EXPERIENCE THE ACHC DIFFERENCE
Preparing for An ACHC Private Duty Survey
New Jersey Health Care Service Firms
OBJECTIVES

- Become familiar with the accreditation process
- Learn how to prepare an organization for the ACHC Accreditation survey
- Establish expectations for survey day and strategies for survey success
- Review the ACHC Accreditation Standards to understand expectations for compliance
PRIVATE DUTY ACCREDITATION

- Created specifically for non-Medicare providers
- Accreditation for both skilled and non-skilled services, including:
  - Private Duty Nursing
  - Private Duty Aide
  - Companion Homemaker
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Medical Social Services
  - Infusion Nursing
  - Palliative Care
PRIVATE DUTY ACCREDITATION

- ACHC can accredit Health Care Service Firms (HCSF) that offer staffing services in addition to other home care services
- ACHC accreditation will replace the state’s annual survey, as long as the HCSF remains accredited
- ACHC accreditation is every three years
- ACHC can also conduct non-Medicare and Medicare certification and re-certification in all 50 states and U.S. territories
SURVEY PREPARATION

- State and local laws
  - Your organization must always comply with the most stringent regulation in order to be in compliance
  - Make sure you are reviewing all applicable New Jersey regulations for Health Care Service Firms

- Established agency policies and procedures
  - Must abide by policies and procedures
REVIEW THE STANDARDS

- **Identifier**
  - PD (PDN, PDA, PDC, PDPT, PDOT, PDST, PDSW, PDIN, PCPD)

- **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
MOST STRINGENT REGULATION

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards
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
DOWNLOAD STANDARDS

- PDN-Nursing
- PDA-Aide
- PDC-Companion
- PDOT-Occupational Therapy
- PDPT-Physical Therapy
- PDST-Speech Therapy
- PDSW-Social Work
- PDIN-Infusion Nursing
- PCPD-Palliative Care
# Appendix A: Standard Service Table for Selected Services

<table>
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<th>Standard</th>
<th>PDA</th>
<th>PDC</th>
<th>PDIN</th>
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**APPENDIX A**
## APPENDIX B

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

Customized for: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDS, PDSW

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</table>
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”
- Main office
  - Profile
  - Location
  - Contacts
- 10 Blackout dates
PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST
PRIVATE DUTY

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Private Duty accreditation.

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

Verification of the following is required for organizations seeking initial accreditation:

☑️ The organization must have provided care to a minimum of 5 clients/patients, having 1 active at time of survey unless state law requires more

Confirmation of the following (initial in spaces provided):

☑️ I attest that this organization processes all policies and procedures as required by ACHC Accreditation Standards

☑️ I acknowledge that this organization will be in compliance with ACHC Accreditation Standards as of (date)

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted by your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

***PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS***

I, having the authority to represent this organization, verify that (organization) (organization’s legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

(Name) (Title)

(Date) (Signature)
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
  - New Jersey HCSF regulations
  - Acceptance of first patient

- Agency policies
  - Implementation date of policy
PREPARATION

- Educate Key Staff
  - Clinical/bedside staff
  - Administrative/leadership
  - Governing body
  - Patients

- Prepare the agency
  - Human Resources
  - IT
  - Walk around your agency
TIP SHEET FOR A SUCCESSFUL SURVEY
NEW JERSEY HEALTH CARE SERVICE FIRMS

This checklist is designed to help you prepare for your ACIC Accreditation Survey for Health Care Service Firms (ACIC) in New Jersey. This checklist is intended to provide your own comprehensive review of ACIC Accreditation Standards. It is not intended to be a substitute for a comprehensive self-assessment. It is recommended that an internal Risk Management has been implemented and results reviewed before implementing changes.

Believe it or not, the results will be reviewed by the Surveyor during your on-site survey. Please review all items available for your Surveyor and ensure they are accurate. If you have questions, please contact your Account Manager.

Key Items to Address:
- Current client/patient names, complete contact information, and procedures for ensuring privacy.
- Current schedule of client/patient visits.
- Change in client/patient status (e.g., change in service, change in medication).
- Personal history of the director, including training, experience, and qualifications.
- Staff turnover rates for the past year.
- Any internal or external processes that are affected by deficiencies, along with audit results.
- General liability insurance, amount of insurance, and policy limits.

ACCRREDITATION COMMISSION FOR HEALTH CARE
REPORTS

- Current census
- Current schedule of visits
- List of discharges/transfers for past 12 months
- Personnel list
  - Employees
  - Contract staff
- Admission packet and education materials
- Staff meeting minutes for past 12 months
- Internal Plans of Corrections
SECTION 1

- 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
- 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 3

- Budget/evidence of review of budget
- Written list of patient service care charges
SECTION 4

- Personnel records
  - Direct-care staff and contract staff
  - Administrator and Clinical
- 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

- Performance Improvement (PI) 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 PI projects
- Annual evaluation of PI Program
SECTION 7

- Evidence of an Infection Control Program
  - TB Exposure Plan
  - Bloodborne Pathogen Plan
  - Policies and procedures
  - Training of staff
- Emergency disaster plan
- Annual office fire drill
- Access to SDS information
- Maintenance logs
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
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
- Performance Improvement (PI)
- Exit conference
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.
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<td>I-9 Form (N/A for contract staff)</td>
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<td>PD4-2H</td>
<td>Criminal background check</td>
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<td>Office of Inspector General Exclusion List check</td>
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<td>National sex offender registry check, if applicable</td>
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<td>Evidence of CPR, if applicable</td>
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ACCREDITATION COMMISSION for HEALTH CARE
MEDICAL CHART REVIEWS

- Review five patient/client charts
- Representative of the care provided
  - Interdisciplinary
  - Medically complex
- 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

- Will complete one home visit
- 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
EXIT CONFERENCE

- 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
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.

**ACCREDITATION 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 (POC) REQUIREMENTS

- Due in 30 calendar days to ACHC
- Deficiencies are auto-filled
- POC
  - Action step
- Date of compliance
- Title
- Process to prevent recurrence
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance
RESOURCES

- Account Advisor
- Customer Central
- Monthly “Did You Know” emails
- *ACHC Today* emails
- ACHCU educational division (achcu.com)
  - Workbooks
  - Workshops
- Policy review
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: Reference Guide for Required Documents, Policies and Procedures

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<td>PD2-2A</td>
<td>Written Policies and Procedures</td>
<td>Statement of Client's/Patient's Rights and Responsibilities</td>
</tr>
<tr>
<td>PD2-3A</td>
<td>Written Policies and Procedures</td>
<td></td>
</tr>
<tr>
<td>PD2-4A</td>
<td>Written Policies and Procedures</td>
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<td>PD2-5A</td>
<td>Written Policies and Procedures</td>
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<td>PD2-6A</td>
<td>Written Policies and Procedures</td>
<td></td>
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<tr>
<td>PD2-8A</td>
<td>Written Policies and Procedures</td>
<td></td>
</tr>
<tr>
<td>PD2-8B</td>
<td>Written Policies and Procedures</td>
<td></td>
</tr>
</tbody>
</table>

APPENDIX B
For more timely review of your agency’s policies and procedures, use this reference guide to ensure you are submitting all ACHC required policies. Reference the ACHC Accreditation Standards for detailed policy and procedure requirements. Your organization must ensure additional state requirements are addressed if applicable.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Policy/Document Description</th>
<th>Applicable Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>P01-1A</td>
<td>Bylaws/Affiliates of Incorporation</td>
<td>All services</td>
</tr>
<tr>
<td>P01-2A</td>
<td>Governing body activities</td>
<td>All services</td>
</tr>
<tr>
<td>P01-3A</td>
<td>Conflict of interest disclosure requirements</td>
<td>All services</td>
</tr>
<tr>
<td>P01-4A</td>
<td>Ownership and management changes</td>
<td>All services</td>
</tr>
<tr>
<td>P01-1F</td>
<td>Certification of Referral Practice Credentials</td>
<td>All services</td>
</tr>
<tr>
<td>P01-5A</td>
<td>Description of care services provided by the agency</td>
<td>All services</td>
</tr>
<tr>
<td>P01-6A</td>
<td>Patient rights and responsibilities</td>
<td>All services</td>
</tr>
<tr>
<td>P02-1A</td>
<td>Reporting and Investigation of alleged violations involving client/patient care</td>
<td>All services</td>
</tr>
<tr>
<td>P02-2A</td>
<td>Reporting and Investigation of client/patient grievances/complaints</td>
<td>All services</td>
</tr>
<tr>
<td>P02-5A</td>
<td>Securing and reporting confidential Protected Health Information and Electronic Protected Information</td>
<td>All services except PDC</td>
</tr>
<tr>
<td>P02-6A</td>
<td>Clients right to accept or refuse medical care</td>
<td>All services except PDC</td>
</tr>
<tr>
<td>P02-8A</td>
<td>Agency’s personal/organizational guidelines</td>
<td>All services</td>
</tr>
<tr>
<td>P02-8A</td>
<td>Mechanisms utilized to identify, address and evaluate ethical issues</td>
<td>All services except PDC</td>
</tr>
<tr>
<td>P02-8A</td>
<td>Provision of care/service to clients/patients with communication or language barriers</td>
<td>All services</td>
</tr>
<tr>
<td>P02-8B</td>
<td>Mechanisms utilized to identify, address, and evaluate ethical issues</td>
<td>All services</td>
</tr>
<tr>
<td>P02-9A</td>
<td>Compliance Program</td>
<td>All services except PDC</td>
</tr>
<tr>
<td>P04-1A</td>
<td>Management of personal files</td>
<td>All services</td>
</tr>
<tr>
<td>P04-2A</td>
<td>Tuberculosis baseline testing and annual screening</td>
<td>All services</td>
</tr>
<tr>
<td>P04-3D</td>
<td>Hepatitis B vaccine requirements</td>
<td>All services except PDC</td>
</tr>
<tr>
<td>P04-2H</td>
<td>Background checks</td>
<td>All services</td>
</tr>
</tbody>
</table>
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

Private Duty
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

- Quick Standard Reference
  - Quickly locate important information for successfully completing the ACHC accreditation process
THANK YOU
Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
(855) 937-2242 | achc.org