



FOR PROVIDERS.
BY PROVIDERS.

Home Care Association
& Hospice of NJ

 PRIVATE DUTY

Preparing for an ACHC Private Duty Accreditation Survey

New Jersey Health Care Service
Firms



Objectives

- Become familiar with the accreditation process
- Learn how to prepare an organization for an initial ACHC Private Duty accreditation or re-accreditation survey
- Establish expectations for survey day and strategies for survey success
- Review the NJ specific regulations for HCSF



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Introduction

About ACHC



About ACHC

- Nationally recognized accreditation organization (AO) with more than 30 years of experience
- CMS Deeming Authority Recognition by most major third-party payors
- Approved to perform many state licensure surveys
- Quality Management System certified to ISO 9001:2015

ACHC Mission And 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
- Every employee is accountable for their contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

Better Together: HFAP Is Now ACHC


- HFAP was founded in 1945 as the nation's first accrediting organization to validate healthcare quality. In 2020, the program became part of the ACHC family, bringing providers solutions that address the continuum of care.

ACHC Offerings

Available Programs

 ACUTE CARE HOSPITAL (HFAP)

 AMBULATORY CARE

 AMBULATORY SURGERY CENTER (HFAP)

 ASSISTED LIVING

 BEHAVIORAL HEALTH

 CRITICAL ACCESS HOSPITAL (HFAP)

 CLINICAL LABORATORY

 DENTISTRY

 DMEPOS

 HOME HEALTH

 HOME INFUSION THERAPY

 HOSPICE

 NON-STERILE COMPOUNDING (PCAB)

 OFFICE-BASED SURGERY (HFAP)

 PALLIATIVE CARE

 PHARMACY

 PRIVATE DUTY

 RENAL DIALYSIS

 SLEEP

 STERILE COMPOUNDING (PCAB)

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

Certifications (HFAP)

- 🏆 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 Survey Approach

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

Customer Satisfaction

- Customer satisfaction data is collected by electronic and phone surveys
- A report containing 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 customer is contacted

Customer Satisfaction



98%

OF OUR CUSTOMERS REPORT
POSITIVE EXPERIENCES



98%

OF OUR CUSTOMERS
RECOMMEND ACHC



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Private Duty Requirements



Private Duty Accreditation

- Created specifically for non-Medicare providers
- Available for variety of services:
 - Private Duty Companion/Homemaker (PDC)
 - Private Duty Aide (PDA)
 - Private Duty Nursing (PDN)
 - Private Duty Occupational Therapy (PDOT)
 - Private Duty Physical Therapy (PDPT)
 - Private Duty Speech Therapy (PDST)
 - Private Duty Medical Social Work (PDSW)
- Accreditation cycle is renewed every 3 years

Requirements For Private Duty

- Be licensed and registered according to applicable state and federal laws and regulations and maintain all current legal authorization to operate
- Occupy a building in which services are provided and coordinated that is identified, constructed, and equipped to support such services
- Clearly define the services it provides directly or under contract

Private Duty Accreditation



*3 must be active at time of initial accreditation

Distinction in Palliative Care

- Distinction in Palliative Care
 - Home Health/Hospice/Private Duty
- Additional one day on survey
 - Must have provided care to three patients, with two active at time of survey
 - <150 palliative care patients: three total record reviews with one home visit
 - 150 or more palliative care patients: four total record reviews with two home visits
- ACHC standards were based on the National Consensus Project for Quality Palliative Care guidelines

Distinction in Telehealth



- Distinction in Telehealth
 - Telehealth may include remote client/patient monitoring (RPM), biometrics, video, talk, or education.
- Additional one day on survey
 - Three additional records will be reviewed.
 - One virtual patient contacted.
 - Personnel charts reviewed for competencies and to ensure a telehealth manager and alternate are assigned.
- ACHC Telehealth standards are based on the American Telemedicine Association's Home Telehealth Clinical Guidelines.

Private Duty Accreditation

ACCREDITATION MADE SIMPLE



STEP 1

Create a
Customer Central
account; download
standards



STEP 2

Submit
application
and deposit



STEP 3

Sign
Accreditation
Agreement



STEP 4

Submit
PER checklist
indicating your
readiness**



STEP 5

Participate
in a survey



STEP 6

Receive
your accreditation
decision

**FOR INITIAL APPLICANTS ONLY



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Achieving a Successful Survey Outcome

Pre-Survey Preparation



Survey Preparation

- State and local laws
 - Your organization must always comply with the most stringent regulation in order to be in compliance
 - Make sure you are reviewing all applicable laws for your program
- Established agency policies and procedures
 - Must abide by policies and procedures

Tip Sheet for a Successful Survey

TIP SHEET FOR A SUCCESSFUL SURVEY NEW JERSEY HEALTH CARE SERVICE FIRMS



This checklist is designed to help you prepare for your ACHC Accreditation Survey for Health Care Service Firms (HCSF) in New Jersey. 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.

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.

- Current client/patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of client/patient visits
- Discharge/transfer client/patient census for past 12 months (or since start of operation if less than one year)
- Personnel list with title, discipline, and hire date (including direct care and contract staff)
- Admission packet and education materials given to clients/patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results
- General liability insurance policy in the amount of not less than \$1,000,000.00

| Standard | Section 1: ORGANIZATION AND ADMINISTRATION |
|----------|--|
| PD1-1A | Applicable licenses and permits are posted. |
| PD1-2A | Governing body meetings (after agency established compliance date) have documented meeting minutes. |
| PD1-2D | New governing body members have received an orientation of their duties and responsibilities. |
| PD1-3A | Any conflict of interest has been properly disclosed. |
| PD1-4A | Administrator possesses the appropriate education and experience requirements. Healthcare practitioner supervisor is a New Jersey licensed physician or an RN in good standing, with a BSN and two years combined public health nursing and progressive professional responsibilities in public health, or an RN in good standing with three years combined public health nursing and progressive professional responsibilities in public health nursing. |
| PD1-4C | Alternate Administrator possesses the appropriate education and experience requirements. |
| PD1-5A | Organizational chart is current. |
| PD1-7A | The Fair Labor Standards Act poster is posted in a prominent location. |
| PD1-7A | Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none"> • PD2-2A Client/patient rights and responsibilities policy • PD2-3A Investigation of alleged client/patient mistreatment • PD2-4A Investigation of client/patient complaints • PD2-6A Client/patient rights to accept or refuse medical care, agency resuscitation, surgical treatment and Advance Directive • PD4-2H Completion of background checks and criminal history convictions • PD4-13B Aide qualifications and certification requirements |

Revised: 05/05/2020
[754] New Jersey Tip Sheet for Success - PD

Page 1 of 8 | achc.org

ACCREDITATION COMMISSION *for* HEALTH CARE

| | |
|---------|---|
| | <ul style="list-style-type: none"> • PD5-3A Client/patient assessment and plan of care development • PD6-4A Reporting of client/patient incidents and variances |
| PD1-7A | Job orders must contain the following minimum information: <ol style="list-style-type: none"> 1) A description of the setting 2) The hours to be worked; 3) The title of position (for example, supervising nurse, staff nurse, charge nurse, clinical specialist) 4) Duties; 5) Special skills or certifications required; 6) Special equipment to be operated; and 7) Special employer policies or limitations to be required. |
| PD1-7A | The HCSF will submit an audit to the Division that complies with the requirements of (b) under N.J.A.C. 13:45B-13.5. The audit shall: <ol style="list-style-type: none"> 1) Be conducted by a certified public accountant licensed in New Jersey and shall encompass an examination of the health care service firm's financial records, financial statements, the general management of its operations, and its internal control systems; 2) Include an audit report with an unqualified opinion and shall be accompanied by any management letters prepared by the auditor in connection with the audit commenting on the internal controls or management practices of the health care service firm; and 3) Be divided into two components of which: <ol style="list-style-type: none"> i. One is a compliance component that evaluates the health care service firm's compliance with laws and rules governing health care service firms; and ii. One is a financial component that includes an audit of the financial statements and accompanying notes, as specified in the Statements on Auditing Standards issued by the American Institute of Certified Public Accountants. |
| PD1-10A | Contracts for direct care exist and contain the required content. The HCSF maintains copies of professional liability insurance certificates for all contract personnel. |
| PD1-10D | Care provided by contract staff is being monitored to ensure the quality of care provided to clients/patients. |
| PD1-11A | Verification that all referring physician's licenses remain current if orders for care are required per the state or payor. |

| Standard | Section 2: PROGRAM/SERVICE OPERATIONS |
|----------|---|
| PD2-1A | Marketing materials accurately reflect care/service provided by HCSF. |
| PD2-1A | Clients/patients have been provided a copy of the Consumer Guide to Homemaker-Home Health Aides published by the New Jersey Board of Nursing within 24 hours prior to the provision of services. If the client/patient/employer chooses to waive the receipt of such information within the required time frame, the HCSF must maintain a written waiver from the client/patient for at least two years. |
| PD2-1A | Clients/patients receive written notification when an individual is sent to provide care on behalf of the HCSF is not licensed or certified as a healthcare professional by the Division of Consumer Affairs. The written notification should be on the HCSF's letterhead and include: <ul style="list-style-type: none"> • The name and address of the individual; and • The title of any course the individual successfully completed that prepared the individual to provide services to the client/patient/employer, the date the course was completed and the place at which the course was taken; • Certification from the healthcare service firm that the individual is a United States citizen or |

Revised: 05/05/2020
[754] New Jersey Tip Sheet for Success - PD

Page 2 of 8 | achc.org



| | |
|---------|---|
| | legally-documented alien who can legally work in the United States; and <ul style="list-style-type: none"> • Certification from the healthcare service firm that it has verified the individual's employment history or has obtained two character references for the individual. The information required by above shall be provided to clients/ patients/employers at least 24 hours prior to the provision of services. A client/patient/employer may waive the right to obtain the information required by above within the time frame set forth above. Such a waiver must be in writing and must be maintained for at least two years by the healthcare service firm. When a client/patient has waived his or her right to obtain the information within the time frame set forth above, the information required above shall be provided to the client/patient/employer prior to the provision of services. |
| PD2-2A | Clients/patients receive the Client/Patient Rights and Responsibilities statement. |
| PD2-2B | All certified homemaker-home health aide or healthcare professional regulated by the Division wear an identification badge at all times while providing care to clients/patients. The ID badge must include: <ul style="list-style-type: none"> • The individual's first name or initial • The individual's full surname • The term reflecting the individual's level of licensure or certification • A photograph of the individual The font on the ID badge must be of equal size and not smaller than one-quarter inch. The size of the ID badge should be equal to or greater than that of any other ID worn by the individual. |
| PD2-3A | Alleged violations by anyone furnishing services on behalf of the agency have been properly investigated and appropriate corrective action has been taken. |
| PD2-4A | Client/patient grievances and complaints have been documented, investigated, resolved and reported to the governing body quarterly. |
| PD2-4B | Clients/patients have been provided information on how to report grievances/complaints to the HCSF. |
| PD2-5A | Personnel, contracted individuals and governing body members have signed a confidentiality statement. |
| PD2-5C | Business Associate Agreements are completed for non-covered entities. |
| PD2-6A | Advance Directive information provided to clients/patients is current. |
| PD2-6B | Personnel, based on agency policy, that perform CPR have evidence of current CPR certification. |
| PD2-7A | Summary of any ethical issues has been submitted to the governing body. |
| PD2-8A | Language resource information is available to personnel to assist clients/patients with limited English proficiency as well as persons with disabilities. |
| PD2-9A | HCSF has an established Compliance Program aimed at preventing fraud and abuse. |
| PD2-10A | Evidence of on-call scheduling as appropriate. |

| Standard | Section 3: FISCAL MANAGEMENT |
|----------|--|
| PD3-1A | Current budget projects revenue and expenses and is reflective of the care/service provided. |
| PD3-6A | List of care/service charges are available. |
| PD3-6B | Clients/patients have been provided information regarding charges for care/service. |

Revised: 05/05/2020
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Page 3 of 8 | achc.org



Organization and Administration

- Copies of By-laws, Articles of Incorporation
- Current license and permits
- Governing body meeting minutes for the past 12 months
- Orientation records and signed confidentiality statements for new governing body members
- Conflicts of interest
- Organizational chart
- Posters
- Contracts for any direct-care services and copy of professional liability insurance
- Verification of physician licensure

NJ Specifics

- General liability insurance policy
 - Not less than \$1,000,000
- Healthcare practitioner supervisor education & experience requirements
 - NJ licensed physician or an RN in good standing, with a BSN and two years combined public health nursing and progressive professional responsibilities in public health, or an RN in good standing with three years combined public health nursing and progressive professional responsibilities in public health nursing.
- Job orders must contain the following minimum information:
 - A description of the setting
 - The hours to be worked;
 - The title of position (for example, supervising nurse, staff nurse, charge nurse, clinical specialist)
 - Duties;
 - Special skills or certifications required;
 - Special equipment to be operated; and
 - Special employer policies or limitations to be required.

NJ Specifics

- Commencing May 21, 2021 and every third year, HCSF will submit an audit to the Division that complies with the requirements of (b) under N.J.A.C. 13:45B-13.5. The audit shall:
 - Be conducted by a certified public accountant licensed in New Jersey and shall encompass an examination of the health care service firm's financial records, financial statements, the general management of its operations, and its internal control systems;
 - Include an audit report with an unqualified opinion and shall be accompanied by any management letters prepared by the auditor in connection with the audit commenting on the internal controls or management practices of the health care service firm; and
 - Be divided into two components of which:
 - One is a compliance component that evaluates the health care service firm's compliance with laws and rules governing health care service firms; and
 - One is a financial component that includes an audit of the financial statements and accompanying notes, as specified in the Statements on Auditing Standards issued by the American Institute of Certified Public Accountants.

Program/Service Operations

- Marketing materials
- Client/Patient Rights and Responsibilities statement
- Business Associate Agreements
- Advance Directive information
- Grievance/complaint log
- Compliance plan/program
- On-call calendar
- Evidence of how communication language barriers are addressed
- Evidence of how ethical issues are addressed

NJ Specifics

- Clients/patients have been provided a copy of the Consumer Guide to Homemaker-Home Health Aides published by the New Jersey Board of Nursing within 24 hours prior to the provision of services. If the client/patient/employer chooses to waive the receipt of such information within the required time frame, the HCSF must maintain a written waiver from the client/patient for at least two years.
- Clients/patients receive written notification when an individual is sent to provide care on behalf of the HCSF is not licensed or certified as a healthcare professional by the Division of Consumer Affairs. The written notification should be on the HCSF's letterhead and include:
 - The name and address of the individual; and
 - The title of any course the individual successfully completed that prepared the individual to provide services to the client/patient/employer, the date the course was completed and the place at which the course was taken;

NJ Specifics

- Certification from the healthcare service firm that the individual is a United States citizen or legally-documented alien who can legally work in the United States; and
 - Certification from the healthcare service firm that it has verified the individual's employment history or has obtained two character references for the individual.
- The information required by above shall be provided to clients/ patients/employers at least 24 hours prior to the provision of services.
 - A client/patient/employer may waive the right to obtain the information required by above within the time frame set forth above. Such a waiver must be in writing and must be maintained for at least two years by the healthcare service firm. When a client/patient has waived his or her right to obtain the information within the time frame set forth above, the information required above shall be provided to the client/patient/employer prior to the provision of services.

NJ Specifics

- All certified homemaker-home health aide or healthcare professional regulated by the Division wear an identification badge at all times while providing care to clients/patients. The ID badge must include:
 - The individual's first name or initial
 - The individual's full surname
 - The term reflecting the individual's level of licensure or certification
 - A photograph of the individual
 - The font on the ID badge must be of equal size and not smaller than one-quarter inch.
 - The size of the ID badge should be equal to or greater than that of any other ID worn by the individual.

Fiscal Management

- Current budget/evidence of review of budget
- Written list of client/patient service care charges
- Clients/patients provided information regarding charges

Human Resource Management

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

NJ Specifics

- Personnel files contain at a minimum:
 - The applicant's name, address and telephone number
 - The applicant's Social Security number
 - The license held by for all RNs, LPNs, HHAs, NAs
 - The license-issuing authority or board
 - The license number
 - The license expiration date
 - The names and address of all institutions, clients/patients and agencies worked for within the one-year period preceding the date of application, a statement of reasons for leaving each employer and the names of all supervisors having knowledge of the applicant's performance at each location. If the applicant has been employed by more than five employers within the stated one-year period, the applicant shall be required to disclose only the five employers immediately preceding the date of application

NJ Specifics

- Areas of actual working experience and period of time during which experience was acquired (for example, I.C.U. – one year, med surg – one year, private residence – one year)
- The applicant's education (diplomas/degree(s) held)
- The applicant's malpractice insurance carrier (name and address), where applicable
- The applicant's malpractice insurance policy number, where applicable
- Signed and dated withholding statements
- Completed I-9 documentation

All applications must contain the following duly executed authorization:

I (applicant), hereby authorize (agency) to request and receive from all prior employers within one year of the date of application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

NJ Specifics

- Personnel files contain evidence that applicant's work history has been verified at all disclosed employment locations for the one-year period prior to the date of the application and inquire of all employers disclosed on the application the reason for any termination, resignation or cessation of employment.
 - The name and title of the individual providing the information must be recorded.
- Personnel credentialing activities are up to date:
 - Licensure shall be verified by obtaining a document, which verifies licensure from the Board or Committee that registers or licenses the individual and, within 45 days of obtaining the verification, by personally inspecting the current biennial registration or license or a copy of the current biennial registration or license.
 - The agency shall maintain a copy of the verification document that it has secured from the Board or Committee that registers or licenses the individual and a copy of the license or registration with the following notation conspicuously written across the entire face of the license: "COPY OF ORIGINAL NOT VALID FOR VERIFYING CURRENT LICENSURE STATUS."

NJ Specifics

- The agency shall maintain a record of licensure verification in which the following information is recorded:
 - The registrant's name and address;
 - The New Jersey board or agency issuing license or registration;
 - The license or registration number;
 - The period for which licensure or registration was issued;
 - The date of license inspection; and
 - The name of the individual making the inspection on behalf of the licensee.
- When the agency knows or has reason to know that the license of any healthcare practitioner placed or referred has been suspended, revoked or otherwise limited or restricted so as to preclude the rendering of the healthcare service for which employment or placement was intended, the agency shall verify the licensure status at the earliest possible time. Upon a determination that the license has been suspended, revoked or otherwise limited or restricted, the agency shall directly terminate the healthcare practitioner's employment and notify the individual or entity currently receiving services from the healthcare practitioner that the practitioner's authority to practice has been suspended or revoked.

Provision of Care and Record Management

- Medical records
 - Surveyor needs the entire medical record (electronic and paper documents)
 - Do not print the medical record
 - Surveyor will need “ready only” access
 - Agency must provide the Surveyor with laptop or desktop computer
- Referral log or evidence of referrals not admitted
- Client/patient education materials

NJ Specifics

- The client/patient or client's/patient's representative shall receive a copy of the plan of care and any revisions to the plan of care.
- Prior to referring or placing a home health aide in a home care setting, the agency shall assure that a licensed Registered Nurse (RN) evaluates the client's/patient's needs and establishes, in writing, a plan of care. The RN preparing the plan of care shall sign it and indicate thereon his or her license designation.
- An agency shall make referrals or placements consistent with the level of care indicated in the plan of care.
- For NJ Medicaid clients:

Homemaker-home health aide and personal care assistant services shall be provided by the agency in accordance with the plan of care.

 - The aide shall arrive and leave each day as scheduled by the agency.
 - The same aide shall be assigned on a regular basis, with the intent of assuring continuity of care for the beneficiary, unless there are unusual documented circumstances, such as a difficult beneficiary/caregiver relationship, difficult location, or personal reasons of aide or beneficiary/caregiver.

NJ Specifics

- Services shall be within the scope of practice of personnel assigned.
 - Appropriate training and orientation shall be provided by licensed personnel to assure the delivery of required services.
 - The aide shall provide appropriate services as reflected in the plan of care and identified on the assignment sheet.
- The healthcare practitioner supervisor must review the plan of care at least every 30 days and be revised accordingly (can be via phone call).
 - The healthcare practitioner supervisor must make an on-site, in-home evaluation and review of the plan of care at least every 60 days.*

*Temporary rule waiver during state declared PHE

NJ Specifics

- The duties of the registered professional nurse in the PCA program are as follows:
 - Direct supervision of the personal care assistant shall be provided by a registered nurse at a minimum of one visit every 60 days, initiated within 48 hours of the start of service, at the beneficiary's place of residence during the personal care assistant's assigned time. The purpose of the supervision is to evaluate the personal care assistant's performance and to determine that the plan of care has been properly implemented. At this time, appropriate revisions to the plan of care shall be made. Additional supervisory visits shall be made as the situation warrants, such as a new PCA or in response to the physical or other needs of the beneficiary.
 - A personal care assistant nursing reassessment visit shall be provided at least once every six months, or more frequently if the beneficiary's condition warrants, to re-evaluate the beneficiary's need for continued care.

Quality Outcomes/Performance Improvement

- Performance Improvement (PI) 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:
 - Infections/communicable diseases
 - Satisfaction surveys
 - Complaints and grievances
 - Patient incidents/variances
 - Quarterly chart audits
- Ongoing and/or current PI projects
- Annual evaluation of PI Program

Risk Management: Infection and Safety Control

- Evidence of an Infection Control Program
 - TB Exposure Plan
 - Bloodborne Pathogen Plan
 - Policies and procedures
 - Training of staff
- Emergency disaster plan
- Annual office fire drill
- Access to SDS information
- Personnel incident reports
- Maintenance logs

Focus Areas

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



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Achieving a Successful Survey Outcome

On-Site Survey Process



Role of Surveyor

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

On-Site Survey Process

- Policy review on-site; unless policies are pre-approved ahead of survey
- Surveys are announced and you will receive a call the morning of survey
- On site:
 - Observation
 - Interviews
 - Home visit
 - Medical record review/Personnel record review
 - Contracts
 - Performance Improvement
- Review by the Review Committee
- Accreditation decision is made.

Opening Conference

- Begins shortly after arrival of Surveyor
- Invite those involved in the process
- Good time to gather information needed by the Surveyor
- KEY REPORTS
 - Current census and current schedule of visits
 - Name, diagnosis, start of care date, disciplines involved
 - Discharge and transfers
 - Personnel (contract)
 - Name, start of hire, and discipline/role

Reports

- Current census
- Current schedule of visits
- List of live discharges/transfers for past 12 months
- Personnel list
 - Employees
 - Contract staff
- Previous survey results for past year
- Admission packet and education materials
- Staff meeting minutes for past 12 months
- Internal Plans of Corrections

Tour

- Quick 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
- Policies and procedures available for reference
- Performance Improvement presentation (brief)

Personnel Record 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.

Medical Chart Review

- Will review five medical records
 - Sample of active and closed records
- Representative of the care provided
 - Pediatric-geriatric
 - Environment served

Home Visit

- Will conduct one home visit
- Visit 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

Exit Conference

- Exit conference
 - Present all corrections prior beforehand
 - Invite those you want to attend
 - Cannot provide a score
 - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
 - 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



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Achieving a Successful Survey Outcome

Post-Survey Process



Post-Survey Process

- Data collectors versus scorekeepers
- Submission of data to office
- ACHC Accreditation Review Committee examines all the data
- Summary of Findings is sent within 10 business days from the last day of survey

SAMPLE SUMMARY OF FINDINGS

Survey Report for Survey on 01/1/2013
 Services: PDA, PDC, PDN



Address
 City, State, Zip

| Deficiency Category - Personnel Files | | Deficient |
|---------------------------------------|--|-----------|
| Standard | Comments | |
| PD2-6B | <p>Written policies and procedures are established and implemented by the PD in regard to resuscitative guidelines and the responsibilities of personnel. (was standard PD2-6C)</p> | X |
| | <p>Based upon review of personnel records, 1 out of 2 employees (MF) has online CPR.</p> <p>Action Required: The agency will need to ensure that all required personnel obtain a CPR certification from an onsite class and maintain proof in each personnel file. Personnel files should be audited upon completion of orientation and annually to ensure that all required information is present and current.</p> | |
| PD4-2J | <p>Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.</p> | X |
| | <p>Based upon review of personnel records, 2 out of 2 employees (CB, DI) did not have a performance evaluation for 2011 or 2012.</p> <p>Action Required: The agency will need to ensure that personnel evaluations are completed, shared, reviewed and signed by the supervisor and personnel no less frequently than every 12 months. Personnel files should be audited annually to assess compliance.</p> | |



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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.*



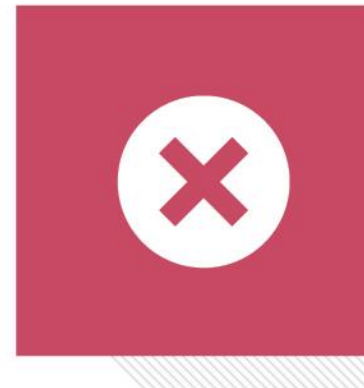
ACCREDITATION PENDING

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 30 calendar days to ACHC
- Deficiencies are auto-filled
- Plan of Correction
 - Action step
- Date of compliance of the action step
- Title of individual responsible
- Process to prevent recurrence
 - Percentage and frequency
 - Target threshold
 - Maintaining compliance



PLAN OF CORRECTION



PLAN OF CORRECTION (POC)

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

INSTRUCTIONS:

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

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

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

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





FOR PROVIDERS.
BY PROVIDERS.

Educational Resources



Educational Resources

- ACHC has created numerous resources to assist you with your ACHC survey
- To view these resources, log in to Customer Central at cc.achc.org and ACHCU.com
- Your best resource is your personal Account Advisor



Educational Resources

- ACHCU resources
 - Workbooks and workshops
- Online resources
 - The Surveyor newsletter
 - Regulatory updates
- Maintaining compliance checklists
- Email updates
 - “Did You Know?”
 - ACHC Today monthly e-newsletter
- Policy review



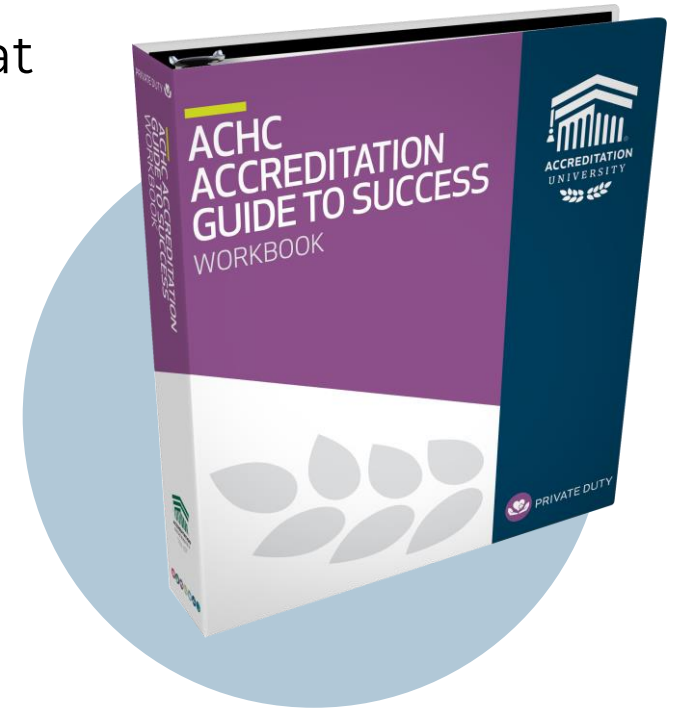
Customer Central

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


The screenshot displays the Customer Central website interface. At the top, there are input fields for 'USERNAME' and 'PASSWORD', and a 'LOG IN' button. Below this, the 'CUSTOMER CENTRAL' logo is visible. The main content area is divided into two columns. The left column features a vertical menu with three primary actions: 'Download Standards' (with a download icon), 'Complete Application' (with a checkmark icon), and 'On-Site Survey' (with a refresh icon). Below these are two video tutorial links: 'Watch a video tutorial of the new Customer Central' and 'Watch Install Video » Get Desktop App for Windows ». At the bottom of the left column is an 'EDUCATIONAL RESOURCES' section with the Accreditation University logo. The right column contains a welcome message: 'Customer Central is your personalized website to complete the accreditation process, from start to finish!'. Below this is a registration form titled 'Please provide the information requested below to create your account and download ACHC standards'. The form includes fields for 'FIRST NAME', 'LAST NAME', 'PHONE', 'EMAIL', 'COMPANY NAME', 'DBA NAME', 'ADDRESS', 'CITY', 'STATE' (dropdown), and 'ZIP'. It also has dropdown menus for 'ACCREDITATION PROGRAM' and 'NUMBER OF LOCATIONS'. The bottom section of the form includes 'SELECT A USERNAME', 'ENTER PASSWORD', and 'CONFIRM PASSWORD' fields. There are two more dropdown menus: 'Accreditation completed by:' and 'Which of the following best describes you?'. At the very bottom of the form are two checkboxes for 'Are you hospital-affiliated?' (YES/NO) and a 'SUBMIT' button.

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
- Quick Standard Reference
 - Quickly locate important information for successfully completing the ACHC accreditation process




Survey Preparation Tools



OBSERVATION AUDIT TOOL

- Agency has appropriate Articles of Incorporation and other documents of legal authority.
- Copy of Fair Labor Standards Act is in a prominent location.
- Evidence of an on-call process to ensure services are available 24 hours a day necessary to meet client/patient needs.
- Evidence of charges in writing and a request.
- Marketing materials reflect the services provided by the agency.
- Personnel have access to a reference internet access appropriate to the services provided.
- Evidence of a referral log or other tool for referrals as well as referrals not addressed.
- Evidence of an annual practice drill to test the adequacy of the disaster/crisis plan.




POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Can you describe your duties and accountabilities? PD1-2A

Can you describe your orientation process? PD1-2D

Can you describe the agency's policies and procedures on conflict of interest and how it affects you? PD1-3A

| | | | | | | | |
|---|----------|----------------------------------|---------------|-------|--------------------------|------|---------------------|
| | STANDARD | GOVERNING BODY MEMBERS OWNER/CEO | ADMINISTRATOR | NURSE | THERAPISTS/SOCIAL WORKER | AIDE | HOMEMAKER/COMPANION |
| Can you describe your duties and accountabilities? | | | | | | | |
| Can you describe your orientation process? | | | | | | | |
| Can you describe the agency's policies and procedures on conflict of interest and how it affects you? | | | | | | | |



PERSONNEL CHART AUDIT TOOL

| REQUIREMENTS | STANDARD | STAFF INITIALS |
|--|---------------|----------------|
| | Date of Hire: | |
| Application | PD4-1B | |
| Dated and signed withholding statements | PD4-1B | |
| Completed I-9 | PD4-1B | |
| Personnel credentials | PD4-2B | |
| TB skin testing or chest x-ray (Direct care staff only) | PD4-2C | |
| Hepatitis B or declination (Direct care staff only) | PD4-2D | |
| Signed Job Description | PD4-2E | |
| Valid Driver's License (If required to transport patients) | PD4-2F | |
| Background Checks: | PD4-2H | |
| OIG Exclusion List | PD4-2H | |
| National Sex Offender Registry (Direct care staff only) | PD4-2H | |
| Criminal Background | PD4-2H | |
| Evidence of receipt of Employee Handbook | PD4-2I | |
| Annual Performance Evaluations | PD4-2J | |
| Orientation | PD4-5A | |

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

Date: _____ Auditor: _____ Client Record: _____

| PD | REQUIREMENTS | CLIENT INITIALS | SCORE |
|-------|---|-----------------|-------|
| | Start of Care Date: | | |
| 2-1A | Receipt of description of services | | of % |
| 2-2A | Receipt of rights and responsibilities | | of % |
| 2-4B | Receipt of complaint process | | of % |
| 2-5B | Receipt of privacy notice (HIPAA) | | of % |
| 2-6A | Advance Directive Information | | of % |
| 3-3A | Financial hardship form (if applicable) | | of % |
| 3-6B | Information on financial responsibility | | of % |
| 3-7A | Services are properly billed for | | of % |
| 4-10A | Designated Care Coordinator/CM | | of % |
| 4-11A | RN supervising paraprofessionals | | of % |
| 4-11B | Paraprofessional oversight | | of % |
| 4-11D | LPN/LVN Supervision | | of % |

CLIENT/PATIENT RECORD AUDIT

| | | | | | | | |
|---|----------|----------------------------------|---------------|-------|--------------------------|------|---------------------|
| | STANDARD | GOVERNING BODY MEMBERS OWNER/CEO | ADMINISTRATOR | NURSE | THERAPISTS/SOCIAL WORKER | AIDE | HOMEMAKER/COMPANION |
| Can you describe your duties and accountabilities? | | | | | | | |
| Can you describe your orientation process? | | | | | | | |
| Can you describe the agency's policies and procedures on conflict of interest and how it affects you? | | | | | | | |



THANK YOU

Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
(855) 937-2242 | achc.org

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411 North Avenue East, Cranford, NJ 07016
(732) 877-1100 | homecarenj.org

