



PREPARING FOR A HOME INFUSION THERAPY ACCREDITATION SURVEY

OBJECTIVES

- Discuss the requirements for Home Infusion Therapy (HIT) services
- Discuss the requirements for a HIT survey
- Briefly review the ACHC Standards
- Review the resources available to assist with preparing for the survey

ABOUT ACHC

- Nationally recognized AO with more than 30 years of experience
- CMS Deeming Authority for Home Health, Hospice, Renal Dialysis, Home Infusion Therapy, and DMEPOS
- Recognition by major third-party payors
- Approved to perform state licensure surveys
- Quality Management System that is ISO 9001:2015 Certified
- Partnership with Det Norske Veritas (DNV)

EXPERIENCE THE ACHC DIFFERENCE

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



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
- Each employee is accountable for his or her contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

ACHC PROGRAMS AND SERVICES



HOME HEALTH

- Home Health Aide
- Medical Social Services
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech Therapy



HOSPICE

- Hospice Inpatient Care
- Hospice Care



PRIVATE DUTY

- Private Duty Aide
- Private Duty Companion/Homemaker
- Private Duty Nursing
- Private Duty Occupational Therapy
- Private Duty Physical Therapy
- Private Duty Speech Therapy
- Private Duty Social Work



HOME INFUSION THERAPY

- Home Infusion Therapy Suppliers



DMEPOS

- Community Retail
- Clinical Respiratory Care Services
- Fitter
- Home/Durable Medical Equipment
- Medical Supply Provider
- Complex Rehabilitation and Assistive Technology Supplier



SLEEP

- Sleep Lab/Center
- Home Sleep Testing



RENAL DIALYSIS

- Home Dialysis Support
- In-Center Dialysis



AMBULATORY CARE

- Convenient Care Clinics



BEHAVIORAL HEALTH

ACHC offers a variety of Behavioral Health services to suit your accreditation needs. Contact ACHC for details or visit achc.org for a complete listing of services available.



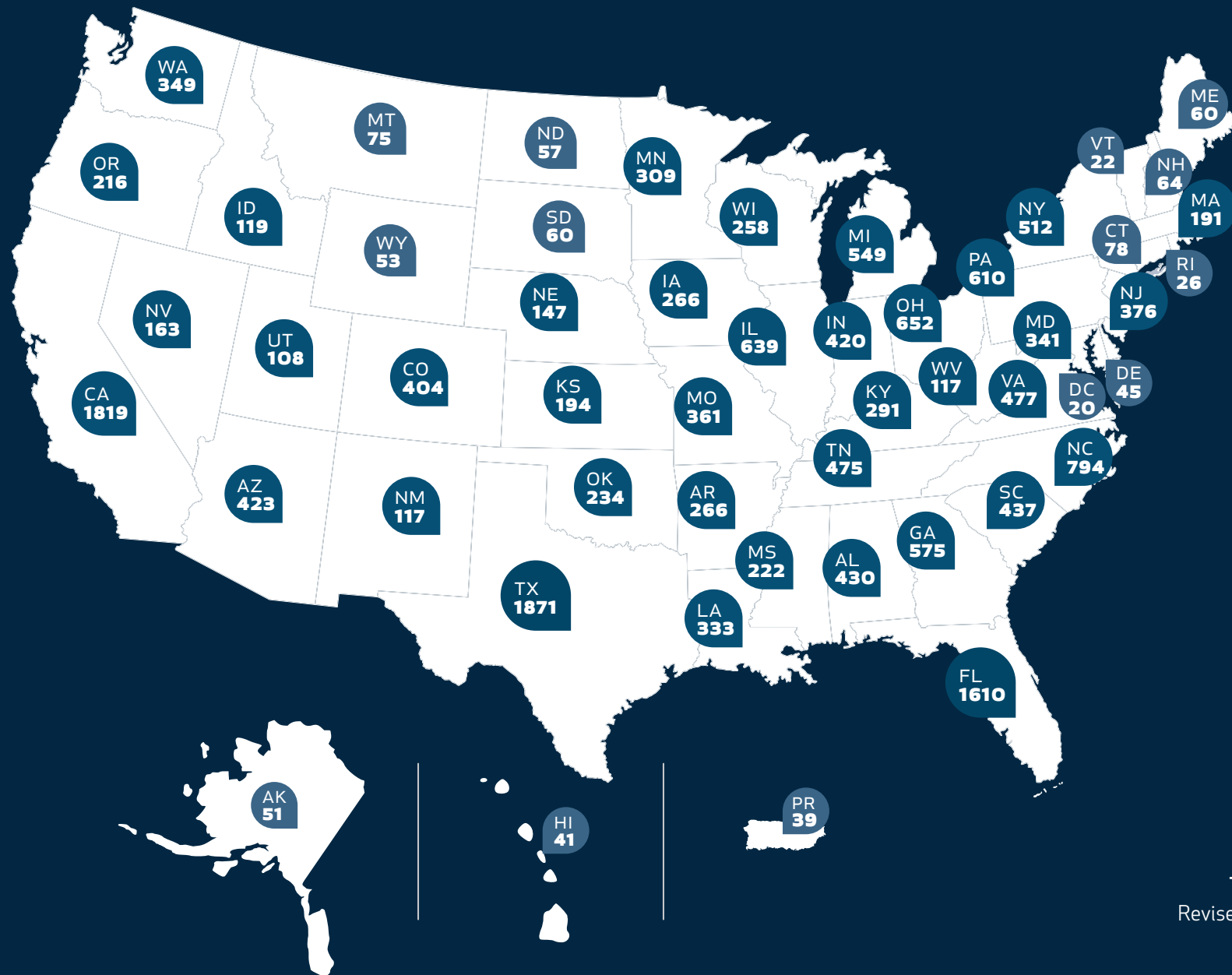
PHARMACY

- Ambulatory Infusion Center
- Infusion Pharmacy
- Specialty Pharmacy
 - > With DMEPOS
 - > Without DMEPOS
- Mail Order Pharmacy
- Long-Term Care Pharmacy
- PCAB Accreditation (A Service of ACHC)
 - > Non-Sterile Compounding (Ref. USP <795>)
 - > Sterile Compounding (Ref. USP <797>)
- ACHC Inspection Services (AIS)



DISTINCTIONS

- Distinction in Behavioral Health
- Distinction in Rare Diseases and Orphan Drugs
- Distinction in Hazardous Drug Handling (Ref. USP <800>)
- Distinction in Infectious Disease Specific to HIV
- Distinction in Nutrition Support
- Distinction in Oncology
- Distinction in Palliative Care



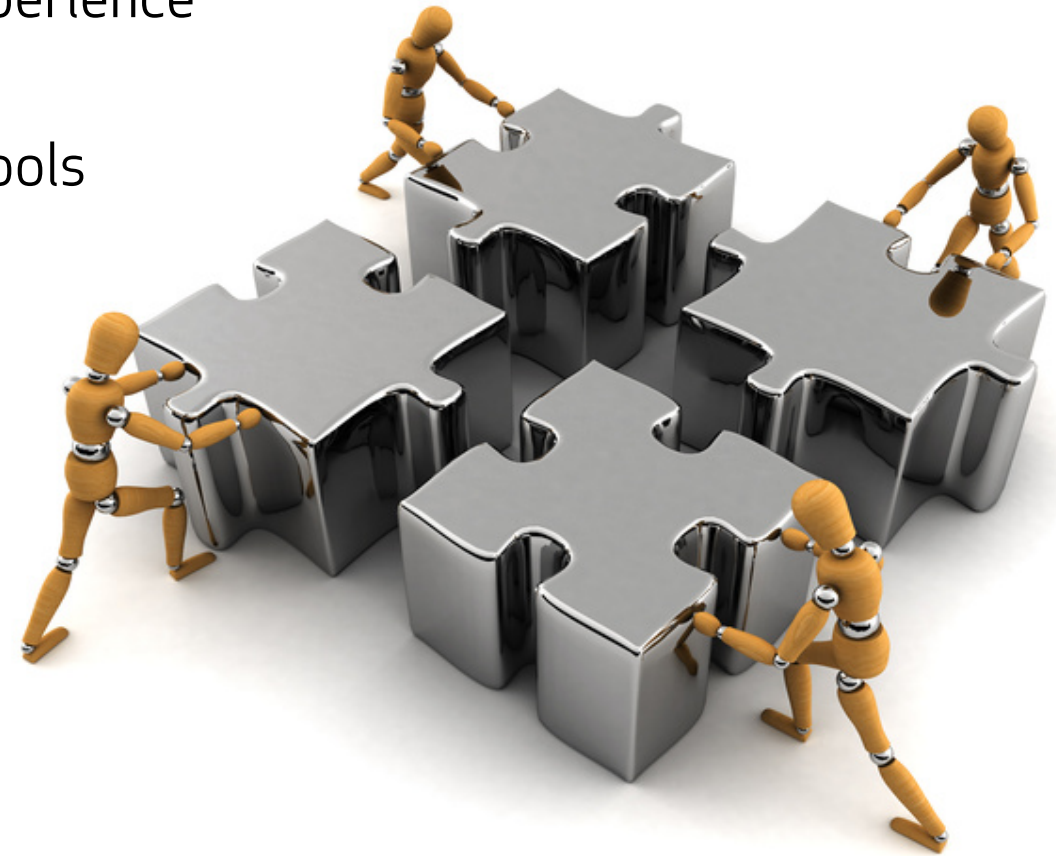
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Revised July 2020

COLLABORATIVE SURVEY APPROACH

- ACHC values guide the survey approach and provide the facility with:
 - ✓ Consistency in interpretation of requirements
 - ✓ Accuracy in reporting findings/observations
 - ✓ The opportunity to clarify or correct ACHC deficiencies
 - ✓ Active engagement to promote ongoing success post-survey

SURVEYOR EXPERTISE

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



PERSONAL ACCOUNT ADVISORS

- Primary contact with customers
- Assigned once a customer submits an application
- Assist customers with the ACHC survey process
- Questions that cannot be answered by them will be sent to the appropriate Clinical or Regulatory department



CUSTOMER SATISFACTION

ACHC is committed to providing the best possible experience.

98%



of our customers regard their experience with ACHC as positive.

“The feedback was positive and encouraging—we were impressed with the way this survey was handled from start to finish”

– HOME HEALTH PROVIDER, KENNETT SQUARE, PA

98%



of our customers would recommend ACHC.

“ACHC is vested in the development and success of its accredited agencies. We find it a joy to work with ACHC”

– HOME HEALTH PROVIDER, GRAFTON, NC

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



EDUCATIONAL RESOURCES

HOME INFUSION THERAPY SERVICES

MEDICARE BENEFITS

- Medicare Part A:
 - Covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery, home health care.
- Medicare Part B:
 - Covers durable medical equipment, out-patient services, physician visits , and some preventive services.
- Medicare Part C:
 - Alternative to traditional Medicare otherwise known as Medicare Advantage Plans
- Medicare Part D:
 - Prescription drug coverage

HOME INFUSION THERAPY BENEFIT

- Home Infusion Therapy benefit (HIT)
 - New Medicare Part B benefit effective January 1, 2021
 - Limitations to medications covered under the HIT benefit
 - Patient Part B co-pay is applicable

ELIGIBILITY FOR HIT ACCREDITATION

- Be licensed according to applicable state and federal laws and regulations and maintain all current legal authorization to operate.
- Have established policies and procedures to meet the ACHC Home Infusion Therapy standards.
- Have a staff Pharmacist, Physician or Registered Nurse.
(Must have an RN to administer, can be under contract)
- Be in compliance with all federal requirements, including Home Infusion Therapy Conditions for Coverage.
- Have served a **minimum of three** patients meeting the requirements. If a home infusion therapy supplier is in a rural area as defined by CMS, it should have served at least two patients.
ACHC does not require an active patient for survey.
 - *The three patients have to have been served in the home, not in an ambulatory care clinic.*

HOME INFUSION THERAPY

- Home Infusion Therapy (HIT)
 - Section 1834(u)(1) of the Social Security Act (the Act), as added by Section 5012 of the 21st Century Cures Act (Pub. L. 114-255), established a new Medicare HIT benefit under Medicare Part B. The Medicare HIT benefit is for coverage of HIT services for certain drugs and biologicals administered intravenously, or subcutaneously for an administration period of 15 minutes or more, in the home of an individual, through a pump that is a DME item.
 - This benefit is effective January 1, 2021.
 - Involves the parenteral administration of drugs or biologicals in the patient's home; not in the hospital setting, clinic setting, ambulatory infusion clinics, or skilled nursing facilities.
 - This is a new payment for the professional service, training and education, and monitoring needed to administer the home infusion drug in the home.

HOME INFUSION THERAPY

- Who can qualify as a HIT supplier?
- A pharmacy, physician, or other provider of services or supplier licensed by the State in which the pharmacy, physician, or provider of services or supplier furnishes items or services and that:
 - Furnishes infusion therapy to individuals with acute or chronic conditions requiring administration of home infusion drugs;
 - Ensures the safe and effective provision and administration of home infusion therapy on a 7-day-a-week, 24-hour-a-day basis;
 - Is accredited by an approved organization; and
 - Meets such other requirements as the Secretary determines appropriate

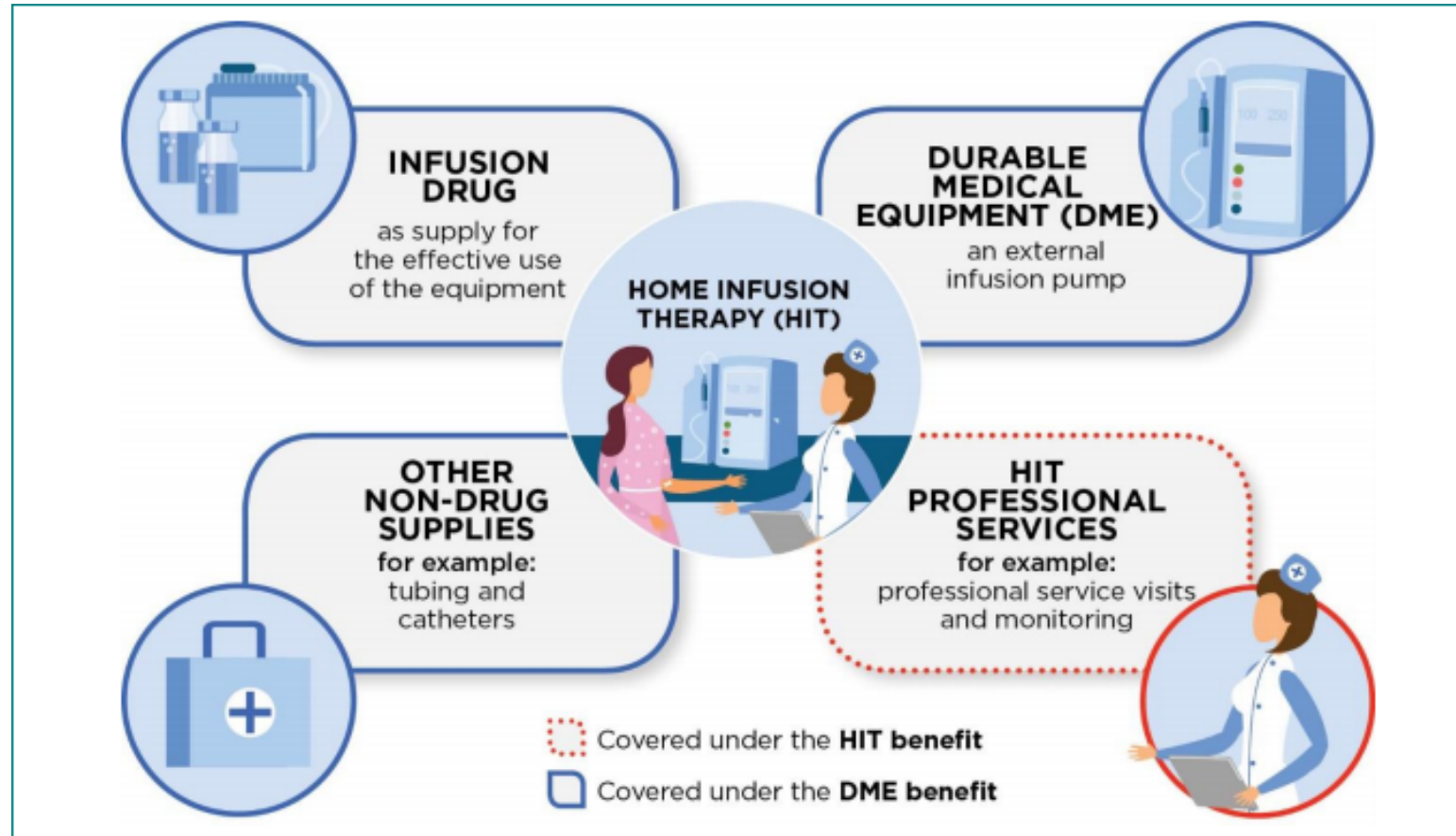
HOME INFUSION THERAPY

- The DME benefit covers three components: the external infusion pump, the related supplies, and the infusion drug.
 - Additionally, this benefit covers the related services required to furnish these items (e.g., pharmacy services, delivery, equipment set up, maintenance of rented equipment, and training and education on the use of the covered items) by an eligible DME supplier.
- No payment is made under the HIT benefit for these DME items and services.

HOME INFUSION THERAPY

- The new HIT benefit covers the service component, meaning the professional services, training and education (not otherwise covered under the DME benefit), and monitoring furnished by a qualified HIT supplier needed to administer the home infusion drug in the patient's home.
- The service of the administration of the drug and/or biological must be provided by an RN, LPN/LVN, in accordance with state practice acts.
 - Skilled nurses may need additional training, experience, and/or competencies based on state scope of practice
 - May need additional policies or policy revisions based on changes in clinical practice

DMEPOS VS. HIT BENEFIT



Source: <https://www.cms.gov/files/document/SE19029.pdf>

PATIENT QUALIFICATIONS FOR HIT

- The patient must be receiving a parenteral drug and/or biological that is administered intravenously or subcutaneously for an administration period of 15 minutes or more; and
- Through a pump that is an item of DME covered under the Medicare Part B DME benefit; and
- The drug and/or biological is administered in the home, cannot be administered in a hospital, clinic, ambulatory infusion clinic, or skilled nursing facility; and
- Patient does not have to be homebound to qualify for HIT or have an additional skilled need.



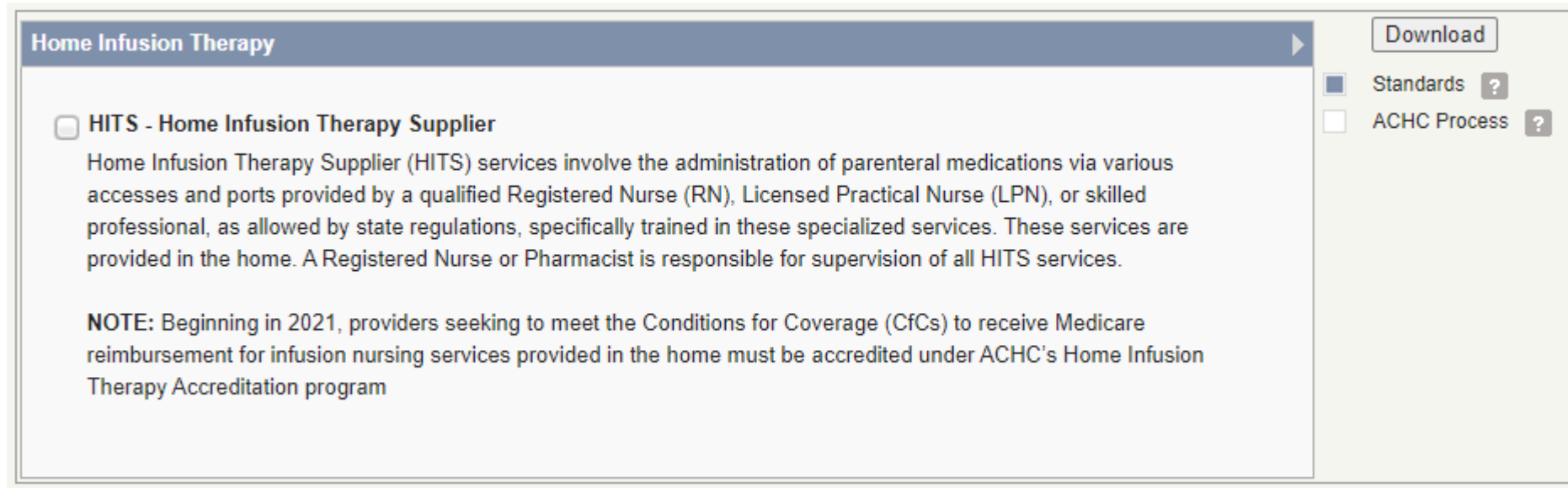
EDUCATIONAL RESOURCES

GETTING STARTED WITH ACHC

REGISTER FOR ACCESS TO CUSTOMER CENTRAL

- Register for Access to ACHC through Customer Central
 - Access Customer Central through the ACHC website at cc.achc.org.
 - Create username and password.
 - Receive Account Advisor's contact information.

DOWNLOAD AND REVIEW THE HIT STANDARDS AND ACHC PROCESS



The screenshot displays a web interface for 'Home Infusion Therapy'. On the left, there is a list item with a checkbox: 'HITS - Home Infusion Therapy Supplier'. Below this, a paragraph describes the services: 'Home Infusion Therapy Supplier (HITS) services involve the administration of parenteral medications via various accesses and ports provided by a qualified Registered Nurse (RN), Licensed Practical Nurse (LPN), or skilled professional, as allowed by state regulations, specifically trained in these specialized services. These services are provided in the home. A Registered Nurse or Pharmacist is responsible for supervision of all HITS services.' A 'NOTE' follows, stating: 'Beginning in 2021, providers seeking to meet the Conditions for Coverage (CfCs) to receive Medicare reimbursement for infusion nursing services provided in the home must be accredited under ACHC's Home Infusion Therapy Accreditation program'. On the right side of the interface, there is a 'Download' button and two radio button options: 'Standards' (selected) and 'ACHC Process'. Both options have a question mark icon next to them.

COMPLETE ACHC ACCREDITATION APPLICATION AND SUBMIT DEPOSIT

- Complete online Accreditation Application in its entirety. (Paper format is available.)
- Complete statistical information for all physical locations. Based on governance, complexity of corporate structure, tax reporting and other factors, ACHC will determine the number of applications and number of surveys required.
- Submit nonrefundable deposit. (Applied toward accreditation fee.)

EXECUTE AGREEMENT FOR ACCREDITATION SERVICES

- The following agreements outline the obligations of both ACHC and the organization.
- ACHC issues one of the following:
 - Agreement for Accreditation Services/Business Associate Agreement
 - Agreement for Corporate Accreditation Services/ Business Associate Agreement
- Sign and return the Agreement and BAA to ACHC within the specified time frames listed on the cover page.
- Failure to meet any terms of the Agreement or BAA may result in rescheduling or cancellation of the survey with fees assessed.

SUBMISSION AND REVIEW OF PRELIMINARY EVIDENCE REPORT (PER)

- Complete attestation on PER checklist to confirm existence of required policies and procedures.
- Upload the required PER checklist(for initial applications only) and documents through Customer Central.
- ACHC evaluates the content of all required documents and the ACHC Surveyor will discuss any questions with the organization during the survey.
- A review of all policies and procedures related to the ACHC Accreditation Standards is available to organizations for a fee.



PRELIMINARY EVIDENCE REPORT CHECKLIST

HOME INFUSION THERAPY

This checklist constitutes the requirements of the Preliminary Evidence Report (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 seen a minimum of 3 clients/patients

_____ 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 for your survey 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)



SCHEDULING

- Upon receipt of the required documents, the scheduling process is initiated.
- Organizations are allowed to choose up to 10 blackout days on which ACHC will not schedule a survey.
- This is a one- day survey.
- The survey is unannounced.

ON-SITE SURVEY

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient contact-home visit if possible
- 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
- 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
 - 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

MEDICAL RECORD REVIEWS & HOME VISITS

- Will complete a total of three medical record reviews with one home visit
- Visit will be with a patient already scheduled if possible
- Agency responsibility to obtain consent from patient/family
- If there are no scheduled visits, or the scheduled visits are a significant distance away:
 - The Surveyor asks if the organization can arrange a visit
 - If the organization also has an ambulatory infusion center (AIC), the Surveyor will watch a setup in the AIC.
 - The Surveyor could watch a mock setup. iii. The surveyor may call a patient to obtain any
- The Surveyor may call a patient to obtain any additional information if needed.

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

SURVEY CHECKLIST – PERSONNEL FILES



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

COMPLIANCE DATE:

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

Standard	Item Required	Manager/Leader:	Alt Manager/ Leader:	RN Name:	LPN/LVN Name:	Pharmacist Name:	MD Name:	Other Name:
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)							

EXIT CONFERENCE

- Exit Conference
 - Present all corrections prior to the exit conference
 - Surveyor cannot provide a score
 - Invite those you want to attend
 - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
 - Seek clarification from 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
- Medicare Conditions for Coverage (CfCs) that are corrected on site will still be scored as a “No” and a POC will be required

RESOURCES

- Account Advisor
- Customer Central > <https://cc.achc.org/Application/PDFResources>
 - Items Needed for On-Site Survey
 - HIT Survey Checklist-Personnel File Review
 - Separation of Services
 - Crosswalks
 - Clinical Documentation Expectations for Infusion Therapy
- Monthly “Did You Know” emails
- *ACHC Today* emails
- ACHCU

CLINICAL DOCUMENTATION EXPECTATIONS FOR INFUSION THERAPY



HOME HEALTH HOSPICE PRIVATE DUTY HOME INFUSION THERAPY

PHYSICIAN ORDERS

- Orders for Ventricular Assist Device (VAD) Care/dressing change should include:
 - Technique (sterile) and cleansing agent (chlorhexidine gluconate vs. povidone-iodine/alcohol)
 - Frequency of dressing change
 - Dressing type (transparent, gauze, medication-impregnated)
 - Flush protocols for medication administration and maintenance
 - Application of any patches, ointments, or stabilization devices (StatLock, splints, etc.)
- Orders for medication administration should include:
 - Drug/solution and dosage, including unit of measure (mg or units)
 - Diluent type and volume
 - Route of administration
 - Rate and method (continuous/intermittent/bolus)
 - Start/stop dates
 - Use of pump/infusion device, if applicable
- Order for catheter flushes should include:
 - Pre-/post-medication administration:
 - Includes frequency, solutions (NS, heparin), volumes, and concentrations
 - SASH must include frequency, volumes, units of measure (ml), and a concentration for heparin (i.e., 10 units/ml or 100 units/ml) cannot just write "SASH"
 - Pre-/post-blood drawing from VAD
 - Includes frequency, solutions (NS, heparin), volumes, and concentrations
 - Maintenance flushes if VAD not used continuously or if there are unused lumens
 - Includes frequency, solutions (NS, heparin), volumes, and concentrations

MEDICAL RECORD DOCUMENTATION

- Type of device; include number of lumens, if applicable
- Gauge should be documented on Start of Care (SOC), Recertification, or Resumption of Care (ROC) visit, or when new device inserted
- Location of device
- Functionality of device: patency, resistance when flushing, presence of blood return (if flushed), and signs and symptoms of complications
- Site assessment: redness, swelling, drainage, pain, or odor
- Care provided (flushes, dressing change, lab draw, medication administration, cap/connector, tubing change) and response
- Flushes include volumes and concentrations (for heparin)
- VAD problems, issues, and complications; missed/delayed doses
- Patient/caregiver teaching and response to teaching

ACCREDITATION COMMISSION for HEALTH CARE

CLINICAL DOCUMENTATION EXPECTATIONS FOR INFUSION THERAPY



- Dressing change
 - Issues with removing previous dressing, if applicable
 - Cleansing agent (CHG, alcohol, and povidone-iodine)
 - Securement/anchoring device used (StatLock, Hubguard, WingGuard)
 - Antimicrobial patches or gels used (Biopatch, CHG)
 - Skin prep agents used
 - Type of dressing applied (Transparent [TSM], gauze, CHG impregnated)
 - Any complications
 - Any communications with physician or actions taken to resolve complications
 - Patient response
 - Lab draws
 - Method used (syringe vs. vacuum-assisted)
 - Times used
 - Flushes used pre-/post-blood draw, including solutions, volumes, and concentrations (heparin), if applicable
 - Amount of discard blood
 - Lab tests drawn
 - Cap/connector changed
 - Assessment of VAD site after blood draw
 - Patient response
 - Education and caregiver education should address:
 - Medication purpose, actions, side effects, dosing times
 - Tubing/medication setup/pump setup
 - Use of pumps/infusion devices
 - Flushing and care of VAD
 - Complications of the VAD and what/how to report
 - Documentation should reflect the patient's/caregiver's return demonstration of tasks and competency
 - Dose administration
 - Medication purpose, actions, side effects, dosing times
 - Tubing/medication setup/pump setup
 - Use of pumps/infusion devices
 - Flushing and care of VAD
 - Complications of the VAD and what/how to report
 - Documentation should reflect the patient's/caregiver's return demonstration of tasks and competency
 - Documentation should reflect that the locations and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed
 - Documentation should reflect that the nurse admits to giving the medication stays with the client/patient at least one hour after the administration of the medication to ensure the client/patient has tolerated the medication well
 - Documentation should reflect the appropriate monitoring of the client/patient after the first dose is administered
 - Documentation profile should include:
 - Drug/solution and dosage, including unit of measure (mg or units)
 - Diluent type and volume
 - Route of administration
 - Rate and method (continuous/intermittent/bolus)
 - Start/stop dates
 - Use of pump/infusion device, if applicable

ACCREDITATION COMMISSION for HEALTH CARE

Contact your Account Advisor for any additional questions at (855) 937-2242.

ACCREDITATION COMMISSION for HEALTH CARE

ACCREDITATION COMMISSION for HEALTH CARE



EDUCATIONAL RESOURCES

ACHC STANDARDS FOR HOME INFUSION THERAPY SUPPLIERS

SECTION 1

ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

SECTION 1

- Copies of bylaws, Articles of Incorporation
- Governing body meeting minutes
- Job description for manager/leader
- Organizational chart
- Reporting of negative outcomes
- Conflict of interest disclosure statement requirements
- Disclosure of ownership and management information
- Contracts for direct care services
- Evidence of physician verification of licensure

SECTION 2

PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.

SECTION 2

- Marketing materials/description of services
- Patient Rights and Responsibilities statement
- Policies regarding the reporting of suspected abuse
- Policies regarding the reporting of grievances and complaints
- HIPPA policies
- Business Associate Agreements
- Advance Directive information provided to patients
- Policies regarding the resuscitative guidelines and responsibilities of personnel

SECTION 2

- Policies regarding the process of addressing ethical issues
- Policies regarding how communication barriers are addressed
- Policies regarding the provision of care to patients of different cultures
- Compliance Program
- On-call calendar

SECTION 3

FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

SECTION 3

- Budget/evidence of review of budget
- Written list of patient service care charges
- Evidence of how patients are informed of the charges for care

SECTION 4

HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

SECTION 4

- Personnel records
 - Direct-care staff and contract staff
 - Manager/leader
- Position application
- Dated and signed Withholding Statements
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)
- Personnel credentialing/verification of qualifications
- TB screening
- Hepatitis B vaccination
- Job description

SECTION 4

- Criminal background check
- National sex offender registry
- Office of Inspector General Exclusion list
- Personnel policies review or employee handbook
- Annual performance eval
- Orientation
- Confidentiality agreement
- Competency assessments
- Annual observation of performing job duties

SECTION 5

PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

SECTION 5

- Medical records
 - Surveyor needs the entire medical record (electronic and paper documents)
 - Agency must provide the Surveyor with a laptop or desktop computer for reviewing the medical record
- All assessments and clinical/progress notes
- Development and updates to the Plan of Care
 - All patients must be under the care of an applicable provider.
 - All patients must have a plan of care established by a physician that prescribes the type, amount, and duration of the home infusion therapy services that are to be furnished.
 - The plan of care for each patient must be periodically reviewed by the physician

SECTION 5

- Medication review/profile
- Evidence of coordination of care
- Evidence of patient training and education
- Policies regarding first dose administration
- Discharge/transfer process
- Referral log or evidence of referrals not admitted

SECTION 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

SECTION 6

- 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 incidents/variances
 - Processes that involve risks, infection and communicable diseases
 - Monitoring of care/service provided focusing on high-risk, high-volume, problem prone areas
 - Administrative function of the organization
 - Billing audits

SECTION 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

SECTION 7

- Evidence of an Infection Control Program
 - TB Exposure Plan
 - Bloodborne Pathogen Plan
 - Policies and procedures
 - Training of staff and patients/caregivers
- Disaster planning
- Office safety-fire drill
- Access to SDS information
- Maintenance logs for any equipment used in the provision of care

SECTION 7

- Pharmaceutical storage
- Pharmaceutical storage during delivery
- Pharmaceutical storage in the home
- Policies regarding backup equipment of use during power failures in the home
- Current certificate of waiver (CLIA)
- Policies regarding to ensure services are provided to the correct patient



EDUCATIONAL RESOURCES

ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Home Infusion Therapy



GUIDE TO SUCCESS WORKBOOK

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



STANDARD HIT1-2A:

The organization is directed by a governing body/owner (if no governing body is present, owner suffices), which assumes full legal authority and responsibility for the operation of the organization. The governing body/owner duties and accountabilities are clearly defined.

P&P ESSENTIAL COMPONENTS

- Policies must define the activities of the governing body to include at a minimum:
 - » Decision-making
 - » Appointing a qualified manager/leader
 - » Adopting and periodically reviewing written bylaws or equivalent
 - » Establishing or approving written P&P governing overall operations
 - » Human resource management
 - » Performance Improvement (PI)
 - » Oversight of the management and fiscal affairs of the Home Infusion Therapy supplier
 - » Annual review of P&P

HINT There should be documentation that board members have been oriented to their positions, or if there is no governing body, a description of ownership. (Not applicable to those companies that have sole ownership with no board.)

The Surveyor will expect to see a list of governing body members that includes names, addresss, and telephone numbers.

PREPARATION

- Educate Key Staff:
 - Clinical staff (employees and contract)
 - Manager/leader
 - Patients
- Prepare Agency:
 - Human resources
 - Medical records: EMR
 - Office space:
 - Walk around your agency

PREPARATION

- Helpful tools in the *ACHC Accreditation Guide to Success* workbook
- Mock Surveys
 - Interview Questions — Survey Process
 - Home visits — Section 4
 - Medical chart audits — Section 5
 - Personnel file audits — Section 4
 - Observation of the environment — Survey Process
 - Items Needed for the On-Site Visit — Survey Process

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 these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current patient census, complete with start-of-care data, 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	Located
Required policies to be reviewed during survey	Access to policy and procedure manual with the following policies flagged: <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 for 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

Page 1 of 4 | achc.org

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item
HIT1-10A	Contracts for direct care staff, including copies of pro insurance certificates
HIT1-11A	Verification of physician licensure or other licensed practitioner with prescriptive authority
HIT2-1A	Marketing materials and/or written description of care by the agency
HIT2-2A	Client/Patient Rights and Responsibilities statement
HIT2-3A	Client/patient grievance/complaint log
HIT2-4A/HIT2-4B	Written information regarding the reporting of client/ Signed confidentiality statement for all personnel, co governing body/owner
HIT2-5A	
HIT2-5B	Business Associate Agreements (BAAs) for non-cover
HIT2-6A	Advance Directive information provided to client/ patient information provided to clients/patients regarding ag policies
HIT2-6B	
HIT2-7A	Evidence of how ethical issues are identified, evaluate
HIT2-8A	Evidence of communication assistance for language b
HIT2-BB	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 charges
HIT3-4A	Evidence clients/patients are provided information or liability
HIT4-1C	Personnel records (including direct care and contract evidence of the items listed in the standard) Surveyor personnel records based on the services provided by
HIT4-2F	Evidence of access to Employee Handbook or access
HIT4-4A	Evidence of individual designated as being responsibl
HIT4-6A	Evidence of ongoing education and/or written educat
HIT4-10A/HIT4-11A	Nursing Board Scope of Practice
HIT5-1A	Client/patient records contain all required informatio standard
HIT5-2A	Evidence agency maintains client/patient information manner
HIT5-3B	Client/patient assessment contains all items listed in
HIT5-3C	Client/patient plan of care contains all items listed in

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

Page 2 of 4 | achc.org



ACHC Standard	Required Item
HIT5-3G	Evidence of monitoring and remote monitoring to ensure overall 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) Program
HIT6-1B	Job description for individual responsible for the PI Program
HIT6-1C	Governing body meeting minutes demonstrate involvement of the governing body in PI
HIT6-1D	Evidence of personnel involvement in PI
HIT6-2A	PI annual report
HIT6-2C	Evidence of monitoring processes that involve risks, including infections and communicable diseases, including the monitoring staff incidents, accidents, complaints and worker compensation claims
HIT6-2D	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)
HIT6-2E	Satisfaction surveys utilized in PI
HIT6-2F	Evidence of ongoing chart audits and that results are utilized in PI
HIT6-2G	Evidence of monitoring of client/patient complaints and actions needed to resolve issues
HIT6-2H	Evidence of monitoring of care provided under contract/agreement
HIT6-2I	Evidence of monitoring billing and coding errors
HIT6-3A	Evidence of proper documentation, investigation, and resolution of all adverse events involving clients/patients
HIT7-1A	Evidence of most recent TB prevalence rates for all counties served, prevalence of TB for client/patients served by the agency, TB exposure control plan, and OSHA Blood Borne Pathogens plan
HIT7-1B	Infection control logs for clients/patients and personnel and evidence infection control data is monitored and incorporated into PI as appropriate
HIT7-2A	Evidence of safety education provided to personnel
HIT7-3A	Emergency disaster plan and results of an annual emergency disaster drill
HIT7-3B	Emergency preparedness information provided to clients/patients
HIT7-4A	Report of annual fire drill and results of testing of emergency power systems
HIT7-6A	Access to Safety Data Sheets (SDS) and evidence staff are provided personal protective equipment (PPE)
HIT7-7A	Evidence of proper reporting of personnel incidents, accidents, variance or unusual occurrences, OSHA forms 300, 300A, and/or 301 (if applicable)

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

Page 3 of 4


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

Page 4 of 4 | achc.org


SURVEY PREPARATION TOOLS



HOME INFUSION THERAPY

OBSERVATION AUDIT TOOL

- Organization has appropriate Articles of Incorporation or other documents of legal authority
- Organization has access to copies of federal, state, and local laws and regulations
- Copy of Fair Labor Standards Act is posted in prominent location
- Evidence of an on-call process to ensure nursing services are available 24 hours a day, 7 days necessary to meet client/patient needs
- Evidence of charges in writing and available upon request
- Marketing materials reflect the services provided by the organization
- Evidence of a referral log or other tool to track referrals as well as referrals not admitted
- Evidence of an annual practice drill to evaluate adequacy of the disaster/crisis plan
- Organization tests its emergency power system once per year



HOME INFUSION THERAPY

POTENTIAL ORGANIZATION STAFF INTERVIEW QUESTIONS

	STANDARD	GOVERNING BODY MEMBERS OWNER/CEO	MANAGER/LEADER	NURSE	PHARMACIST
Can you describe your responsibilities as a board member?	HIT1-2A				
Whom did you receive an evaluation from? When was the last evaluation?	HIT1-4B				
Can you describe the chain of command?	HIT1-5A				
What negative outcomes must you report to ACHC? Have you had any negative outcomes?	HIT1-8A				
What type of organizational changes would you report to ACHC?	HIT1-9A				
Describe the process to ensure orders are only accepted from currently licensed physicians.	HIT1-11A				
List three to four client/patient rights.	HIT2-2A				
To whom would you report any alleged violation involving mistreatment, neglect, or abuse to a client/patient and in what time frames?	HIT2-3A				
How are clients/patients informed of their right to report a grievance or complaint?	HIT2-4A				
What training did you receive on the organization's policies and procedures on ethical issues? Give an example of an ethical issue you may encounter in your day-to-day work.	HIT2-7A				
How would you provide care/service to clients/patients/families with	HIT2-8B				

PERSONNEL CHART AUDIT TOOL

REQUIREMENTS	STANDARD	STAFF INITIALS				
	Date of Hire:					
Application	HIT4-1B					
withholding	HIT4-1B					
	HIT4-1B					
ls	HIT4-2A					
chest X-ray (direct	HIT4-2B					
nation (direct care	HIT4-2C					
ion	HIT4-2D					
	HIT4-2E					
st	HIT4-2E					
gender registry (staff only)	HIT4-2E					
round	HIT4-2E					
of employee	HIT4-2F					
e evaluations	HIT4-7A					
	HIT4-3A					

WRAP-UP

- Accreditation is required for HIT suppliers in order to receive Medicare Part B reimbursement starting January 1, 2021
- Patients must have received the care in the home, not in a clinic, MD office, skilled nursing facility, or other environment
- Care must have been provided by or under the supervision of a Registered Nurse



EDUCATIONAL RESOURCES

QUESTIONS?

Call (855) 937-2242 | achc.org