



FOR PROVIDERS.
BY PROVIDERS.

Survey Preparation for Home Health and Hospice

Objectives

- Identify key regulatory requirements for the completion of a Medicare certification/recertification survey for Home Health and Hospice.
- Demonstrate effective survey readiness strategies, including documentation review, mock surveys, staff education, and performance improvement activities that reduce risk of deficiencies.
- Apply practical action steps to strengthen compliance and promote continuous readiness rather than episodic survey preparation.

About ACHC

- Nationally recognized accreditation organization with more than 35 years of experience
- CMS Deeming Authority for Home Health, Hospice, Renal Dialysis, DMEPOS, Home Infusion Therapy, Clinical Laboratory, Acute Care Hospital, Critical Access Hospital and Ambulatory Surgery Center
- The leader in care at home accreditation with over 7,500 HH/HSP/HC agencies accredited
- Recognition by major third-party payors
- Approved to perform state licensure surveys
- The only accreditor that is ISO Certified ISO 9001:2015 Certified

Mission, Vision, and Values



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.



Vision

We will be the preferred choice for accreditation services that benefit and inspire the providers, employees, and communities we serve.



Values

We will be:

- Committed to successful collaborations.
- Flexible without compromising quality.
- Personally accountable for providing the best possible experience.
- Ethical in everything we do.
- A work environment where diversity is celebrated, and inclusion is non-negotiable.
- A performance-based organization in our approach to achievement of goals.

Why Agencies Choose ACHC

- Standards created for providers, by providers
 - Relevant to the healthcare setting, set up agencies for success
- All-inclusive pricing — no annual or hidden fees
- Dedicated Customer Care Specialist & Account Advisor
- Shorter on-site surveys/No pop-up surveys/Not Punitive
- Surveyors with industry-specific experience
- Access to clinical & regulatory support
- Robust educational resources
- Each HH/HSP agency receives a free Accreditation Guide to Success Workbook AND a free accreditation workshop (\$998 value)



Customer Satisfaction

Customers tell us what they need, and we work to bring solutions.

What they say:

- A peer-based approach creates a relevant, easy-to-understand process.
- Our knowledge of federal requirements, state law, and payor expectations supports meeting regulatory requirements.



Getting Started with ACHC

- Create an account on our customer portal.
- Fill out an application. Pay a deposit. Submit.
- Sign your accreditation agreements.
- Download the ACHC Standards
- Ensure Policies & Procedures are compliant
- Review ACHC Resources

Purpose of a Medicare Survey

- Verify ongoing compliance with the Medicare Conditions of Participation (CoPs).
- Evaluate the quality and safety of care provided to patients, including clinical practice, patient rights, interdisciplinary coordination, and performance improvement activities.
- Identify deficiencies and opportunities for improvement, requiring corrective action when standards are not met to ensure the health and safety of patients.



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Survey Preparation

Best Practices for a Successful Survey

*Without a roadmap for success, you are
creating a path to failure.*

What's Your Risk Level for Condition Level Deficiencies?

- Deficiencies are cited at two levels
 - Standard level
 - Condition level
- Standard level will require an Approved Plan of Correction.
- Condition level will require another on-site survey
 - Initial certification-full survey
 - Recertification-survey within 45 days to determine the G/L tags that were elevated to the condition level have been abated

Regulations

- Medicare Conditions of Participation
 - State Operations Manual Appendix M for Hospice
 - State Operations Manual Appendix B for Home Health
- State specific regulations
- Discipline specific scope of practice
- ACHC Standards of Accreditation
- Agency policies and procedures

Survey Success

A silhouette of a person standing on a mountain peak, holding a flag. The person is positioned in the center of the frame, with the flagpole extending upwards and the flag waving. The background is a dark teal gradient, and the mountain range is visible at the bottom of the image.

Key to survey success is compliance
with the Medicare Conditions of
Participation (CoPs)!

Preparation



Educate key staff:

Clinical staff (employees, contract, and hospice volunteers)

Administrative

Governing body

Patients



Prepare the agency:

Human Resources

IT/EMR

Office space

- Walk around your agency

Practice Run

- When the surveyor arrives:
 - Request appropriate ID
 - Notify the appropriate staff
 - Assign a liaison
 - Walk the surveyor to the designated area
- Generate the necessary reports
 - Unduplicated admissions for past 12 months for all payors for all locations
 - Current census
 - Current schedule of visits
 - All discharges for past 12 months for all payors
 - Individuals receiving bereavement services (hospice only)
 - Personnel list including contracted individuals and hospice volunteers

Practice Run

- Create a login for electronic medical record (EMR)
- Gather the following information in a readily identifiable location:
 - List of contracted services
 - Admission packet materials
 - Access to policies and procedures
 - Previous survey results
 - Complaint log/tracking
 - Schedule for the Interdisciplinary Team/Group meetings for hospice only
 - Information for the completion of the CMS paperwork
 - OASIS reports for home health only

Audit Personnel Files

- 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
 - State specific requirements
- Always better to have information in the personnel file late than not at all.

Conduct A Walk Through

- Observe your agency as a surveyor would:
 - Is the agency's license current and posted for public viewing?
 - Is the agency's CLIA waiver (if applicable) current and accessible to the surveyor?
 - Are medical records/patient information and personnel files stored properly?
 - Are there expired supplies in the supply closet (if applicable)?
 - Is biohazard waste brought back to the agency and if so, is it transported and disposed of in manner consistent with infection control standards?
 - Are Federal and State posters posted and accessible to staff?

Audit Medical Records

- Audit medical records that are likely to be pulled:
- Choose records that are representative of the care provided:
 - Interdisciplinary
 - Pediatric-geriatric
 - Environment served
 - Medically complex
 - All payors
 - Live discharges and transfers
 - Revocations and bereavement for hospice only
 - Representative of all levels of care for hospice only

Hospice Medical Record Review/Home Visits

Unduplicated Admissions for a Recent 12 months	Closed Records Live Discharges	Closed Records Bereavement	Minimum # of Record Reviews Without Home Visit	Minimum # of Record Reviews With Home Visit	Total Record Reviews
<150	2	2	7	3	14
150-750	2	3	10	4	19
751-1,250	2	3	12	6	23
1,251 or more	3	4	14	6	27

Hospice Medical Record Reviews

- Review a sampling of different diagnosis:
 - Dementia
 - Circulatory/Heart
 - Cancer
 - Respiratory
 - Stroke
 - Chronic Kidney Disease

Home Health Medical Record Review/Home Visits

Unduplicated Admissions for a Recent 12 months	Minimum Number of Active Record Reviews Without Home Visits	Minimum Number of Record Reviews With Home Visits	Minimum Number of Closed Record Reviews	Total Record Reviews
300 or less	2	3	2	7
301-500	3	4	3	10
501-700	4	5	4	13
701 or greater	5	7	5	17

Home Health Medical Record Reviews

- Chose medical records that are:
- Case-mix stratified:
 - Active/discharge/transfer
 - Medically complex/specialized treatments
 - Wound care or pressure ulcers
 - Tracheostomy care
 - Anticoagulant therapies
 - CHF monitoring
 - BiPap or other respiratory therapy devices
 - Infusion therapies
 - Mechanical ventilation
 - Diabetes management
 - External and parenteral nutrition

Conduct Home Visits with Staff

- Conduct home visits with staff
 - Staff are following the plan of care
 - Review documentation after the visit
 - Staff are following accepted standards of practice including proper infection control practices
 - Staff are following agency policies and procedures:
 - Wound care
 - Bag technique
- Choose a sampling of patients receiving complex care:
 - Infusion therapies
 - Wound and ulcer care; including negative pressure wound therapy
 - Complex pain and/or symptom management

Practice Interviews

- Practicing interviews allows an agency to correct misinformation and desensitize staff to being interviewed
 - Governing body/owner
 - Administrator or designee
 - Clinical Manager/DON/designee
 - Direct care staff employee or contract
 - Volunteers hospice only
 - Medical Director or designee hospice only
 - SNF/NF or ICF/IID staff hospice only
 - Patients and/or caregivers

Written Agreement/Contract Review

- Audit written agreements/contracts to ensure contracts are still current (haven't expired)
- Ensure a written agreement/contract is in place for any care or service provided under a written agreement/contract.

Audit Organizational Requirements

- Ensure organization chart is up to date
- Audit Governing Body meeting minutes
- Audit Emergency Preparedness Plan
- Audit Quality Assessment and Performance Improvement Plan
- Audit Infection Control Plan

What to do with the Results

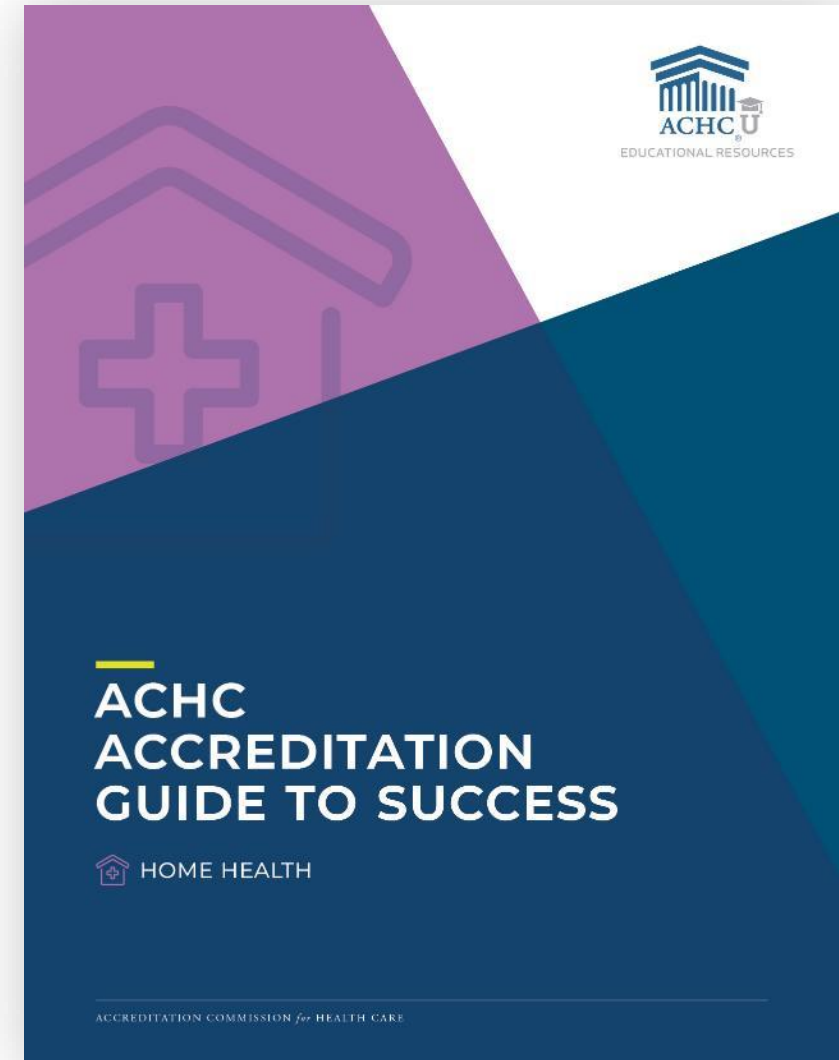
- Determine your risk for Condition vs Standard level deficiencies
 - Use Level 1 tags for home health
 - Scope and frequency of L tags under each CoP
- Prioritize corrective actions based on potential Condition vs Standard level deficiencies.
- Analyze previous Plans of Correction to determine effectiveness.
- Conduct a root cause analysis to develop effective corrective action steps.

What to do with the Results

- Educate, educate, educate!
 - Share successes
 - Identify opportunities for improvement
- Monitor the newly implemented corrective action steps until the problem is resolved or it's determined a Plan B is needed.
- Incorporate findings into the agency's QAPI plan.
 - Implement the mindset of continuous compliance vs event (survey) compliance.
 - Update policies and procedures as needed.

Resources

- Customer portal
 - Available 24/7 with access to standards, resources and educational materials designed for your programs
 - Register [HERE](#)
- ACHCU resources, access [HERE](#)
 - Workshops
 - Workbook
 - Readiness packet
 - Webinars
 - P&Ps



Resources

- ACHC.org
 - Program specific pages
 - [Home Health](#)
 - [Hospice](#)
 - [Regulatory page](#)
 - [Strategic Partners](#)
- Online Flipping Books
 - [Home Health & Hospice](#)
 - [Home Care](#)





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