PREPARING FOR A HOME INFUSION THERAPY ACCREDITATION SURVEY
OBJECTIVES

- Discuss the requirements for Home Infusion Therapy (HIT) services
- Discuss the requirements for a HIT survey
- Briefly review the ACHC Standards
- Review the resources available to assist with preparing for the survey
ABOUT ACHC

- Nationally recognized AO with more than 30 years of experience
- CMS Deeming Authority for Home Health, Hospice, Renal Dialysis, Home Infusion Therapy, and DMEPOS
- Recognition by major third-party payors
- Approved to perform state licensure surveys
- Quality Management System that is ISO 9001:2015 Certified
- Partnership with Det Norske Veritas (DNV)
EXPERIENCE THE ACHC DIFFERENCE

- Standards created for providers, by providers
- All-inclusive pricing — no annual fees
- Personal Account Advisors
- Commitment to exceptional customer service
- Surveyors with industry-specific experience
- Dedicated clinical support
- Dedicated regulatory support
- Educational resources
ACHC MISSION AND VALUES

Our 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.

Our Values
- Committed to successful, collaborative relationships
- Flexibility without compromising quality
- Each employee is accountable for his or her contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do
ACHC PROGRAMS AND SERVICES

HOME HEALTH
- Home Health Aide
- Medical Social Services
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech Therapy

HOSPICE
- Hospice Inpatient Care
- Hospice Care

PRIVATE DUTY
- Private Duty Aide
- Private Duty Companion/Homemaker
- Private Duty Nursing
- Private Duty Occupational Therapy
- Private Duty Physical Therapy
- Private Duty Speech Therapy
- Private Duty Social Work

HOME INFUSION THERAPY
- Home Infusion Therapy Suppliers

DMEPOS
- Community Retail
- Clinical Respiratory Care Services
- Fitter
- Home/Durable Medical Equipment
- Medical Supply Provider
- Complex Rehabilitation and Assistive Technology Supplier

SLEEP
- Sleep Lab/Center
- Home Sleep Testing

RENAL DIALYSIS
- Home Dialysis Support
- In-Center Dialysis

AMBULATORY CARE
- Convenient Care Clinics

BEHAVIORAL HEALTH
ACHC offers a variety of Behavioral Health services to suit your accreditation needs. Contact ACHC for details or visit achc.org for a complete listing of services available.

PHARMACY
- Ambulatory Infusion Center
- Infusion Pharmacy
- Specialty Pharmacy
  - With DMEPOS
  - Without DMEPOS
- Mail Order Pharmacy
- Long-Term Care Pharmacy
- PCAB Accreditation (A Service of ACHC)
  - Non-Sterile Compounding (Ref. USP <795>)
  - Sterile Compounding (Ref. USP <797>)
- ACHC Inspection Services (AIS)

DISTINCTIONS
- Distinction in Behavioral Health
- Distinction in Rare Diseases and Orphan Drugs
- Distinction in Hazardous Drug Handling (Ref. USP <800>)
- Distinction in Infectious Disease Specific to HIV
- Distinction in Nutrition Support
- Distinction in Oncology
- Distinction in Palliative Care
Total: 18,411
Revised July 2020
COLLABORATIVE SURVEY APPROACH

- ACHC values guide the survey approach and provide the facility with:
  - Consistency in interpretation of requirements
  - Accuracy in reporting findings/observations
  - The opportunity to clarify or correct ACHC deficiencies
  - Active engagement to promote ongoing success post-survey
SURVEYOR EXPERTISE

- Surveyor knowledge and expertise drive both the experience and the quality of the survey
- Surveyor success is driven by ACHC processes and tools
  - Surveyor Training
  - Surveyor Annual Evaluations
  - Internal Post-Survey Reviews
  - Customer Provided Satisfaction Surveys
PERSONAL ACCOUNT ADVISORS

- Primary contact with customers
- Assigned once a customer submits an application
- Assist customers with the ACHC survey process
- Questions that cannot be answered by them will be sent to the appropriate Clinical or Regulatory department
CUSTOMER SATISFACTION

ACHC is committed to providing the best possible experience.

98% of our customers regard their experience with ACHC as positive.

“The feedback was positive and encouraging—we were impressed with the way this survey was handled from start to finish”
— HOME HEALTH PROVIDER, KENNETT SQUARE, PA

98% of our customers would recommend ACHC.

“ACHC is vested in the development and success of its accredited agencies. We find it a joy to work with ACHC.”
— HOME HEALTH PROVIDER, GRAFTON, NC

Customer Satisfaction Survey data gathered from 7/2015-present.
HOME INFUSION THERAPY SERVICES
MEDICARE BENEFITS

- Medicare Part A:
  - Covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery, home health care.

- Medicare Part B:
  - Covers durable medical equipment, out-patient services, physician visits, and some preventive services.

- Medicare Part C:
  - Alternative to traditional Medicare otherwise known as Medicare Advantage Plans

- Medicare Part D:
  - Prescription drug coverage
HOME INFUSION THERAPY BENEFIT

- Home Infusion Therapy benefit (HIT)
  - New Medicare Part B benefit effective January 1, 2021
  - Limitations to medications covered under the HIT benefit
  - Patient Part B co-pay is applicable
ELIGIBILITY FOR HIT ACCREDITATION

- Be licensed according to applicable state and federal laws and regulations and maintain all current legal authorization to operate.
- Have established policies and procedures to meet the ACHC Home Infusion Therapy standards.
- Have a staff Pharmacist, Physician or Registered Nurse. (Must have an RN to administer, can be under contract)
- Be in compliance with all federal requirements, including Home Infusion Therapy Conditions for Coverage.
- Have served a minimum of three patients meeting the requirements. If a home infusion therapy supplier is in a rural area as defined by CMS, it should have served at least two patients. **ACHC does not require an active patient for survey.**
  - The three patients have to have been served in the home, not in an ambulatory care clinic.
HOME INFUSION THERAPY

Home Infusion Therapy (HIT)

- Section 1834(u)(1) of the Social Security Act (the Act), as added by Section 5012 of the 21st Century Cures Act (Pub. L. 144-255), established a new Medicare HIT benefit under Medicare Part B. The Medicare HIT benefit is for coverage of HIT services for certain drugs and biologicals administered intravenously, or subcutaneously for an administration period of 15 minutes or more, in the home of an individual, through a pump that is a DME item.

- This benefit is effective January 1, 2021.

- Involves the parenteral administration of drugs or biologicals in the patient’s home; not in the hospital setting, clinic setting, ambulatory infusion clinics, or skilled nursing facilities.

- This is a new payment for the professional service, training and education, and monitoring needed to administer the home infusion drug in the home.
HOME INFUSION THERAPY

- Who can qualify as a HIT supplier?

- A pharmacy, physician, or other provider of services or supplier licensed by the State in which the pharmacy, physician, or provider of services or supplier furnishes items or services and that:
  - Furnishes infusion therapy to individuals with acute or chronic conditions requiring administration of home infusion drugs;
  - Ensures the safe and effective provision and administration of home infusion therapy on a 7-day-a-week, 24-hour-a-day basis;
  - Is accredited by an approved organization; and
  - Meets such other requirements as the Secretary determines appropriate
The DME benefit covers three components: the external infusion pump, the related supplies, and the infusion drug.

- Additionally, this benefit covers the related services required to furnish these items (e.g., pharmacy services, delivery, equipment set up, maintenance of rented equipment, and training and education on the use of the covered items) by an eligible DME supplier.

No payment is made under the HIT benefit for these DME items and services.
HOME INFUSION THERAPY

- The new HIT benefit covers the service component, meaning the professional services, training and education (not otherwise covered under the DME benefit), and monitoring furnished by a qualified HIT supplier needed to administer the home infusion drug in the patient’s home.

- The service of the administration of the drug and/or biological must be provided by an RN, LPN/LVN, in accordance with state practice acts.
  - Skilled nurses may need additional training, experience, and/or competencies based on state scope of practice
  - May need additional policies or policy revisions based on changes in clinical practice
DMEPOS VS. HIT BENEFIT

INFEUSSION DRUG
as supply for the effective use of the equipment

DURABLE MEDICAL EQUIPMENT (DME)
an external infusion pump

OTHER NON-DRUG SUPPLIES
for example: tubing and catheters

HOME INFUSION THERAPY (HIT)

HIT PROFESSIONAL SERVICES
for example: professional service visits and monitoring

PATIENT QUALIFICATIONS FOR HIT

- The patient must be receiving a parenteral drug and/or biological that is administered intravenously or subcutaneously for an administration period of 15 minutes or more; and
- Through a pump that is an item of DME covered under the Medicare Part B DME benefit; and
- The drug and/or biological is administered in the home, cannot be administered in a hospital, clinic, ambulatory infusion clinic, or skilled nursing facility; and
- Patient does not have to be homebound to qualify for HIT or have an additional skilled need.
GETTING STARTED WITH ACHC
REGISTER FOR ACCESS TO CUSTOMER CENTRAL

- Register for Access to ACHC through Customer Central
  - Access Customer Central through the ACHC website at cc.achc.org.
  - Create username and password.
  - Receive Account Advisor’s contact information.
DOWNLOAD AND REVIEW THE HIT STANDARDS AND ACHC PROCESS

Home Infusion Therapy

- **HITS - Home Infusion Therapy Supplier**
  
  Home Infusion Therapy Supplier (HITS) services involve the administration of parenteral medications via various accesses and ports provided by a qualified Registered Nurse (RN), Licensed Practical Nurse (LPN), or skilled professional, as allowed by state regulations, specifically trained in these specialized services. These services are provided in the home. A Registered Nurse or Pharmacist is responsible for supervision of all HITS services.

  **NOTE:** Beginning in 2021, providers seeking to meet the Conditions for Coverage (CFCs) to receive Medicare reimbursement for infusion nursing services provided in the home must be accredited under ACHC’s Home Infusion Therapy Accreditation program.
COMPLETE ACHC ACCREDITATION APPLICATION AND SUBMIT DEPOSIT

- Complete online Accreditation Application in its entirety. (Paper format is available.)
- Complete statistical information for all physical locations. Based on governance, complexity of corporate structure, tax reporting and other factors, ACHC will determine the number of applications and number of surveys required.
- Submit nonrefundable deposit. (Applied toward accreditation fee.)
The following agreements outline the obligations of both ACHC and the organization.

ACHC issues one of the following:
- Agreement for Accreditation Services/Business Associate Agreement
- Agreement for Corporate Accreditation Services/Business Associate Agreement

Sign and return the Agreement and BAA to ACHC within the specified time frames listed on the cover page.

Failure to meet any terms of the Agreement or BAA may result in rescheduling or cancellation of the survey with fees assessed.
SUBMISSION AND REVIEW OF PRELIMINARY EVIDENCE REPORT (PER)

- Complete attestation on PER checklist to confirm existence of required policies and procedures.
- Upload the required PER checklist (for initial applications only) and documents through Customer Central.
- ACHC evaluates the content of all required documents and the ACHC Surveyor will discuss any questions with the organization during the survey.
- A review of all policies and procedures related to the ACHC Accreditation Standards is available to organizations for a fee.
PRELIMINARY EVIDENCE REPORT

PRELIMINARY EVIDENCE REPORT CHECKLIST

This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for Home Infusion Therapy 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
☐ Organization's new client/patient information/admission packet
  ▪ It is preferred that this information be provided to ACHC in digital format
☐ Organizational chart by position titles
☐ Any current citation(s) from a federal or state agency (e.g., Board of Nursing, Board of Pharmacy, etc.)

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.
☐ Organization has seen a minimum of 3 clients/patients
☐ If transitioning from IRN or PDNM to HT, I acknowledge that this organization is in compliance with ACHC Accreditation Standards.

OR

☐ If this is an initial HT accreditation, I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of ________________ (date).

I, having the authority to represent this organization, verify that ________________ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey may result in a postponement of the survey or additional days of survey, which can subsequently result in additional charges to the organization. I agree that during my accreditation with ACHC that if I receive any citation(s) from a federal or state agency that I will notify ACHC within 30 calendar days.

[Name]
[Title]
[Date]
[Signature]

Revised: 09/22/2020

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SCHEDULING

- Upon receipt of the required documents, the scheduling process is initiated.
- Organizations are allowed to choose up to 10 blackout days on which ACHC will not schedule a survey.
- This is a one-day survey.
- The survey is unannounced.
ON-SITE SURVEY

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient contact-home visit if possible
- Patient chart review
- Interview with staff, management, governing body, and patients
- Review of agency’s implementation of policies
- 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 and transfers
- Personnel (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
MEDICAL RECORD REVIEWS & HOME VISITS

- Will complete a total of three medical record reviews with one home visit
- Visit will be with a patient already scheduled if possible
- Agency responsibility to obtain consent from patient/family
- If there are no scheduled visits, or the scheduled visits are a significant distance away:
  - The Surveyor asks if the organization can arrange a visit
  - If the organization also has an ambulatory infusion center (AIC), the Surveyor will watch a setup in the AIC.
  - The Surveyor could watch a mock setup. The surveyor may call a patient to obtain any additional information if needed.
PERSONNEL FILE REVIEW

- Review personnel records for key staff and contract staff
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, 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.
### SURVEY CHECKLIST - PERSONNEL FILES

**HOME INFUSION THERAPY**

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Item Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIT1-3A</td>
<td>Conflict of Interest Disclosure Form, if applicable</td>
</tr>
<tr>
<td>HIT2-5A</td>
<td>Signed confidentiality statement</td>
</tr>
<tr>
<td>HIT2-6A</td>
<td>Evidence of current CPR certification, if applicable</td>
</tr>
<tr>
<td>HIT4-1B</td>
<td>Position application (N/A for contract staff)</td>
</tr>
<tr>
<td>HIT4-1B</td>
<td>Date and signed withholding statements (N/A for contract staff)</td>
</tr>
<tr>
<td>HIT4-1B</td>
<td>I-9 Form (N/A for contract staff)</td>
</tr>
<tr>
<td>HIT4-2A</td>
<td>Primary Source verification of licensure/credentials</td>
</tr>
<tr>
<td>HIT4-2B</td>
<td>Evidence of initial and annual TB screening</td>
</tr>
<tr>
<td>HIT4-2C</td>
<td>Evidence of Hepatitis B vaccination received or signed declination statement</td>
</tr>
<tr>
<td>HIT4-2D</td>
<td>Signed job description</td>
</tr>
<tr>
<td>HIT4-2F</td>
<td>Criminal background checks</td>
</tr>
<tr>
<td>HIT4-2E</td>
<td>Office of Inspector General (OIG) Exclusion List check</td>
</tr>
<tr>
<td>HIT4-2E</td>
<td>National sex offender registry check</td>
</tr>
<tr>
<td>HIT4-2F</td>
<td>Evidence of access to personnel policies (N/A for contract staff)</td>
</tr>
</tbody>
</table>
EXİT CONFERENCE

- 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 your 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.
- Medicare Conditions for Coverage (CfCs) that are corrected on site will still be scored as a “No” and a POC will be required.
RESOURCES

- Account Advisor
- Customer Central\>https://cc.achc.org/Application/PDFResources
  - Items Needed for On-Site Survey
  - HIT Survey Checklist-Personnel File Review
  - Separation of Services
  - Crosswalks
  - Clinical Documentation Expectations for Infusion Therapy
- Monthly “Did You Know” emails
- ACHC Today emails
- ACHCU
ACHC STANDARDS FOR HOME INFUSION THERAPY SUPPLIERS
SECTION 1

ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.
SECTION 1

- Copies of bylaws, Articles of Incorporation
- Governing body meeting minutes
- Job description for manager/leader
- Organizational chart
- Reporting of negative outcomes
- Conflict of interest disclosure statement requirements
- Disclosure of ownership and management information
- Contracts for direct care services
- Evidence of physician verification of licensure
SECTION 2

PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.
SECTION 2

- Marketing materials/description of services
- Patient Rights and Responsibilities statement
- Policies regarding the reporting of suspected abuse
- Policies regarding the reporting of grievances and complaints
- HIPPA policies
- Business Associate Agreements
- Advance Directive information provided to patients
- Policies regarding the resuscitative guidelines and responsibilities of personnel
SECTION 2

- Policies regarding the process of addressing ethical issues
- Policies regarding how communication barriers are addressed
- Policies regarding the provision of care to patients of different cultures
- Compliance Program
- On-call calendar
SECTION 3

FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company’s financial processes.
SECTION 3

- Budget/evidence of review of budget
- Written list of patient service care charges
- Evidence of how patients are informed of the charges for care
SECTION 4

HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.
SECTION 4

- Personnel records
  - Direct-care staff and contract staff
  - Manager/leader
- Position application
- Dated and signed Withholding Statements
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)
- Personnel credentialing/verification of qualifications
- TB screening
- Hepatitis B vaccination
- Job description
SECTION 4

- Criminal background check
- National sex offender registry
- Office of Inspector General Exclusion list
- Personnel policies review or employee handbook
- Annual performance eval
- Orientation
- Confidentiality agreement
- Competency assessments
- Annual observation of performing job duties
SECTION 5

PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.
SECTION 5

- Medical records
  - Surveyor needs the entire medical record (electronic and paper documents)
  - Agency must provide the Surveyor with a laptop or desktop computer for reviewing the medical record

- All assessments and clinical/progress notes

- Development and updates to the Plan of Care
  - All patients must be under the care of an applicable provider.
  - All patients must have a plan of care established by a physician that prescribes the type, amount, and duration of the home infusion therapy services that are to be furnished.
  - The plan of care for each patient must be periodically reviewed by the physician
SECTION 5

- Medication review/profile
- Evidence of coordination of care
- Evidence of patient training and education
- Policies regarding first dose administration
- Discharge/transfer process
- Referral log or evidence of referrals not admitted
SECTION 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization’s plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.
SECTION 6

- Performance Improvement 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
  - Processes that involve risks, infection and communicable diseases
  - Monitoring of care/service provided focusing on high-risk, high-volume, problem prone areas
  - Administrative function of the organization
  - Billing audits
SECTION 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.
SECTION 7

- Evidence of an Infection Control Program
  - TB Exposure Plan
  - Bloodborne Pathogen Plan
  - Policies and procedures
  - Training of staff and patients/caregivers

- Disaster planning

- Office safety-fire drill

- Access to SDS information

- Maintenance logs for any equipment used in the provision of care
SECTION 7

- Pharmaceutical storage
- Pharmaceutical storage during delivery
- Pharmaceutical storage in the home
- Policies regarding backup equipment of use during power failures in the home
- Current certificate of waiver (CLIA)
- Policies regarding to ensure services are provided to the correct patient
ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Home Infusion Therapy
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.
STANDARD H111-2A:
The organization is directed by a governing body/owner (if no governing body is present, owner suffices), which assumes full legal authority and responsibility for the operation of the organization. The governing body/owner duties and accountabilities are clearly defined.

P&P ESSENTIAL COMPONENTS

- Policies must define the activities of the governing body to include at a minimum:
  - Decision-making
  - Appointing a qualified manager/leader
  - Adopting and periodically reviewing written bylaws or equivalent
  - Establishing or approving written P&P governing overall operations
  - Human resource management
  - Performance Improvement (PI)
  - Oversight of the management and fiscal affairs of the Home Infusion Therapy supplier
  - Annual review of P&P

HINT
There should be documentation that board members have been oriented to their positions, or if there is no governing body, a description of ownership. (Not applicable to those companies that have sole ownership with no board.)

The Surveyor will expect to see a list of governing body members that includes names, addresses, and telephone numbers.
PREPARATION

- Educate Key Staff:
  - Clinical staff (employees and contract)
  - Manager/leader
  - Patients

- Prepare Agency:
  - Human resources
  - Medical records: EMR
  - Office space:
    - Walk around your agency
PREPARATION

- Helpful tools in the *ACHC Accreditation Guide to Success* workbook
- Mock Surveys
  - Interview Questions — Survey Process
  - Home visits — Section 4
  - Medical chart audits — Section 5
  - Personnel file audits — Section 4
  - Observation of the environment — Survey Process
  - Items Needed for the On-Site Visit — Survey Process
ITEMS NEEDED FOR ON-SITE SURVEY
SURVEY PREPARATION TOOLS
WRAP-UP

- Accreditation is required for HIT suppliers in order to receive Medicare Part B reimbursement starting January 1, 2021
- Patients must have received the care in the home, not in a clinic, MD office, skilled nursing facility, or other environment
- Care must have been provided by or under the supervision of a Registered Nurse
QUESTIONS?
Call (855) 937-2242 | achc.org