FOR PROVIDERS.
BY PROVIDERS.

EXPERIENCE THE ACHC DIFFERENCE

Preparing for a Home Health Medicare Certification or Re-certification Survey

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.

Nationally recognized accreditation organization (AO) with more than 30 years of experience

CMS deeming authority for Home Health, Hospice, and DMEPOS

Recognition by most major third-party payors

Approved to perform many state licensure surveys

Quality Management System certified to ISO 9001:2015

FOR PROVIDERS.
BY PROVIDERS.

HOME HEALTH

EXPERIENCE THE ACHC DIFFERENCE

Pre-Survey Preparation

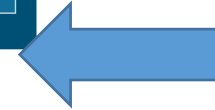
CREATE CUSTOMER CENTRAL ACCOUNT

- 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

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 »

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: ---------------Please Choose---------------

Which of the following best describes you? ---------------Please Choose---------------

How did you hear about ACHC? ---------------Please Choose---------------

Are you hospital-affiliated? YES ☐ NO ☐

SUBMIT

DOWNLOAD APPROPRIATE STANDARDS

Download ACHC's Standards

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

Application »

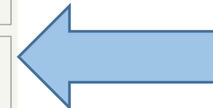
Applying for reaccreditation? Download the program-specific updates under Educational Tools.

Pharmacy — Download

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

Community Retail

Behavioral Health — Download



Home Health – Medicare Certified — Download

- Standards ?
- ACHC Process ?

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.

- [ ] **PT - Physical Therapy Services**
  Physical Therapy services are provided by a licensed Physical Therapist (PT) or Physical Therapy Assistant (PTA) on an intermittent basis and are covered by most payors, including Medicare. Physical Therapy Assistants are supervised by a PT. These services include, but are not limited to gait training, strength training, and provision of a home exercise program.

APPENDIX A

Appendix A: Standard Service Table for Selected Services

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

APPENDIX B

Appendix B: Reference Guide for Required Documents, Policies and Procedures
Customized for: HHA, MSS, OT, PD, PT, SN, ST

Standard #	Documents, Policies and Procedures	Agency Notes
HH1-1A.01	Written Policies and Procedures	
HH1-1B	Written Policies and Procedures	
HH1-2A	Written Policies and Procedures	
HH1-4A.01	Written Policies and Procedures	
HH1-6B	Written Policies and Procedures	
HH1-6C	Written Policies and Procedures	
HH1-8B	Written Policies and Procedures	
HH2-1A.01	Written Policies and Procedures	
HH2-2A	Written Policies and Procedures	
HH2-3A	Written Policies and Procedures	
HH2-4A	Written Policies and Procedures	
HH2-5A	Written Policies and Procedures	
HH2-6A	Written Policies and Procedures	
HH2-6B.01	Written Policies and Procedures	
HH2-7A.01	Written Policies and Procedures	
HH2-8A	Written Policies and Procedures	
HH2-8B.01	Written Policies and Procedures	
HH2-9A.01	Written Policies and Procedures	

APPLICATION

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

ONLINE APPLICATION

- Select "NEW APPLICATION" or "RENEWAL"
- Main office
  - Profile
  - Location
  - Contacts
  - Services
- Additional locations – branch locations, per Medicare provider number
- 10 Blackout dates
- Unduplicated admissions for past 12 months
- Identify services you want accredited
- **Renewal should complete application 6-9 months prior to expiration**
- Contact your AA if any of this information needs to be updated

PRELIMINARY EVIDENCE REPORT (PER)

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST

HOME HEALTH

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Home Health accreditation.

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

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

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

Confirmation of the following (initial in spaces provided):

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

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

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

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

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

____________________ (Name) ____________________ (Title)

____________________ (Date) ____________________ (Signature)

PER CHECKLIST

- 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
- 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: HHA, MSS, OT, PD, PT, SN, ST

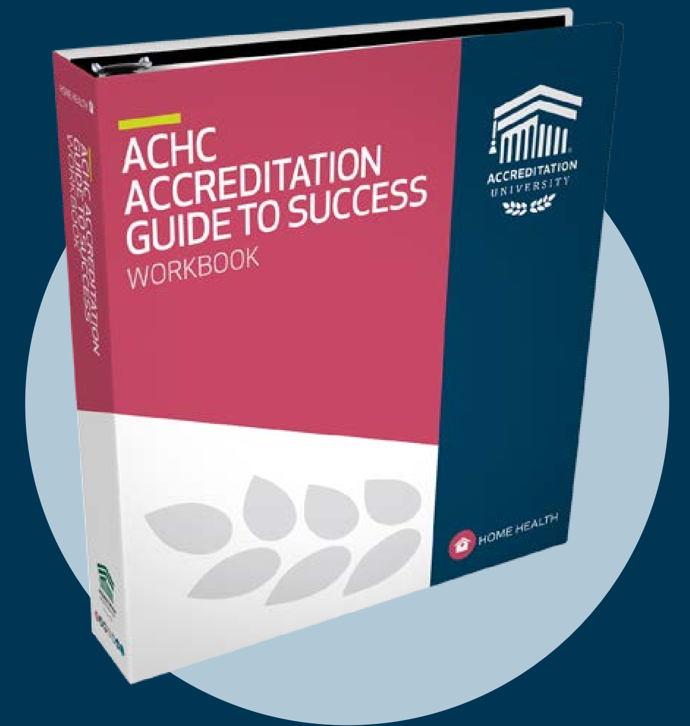
Standard #	Documents, Policies and Procedures	Agency Notes
HH1-1A.01	Written Policies and Procedures	
HH1-1B	Written Policies and Procedures	
HH1-2A	Written Policies and Procedures	
HH1-4A.01	Written Policies and Procedures	
HH1-6B	Written Policies and Procedures	
HH1-6C	Written Policies and Procedures	
HH1-8B	Written Policies and Procedures	
HH2-1A.01	Written Policies and Procedures	
HH2-2A	Written Policies and Procedures	
HH2-3A	Written Policies and Procedures	
HH2-4A	Written Policies and Procedures	
HH2-5A	Written Policies and Procedures	
HH2-6A	Written Policies and Procedures	
HH2-6B.01	Written Policies and Procedures	
HH2-7A.01	Written Policies and Procedures	
HH2-8A	Written Policies and Procedures	
HH2-8B.01	Written Policies and Procedures	
HH2-9A.01	Written Policies and Procedures	

POLICY REVIEW RESULTS

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

ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Home Health



GUIDE TO SUCCESS WORKBOOK

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

PREPARATION

- Educate Key Staff
  - Clinical staff (employees and contract)
  - Administrative
  - Governing body
  - Patients
- Prepare Agency
  - Human resources
  - IT/EMR-Read only access on an agency supplied laptop or desktop
  - Office space
    - Walk around your agency

FOR PROVIDERS.
BY PROVIDERS.

ACHIEVING A SUCCESSFUL SURVEY OUTCOME

Understanding the ACHC Home Health Standards

REVIEW THE STANDARDS

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

STANDARD EXAMPLE

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

Interpretation: Personnel honor the patient right to:

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

Evidence: Home visits

STANDARD EXAMPLE

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

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

Evidence: On-Call Schedule; Observation ; Response to Interviews

MOST STRINGENT REGULATION

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

ITEMS NEEDED FOR ON-SITE SURVEY

ITEMS NEEDED FOR ON-SITE SURVEY

MEDICARE CERTIFICATION AND RECERTIFICATION

HOME HEALTH

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

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

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

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

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

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ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
HH1-2A, HH1-2A.03/ HH1-9A.01/HH2-4A/ HH2-7A.01/HH3-1A/ HH3-1C/HH6-1C	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
HH1-5A	Job description for the Administrator	
HH1-5A.01	Annual evaluation of the Administrator	
HH1-6A	Organizational chart	
HH1-6B	Job description for the clinical manager(s)	
HH1-8A/HH1-8B	Previous 4 month's final OASIS Validation reports	
HH1-10A	Contracts for direct care, including copies of professional liability insurance certificates	
HH1-11A	CLIA certificate of waiver for agency or CLIA certificate for the reference laboratory	
HH1-12A.01	CMS letter of approval for branch addition (if applicable)	
HH2-1A.01	Marketing materials	
HH2-4A	Grievance/complaint log	
HH2-5C.01	Business Associate Agreements (BAAs)	
HH2-7A.01	Evidence of how ethical issues are identified, evaluated and discussed	
HH2-8A	Evidence of communication assistance for language barriers	
HH2-9A.01	Evidence of a Compliance Program	
HH2-10A.01/HH2-11A.01	On-call calendar	
HH3-1A	Most recent annual operating budget	
HH3-1B	Most recent capital expenditure plan (if applicable)	
HH3-1C	Evidence of the review of the budget	
HH3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)	
HH3-4A.01	Listing of patient care charges	
HH4-1B.01	Personnel records (including direct care and contract staff) contain evidence of the items listed in the standard. Surveyor will review personnel records at a minimum for the following disciplines: Administrator, Clinical Manager, Nurses, Aides, Social Worker, Physical Therapist, Occupational Therapist, Speech Therapist (if services are provided by the home health agency)	
HH4-2E.01	Job descriptions for identified staff	
HH4-2I.01	Employee handbook or access to personnel policies	
HH4-8A/HH4-8A.01	Evidence of ongoing education and/or written education plan	
HH4-12A/HH4-12B/HH4-12C/HH4-12F	Home Health Aide competency evaluation and/or training materials (if applicable)	
HH5-11A	Evidence of skilled services are provided by or under the supervision of qualified professionals per ACHC Glossary of Personnel Qualifications	
HH5-12A.01	Patient education materials	
HH5-13A.01	Referral log	
HH5-16A.01	Verification of physician licensure	

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

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ACHC Standard	Required Item	Located
HH6-1A	Quality Assessment and Performance Improvement (QAPI) Program	
HH6-1B.01	Job description for individual responsible for the QAPI Program	
HH6-1C	Governing body meeting minutes demonstrate involvement of the governing body in QAPI	
HH6-1D.01	Evidence of personnel involvement in QAPI	
HH6-3A.01	QAPI annual report	
HH6-4A.02	Evidence of monitoring processes that involve risks, including infections and communicable diseases	
HH6-4A.04	Evidence of monitoring of an aspect related to administrative function of the agency	
HH6-4A.05	Satisfaction surveys utilized in QAPI	
HH6-4A.06	Evidence of monitoring of patient grievances/complaints and actions needed to resolve problems	
HH6-4A.07	Evidence of quarterly record reviews and results are utilized in QAPI	
HH6-5A	Evidence QAPI activities focus on high risk, high volume, or problem prone areas	
HH6-6A	Evidence of the monitoring of all patient related variances	
HH6-7A.01	OASIS reports (most recent OBQM, OBQI, Patient/Agency Characteristics Report, Submission Statistics by Agency Report, and Error Summary Report) and evidence of ongoing monitoring of reports	
HH7-1A	Evidence of an Infection Control Program, TB prevalence rates for all counties served, TB Exposure Control Plan, and OSHA Bloodborne Pathogen Plan	
HH7-1D	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	
HH7-3A	Emergency Preparedness Plan that includes the all-hazards risk assessment	
HH7-3C	Communication Plan	
HH7-3D	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
HH7-3D	Evidence of a minimum of two tests/drills completed • One is a community-based or facility-based exercise • Second is a community-based or facility-based exercise or, when a community-based or facility-based exercise cannot be completed, a tabletop exercise is completed If unable to complete a community-based exercise, documentation must exist to support attempts made to participate in a community-based exercise	
HH7-3E	Emergency plan for integrated healthcare systems can demonstrate that the agency's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
HH7-5A.01	Report of annual fire drill and results of testing of emergency power systems	
HH7-6B.01	Access to Safety Data Sheets (SDS)	

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

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SECTION 1

- Current 855A
  - If you are a start-up agency or you have had a change that required an updated CMS 855A branch addition
- Copies of bylaws, Articles of Incorporation
- Governing body meeting minutes for the past 12 months
- Orientation records and signed confidentiality statements for governing body members
- Job description and resume for the Administrator/Clinical Manager
  - Designated alternates

SECTION 1

- Organizational chart
- OASIS reports for agencies that are already participating in the Medicare program for the past 4 months
- Contracts for any direct-care services and copy of professional liability insurance
- CLIA certificate of waiver for laboratory testing being performed at your agency as well as verification that the referral laboratory is certified in the appropriate specialties and subspecialties

SECTION 2

- Marketing materials
- Business Associate Agreements
- Grievance/complaint log
- Patient admission materials
- Compliance plan/program
- On-call calendar
- Evidence of how communication language barriers are addressed
- Evidence of how ethical issues are reported
- Evidence of how cultural diversity is addressed

SECTION 3

- Budget/evidence of review of budget
- Capital Expenditure Plan, if applicable
- Most recent Medicare Cost Report (not applicable for start-ups)
- Written list of patient service care charges

SECTION 4

- Personnel records
  - Direct-care staff and contract staff
  - Administrator and Clinical Manager
  - QAPI Coordinator role
- Employee handbook or evidence that staff have access to personnel policies and procedures
- Written education plan and evidence of ongoing education and inservices

SECTION 5

- Medical records
  - Surveyor needs the entire medical record (electronic and paper documents)
  - Do not print the medical record
  - Surveyor will need "read only" access to the entire medical record
  - Agency must provide the Surveyor with a laptop or desktop computer for reviewing the medical record
- Referral log or evidence of referrals not admitted
- Evidence of verification of physician licensure

SECTION 6

- Quality Assessment and Performance Improvement Program
  - Individual designated as responsible for the program
  - Evidence that governing body, organizational leaders and personnel are involved in the program
- Evidence for the tracking of:
  - Complaints and grievances
  - Patient and staff incidents/variances
  - Quarterly chart audit
  - Satisfaction surveys
  - Administrative function
- Ongoing and/or current QAPI projects
- Annual evaluation of QAPI Program

SECTION 7

- Evidence of an Infection Control Program
  - TB Exposure Plan and TB prevalence report
  - Bloodborne Pathogen Plan
  - Infection Control policies and procedures
  - Training of staff, patients, and caregivers
- Emergency Preparedness Plan
- Access to Safety Data Sheets (SDS) information
- Maintenance logs for any equipment used in the provision of care

SURVEY SUCCESS

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

ACHIEVING A SUCCESSFUL SURVEY OUTCOME

On-site Survey Process

ROLE OF SURVEYOR

- To ensure ACHC Accreditation Standards are being followed
- Data collector are seeking 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 patients
- Review of agency's implementation of policies
- Exit conference

OPENING CONFERENCE

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

TOUR

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

PERSONNEL FILE REVIEW

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

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

PERSONNEL FILE REVIEW

HOME HEALTH

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

COMPLIANCE DATE:

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

ACCREDITATION COMMISSION *for* HEALTH CARE

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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

HOME VISITS

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

RECORD REVIEW/HOME VISITS

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

EXIT CONFERENCE

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

CORRECTED ON SITE

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

RESOURCES

- Account Advisor
- Customer Central
- Home Health Survey Prep Packet
  - Items Needed for On-Site Survey
  - Completion of CMS paperwork
  - Personnel File Review
  - Use of PRN on the aide plan of care
- Monthly "Did You Know" emails
- *ACHC Today* emails
- ACHCU (achcu.com)

RE-CAP

- Generate the needed reports
  - Unduplicated admissions
  - Current census and current schedule of visits
  - Recent live discharges, transfers,
  - Personnel and contracted individuals
    - Full-time equivalent
    - Number of volunteers
  - Contracts for direct care providers

RE-CAP

- Electronic Medical Record
  - Read-only access or locked access
- Gathered all information on the Items Needed List
- Flagged the required policies and procedures
- Flagged the required documents for personnel files

TOP TEN SURVEY DEFICIENCIES

- Learn what the top survey deficiencies are and how to avoid them in the next webinar that will be sent to you after you have your pre-survey call with your Account Advisor

FOR PROVIDERS.
BY PROVIDERS.

THANK YOU

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