

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) PROCESS OF INITIAL ACCREDITATION



FOR PROVIDERS.  
BY PROVIDERS.

## STEP ONE — PROVIDER SHOULD:

- Obtain the Accreditation Commission for Health Care (ACHC) Accreditation Standards through Customer Central at [cc.achc.org](http://cc.achc.org)
- Review the ACHC Accreditation Standards and begin compiling your policies and procedures
- Obtain the Missouri regulations for Hospice by contacting Bureau of Home Care and Rehabilitative Standards (BHCRS)

## STEP TWO — PROVIDER SHOULD:

**Complete application for licensure for BHCRS, including all required forms:**

- Health Benefit Agreement
- Assurance of Compliance
- Office of Civil Rights Packet
- State disclosure of Ownership and Control Interest Statement
- Letter of Intent for State Licensure and/or Medicare Certification
- Inform BHCRS at 573-751-6336 that ACHC will be provider's accreditor of choice
- Wait for BHCRS notification that the application is complete and has been accepted

## STEP THREE — BHCRS SHOULD:

- Forward notice to provider and ACHC that the provider application is complete

## STEP FOUR — PROVIDER SHOULD:

- Submit a completed ACHC application
- Submit a \$1,500 deposit
- Review and sign the ACHC Agreement for Accreditation Services

## STEP FIVE — ACHC SHOULD:

- Schedule and conduct a one-day announced accreditation survey
- Notify provider and BHCRS of its accreditation decision in writing
- Once an approval decision is received, the provider will be granted accreditation for one year

## STEP SIX — BHCRS SHOULD:

- Issue a temporary license
- Issue a letter of acknowledgement to ACHC and the provider granting permission to provider to start developing a patient caseload

## STEP SEVEN — PROVIDER SHOULD:

- Submit an 855A application to CMS
- Obtain written documentation that the 855A application has been approved and submit copy of approval letter to ACHC
- Acquire minimum patient caseload: 5 patients served, 3 patients active at time of Initial Medicare Certification survey
- Provide all core services
- Inform ACHC in writing when Step Seven is complete

## STEP EIGHT — ACHC SHOULD:

- Create a second ACHC Agreement for Accreditation Services and submit to provider
- Schedule and conduct an unannounced Initial Medicare Certification survey
- Once an approval decision is received, the provider will be granted accreditation for three years
- Notify provider, BHCRS, and CMS of its accreditation decision in writing; (CMS will make the decision of granting deemed status after receiving a report from ACHC)

## STEP NINE — BHCRS SHOULD

- Issue a permanent license

**If any of the above steps are not completed, the second survey will not be conducted.**