Accreditation – Getting Started
After Your Survey
April 12, 2023
Welcome

GUEST PRESENTERS
Jennifer Flowers, Founder & CEO
Peggy Lavin, Director of Behavioral Health
Agenda

- Post Survey Activity
- Celebrating and Promoting Your Accreditation!
- Continuous Compliance
- Q&A
Post Survey Activity
Post Survey Activities

- Corrective Action Plan
  - Address deficiencies found during the survey
  - Project Management
    - Who, What, When and How
    - Monitor
      - Implementation of planned action(s)
      - Effectiveness of action(s) taken
You Achieved Accreditation!
Post Accreditation! Now What?

- Proactively maintain compliance with accreditation requirements
  - New/revised standards
  - Robust PI activities
  - Orientation
    - New staff
    - Staff assuming new responsibilities/duties
  - Training
    - Annual trainings
    - New policy/procedures
    - Response to PI
  - Verification of staff licenses, registrations, certifications
    - New staff
    - Renewal

Maintain the value of your investment with accreditation maintenance!
Post Accreditation! Now What?

- Annual calendar – quarterly and annual activities
- Consideration against liability insurance costs
  - Call your broker and discuss!
- Maintain culture of excellence
- Stop and take stock!
AG Maintenance Program

- Up to 4 hours of consult per month
- Updates on new/revised standards
- Assess Performance Improvement activities
- Annual milestones calendar with monthly progress report
- Verification of required staff training
- Credentialling (new staff/renewal of licenses/registration/certifications)
- Mock survey 6 months prior to reaccreditation survey
How ACHC Supports You!
After the Survey
Post-Survey Process

- Surveyor’s responsibilities
- ACHC Clinical Review Committee examines all the data
- Summary of Findings (SOF) is sent within 10 business days from the last day of survey
# Sample Summary of Findings

<table>
<thead>
<tr>
<th>Deficiency Category - Policies &amp; Procedures</th>
<th>Comments</th>
</tr>
</thead>
</table>
| BH2-1A Written policies and procedures are established and implemented in regard to the organization's descriptions of services and the distribution to personnel, service recipients and the community. | Upon review of policy and procedure, the organization did not evidence there are complete descriptions of all services, available for distribution which include all required elements. Missing elements:  
- Charges and payments  
- On call availability  
- Contact information and referral procedures  
Corrective Action: The Organization will need to ensure evidence of descriptions of all services, available for distribution which include, but are not limited to:  
- Types of service available or model of service utilized  
- Charges and payments  
- Eligibility/admission criteria including populations served  
- Hours of operation, including on call availability  
- Contact information and referral procedures  
- Goals/expectations of the service  
Educate staff on policy. Review policies to ensure compliance. |

- **Identify the standard**
- **Deficiency cited**
- **Action required for compliance**
ACCHC Accreditation Decisions

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

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

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

DENIED
Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.
Plan of Correction Requirements

- Due in 30 calendar days to ACHC
- Deficiencies are auto-filled
- Plan of Correction
  - Specific action step to correct the deficiency
- Date of compliance
  - Date correction is to be completed
- Title of individual responsible
- Process to prevent recurrence — two-step process:
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance
Plan of Correction (POC)
Submission of Evidence

- Once POC is approved, POC identifies which deficiencies will require evidence.
- All evidence to the Account Advisor within 60 days.
- No PHI or other confidential information of service recipients or employees.
- Accreditation can be terminated if evidence is not submitted.

Additional evidence may be required based on the decision of the ACHC Review Committee.
Sample Evidence Chart - Audit Summary

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 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 evidence of required annual education.

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 RECORD/PERSONNEL FILE AUDIT SUMMARY

<table>
<thead>
<tr>
<th>ACHC Standard</th>
<th>Brief Summary of Audit Findings Specific to the Deficiency</th>
<th>Number of Correct Charts (Audit)</th>
<th>Number of Total Charts (Audit)</th>
<th>Percentage of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: BMI-4A</td>
<td>Audited personnel charts to ensure completion of orientation</td>
<td>9/10</td>
<td>9/10</td>
<td>90%</td>
</tr>
</tbody>
</table>

ACHCU is a brand of ACHC.
Dispute Process

- The organization submits a written request for dispute to its ACHC Account Advisor no later than 10 calendar days from the receipt of the Summary of Findings.

- Disputes will not be granted if:
  - The request is received after the 10 calendar-day time frame.
  - An organization has an outstanding balance.
  - An organization has a payment plan that is not current.
Dispute Process

- The written request outlines the standard(s) noted in the Summary of Findings that the organization believes ACHC incorrectly determined as a deficiency.
- The organization must also provide evidence to support that, at the time of the survey, the organization was in compliance with the standard(s).
- Any evidence the organization submits must have been presented to and reviewed by the Surveyor(s) at the time of the survey.
- Evidence provided with the request letter will not be returned to the organization.
Adding Value With ACHC Accreditation

Promoting Your Accreditation Status
ACHC Marketing Resources

- ACHC provides the tools to leverage the accredited status.
- All accredited organizations receive the ACHC Branding Kit:
  - ACHC Brand Guidelines
  - ACHC Accredited Logos
  - Window Cling
- ACHC’s Marketing Department contact info:
  - ainfo@achc.org
  - (855) 937-2242
Branding Elements

- ACHC Accredited Logo(s)
FOR IMMEDIATE RELEASE

February 26, 2014

Media Contact:

Contact Name
Organization Name
Contact Email
Website

YOUR ORGANIZATION NAME

ACHIEVES ACCREDITATION WITH ACHC

CITY, STATE. Your organization name proudly announces its approval of accreditation status by Accreditation Commission for Health Care (ACHC) for the services of its services.

Achieving accreditation is a process where healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization’s dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a not-for-profit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2008 certified and has CMS Deeming Authority for Home Health, Hospice and DMEPOS.

Write a brief paragraph about your company, communities you serve, why you’re unique, etc. A quote about the accreditation process or what this accreditation means to your organization is a great way to personalize the press release.

For more information, please visit your website, or contact us at email address or (XXX) XXX-XXXX.

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Educational Resources

- ACHCU.com:
  - Workshops and workbooks
  - Webinars

- Online resources:
  - The Surveyor newsletter
  - Regulatory updates
  - Accreditation resources
  - Maintaining compliance checklists

- Email updates:
  - “Did You Know?”
  - ACHC Today e-newsletter
  - Sign Up at https://www.achc.org/e-news-signup.html
Maintaining Compliance
Organization Changes

- Notify Account Advisor when there are any organizational changes
  - Service Addition Checklist or a Distinction in Telehealth
  - Branch Addition Checklist
  - Change of Location
  - Change of Ownership
  - Change of Name
  - Closure Attestation
Questions?
Thank You!

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Thank you

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