EXPERIENCE THE ACHC DIFFERENCE

Achieving a Successful Hospice Medicare Certification Survey
EXPERIENCE THE ACHC DIFFERENCE

Pre-Survey Preparation
MISSION

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.

- Nationally recognized accreditation organization (AO) with more than 30 years of experience
- Recognition by most major third-party payors
- Quality Management System certified to ISO 9001:2015
- CMS deeming authority for Home Health, Hospice, and DMEPOS
- Approved to perform many state licensure surveys
CREATE CUSTOMER CENTRAL ACCOUNT

- Step 1: Visit cc.achc.org
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your customized ACHC standards
DEMOGRAPHIC INFORMATION

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
- Last Name
- Phone
- Email
- Company Name
- DBA Name
- Address
- City
- State
- Zip
- Accreditation Program
- Number of Locations
- Select a Username
- Enter Password
- Confirm Password

Accreditation completed by:

- How did you hear about ACHC?
- Are you hospital affiliated?

Select an option (Please Choose)
DOWNLOAD STANDARDS AND POLICIES
### Appendix A: Standard Service Table for Selected Services

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

Customized for: HIC, HSP

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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” or “RENEWAL”
- Main office
  - Profile
  - Location
  - Contacts
  - Services
- Additional locations – branch locations, per Medicare provider number
- 10 Blackout dates
- Unduplicated admissions for past 12 months
- Identify services you want accredited
- Renewal should complete application 6-9 months prior to expiration
- Contact your AA if any of this information needs to be updated
PRELIMINARY EVIDENCE REPORT

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for Initial Hospice accreditation.

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

Required items to be submitted to the Accreditation Commission for Health Care (ACHC):

☐ Accreditation application
☐ Non-refundable deposit

In addition, verification of the following is required for organizations seeking an initial Medicare Provider Number:

☐ Organization has completed the CMS-485s application and received written confirmation the application has been processed and the application is being forwarded with a recommendation to the state and CMS Regional Office
  ▪ Submit a copy of the letter from CMS or the Medicare Administrative Contractor (MAC). This is applicable for organizations seeking an initial Medicare Provider Number.

☐ The organization must have provided care to a minimum of 5 patients (not required to be Medicare patients)
  ▪ At least 3 of the required 5 patients should be receiving care at the time of the Initial Medicare Certification Survey
  ▪ If the hospice is located in a medically underserved area, as determined by the CMS Regional Office (RO), please call ACHC for further guidance

☐ The organization can demonstrate they are able to provide all services needed by patients being served and is able to demonstrate operational capacity of all facets of the organization. The hospice is fully prepared to provide all services necessary to meet the hospice Conditions of Participation (CoPs)

Confirmation of the following (initial in spaces provided):

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

☐ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of [date]. Please note that the on-site survey will occur at least 45 days past this date to ensure a sustained period of compliance.

ACREDITATION COMMISSION FOR HEALTH CARE
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/non-CoPs

- Medicare CoPs, state requirements
  - Acceptance of first patient

- Agency policies
  - Implementation date of policy
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

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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
ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Hospice
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

- **Section Index**
  - Quickly locate important information for successfully completing the ACHC accreditation process
PREPARATION

- Educate key staff
  - Clinical staff (employees, contract, & volunteers)
  - Administrative
  - Governing body
  - Patients

- Prepare the agency
  - Human Resources
  - IT/EMR
  - Office space
    - Walk around your agency
ACHIEVING A SUCCESSFUL SURVEY OUTCOME

Understanding the ACHC Hospice Standards
REVIEW THE STANDARDS

- Identifier-HSP
  - Services applicable
    - HSP-Hospice
    - HIC-Inpatient facility

- 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
**STANDARD EXAMPLE**

**Standard HSP1-4B:** An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies. (418.100(b))(L651)

Interpretation: A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and policies and procedures and are included in the orientation of this individual.

Evidence: Written Policies and Procedures, Alternate Administrator Resume, Orientation Records
STANDARD EXAMPLE

**Standard HSP1-8A.02**: Service contracts/agreements are reviewed and renewed as required in the contract.

**Interpretation**: The hospice has an established process to review and renew contract/agreements as required in the contract. A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/agreement or development of an updated contract/agreement.

**Evidence**: Written Contracts/Agreements
MOST STRINGENT REGULATION

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards
ITEMS NEEDED FOR ON-SITE SURVEY

ACCREDITATION COMMISSION FOR HEALTH CARE

ACCHC Standard

Required Item

Located

HCFP-9.01
Access to medical records without the following personal identifiers: name, medical record number, admission date and room number, date of birth, Social Security Number, patient identification number, or other state-recognized identifier.

HCFP-9.02
Access to clinical laboratory, surgical pathology, and other diagnostic services.

HCFP-9.03
Access to clinical pharmacy services.

HCFP-9.04
Access to the following services: nutrition services, pharmacy services, respiratory care, social services, and chaplaincy (if available).

HCFP-9.05
Access to medical records at all times of the day.

HCFP-9.06
Access to patient records by authorized personnel.

ACCHC Standard

Required Item

Located

HCFP-9.07
Access to medical records without the following personal identifiers: name, medical record number, admission date and room number, date of birth, Social Security Number, patient identification number, or other state-recognized identifier.

HCFP-9.08
Access to clinical laboratory, surgical pathology, and other diagnostic services.

HCFP-9.09
Access to clinical pharmacy services.

HCFP-9.10
Access to the following services: nutrition services, pharmacy services, respiratory care, social services, and chaplaincy (if available).

HCFP-9.11
Access to medical records at all times of the day.

HCFP-9.12
Access to patient records by authorized personnel.

ACCHC Standard

Required Item

Located

HCFP-9.13
Access to medical records without the following personal identifiers: name, medical record number, admission date and room number, date of birth, Social Security Number, patient identification number, or other state-recognized identifier.

HCFP-9.14
Access to clinical laboratory, surgical pathology, and other diagnostic services.

HCFP-9.15
Access to clinical pharmacy services.

HCFP-9.16
Access to the following services: nutrition services, pharmacy services, respiratory care, social services, and chaplaincy (if available).

HCFP-9.17
Access to medical records at all times of the day.

HCFP-9.18
Access to patient records by authorized personnel.

ACCHC Standard

Required Item

Located

HCFP-9.19
Access to medical records without the following personal identifiers: name, medical record number, admission date and room number, date of birth, Social Security Number, patient identification number, or other state-recognized identifier.

HCFP-9.20
Access to clinical laboratory, surgical pathology, and other diagnostic services.

HCFP-9.21
Access to clinical pharmacy services.

HCFP-9.22
Access to the following services: nutrition services, pharmacy services, respiratory care, social services, and chaplaincy (if available).

HCFP-9.23
Access to medical records at all times of the day.

HCFP-9.24
Access to patient records by authorized personnel.
ITEMS NEEDED FOR ON-SITE LSC SURVEY

ACcreditation commission for health care
REPORTS

- Unduplicated admissions per Medicare Provider for the past 12 months
  - Parent location
  - Multiple locations
- Current census
- Current schedule of visits
- List of live discharges/transfers/revocations for past 12 months
- List of individuals receiving bereavement services
REPORTS

- Personnel list
  - Employees
  - Volunteers
  - Contract staff
- Previous survey results for past year
- Admission packet and education materials
- Staff meeting minutes for past 12 months
- Internal Plans of Corrections
SECTION 1

- Current 855A
  - If you are a start-up agency or you have had a change that required an updated CMS 855A
- 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
- Personnel file for Administrator and Alternate Administrator
- Personnel file for Director and alternate Director of clinical services
- Contracts for Inpatient and SNF/NF or ICF/IID
SECTION 1

- 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

- 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 2

- Attending physician written responsibilities
- Any waivers, as applicable
- Community resources for bereaved individuals
- Contract or evidence of the ability to provide DME and certificate of accreditation
SECTION 3

- Budget/evidence of review of budget
- Capital Expenditure Plan, if applicable
- Most recent Medicare Cost Report (not applicable for start-ups)
- Written list of patient service care charges
SECTION 4

- Personnel records
  - Direct-care staff and contract staff
  - Administrator and clinical
  - QAPI Coordinator role

- Employee handbook or evidence that staff have access to personnel policies and procedures

- Written education plan and evidence of ongoing education
SECTION 5

- 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

- Quality Assessment and Performance Improvement (QAPI) 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 QAPI projects
- Annual evaluation of QAPI Program
SECTION 7

- Evidence of an Infection Control Program
  - TB Exposure Plan
  - Bloodborne Pathogen Plan
  - Policies and procedures
  - Training of staff
- Emergency Preparedness Plan
- Access to SDS information
- Maintenance logs
INPATIENT UNIT

- Maintenance and safety logs
- Previous inspection records
- Evidence of fire drills
- Drug disposal logs/records
- Temperature logs for refrigerators that contain patient medication
- Temperature logs for refrigerators that contain any patient food
- Patient room water- temperature logs
- Pharmacist’s license
- Evidence of Registered Dietician or other qualified individual oversees meal planning
STANDARD- & CONDITION-LEVEL DEFICIENCIES

- Standard-level deficiencies are AHC-only deficiencies and individual standards under the Medicare Conditions of Participation
  - Not as “severe”
  - Individual, random issue vs. a systemic issue

- Condition-level deficiencies result when either an entire condition is out of compliance, or multiple standards under a single condition are out of compliance
FOCUS AREAS

- 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
Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!
ACHIEVING A SUCCESSFUL SURVEY OUTCOME

On-site Survey Process
ROLE OF SURVEYOR

- 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
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Exit conference
OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
- Good time to gather information needed by the Surveyor

KEY REPORTS

- Unduplicated admissions for previous 12 months (number)
- Current census and current schedule of visits
  - Name, diagnosis, start of care date, disciplines involved
- Discharge, transfers, revocation, and death
- Personnel/Volunteers/Contract
  - Name, start of hire, and discipline/role
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 listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.
# Personnel File Review

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

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<td>Other state or agency-specific requirements</td>
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Accreditation Commission for Health Care

Accreditation Commission for Health Care
MEDICAL CHART REVIEWS

- CMS requirement based on unduplicated admissions
- Representative of the care provided
  - Interdisciplinary
  - Pediatric-geriatric
  - Environment served
  - Medically complex
  - All payors
- 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

- CMS requirement based on unduplicated admissions
- 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
## RECORD REVIEW/HOME VISITS

<table>
<thead>
<tr>
<th>Unduplicated Admissions for a recent 12 months</th>
<th>Minimum # of Record Reviews Without Home Visit</th>
<th>Minimum # of Record Reviews With Home Visit</th>
<th>Total Record Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;150</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>150-750</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>751-1250</td>
<td>12</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>1251 or more</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>
EXIT CONFERENCE

- Mini-exit
  - At the end of each day to identify the deficiencies

- 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

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required
- L tags that are corrected on site will still be scored as a “No” and a POC will be required
  - Always seek to demonstrate regulatory compliance
  - Validation surveys
RESOURCES

- Account Advisor
- Customer Central
- Hospice Survey Prep Packet
  - Items Needed for On-Site Survey
  - Completion of CMS paperwork
  - Personnel File Review
  - Use of PRN on the aide plan of care
- Monthly “Did You Know” emails
- ACHC Today emails
- ACHCU (achcu.com)
RE-CAP

- Generate the needed reports
  - Unduplicated admissions
  - Current census
  - Recent live discharges, transfers, and revocations
  - Personnel and contracted individuals
    - Full-time equivalent
    - Number of volunteers
- Contracts for in-patient care and skilled nursing facility (routine care)
  - Medicare Provider Number
- Contracts for Medical Director and alternate Medical Director
- Contracts for Physical Therapy, Occupational Therapy, and Speech-Language Pathology
RE-CAP

- Electronic Medical Record
  - Read-only access
- Gathered all information on the Items Needed List
- Flagged the required policies and procedures
- Flagged the required documents for personnel files
TOP SURVEY DEFICIENCIES

- Learn what the top survey deficiencies are and how to avoid them in the next webinar that will be sent to you after you have your pre-survey call with your Account Advisor
THANK YOU
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