



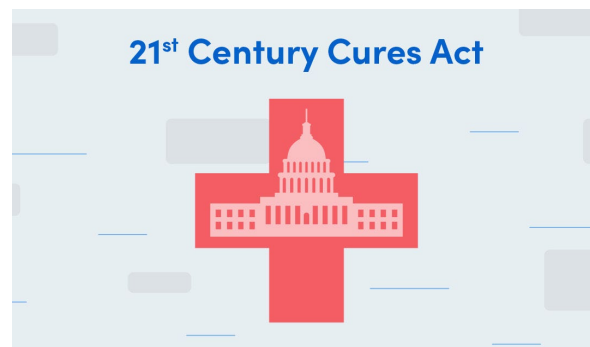
EDUCATIONAL RESOURCES

EXPERIENCE THE ACHC DIFFERENCE

Accreditation for Home Infusion Therapy Services

MANDATORY ACCREDITATION

- The 21st Century Cures Act, signed into law in December 2016, is a wide-ranging healthcare bill that funds medical research and development, medical device innovation, mental health research and care, opioid addiction treatment and prevention, and health information technology.
- In addition, it mandates that any Home Infusion Therapy suppliers must be accredited by January 1, 2021, if they want to receive Medicare Part B reimbursement for the nursing services provided to administer the medication to the patient.



HOME INFUSION THERAPY

- Provision of care to patients that are in their homes who require administration of infused drugs.
- ACHC previously provided accreditation for organizations that provide this service:
 - Infusion Pharmacies (IRN)
 - Private Duty Organizations (PDIN)
 - Home Health Agencies



HOME INFUSION THERAPY

- ACHC has applied for CMS Deeming Authority to conduct Home Infusion Therapy deemed status surveys.
- Agencies that want to be able to seek Medicare Part B reimbursement will need to be accredited by an approved Accrediting Organization by January 1, 2021.
 - Reimbursement is not available under Medicare Part B until January 1, 2021.
- Agencies that do not wish to see Medicare Part B reimbursement but want to provide infusion services may do so under the current Infusion Nursing (IRN), Private Duty Nursing (PDN) and Home Health accreditation standards.
 - Will not be eligible for Medicare Part B reimbursement.

HOME INFUSION THERAPY

- Agencies that wish to provide Infusion Nursing (IRN) services and Home Infusion Therapy (HITS) Supplier and agencies that wish to provide Private Duty Nursing (PDN) and Home Infusion Therapy (HITS) Supplier must be able to demonstrate separation of services as evidenced by:
- Operation of the agency:
 - Separate clinical records for patients receiving Infusion Nursing (IRN) and Home Infusion Therapy (HITS) Supplier services and for patients receiving Private Duty Nursing (PDN) and Home Infusion Therapy (HITS) Supplier services.
 - Additional policies designated to the requirements of providing home infusion therapy.

HOME INFUSION THERAPY

- Consumer Awareness:
 - Marketing materials should be reviewed to verify that the materials note the differences between the services.
 - Written material should clearly identify the Home Infusion Therapy Supplier service as separate and distinct from Infusion Nursing and Private Duty Nursing services.
- Staff Awareness:
 - Staff should be able to identify the difference in services they provide for Home Infusion Therapy Supplier and Infusion Nursing or Private Duty Nursing.

REIMBURSEMENT RAMIFICATIONS OF THE ACT

- Currently, providers do not receive reimbursement for the pharmacy coordination or nursing administration of the medication.
- The 21st Century Cures Act provided:
 - Medicare payment – but only on days that the nurse actually makes a visit to the patient’s home and administers the medication.
 - Payment only for the administration of the medication, but not for the pharmacy oversight or care coordination.
 - Payment through Medicare Part B. Home Health agencies currently receive reimbursement through Part A. Therefore, they need to obtain a PTAN number to bill.
 - Payment only if the Home Infusion Therapy supplier is accredited.

HOME INFUSION THERAPY OPERATIONAL FACTS

November 1, 2019

- ACHC launched its Home Infusion Therapy Accreditation Program. Standards for this accreditation meet the new Medicare requirements and are similar to standards for ACHC's previous Infusion Nursing (IRN) and Private Duty Infusion Nursing (PDIN) services.
- Education and crosswalks are posted on ACHC.org and Customer Central.
- Organizations renewing their IRN/PDIN accreditation will be surveyed under the new Home Infusion Therapy Accreditation Standards.
- All organizations seeking initial Home infusion Therapy accreditation will be surveyed against the new Home Infusion Therapy Accreditation Standards.

HOME INFUSION THERAPY OPERATIONAL FACTS

- The Home Infusion Therapy survey is an additional one-day survey that can be completed at the time of initial certification or recertification or midcycle.
- The Home Infusion Therapy survey is unannounced.
- Agencies must have provided care to three patients receiving home infusion therapy for the survey to be completed.
- ACHC will review all three medical records.
- ACHC will conduct one home visit when available and when not available will conduct a competency simulation.
- ACHC Accreditation is for three years.

COMMONLY ASKED QUESTIONS

Will ACHC be conducting on-site surveys at every location?

- **Yes.** All customers seeking Home Infusion Therapy accreditation will require an on-site survey.

COMMONLY ASKED QUESTIONS

Are the new standards different than the old standards for PDIN or IRN?

- There are slight differences in the standards to incorporate the CMS Conditions for Coverage (CfCs).

COMMONLY ASKED QUESTIONS

When is mandatory accreditation required?

- Beginning January 1, 2021, all home infusion therapy providers will be required to be accredited by a CMS-approved accrediting organization to receive reimbursement for professional services provided in the home.

COMMONLY ASKED QUESTIONS

Does it need to be a physician that signs the plan of care?

- The new Conditions of Coverage (CfCs) requires a physician to order the infusion prior to the initiation of therapy and to periodically review the plan of care. We have asked CMS to broaden the definition of physician to include PAs and NPs, but CMS stated that the patient can be under the care of a PA or NP but the order and plan must come from the physician.

Will Home Infusion Therapy surveys be unannounced?

- The accreditation rules state that the surveys for home infusion therapy providers need to be unannounced; therefore, an AIC combined with a home infusion therapy supplier that provides care only by appointment will need to be able to arrive within a reasonable period of time when ACHC arrives on site to do the survey.



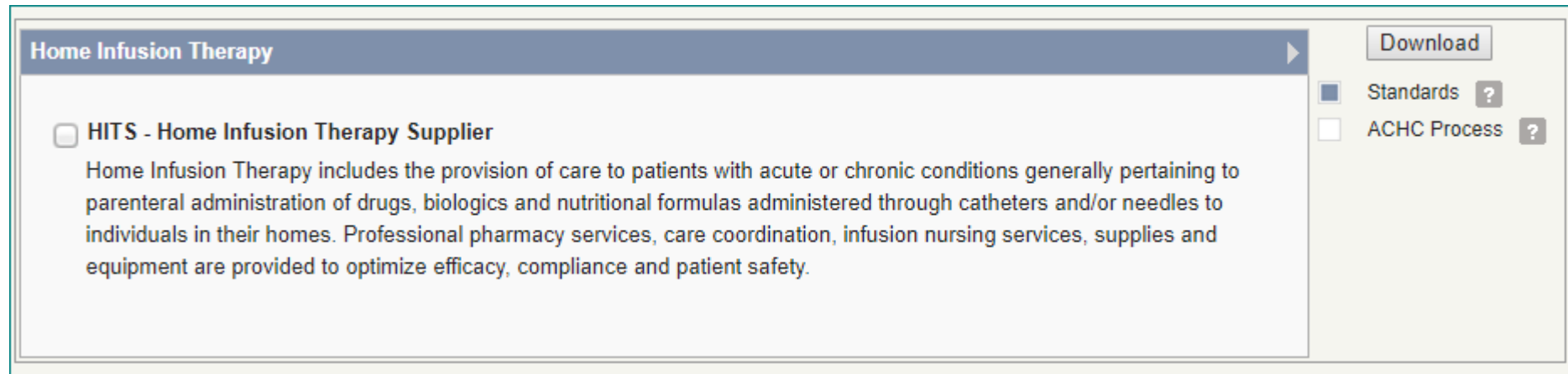
EDUCATIONAL RESOURCES

EXPERIENCE THE ACHC DIFFERENCE

Resources to Prepare For A Home Infusion
Therapy Survey

HOME INFUSION THERAPY STANDARDS

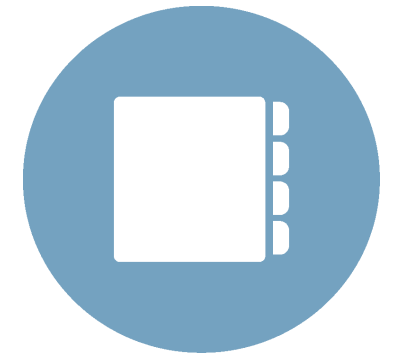
- Download the Home Infusion Therapy Standards and ACHC Process from cc.achc.org.



The screenshot shows a web interface for downloading standards. At the top, there is a tab labeled "Home Infusion Therapy". Below the tab, there is a list of items with checkboxes. The first item is "HITS - Home Infusion Therapy Supplier", which is currently unchecked. Below this item is a paragraph of text: "Home Infusion Therapy includes the provision of care to patients with acute or chronic conditions generally pertaining to parenteral administration of drugs, biologics and nutritional formulas administered through catheters and/or needles to individuals in their homes. Professional pharmacy services, care coordination, infusion nursing services, supplies and equipment are provided to optimize efficacy, compliance and patient safety." To the right of the list, there is a "Download" button and two radio buttons. The "Standards" radio button is selected, and the "ACHC Process" radio button is unselected. Both radio buttons have a question mark icon next to them.

REVIEW THE STANDARDS

- Identifier
 - HIT - Home Infusion Therapy
- 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



PRELIMINARY EVIDENCE REPORT

- Establish a date for compliance with ACHC Home Infusion Therapy Standards

PRELIMINARY EVIDENCE REPORT (PER) CHECKLIST



HOME INFUSION THERAPY

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

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

Required items to be submitted to the Accreditation Commission for Health Care (ACHC):

- Accreditation application
- Non-refundable deposit
- Organization's new client/patient information/admission packet
 - It is preferred that this information be provided to ACHC in digital format
- Organizational chart by position titles
- Any current citation(s) from a federal or state agency (e.g. Board of Nursing, Board of Pharmacy, etc.)

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

Organization has 3 clients/patients seen and 1 on service

If transitioning from IRN or PDIN to HIT, I acknowledge that this organization is in compliance with ACHC Accreditation Standards.

OR

If this is an initial HIT accreditation, I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date).

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in a postponement of the survey or additional days of survey, which can subsequently result in additional charges to the organization. I agree that during my accreditation with ACHC that if I receive any citation(s) from a federal or state agency that I will notify ACHC within 30 calendar days.

(Name)

(Title)

(Date)

(Signature)

Revised: 11/21/2019

(912) Accreditation Preliminary Evidence Report (PER) Checklist

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ITEMS NEEDED FOR ON-SITE SURVEY

ITEMS NEEDED FOR ON-SITE SURVEY

HOME INFUSION THERAPY



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

- Current patient census, complete with start-of-care date, and admitting diagnosis
- Current schedule of patient visits
- Discharge/transfer 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 contract staff)
- Any previous survey results from the past year
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plan of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year.

ACHC Standard	Required Item
Required policies to be reviewed during survey	Access to policy and procedure manual with the following policies <ul style="list-style-type: none"> • HIT2-2A Client/Patient rights and responsibilities • HIT2-3A Investigation of abuse, neglect, and exploitation • HIT2-4A Reporting and investigation client/patient grievances/complaints • HIT4-2E Background checks • HIT6-3A Investigation of adverse events • HIT7-11A Medication and product recall requirements • HIT7-12A Pharmaceutical storage requirements
HIT1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws
HIT1-2A	Governing body meeting minutes for the past 12 months and documentation of orientation
HIT1-3A	Written disclosure of identified conflicts of interest, if applicable
HIT1-4A	The job description for the manager/leader meets any applicable state and federal laws as well as agency requirements. The job description includes the individual to act in the absence of the manager/leader.
HIT1-4B	Annual performance review of the manager/leader
HIT1-5A/HIT4-8A	Organizational chart
HIT1-6A	All required Federal and state posters are placed in a prominent location
HIT1-8A	Action plans for any negative outcomes that impacted licensure or Medicare/Medicaid certification
HIT1-9A	Notification of change in ownership, if applicable

Effective: 10/30/2019
[930] Items Needed for Survey - HIT

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item
HIT1-10A	Contracts for direct care staff, including insurance certificates
HIT1-11A	Verification of physician licensure or certification with prescriptive authority
HIT2-1A	Marketing materials and/or written information regarding the agency
HIT2-2A	Client/Patient Rights and Responsibilities
HIT2-3A	Client/patient grievance/complaint
HIT2-4A/HIT2-4B	Written information regarding the agency's policies
HIT2-5A	Signed confidentiality statement for governing body/owner
HIT2-5B	Business Associate Agreements (BAAs)
HIT2-6A	Advance Directive information provided to clients/patients
HIT2-6B	Information provided to clients/patients regarding policies
HIT2-7A	Evidence of how ethical issues are addressed
HIT2-8A	Evidence of communication assistance
HIT2-8B	Evidence of cultural diversity training
HIT2-9A	Evidence of a Compliance Program
HIT2-10A	On-call calendar
HIT3-1A	Most recent annual operating budget
HIT3-3A	List of care/services with corresponding personnel
HIT3-4A	Evidence clients/patients are provided liability
HIT4-1C	Personnel records (including direct care staff) evidence of the items listed in the standard personnel records based on the service
HIT4-2F	Evidence of access to Employee Handbook
HIT4-4A	Evidence of individual designated as responsible
HIT4-6A	Evidence of ongoing education and/or training
HIT4-10A/HIT4-11A	Nursing Board Scope of Practice
HIT5-1A	Client/patient records contain all required information
HIT5-2A	Evidence agency maintains client/patient information
HIT5-3B	Client/patient assessment contains required information
HIT5-3C	Client/patient plan of care contains required information

Effective: 10/30/2019
[930] Items Needed for Survey - HIT

ACHC Standard	Required Item
HIT5-3G	Evidence of monitoring and remediation compliance with the plan of care
HIT5-4A	Referral log or other tool to record referrals
HIT5-6A	Client/patient education materials
HIT6-1A	Performance Improvement (PI) Plan
HIT6-1B	Job description for individual responsible for PI
HIT6-1C	Governing body meeting minutes regarding governing body in PI
HIT6-1D	Evidence of personnel involvement in PI
HIT6-2A	PI annual report
HIT6-2C	Evidence of monitoring process and communicable diseases, including accidents, complaints and work-related incidents
HIT6-2D	Evidence of monitoring of an aspect of care (e.g., volume, problem prone)
HIT6-2E	Satisfaction surveys utilized in PI
HIT6-2F	Evidence of ongoing chart audits
HIT6-2G	Evidence of monitoring of client/patient resolve issues
HIT6-2H	Evidence of monitoring of care plan
HIT6-2I	Evidence of monitoring billing and coding
HIT6-3A	Evidence of proper documentation of adverse events involving clients/patients
HIT7-1A	Evidence of most recent TB prevalence of TB for client/patient control plan, and OSHA Blood Borne Pathogen (BBP) exposure control plan
HIT7-1B	Infection control logs for clients/patients; infection control data is monitored
HIT7-2A	Evidence of safety education program
HIT7-3A	Emergency disaster plan and response
HIT7-3B	Emergency preparedness information
HIT7-4A	Report of annual fire drill and rescue systems
HIT7-6A	Access to Safety Data Sheets (SDS) for personal protective equipment (PPE)
HIT7-7A	Evidence of proper reporting of unusual occurrences. OSHA form 300

Effective: 10/30/2019
[930] Items Needed for Survey - HIT

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item	Located
HIT7-8A/HIT7-9A	Maintenance logs of any equipment used in the provision of care	
HIT7-11A	Medication dispensing and recall logs	
HIT7-12A	Evidence pharmaceuticals are stored in accordance with manufacturers and USP requirements	
HIT7-12B	Evidence shipping methods are tested periodically to ensure containers stay within specified temperature requirements	
HIT7-14A	CLIA certificate of waiver for agency or CLIA certificate for the reference laboratory	

Effective: 10/30/2019
[930] Items Needed for Survey - HIT

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PERSONNEL FILE REVIEW

SURVEY CHECKLIST – PERSONNEL FILES

 HOME INFUSION THERAPY



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

Manager/Leader:
Alt Manager/
Leader:
RN Name:
LPN/LVN Name:
Pharmacist Name:
MD Name:
Other Name:

COMPLIANCE DATE:

Standard	Item Required								
HIT1-3A	Conflict of Interest Disclosure Form, if applicable								
HIT2-5A	Signed confidentiality statement								
HIT2-6B	Evidence of current CPR certification, if applicable								
HIT4-1B	Position application (N/A for contract staff)								
HIT4-1B	Dated and signed withholding statements (N/A for contract staff)								
HIT4-1B	I-9 Form (N/A for contract staff)								
HIT4-2A	Primary Source verification of licensure/credentials								
HIT4-2B	Evidence of initial and annual TB screening								
HIT4-2C	Evidence of Hepatitis B vaccination received or signed declination statement								
HIT4-2D	Signed job description								
HIT4-2E	Criminal background checks								
HIT4-2E	Office of Inspector General (OIG) Exclusion List check								
HIT4-2E	National sex offender registry check								
HIT4-2FI	Evidence of access to personnel policies (N/A for contract staff)								

Effective: 12/16/2019
[933] HIT Survey Checklist – Personnel Files

ACCREDITATION COMMISSION *for* HEALTH CARE


HIT4-2G	Most recent annual performance evaluation								
HIT4-3A	Evidence of orientation								
HIT4-5A	Initial and annual competency assessment								
HIT4-6A	Evidence of annual education								
HIT4-7A	Initial and annual on-site observation visit								
HIT4-9A	Qualifications of RN, Pharmacist, or other licensed skilled professional responsible for supervision of services								
HIT4-10A	Verification of additional education needed to administer pharmaceuticals or special treatments								
Other state- or agency-specific requirements									

Effective: 12/16/2019
[933] HIT Survey Checklist – Personnel Files

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DESK REVIEW REFERENCE GUIDE

- Establish a date for compliance with ACHC Home Infusion Therapy Standards



DESK REVIEW REFERENCE GUIDE
HOME INFUSION THERAPY

ON COMMISSION *for* HEALTH CARE

Policy/Document Description	Agency Policy
Competency assessment requirements	
Education plan	
Observation of personnel	
Special education and/or requirements necessary to administer pharmaceuticals and/or perform special treatments	
Qualifications for nursing services	
Requirements for LPN/LVN practice and supervision	
Client/patient record requirements	
Client/patient record access, storage, removal, and retention requirements	
Completion of assessment and development of the plan of care	
Unmet client/patient needs and referral to other agencies	
Referral and acceptance of clients/patients	
Client/patient education requirements	
Transfer/discharge of clients/patients requirements	
Administration of first-dose requirements	
Performance Improvement Plan	
Investigation of adverse events	
Infection control requirements	
Safety education provided to personnel	
Safety education and training provided to clients/patients	
Disaster planning	
Office fire and safety management	
Management of hazardous chemicals/materials	
OSHA Hazard Communication requirements	
Investigation of personnel incidents	
Performing waived-testing requirements	
Use of equipment/supplies in the provision of client/patient care requirements	
Participation in clinical research/experimental therapies requirements	
Medication and product recall requirements	
Pharmaceutical storage requirements	
Requirements to ensure care is provided to the correct client/patient	

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.

Standard	Policy/Document Description	Agency Policy
HIT1-1A	Bylaws/Articles of Incorporation	
HIT1-2A	Governing body activities	
HIT1-3A	Conflict of interest disclosure requirements	
HIT1-5A	Compliance with federal, state, and local laws and regulations	
HIT1-9A	Disclosure of ownership and management changes	
HIT1-11A	Verification of referring practitioner credentials	
HIT2-1A	Description of care/services provided by the agency	
HIT2-2A	Client/Patient Rights and Responsibilities	
HIT2-3A	Investigation of abuse, neglect, and exploitation of clients/patients	
HIT2-4A	Reporting and investigation of client/patient grievances/complaints	
HIT2-5A	Securing and releasing confidential Protected Health Information and Electronic Protected Health Information	
HIT2-5A	Client's/patient's right to accept or refuse medical care and Advance Directive information	
HIT2-6B	Agency's personnel resuscitative guidelines and expectations	
HIT2-7A	Mechanisms utilized to identify, address, and evaluate ethical issues	
HIT2-8A	Provision of care/service to clients/patients with communication or language barriers	
HIT2-8B	Mechanisms utilized to provide care/service for clients/patients of different cultural backgrounds, beliefs, and religions	
HIT2-9A	Compliance program	
HIT4-1A	Management of personnel files	
HIT4-2B	Tuberculosis baseline testing and annual screening	
HIT4-2C	Hepatitis B vaccination requirements	
HIT4-2E	Background checks	
HIT4-2F	Employee Handbook and/or personnel policies	
HIT4-2G	Annual performance evaluations	
HIT4-3A	Orientation requirements	

Effective: 12/13/2019
[933] HIT Desk Review Reference Guide

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CROSSWALKS

- Private Duty Infusion Nursing to Home Infusion Therapy

HOME INFUSION THERAPY STANDARDS CROSSWALK



Private Duty Infusion Nursing to Home Infusion Therapy.

HOME INFUSION THERAPY

Private Duty Infusion Nursing Standards	Home Infusion Therapy Standards	Notes
PD1-1A	HIT1-1A	The word "agency" was replaced with "organization."
PD1-2A	HIT1-2A	The word "agency" was replaced with "organization" and the word "administrator" was replaced with "manager/leader."
PD1-2D	N/A	Standard deleted.
PD1-3A	HIT1-3A	The word "agency" was replaced with "organization."
PD1-4A	HIT1-4A	The word "agency" was replaced with "organization" and the word "administrator" was replaced with "manager/leader." Added from the requirements from PD1-4C to have an individual to act as the manager/leader in the absence of the designated manager/leader.
PD1-4B	HIT1-4B	The word "agency" was replaced with "organization" and the word "administrator" was replaced with "manager/leader."
PD1-4C	N/A	Standard removed.
PD1-5A	HIT1-5A	The word "agency" was replaced with "organization."
PD1-7A	HIT1-6A	The word "agency" was replaced with "organization" and removed the policy and procedure requirement.
PD1-7B	HIT1-7A	The word "agency" was replaced with "organization."
PD1-8A	HIT1-8A	The word "agency" was replaced with "organization." Added the requirement to be in compliance with Medicare regulations.
PD1-9A	HIT1-9A	The word "agency" was replaced with "organization." Added the requirement to notify ACHC of any changes in the association or other company responsible for management of the organization.
PD1-10A	HIT1-10A	The word "agency" was replaced with "organization."
PD1-10D	N/A	Moved the requirements to HIT6-2H; removed the standard PD1-10D.
PD1-11A	HIT1-11A	The word "agency" was replaced with "organization." Added for clarification: "For this standard, the reference to a physician is interpreted as a physician or other licensed independent practitioner with prescriptive authority."
PD2-1A	HIT2-1A	The word "agency" was replaced with "organization."

CROSSWALKS

- Infusion Nursing to Home Infusion Therapy

HOME INFUSION THERAPY STANDARDS CROSSWALK



Infusion Nursing to Home Infusion Therapy.

HOME INFUSION THERAPY

Infusion Nursing Standards	Home Infusion Therapy Standards	Notes
DR00-1A	HIT1-1A	Adds: "The organization and its personnel must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of clients/patients. If state or applicable local law provides for the licensure of an organization, the organization must be licensed." "The organization has a physical location and required license(s) and or permit(s) is current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law."
DR00-1B	N/A	Standard removed.
DR00-2A	HIT1-2A	Adds: "Adopting and periodically reviewing written bylaws or equivalent" to the duties of the governing body." Adds: "or to an advisory committee." Removes the requirement of governing body orientation. Changed the term "administrator" to "manager/leader."
DR00-3A	HIT1-3A	Adds: "The individual with a conflict of interest is excluded from proceedings that require input, voting, and decisions." Removes: "These criteria would not apply to a single owner who serves as the governing body."
DR00-4A	HIT1-4A	Changed the term "administrator" to "manager/leader."
	HIT1-4B (new)	Adds the requirement to evaluate the manager/leader annually.
DR00-5A	HIT1-5A	Adds language for personnel to be able to describe the chain of command.
DR00-7A	HIT1-6A	Adds: Professional licensure/certification. Removes: Department of Transportation, State Department of Agriculture.
DR00-8A	HIT1-7A	Adds: "National recognized standards of practice and applicable state and federal laws and regulations are utilized by the organization to guide the provision of care/service." Removes: "Accepted standards of practice are utilized by the organization to guide the provision of care/service."
DR00-9A	N/A	Standard removed.

ON-SITE SURVEY PROCESS

- One-day survey:
 - Unannounced
 - Notification call
- Will review three medical records:
 - Can be active or discharged charts based on active census.
- One home visit will be conducted:
 - If there is not an active patient receiving infusion services, personnel will need to complete a simulation competency in the office.

ON-SITE SURVEY PROCESS

- Survey is conducted:
 - Observation
 - Interviews
 - Home visit or simulation competency in the office
 - Medical record review
 - Personnel record review
 - Contracts
 - Performance Improvement
 - Infection control
- Review by the Review Committee.
- Accreditation decision is made.

TOUR

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

PERSONNEL RECORD REVIEW

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

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

EXIT CONFERENCE

- Exit conference:
 - Present all corrections prior to the exit conference.
 - Invite those you want to attend.
 - Surveyor cannot provide a score.
 - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard.
 - Seek clarification from Surveyor while still on site.



EDUCATIONAL RESOURCES

EXPERIENCE THE ACHC DIFFERENCE

Post-Survey Process

POST-SURVEY TIME FRAMES

- ACHC Surveyor submits survey data to ACHC office within 2 business days from the last day of survey.
- Accreditation decisions are provided to agency within 10 business days from the last day of survey.
- Home Infusion Therapy agencies submit a Plan of Correction within 10 calendar days from the date of the accreditation decision.

STANDARD- AND CONDITION-LEVEL DEFICIENCIES

- All survey results are reviewed by the ACHC Review Committee.
- Standard-level deficiencies:
 - Not as “severe.”
 - Individual, random issue vs. a systemic issue.
 - Only require a Plan of Correction.
- Condition-level deficiencies result when a Condition for Coverage (CfC) is significantly out of compliance:
 - Requires another on-site survey.

ACHC ACCREDITATION DECISION DEFINITIONS



ACCREDITED

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



ACCREDITATION PENDING

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



DEPENDENT

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



DENIED

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


PLAN OF CORRECTION REQUIREMENTS

- Due in 10 calendar days to ACHC.
- Deficiencies are auto-filled.
- Plan of Correction
 - Specific action step to correct the deficiency.
- Date of compliance of the action step
 - 10 calendar days if condition-level
 - 30 calendar days if standard-level
- Title of individual responsible
- Process to prevent recurrence (2-step process)
 - Percentage and frequency
 - Target threshold
 - Maintaining compliance



PLAN OF CORRECTION

- Due in 10 calendar days to ACHC
- Plan of Correction
 - Specific action step to correct the deficiency
- Date of compliance of the action step
 - 10 calendar days if condition-level
 - 30 calendar days if standard-level
- Title of individual responsible
- Process to prevent recurrence (2-step process)
 - Percentage and frequency
 - Target threshold
 - Maintaining compliance



FOR PROVIDERS.
BY PROVIDERS.

PLAN OF CORRECTION (POC)

Organization: <input type="text" value="Organization Name"/>		Company ID: <input type="text" value="Company ID"/>	Application ID: <input type="text" value="Application ID"/>
Address: <input type="text" value="Address"/>		Date Generated: <input type="text" value="Date"/>	
Services Reviewed: <input type="text" value="Services Reviewed"/>	Date of Survey: <input type="text" value="Survey Dates"/>	Surveyor: <input type="text" value="Surveyors"/>	

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 infusion Therapy Suppliers, date of compliance for Conditions for Coverage (CFC) 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 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 (Specify 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/deterrative actions to ensure they will be prevented/recurring)	POC Compliant (ACHC internal use only)	Evidence Required (ACHC internal use only)	Evidence Approved (ACHC internal use only)	Comments (ACHC internal use only)	
HTS-30 (480.520)(a)	There is evidence in the client/patient record that the patient receiving home infusion therapy is under the care of an applicable provider.	MM/DD/YY	Clinical Manager	Audit 10% of all active clients/patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the client/patient. If at least 5 weeks, target threshold is 95%. Once threshold is met, will continue to audit 10% of all client/patient records quarterly.	<div style="border: 2px solid gray; padding: 10px; width: 100%;"> <p style="margin: 0;">ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)</p> </div>				
HT4-2B	There is evidence in the personnel file that upon hire tuberculosis testing is performed on all direct care personnel. The testing could be a skin or blood test. The annual risk assessment is used to determine the need, type, and frequency of screening/testing for direct care personnel.	MM/DD/YY	Manager/Leader	100% of newly hired, direct-care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.					


HOME INFUSION THERAPY Page | 1 [913] POC Template-HIT Effective: 10/04/2019

EVIDENCE CHART

- Evidence that is required to support compliance is identified on the POC
- Summation of evidence
- All evidence to the Account Advisor within 60 days
- No PHI or other confidential information of patients or employees
- Accreditation can be terminated if evidence is not submitted

EVIDENCE CHART





Company Name: _____

Date: _____ For the week/month of: _____

As you compile evidence to support your approved Plan of Correction (POC), please complete the following:

- In the Client/Patient Record/Personnel File Audit Summary chart, summarize the results of your client/patient record and/or personnel file audits.
- In the Observation Deficiencies chart, note observation deficiencies from your POC and provide documents to support evidence of continued compliance. Examples of documents that may need to be submitted are: governing body meeting minutes, revised contracts, annual program evaluations, PI activities, or administrator qualifications.

All evidence supporting the implementation of the POC must be submitted at one time to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.

Do not submit any Protected Health Information (PHI) or confidential employee information.

CLIENT/PATIENT RECORD/PERSONNEL FILE AUDIT SUMMARY

ACHC Standard	Brief Summary of Audit Findings Specific to the Deficiency	Number of Correct Charts (Audits)/Number of Total Charts (Audits) Completed	Percentage of Compliance
Example: HIT5-3E	Audited charts to determine care was provided in accordance with the plan of care	9/10	90%

Revised: 01/02/2020
[931] Evidence Chart – HIT
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IN REVIEW

- Agencies that want to seek Medicare Part B reimbursement for Infusion Therapy Services must be accredited for Home Infusion Therapy prior to enrollment.
- Home Infusion Therapy accreditation is mandatory for Medicare Part B reimbursement.
- IRN, PDN, and Home Health agencies can continue to provide infusion services as it is under the scope of an RN to perform, do not have to be Home Infusion Therapy accredited but will not be eligible for Medicare Part B reimbursement.



EDUCATIONAL RESOURCES

QUESTIONS?



EDUCATIONAL RESOURCES

THANK YOU

Contact your Account Advisor or the Account Services Team
at (919) 785-1214 x457.