EXPERIENCE THE ACHC DIFFERENCE
Accreditation for Home Infusion Therapy Services
The 21st Century Cures Act, signed into law in December 2016, is a wide-ranging healthcare bill that funds medical research and development, medical device innovation, mental health research and care, opioid addiction treatment and prevention, and health information technology.

In addition, it mandates that any Home Infusion Therapy suppliers must be accredited by January 1, 2021, if they want to receive Medicare Part B reimbursement for the nursing services provided to administer the medication to the patient.
HOME INFUSION THERAPY

- Provision of care to patients that are in their homes who require administration of infused drugs.
- ACHC previously provided accreditation for organizations that provide this service:
  - Infusion Pharmacies (IRN)
  - Private Duty Organizations (PDIN)
  - Home Health Agencies
HOME INFUSION THERAPY

- ACHC has applied for CMS Deeming Authority to conduct Home Infusion Therapy deemed status surveys.

- Agencies that want to be able to seek Medicare Part B reimbursement will need to be accredited by an approved Accrediting Organization by January 1, 2021.
  - Reimbursement is not available under Medicare Part B until January 1, 2021.

- Agencies that do not wish to see Medicare Part B reimbursement but want to provide infusion services may do so under the current Infusion Nursing (IRN), Private Duty Nursing (PDN) and Home Health accreditation standards.
  - Will not be eligible for Medicare Part B reimbursement.
HOME INFUSION THERAPY

- Agencies that wish to provide Infusion Nursing (IRN) services and Home Infusion Therapy (HITS) Supplier and agencies that wish to provide Private Duty Nursing (PDN) and Home Infusion Therapy (HITS) Supplier must be able to demonstrate separation of services as evidenced by:

  - Operation of the agency:
    - Separate clinical records for patients receiving Infusion Nursing (IRN) and Home Infusion Therapy (HITS) Supplier services and for patients receiving Private Duty Nursing (PDN) and Home Infusion Therapy (HITS) Supplier services.
    - Additional policies designated to the requirements of providing home infusion therapy.
HOME INFUSION THERAPY

- Consumer Awareness:
  - Marketing materials should be reviewed to verify that the materials note the differences between the services.
  - Written material should clearly identify the Home Infusion Therapy Supplier service as separate and distinct from Infusion Nursing and Private Duty Nursing services.

- Staff Awareness:
  - Staff should be able to identify the difference in services they provide for Home Infusion Therapy Supplier and Infusion Nursing or Private Duty Nursing.
Currently, providers do not receive reimbursement for the pharmacy coordination or nursing administration of the medication.

The 21st Century Cures Act provided:

- Medicare payment – but only on days that the nurse actually makes a visit to the patient’s home and administers the medication.
- Payment only for the administration of the medication, but not for the pharmacy oversight or care coordination.
- Payment through Medicare Part B. Home Health agencies currently receive reimbursement through Part A. Therefore, they need to obtain a PTAN number to bill.
- Payment only if the Home Infusion Therapy supplier is accredited.
HOME INFUSION THERAPY OPERATIONAL FACTS

November 1, 2019

- ACHC launched its Home Infusion Therapy Accreditation Program. Standards for this accreditation meet the new Medicare requirements and are similar to standards for ACHC’s previous Infusion Nursing (IRN) and Private Duty Infusion Nursing (PDIN) services.
- Education and crosswalks are posted on ACHC.org and Customer Central.
- Organizations renewing their IRN/PDIN accreditation will be surveyed under the new Home Infusion Therapy Accreditation Standards.
- All organizations seeking initial Home infusion Therapy accreditation will be surveyed against the new Home Infusion Therapy Accreditation Standards.
HOME INFUSION THERAPY OPERATIONAL FACTS

- The Home Infusion Therapy survey is an additional one-day survey that can be completed at the time of initial certification or recertification or midcycle.
- The Home Infusion Therapy survey is unannounced.
- Agencies must have provided care to three patients receiving home infusion therapy for the survey to be completed.
- ACHC will review all three medical records.
- ACHC will conduct one home visit when available and when not available will conduct a competency simulation.
- ACHC Accreditation is for three years.
COMMONLY ASKED QUESTIONS

Will ACHC be conducting on-site surveys at every location?

- Yes. All customers seeking Home Infusion Therapy accreditation will require an on-site survey.
Are the new standards different than the old standards for PDIN or IRN?

- There are slight differences in the standards to incorporate the CMS Conditions for Coverage (CfCs).
COMMONLY ASKED QUESTIONS

When is mandatory accreditation required?

- Beginning January 1, 2021, all home infusion therapy providers will be required to be accredited by a CMS-approved accrediting organization to receive reimbursement for professional services provided in the home.
COMMONLY ASKED QUESTIONS

Does it need to be a physician that signs the plan of care?

- The new Conditions of Coverage (CfCs) requires a physician to order the infusion prior to the initiation of therapy and to periodically review the plan of care. We have asked CMS to broaden the definition of physician to include PAs and NPs, but CMS stated that the patient can be under the care of a PA or NP but the order and plan must come from the physician.

Will Home Infusion Therapy surveys be unannounced?

- The accreditation rules state that the surveys for home infusion therapy providers need to be unannounced; therefore, an AIC combined with a home infusion therapy supplier that provides care only by appointment will need to be able to arrive within a reasonable period of time when ACHC arrives on site to do the survey.
EXPERIENCE THE ACHC DIFFERENCE
Resources to Prepare For A Home Infusion Therapy Survey
HOME INFUSION THERAPY STANDARDS

- Download the Home Infusion Therapy Standards and ACHC Process from cc.achc.org.
REVIEW THE STANDARDS

- **Identifier**
  - HIT - Home Infusion Therapy

- **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
Establish a date for compliance with ACHC Home Infusion Therapy Standards
ITEMS NEEDED FOR ON-SITE SURVEY

HOMESTYLE INFUSION THERAPY

ACCRÉDITATION COMMISSION FOR HEALTH CARE

ITEMS NEEDED FOR ON-SITE SURVEY

ACCRÉDITATION COMMISSION FOR HEALTH CARE

ITEMS NEEDED FOR ON-SITE SURVEY

HOMESTYLE INFUSION THERAPY

ACCRÉDITATION COMMISSION FOR HEALTH CARE

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ACCRÉDITATION COMMISSION FOR HEALTH CARE

ITEMS NEEDED FOR ON-SITE SURVEY
## SURVEY CHECKLIST - PERSONNEL FILES

### HOME INFUSION THERAPY

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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>PERSONNEL</th>
<th>DATE</th>
<th>REVIEW</th>
<th>SIGNATURE</th>
<th>APPROVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance Date</td>
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</tbody>
</table>

### ACCELERATION COMMISSION FOR HEALTH CARE

**HITA**: 2G
Most recent annual performance evaluation

**HITA**: 3A
Evidence of orientation

**HITA**: 4A
Initial/annual competency assessment

**HITA**: 6A
Evidence of annual education

**HITA**: 7A
Initial/annual on-site observation visit

**HITA**: 7A
Certification of all RNs, or other licensed skilled professionals responsible for supervision of services

**HITA**: 11A
Verification of additional education needed to administer pharmaceuticals or specific treatments

**HITA**: Other state or agency specific requirements

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**Effect Date**: 12/31/2019

**[AHCH Survey Checklist - Personnel Files](#)**

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**Page 2 of 2**
Establish a date for compliance with ACHC Home Infusion Therapy Standards
CROSSWALKS

- Private Duty Infusion Nursing to Home Infusion Therapy
CROSSWALKS

- Infusion Nursing to Home Infusion Therapy
ON-SITE SURVEY PROCESS

- One-day survey:
  - Unannounced
  - Notification call

- Will review three medical records:
  - Can be active or discharged charts based on active census.

- One home visit will be conducted:
  - If there is not an active patient receiving infusion services, personnel will need to complete a simulation competency in the office.
ON-SITE SURVEY PROCESS

- Survey is conducted:
  - Observation
  - Interviews
  - Home visit or simulation competency in the office
  - Medical record review
  - Personnel record review
  - Contracts
  - Performance Improvement
  - Infection control

- Review by the Review Committee.
- Accreditation decision is made.
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
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 list of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.
EXIT CONFERENCE

- Exit conference:
  - Present all corrections prior to the exit conference.
  - Invite those you want to attend.
  - Surveyor cannot provide a score.
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard.
  - Seek clarification from Surveyor while still on site.
EXPERIENCE THE ACHC DIFFERENCE
Post-Survey Process
POST-SURVEY TIME FRAMES

- ACHC Surveyor submits survey data to ACHC office within 2 business days from the last day of survey.
- Accreditation decisions are provided to agency within 10 business days from the last day of survey.
- Home Infusion Therapy agencies submit a Plan of Correction within 10 calendar days from the date of the accreditation decision.
STANDARD- AND CONDITION-LEVEL DEFICIENCIES

- All survey results are reviewed by the ACHC Review Committee.
- Standard-level deficiencies:
  - Not as “severe.”
  - Individual, random issue vs. a systemic issue.
  - Only require a Plan of Correction.
- Condition-level deficiencies result when a Condition for Coverage (CfC) is significantly out of compliance:
  - Requires another on-site survey.
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.*

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 10 calendar days to ACHC.
- Deficiencies are auto-filled.
- Plan of Correction
  - Specific action step to correct the deficiency.
- Date of compliance of the action step
  - 10 calendar days if condition-level
  - 30 calendar days if standard-level
- Title of individual responsible
- Process to prevent recurrence (2-step process)
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance
PLAN OF CORRECTION

- Due in 10 calendar days to ACHC
- Plan of Correction
  - Specific action step to correct the deficiency
- Date of compliance of the action step
  - 10 calendar days if condition-level
  - 30 calendar days if standard-level
- Title of individual responsible
- Process to prevent recurrence (2-step process)
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance

ACCREDITATION COMMISSION for HEALTH CARE
Evidence that is required to support compliance is identified on the POC

Summation of evidence

All evidence to the Account Advisor within 60 days

No PHI or other confidential information of patients or employees

Accreditation can be terminated if evidence is not submitted
IN REVIEW

- Agencies that want to seek Medicare Part B reimbursement for Infusion Therapy Services must be accredited for Home Infusion Therapy prior to enrollment.
- Home Infusion Therapy accreditation is mandatory for Medicare Part B reimbursement.
- IRN, PDN, and Home Health agencies can continue to provide infusion services as it is under the scope of an RN to perform, do not have to be Home Infusion Therapy accredited but will not be eligible for Medicare Part B reimbursement.
QUESTIONS?
THANK YOU

Contact your Account Advisor or the Account Services Team at (919) 785-1214 x457.