



FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION PROCESS OF INITIAL ACCREDITATION

 HOME HEALTH

Step One

Provider Should:

- Obtain the Accreditation Commission for Health Care (ACHC) Accreditation Standards through the customer portal.
- Review the ACHC Accreditation Standards and begin compiling their policies and procedures.
- Obtain a copy of regulations from the [Laboratory and In-Home Services Unit](#) of the Florida Agency for Health Care Administration (AHCA).

Step Two

Provider Should:

- Submit an application for ACHC Accreditation.
- Submit the \$1,500 ACHC deposit.
- Review and sign the ACHC Agreement for Accreditation Services.

Step Three

ACHC Should:

- Send an “in-process” letter to the provider.

Step Four

Provider Should:

- Submit an application for AHCA licensure.
- Submit the ACHC in-process letter along with their AHCA licensure application.
- Submit all other required information to AHCA. (The provider can request to be surveyed before submitting an AHCA licensure application.)

Step Five

AHCA Should:

- Send the provider an “omission letter asking for additional information and include the date the provider must be accredited by. (The provider’s accreditation status cannot be “pending” or “dependent.”)

Step Six

Provider Should:

- Submit a copy of their AHCA “omission letter” to ACHC, if applicable.

Step Seven

ACHC Should:

- Schedule and conduct a one-day announced licensure survey within 120 days of the date on the omission letter, or
- Schedule an announced licensure survey if the provider has not submitted an application to AHCA or does not want to wait for their omission letter.
- Notify the provider and AHCA of its accreditation decision in writing.
- Grant initial accreditation for one year after the provider has been approved for accreditation.

Step Eight

Provider Should:

- Send a copy of documentation confirming approval of initial accreditation to AHCA.

Step Nine

AHCA Should:

- Issue a Home Care License.

Step Ten

Providers Seeking Initial Medicare Certification Should:

- Submit a Medicare enrollment application (Form CMS-855A) to the Centers for Medicare & Medicaid Services (CMS).
- Start developing a patient caseload.
- Obtain an application approval letter from CMS and submit a copy of the letter to ACHC.
- Register for an Internet Quality Improvement Evaluation System (IQIES) account for OASIS transmittal.
- Acquire a minimum patient caseload: Ten patients served, seven patients active at survey time for initial Medicare certification.
- Provide a minimum of two services: one Skilled Nursing and at least one other therapeutic service. One of these two services must be offered by a W-2 employee.
- Inform ACHC in writing when all of the above are complete.

Step Eleven

ACHC Should:

- Send a second ACHC Agreement for Accreditation Services to the provider.
- Schedule and conduct an unannounced initial Medicare Certification survey.
- Grant accreditation for three years after the provider has been approved for accreditation.
- Notify the provider, AHCA, and CMS of the accreditation decision in writing. (CMS will make the decision of granting deemed status after receiving a report from ACHC.)

IF ANY OF THE ABOVE STEPS ARE NOT COMPLETED, THE SECOND SURVEY WILL NOT BE CONDUCTED.