The screenshot displays the ACHC website's 'Regulatory Updates' page. The header includes navigation links: 'FIND A PROVIDER', 'JOIN OUR COMMUNITY', 'DOWNLOAD STANDARDS', 'LOG IN', and a US flag. The main navigation menu contains 'ACCREDITATION', 'PROGRAMS', 'RESOURCES & EDUCATION', 'ABOUT', and 'CAREERS CONTACT'. The page title is 'PROGRAMS Regulatory Updates'. Below the title, there is a search and filter section with three input fields: 'Select Program' (highlighted with a red box), 'Select State', and 'Select Category'. Each field contains a 'Search...' placeholder. A yellow 'Filter' button is positioned below the input fields.

Customer Central

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

The screenshot displays the Customer Central website interface. At the top right, there are links for "About ACHC" and "Contact ACHC". The main header features the ACHC logo and the text "CUSTOMER CENTRAL". Below this is a prominent blue button labeled "Choose your ACHC Login".

The "Account Login" section includes a sub-header "Account Login" and a note: "If you are having problems logging in click the 'forgot your info?' link below." It contains two input fields: "User Name" and "Password" (with a toggle for visibility). Below the password field are checkboxes for "Remember Me?" and a "Forgot your info?" link. A blue "Login" button is positioned below these fields.

The "Don't have an account?" section features a sub-header and a paragraph explaining the benefits of logging in, such as accessing organization profiles, standards, and resources. A blue "Create Account" button is located at the bottom of this section.

On the right side, there is a section for "Compass" with a sub-header: "For hospital (including CAH), ASC, Office-based Surgery, and Laboratory Accreditation and for Joint Replacement, Stroke, Wound Care, and Lithotripsy Certification, login to Compass using the link below." Below this text is a small screenshot of the Compass interface and a blue "Compass" button.

Education Library

CUSTOMER CENTRAL

STANDARDS
APPLICATION
RESOURCES
FORMS
UPLOAD
 CART
 MY ACCOUNT

Account Advisor

Renee White
 rwhite@achc.org
 (855) 937-2242 ext. 223
 Fax: (919) 785-3011

ACHC
 139 Weston Oaks Ct.
 Cary, NC 27513

ACHC Holidays

ACHC observes the following holidays and will not survey your agency on these dates. Please reach out to your Account Advisor if you would like to add black out days or with any questions.

New Year's Day
 Good Friday
 Memorial Day
 Independence Day
 Labor Day
 Thanksgiving Day
 Day after Thanksgiving Day
 Christmas Eve
 Christmas Day

"Did You Know" Emails
 Read our monthly analysis of ACHC standards. Our Surveyors provide clear interpretations and examples of how you can apply ACHC standards to your business.

 PHARMACY	 DMEPOS	 HOME HEALTH	 HOSPICE	 PRIVATE DUTY
 HOME INFUSION THERAPY	 RENAL DIALYSIS	 BEHAVIORAL HEALTH	 ASSISTED LIVING	 ACUTE CARE HOSPITAL
 OFFICE-BASED SURGERY	 AMBULATORY SURGERY CENTER	 CLINICAL LABORATORY	 CRITICAL ACCESS HOSPITAL	 PALLIATIVE CARE

2022 »

March 2022

- [Did You Know? | Pharmacy | Explaining Training vs. Competency](#)
- [Did You Know? | Renal Dialysis | Emphasizing Infection Control](#)

Resources & Maintaining Compliance

CUSTOMER CENTRAL

STANDARDS
APPLICATION
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FORMS
UPLOAD
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- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Eve
- Christmas Day

Resources

Ambulatory Care

Behavioral Health

DMEPOS

Home Health

Home Infusion Therapy

Hospice

Palliative Care

PCAB

Pharmacy

Private Duty

Renal Dialysis

Sleep

Dentistry

Assisted Living

General Info

CMS Information

- Centers for Medicare and Medicaid Services (CMS)
- Hospice Care Regulation: Title 42, Chapter IV, Part 418 (Conditions of Participation)
- Medicare Enrollment for Institutional Providers
- CMS Emergency Preparedness, Appendix Z

ACHC Information

State Info

Alabama
▼

State Specific Information

Industry Links

- Alabama Licensure Sites

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Maintaining Compliance

RENEWAL ACCREDITATION COMPLIANCE RESOURCES



HOME HEALTH

PROTECT YOURSELF WITH ACHC ACCREDITATION

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

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

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

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

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

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

[665] Revised: 02/13/2019

Page

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST



HOME HEALTH

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

SECTION I: ORGANIZATION AND ADMINISTRATION

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

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

Page 1 of 5 | achc.org

ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST



HOME HEALTH

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

SECTION I: ORGANIZATION AND ADMINISTRATION

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

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

Page 1 of 5 | achc.org

ITEMS NEEDED FOR ON-SITE SURVEY



HOME HEALTH

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

- Number of unduplicated admissions per Medicare provider number during the past 12 months (or since start of operation if less than one year)
 - Number of unduplicated admissions per branch location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
 - Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
 - Current schedule of patient visits
 - Discharge/transfer patient census for past 12 months (or since start of operation if less than one year)
 - Most recent OASIS Reports, such as Adverse Outcome, Risk Adjusted Outcome, Case Mix, Submission Statistics, and Error Summary (N/A for initial Medicare Certification surveys)
 - Personnel list with title, discipline, and hire date (including direct care and contract staff)
 - Any survey results from the past year
 - Admission packet and education materials given to patients
 - Staff meeting minutes for the past 12 months
 - Any internal Plans of Correction based on identified deficiencies along with audit results
- Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payer.

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

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

Page 1 of 4 | achc.org



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Marketing Tools

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



Branding Elements

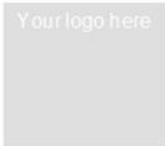
- Gold Seal of Accreditation
 - Represents compliance with the most stringent national standards
- ACHC Accredited Logo



Promoting Your Accredited Status

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

Sample Press Release



Your logo here

FOR IMMEDIATE RELEASE

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

**YOUR ORGANIZATION NAME
 ACHIEVES ACCREDITATION WITH ACHC**

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

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

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

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

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

###

ACHC Marketing Resources

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



EDUCATIONAL RESOURCES

Questions?

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

 HOME HEALTH  HOSPICE



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