

# TIPS FOR SURVEY READINESS



HOME HEALTH



HOSPICE

Even during a public health emergency (PHE), Home Health and Hospice providers are required to complete a Medicare re-certification survey. The Centers for Medicare & Medicaid Services (CMS) are allowing Medicare-certified Home Health and Hospice providers to delay re-certification without consequences. However, this extension is not indefinite and providers will still be required to complete their recertification survey after the PHE has ended.

Depending on the date of your re-certification survey, your agency may be excluded from certain Medicare Conditions of Participation (CoPs) under the [CMS 1135 waivers](#). Once the

PHE has ended, the 1135 waivers will also likely be lifted and agencies will be required to return to full compliance with the CoPs at that time unless the Secretary of Health & Human Services (HHS) extends the waivers for an additional 60 days. Therefore, it is imperative to stay informed of the state of the public health emergency.

To help you prepare for your post-PHE survey, ACHC has put together the following helpful tips to prepare you for your survey based on the CoPs. In addition, you will need to ensure your agency is in compliance with all applicable state regulations, as well as any applicable accrediting organization standards.

## These are some of the items you can work on before your survey comes due.



- All licenses, including Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver, are current.
- The organizational chart is current.



- Review previous survey results, as well as the Plan of Correction, from the previous Medicare certification or re-certification survey. Any areas of continued non-compliance should be a priority for the development of an internal Plan of Correction.



- Ensure any practices that have been revised due to the CMS waivers have appropriate policies and/or protocols have been revised accordingly.
- Review the Infection Control Plan to ensure any necessary revisions due to the COVID-19 pandemic have been incorporated.
- Ensure all COVID-19 infections have been properly reported to the appropriate health authorities.
- Ensure there is tracking of all infections and any trends have been incorporated into the Quality Assurance Performance Improvement (QAPI) plan.



- Review the Emergency Preparedness Plan to ensure the all-hazard risk assessment incorporates COVID-19 infections and the Emergency Preparedness Plan has been updated to reflect changes, training, and education related to COVID-19. Agencies should maintain documentation if their Emergency Preparedness Plan has been or is currently activated.
- Check supply closet to ensure there are no expired supplies.
- Review patient education materials and patient admission packet materials to ensure they are current and contain up-to-date information.
- Complete a spot check of personnel files to ensure all qualifications and educational requirements are up to date and on file.



- Review the complaint log to ensure all complaints have been reported and documentation exists of the investigation and resolution.
- Review contracts to ensure none have expired.

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You should also be able to generate the following required reports promptly:

## HOME HEALTH:

- Unduplicated admissions for the past 12 months; regardless of payor
- Current patient census which includes start of care date and services provided
- Current patient visit schedule
- Patient listing of discharges and transfers for past 12 months
- Number patients discharged to the hospital in the past 12 months
- Number of patients discharged to the nursing home in the past 12 months
- Number of patients discharged due to goals met in the past 12 months
- Number of patient deaths in the past 12 months
- Total number of discharges in the past 12 months
- Personnel list; including direct services provided under arrangement
- Staffing full-time equivalent
- Most recent OASIS reports

## HOSPICE:

- Unduplicated admissions for the past 12 months; regardless of payor
- Current patient census which includes start of care date and services provided
- Number of patients residing in a SNF, NF, or other residential facility
- Current patient visit schedule
- Patient listing of live discharges, transfers, and revocations for past 12 months
- Listing of individuals receiving bereavement services
- Personnel list; including direct services provided under arrangement, and volunteers
- Staffing full-time equivalent for core services

For more information on the CMS 1135 waivers, visit:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers>

For a comprehensive list of the Medicare Conditions of Participation, visit ACHC Customer Central to download these resources:

- [Home Health Medicare COPs Pre-Survey Checklist](#)
- [Hospice Medicare COPs Pre-Survey Checklist](#)
- [Items Needed for On-Site Survey \(Home Health\)](#)
- [Items Needed for On-Site Survey \(Hospice\)](#)
- [Items Needed for On-Site Survey \(Hospice Inpatient\)](#)



Please sign into your Customer Central Account at [cc.achc.org](https://cc.achc.org) to download the latest standards.



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