



FOR PROVIDERS.  
BY PROVIDERS.



PRIVATE DUTY

# EXPERIENCE THE ACHC DIFFERENCE

Preparing for An ACHC Private Duty Survey

New Jersey Health Care Service Firms

# OBJECTIVES

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- Become familiar with the accreditation process
- Learn how to prepare an organization for the ACHC Accreditation survey
- Establish expectations for survey day and strategies for survey success
- Review the ACHC Accreditation Standards to understand expectations for compliance

# PRIVATE DUTY ACCREDITATION

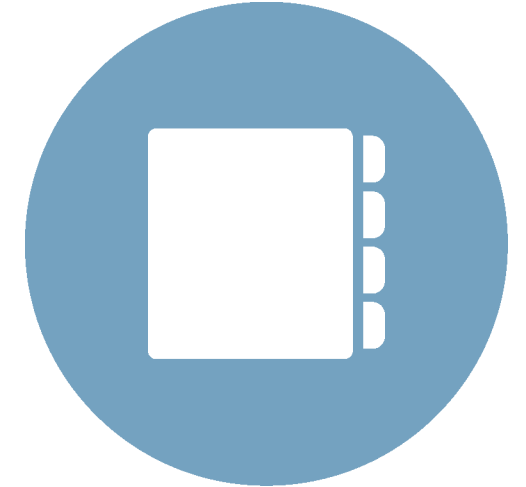
- Created specifically for non-Medicare providers
- Accreditation for both skilled and non-skilled services, including:
  - Private Duty Nursing
  - Private Duty Aide
  - Companion Homemaker
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Medical Social Services
  - Infusion Nursing
  - Palliative Care

# PRIVATE DUTY ACCREDITATION

- ACHC can accredit Health Care Service Firms (HCSF) that offer staffing services in addition to other home care services
- ACHC accreditation will replace the state's annual survey, as long as the HCSF remains accredited
- ACHC accreditation is every three years
- ACHC can also conduct non-Medicare and Medicare certification and re-certification in all 50 states and U.S. territories

# 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 New Jersey regulations for Health Care Service Firms
- Established agency policies and procedures
  - Must abide by policies and procedures



# REVIEW THE STANDARDS

- Identifier
  - PD (PDN, PDA, PDC, PDPT, PDOT, PDST, PDSW, PDIN, PCPD)
- 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

# MOST STRINGENT REGULATION

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



# CREATE CUSTOMER CENTRAL ACCOUNT

- Step 1: Visit [cc.achc.org](http://cc.achc.org)
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your customized ACHC standards





# DEMOGRAPHIC INFORMATION

USERNAME  PASSWORD    
[Forgot username or password?](#)



## Becoming accredited with ACHC

Download Standards

Complete Application

On-Site Survey

Watch a video tutorial of the new Customer Central

Watch Install Video »  
Get Desktop App for Windows »



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

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

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

# DOWNLOAD STANDARDS

- PDN-Nursing
- PDA-Aide
- PDC-Companion
- PDOT-Occupational Therapy
- PDPT-Physical Therapy
- PDST-Speech Therapy
- PDSW-Social Work
- PDIN-Infusion Nursing
- PCPD-Palliative Care

Private Duty – Non-Medicare Certified

Download

Standards ?

ACHC Process ?

ACHC Private Duty Accreditation Standards are applicable for healthcare organizations that provide both skilled and non-skilled services including nursing care, aide services, companion care, therapy, and social work that allow individuals to remain independent and functional in their own homes. ACHC Private Duty Accreditation Standards are written by industry experts to align with industry best practices for organizations that do not participate in the Medicare program.

**PDN - Private Duty Nursing Services**

Private Duty Nursing services are usually provided either hourly or by shift and are covered by various payors, but not Medicare. Services can be provided by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN).

**Distinction(s)**

**PCPD - Palliative Care Private Duty**

For an organization to earn Private Duty Accreditation with a Distinction in Palliative Care, the provider must also be accredited for Private Duty Nursing. This additional recognition focuses on patient and family centered care that optimizes quality of life throughout the continuum of illness by addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.

**PDA - Private Duty Aide Services**

Private Duty Aide services encompass hands-on personal care provided by a Nursing Assistant or certified Home Health Aide (HHA) including personal care services.

**PDC - Private Duty Companion/Homemaker Services**

Private Duty Companion services are provided hourly or by shift. This service is a "non-hands-on" service and does not require a clinician to supervise.

**PDOT - Private Duty Occupational Therapy Services**

Occupational Therapy services are provided by a licensed Occupational Therapist or Certified Occupational Therapy Assistant (COTA) for services such as upper body strength training, improving range of motion skills, and provision of a home exercise program. COTAs are supervised by an OT.

**PDPT - Private Duty Physical Therapy Services**

Physical Therapy services are provided by a licensed Physical Therapist (PT) or Physical Therapy Assistant (PTA) for services such as gait training, strength training and range of motion exercise programs. Physical Therapy Assistants are

# APPENDIX A

**Appendix A: Standard Service Table for Selected Services**

Standard	PDA	PDC	PDIN	PDN	PDOT	PDPT	PDST	PDSW
PD1-1A	X	X	X	X	X	X	X	X
PD1-1B	X	X		X	X	X	X	X
PD1-2A	X	X	X	X	X	X	X	X
PD1-2B	X	X	X	X	X	X	X	X
PD1-2C	X	X	X	X	X	X	X	X
PD1-2D	X	X	X	X	X	X	X	X
PD1-3A	X	X	X	X	X	X	X	X
PD1-4A	X	X	X	X	X	X	X	X
PD1-4B	X	X	X	X	X	X	X	X
PD1-4C	X	X	X	X	X	X	X	X
PD1-5A	X	X	X	X	X	X	X	X
PD1-5B	X	X	X	X	X	X	X	X
PD1-6A	X	X	X	X	X	X	X	X
PD1-6B	X	X	X	X	X	X	X	X
PD1-7A	X	X	X	X	X	X	X	X
PD1-7B	X	X	X	X	X	X	X	X
PD1-8A	X	X	X	X	X	X	X	X
PD1-9A	X	X	X	X	X	X	X	X
PD1-10A	X	X	X	X	X	X	X	X
PD1-10B	X	X	X	X	X	X	X	X
PD1-10C			X	X	X	X	X	X
PD1-10D	X	X	X	X	X	X	X	X
PD1-11A	X		X	X	X	X	X	X
PD2-1A	X	X	X	X	X	X	X	X
PD2-2A	X	X	X	X	X	X	X	X
PD2-2B	X	X	X	X	X	X	X	X
PD2-3A	X	X	X	X	X	X	X	X
PD2-4A	X	X	X	X	X	X	X	X
PD2-4B	X	X	X	X	X	X	X	X

# APPENDIX B

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

Customized for: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard #	Documents, Policies and Procedures	Agency Notes
PD1-1A	Copy of all current applicable license(s)/permit(s) for each premise	
PD1-2A	Written Policies and Procedures	
PD1-3A	Written Policies and Procedures	
PD1-4A	Administrator Resume/Application	
PD1-5A	Organizational Chart	
PD1-7A	Written Policies and Procedures	
PD1-11A	Written Policies and Procedures	
PD2-1A	Written Policies and Procedures	
PD2-2A	Written Policies and Procedures	
	Statement of Client's/Patient's Rights and Responsibilities	
PD2-3A	Written Policies and Procedures	
PD2-4A	Written Policies and Procedures	
PD2-5A	Written Policies and Procedures	
PD2-6A	Written Policies and Procedures	
PD2-6B	Written Policies and Procedures	
PD2-7A	Written Policies and Procedures	
PD2-8A	Written Policies and Procedures	
PD2-8B	Written Policies and Procedures	

# APPLICATION

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



# ONLINE APPLICATION

- Select “NEW APPLICATION”
- Main office
  - Profile
  - Location
  - Contacts
- 10 Blackout dates



# PRELIMINARY EVIDENCE REPORT

## PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST



### PRIVATE DUTY

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

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

#### Verification of the following is required for organizations seeking initial accreditation:

- The organization must have provided care to a minimum of 5 clients/patients, having 3 active at time of survey unless state law requires more

#### Confirmation of the following (initial in spaces provided):

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

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

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

**\*\*PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.**

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 additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

# PER CHECKLIST

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





# PREPARATION

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- Educate Key Staff
  - Clinical/bedside staff
  - Administrative/leadership
  - Governing body
  - Patients
- Prepare the agency
  - Human Resources
  - IT
  - Walk around your agency

# 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"> <li>• PD2-2A Client/patient rights and responsibilities policy</li> <li>• PD2-3A Investigation of alleged client/patient mistreatment</li> <li>• PD2-4A Investigation of client/patient complaints</li> <li>• PD4-2H Completion of background checks and criminal history convictions</li> <li>• PD4-13B Aide qualifications and certification requirements</li> <li>• PD5-3A Client/patient assessment and plan of care development</li> </ul>

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	<ul style="list-style-type: none"> <li>• PD6-4A Reporting of client/patient incidents and variances</li> </ul>
PD1-7A	Job orders must contain the following minimum information: <ol style="list-style-type: none"> <li>1) A description of the setting</li> <li>2) The hours to be worked;</li> <li>3) The title of position (for example, supervising nurse, staff nurse, charge nurse, clinical specialist)</li> <li>4) Duties;</li> <li>5) Special skills or certifications required;</li> <li>6) Special equipment to be operated; and</li> <li>7) Special employer policies or limitations to be required.</li> </ol>
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"> <li>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;</li> <li>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</li> <li>3) Be divided into two components of which:                             <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol> </li> </ol>
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 payer.

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 Home Care 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"> <li>• The name and address of the individual, and</li> <li>• 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;</li> <li>• 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</li> </ul>

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	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
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"> <li>• The individual's first name or initial</li> <li>• The individual's full surname</li> <li>• The term reflecting the individual's level of licensure or certification</li> <li>• A photograph of the individual.</li> </ul> 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.

Standard	Section 4: HUMAN RESOURCE MANAGEMENT
PD4-1B	Personnel files contain at a minimum:

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# REPORTS

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

# SECTION 1

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- Copies of bylaws, Articles of Incorporation
- Governing body meeting minutes for the past 12 months
- Orientation records and signed confidentiality statements for governing body members
- Organizational chart
- Contracts for any direct-care services and copy of professional liability insurance
- CLIA certificate of waiver for laboratory testing being performed at your agency as well as verification that the referral laboratory is certified in the appropriate specialties and subspecialties
- Verification of physician licensure

# SECTION 2

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

# SECTION 3

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- Budget/evidence of review of budget
- Written list of patient service care charges

# SECTION 4

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- 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

# SECTION 5

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



# SECTION 6

- 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:
  - Complaints and grievances
  - Patient incidents/variances
  - Quarterly chart audit
- Ongoing and/or current PI projects
- Annual evaluation of PI Program

# SECTION 7

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- 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
- Maintenance logs

# FOCUS AREAS

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- 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



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# ROLE OF SURVEYOR

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

# ON-SITE SURVEY

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/patient chart review
- Interview with staff, management, governing body, and volunteers
- Review of agency's implementation of policies
- Performance Improvement (PI)
- Exit conference

# 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 listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.**

# PERSONNEL FILE REVIEW



PRIVATE DUTY



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

COMPLIANCE DATE:

Standard	Item Required	Administrator	Alternate Administrator	Director of Clinical Services, if applicable	Alternate Director of Clinical Services, if applicable	RN Name:	LPN Name:	PDA Name:	PDC Name:	PT/PTA Name:	OT/COTA Name:	ST/SLPA Name:	BSW/MSW Name:	Other Name:
PD4-1B	Position application (N/A for contract staff)													
PD4-1B	Dated and signed withholding statements (N/A for contract staff)													
PD4-1B	I-9 Form (N/A for contract staff)													
PD4-2B	Evidence that licensed staff credentials are current & verification that non-licensed staff are qualified													
PD4-2C	Evidence of initial and annual TB screening													
PD4-2D	Evidence of Hepatitis B vaccination received or signed declination statement													
PD4-2E	Signed job description or contract													
PD4-2F	Current driver's license and MVR check, if applicable													
PD4-2H	Criminal background check													
PD4-2H	Office of Inspector General Exclusion List check													
PD4-2H	National sex offender registry check, if applicable													
PD4-2I	Evidence of access to personnel policies (N/A for contract staff)													
PD4-2J	Most recent annual performance evaluation													
PD4-5A	Evidence of orientation													
PD4-6A & PD4-6B	Initial and annual competency assessment													
PD4-7A & PD4-7B	Evidence of annual education													
PD4-7D	Initial and annual on-site observation visit													
PD4-12A	Verification of additional education needed to administer pharmaceuticals or special treatments													
PD1-3A	Conflict of Interest Disclosure Form, if applicable													
PD2-5A	Signed confidentiality statement													
PD2-6B	Evidence of CPR, if applicable													
Other state- or agency-specific requirements														

ACCREDITATION COMMISSION *for* HEALTH CARE

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# MEDICAL CHART REVIEWS

- Review five patient/client charts
- Representative of the care provided
  - Interdisciplinary
  - Medically complex
- Electronic Medical Record
  - Do not print the medical record
  - Need access to the entire record
  - Need to have a laptop/desktop supplied by the agency
  - Navigator/outline

# HOME VISITS

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- Will complete one home visit
- Visits will be with patients already scheduled for visits if census is large enough to accommodate
- Agency responsibility to obtain consent from patient/family
- Prepare patients and families for potential home visits
- Surveyor transportation

# EXIT CONFERENCE

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

# CORRECTED ON SITE

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- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required

# 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 (POC) REQUIREMENTS

- Due in 30 calendar days to ACHC
- Deficiencies are auto-filled
- POC
  - Action step
- Date of compliance
- Title
- Process to prevent recurrence
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance



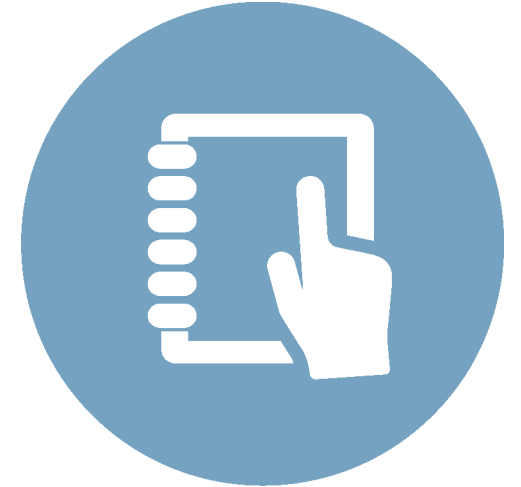
# RESOURCES

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- Account Advisor
- Customer Central
- Monthly “Did You Know” emails
- *ACHC Today* emails
- ACHCU educational division ([achcu.com](http://achcu.com))
  - Workbooks
  - Workshops
- Policy review

# EXTENDED POLICY REVIEW

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





# APPENDIX B

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

Customized for: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard #	Documents, Policies and Procedures	Agency Notes
PD1-1A	Copy of all current applicable license(s)/permit(s) for each premise	
PD1-2A	Written Policies and Procedures	
PD1-3A	Written Policies and Procedures	
PD1-4A	Administrator Resume/Application	
PD1-5A	Organizational Chart	
PD1-7A	Written Policies and Procedures	
PD1-11A	Written Policies and Procedures	
PD2-1A	Written Policies and Procedures	
PD2-2A	Written Policies and Procedures	
	Statement of Client's/Patient's Rights and Responsibilities	
PD2-3A	Written Policies and Procedures	
PD2-4A	Written Policies and Procedures	
PD2-5A	Written Policies and Procedures	
PD2-6A	Written Policies and Procedures	
PD2-6B	Written Policies and Procedures	
PD2-7A	Written Policies and Procedures	
PD2-8A	Written Policies and Procedures	
PD2-8B	Written Policies and Procedures	

# DESK REVIEW REFERENCE GUIDE

## DESK REVIEW REFERENCE GUIDE



PRIVATE DUTY



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	Applicable Services
PD1-1A	Bylaws/Articles of Incorporation	All services
PD1-2A	Governing body activities	All services
PD1-3A	Conflict of interest disclosure requirements	All services
PD1-9A	Ownership and management changes	All services
PD1-11A	Verification of referring practitioner credentials	All services
PD2-1A	Description of care/services provided by the agency	All services
PD2-2A	Patient Rights and Responsibilities	All services
PD2-3A	Reporting and investigation of alleged violations involving client/patient care	All services
PD2-4A	Reporting and investigation client/patient grievances/complaints	All services
PD2-5A	Securing and releasing confidential Protected Health Information and Electronic Protected Health Information	All services except PDC
PD2-6A	Client's/patient's right to accept or refuse medical care	All services except PDC
PD2-6B	Agency's personnel resuscitative guidelines	All services
PD2-7A	Mechanisms utilized to identify, address and evaluate ethical issues	All services except PDC
PD2-8A	Provision of care/service to clients/patients with communication or language barriers	All services
PD2-8B	Mechanisms utilized to identify, address, and evaluate ethical issues	All services
PD2-9A	Compliance Program	All services except PDC
PD4-1A	Management of personnel files	All services
PD4-2C	Tuberculosis baseline testing and annual screening	All services
PD4-2D	Hepatitis B vaccine requirements	All services except PDC
PD4-2H	Background checks	All services

# POLICY REVIEW RESULTS

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





FOR PROVIDERS.  
BY PROVIDERS.

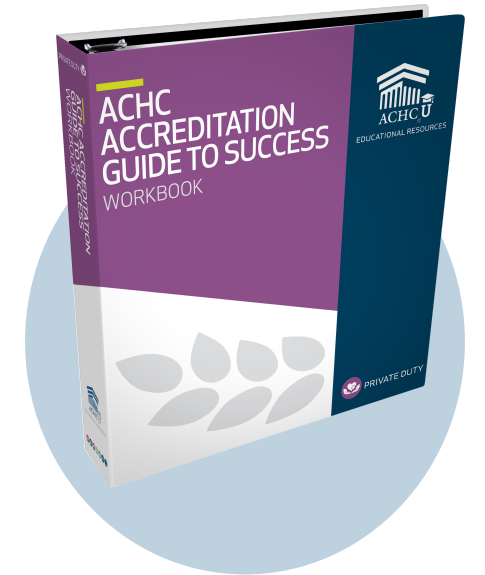
# ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

## Private Duty



# 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





FOR PROVIDERS.  
BY PROVIDERS.

# THANK YOU

Accreditation Commission for Health Care

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