

PRESURVEY CHECKLIST



Use this checklist to audit your Home/Durable Medical Equipment (HME) facility and operations before your survey for ACHC Accreditation. Required items are listed for each section of ACHC Accreditation Standards.

As you prepare for your survey, go through each segment to assess your organization's strengths and uncover possible gaps in compliance. Your surveyor may ask for items not on the following list. Your organization must also ensure it meets additional state, federal, and regulatory requirements, if applicable. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision.

SECTION 1: Organization and Administration

- Business and/or HME licenses/permits for each state serviced are displayed and current. (Include states that products are shipped into.)
- Board meeting minutes, if applicable.
- Job descriptions of organization's leader and temporary leader, and documentation of temporary leader's orientation to these duties.
- List of governing body members and documentation of their orientation to these duties, if applicable.
- Resume/application of leader that identifies and verifies their qualifications to hold that position.
- Organizational chart.
- Hours of operation are posted at the business location on the front of the building and are compliant with requirements of the Centers for Medicare & Medicaid Services (CMS).
- Copies of all applicable laws and rules are available to all personnel. These may include requirements of the Board of Pharmacy, Respiratory Care Board, Board of Nursing, HME Board, and Department of Health.
- Required labor law posters are posted.
- Services are provided in accordance with accepted ethical and industry standards, professional practice standards, and in accordance with all applicable local, state, and federal laws and regulations.
- Complex Rehabilitation and Assistive Technology Supplier (RTS) providers have at least one W-2 Assistive Technology Professional (ATP).
- Fitter-service providers have properly certified/licensed fitters.
- CMS DMEPOS Supplier and Quality Standards have been reviewed and are being followed.
- Reportable negative outcomes and changes in ownership/management are documented.
- Policy and procedure manuals are reviewed once per accreditation cycle and are available to all staff.

SECTION 2: Program Services and Operations

- A description of company services is distributed to all clients/patients.
- Client/patient rights and responsibilities include all ACHC Accreditation Standards requirements.
- Client/patient rights and responsibilities are distributed to all clients/patients and honored by all personnel.
- DMEPOS Supplier Standards are distributed to each Medicare recipient receiving care/services.
- Reports of client/patient abuse and neglect by persons performing on behalf of the organization are documented and investigated. ACHC and state agencies are informed of such reports within 5 working days.
- The organization provides information to all clients/patients on its process for receiving, investigating, and resolving grievances/complaints about its care/services. A telephone number and the name of a contact person are included.
- The organization maintains records of all grievances/complaints, investigations, and outcomes and reports them to leadership through the Performance Improvement (PI) Committee.
- Medicare beneficiary complaints show evidence of 5- and 14-day notifications.
- Information about confidentiality is distributed to all clients/patients.
- The organization has Business Associate Agreements (BAAs) for all business associates that may have access to Protected Health Information (PHI), as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.
- Confidentiality statements are signed as required by organization's policies and procedures.
- Personnel abide by confidentiality policies and procedures.
- Client/patient evaluations and discussions of ethical issues are documented.
- Mechanisms are in place to assist with language and communication barriers.
- The organization has an established Compliance Program that provides guidance on the prevention of fraud and abuse.
- The organization that provides HME, RTS, or fitter services has a system to receive calls after hours.
- HME organizations that provide respiratory equipment, such as oxygen, ventilators, and Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices (RAD), are available 24 hours a day, 7 days a week.

SECTION 3: Fiscal Management

- The organization has a budget that includes projected revenue and expenses for all programs and the care/services it provides.
- The budget is reviewed and updated at least annually.
- The organization has sound business practices for receipt and tracking of revenue, billing clients/patients, collections and reconciliation of accounts, assignment of revenue, and financial record retention.

- The client/patient is provided information concerning their financial responsibility and insurance verification information at or prior to the receipt of care/services. A price list is available.
- Financial hardship forms are completed on all clients/patients if they are unable to pay for the equipment, supplies, drugs (if applicable), or care/services that have been provided.
- Client/patient records contain payor-required documentation specific to the equipment/service provided.

SECTION 4: Human Resource Management

- The organization has a complete personnel record for all employees of the organization that is available for inspection by federal and state regulatory agencies and accreditation organizations.
- Documentation includes an application/resume, withholding statements, and Form I-9 for all personnel.
- Documentation verifies personnel are qualified for the position they hold.
- All direct care personnel have had a baseline tuberculosis (TB) skin or blood test. If the baseline test was performed prior to hire, a symptom screening tool has been completed on personnel prior to patient contact. Annual screening/testing has been performed when required by TB prevalence rates.
- All direct care personnel have access to the Hepatitis B vaccine.
- There is a job description for all positions that is consistent with the organizational chart. Personnel have reviewed their job descriptions.
- Documentation reflects proof of a current special class driver's license, if applicable.
- Criminal background check, Office of Inspector General (OIG) exclusion list check, and national sex offender registry check are completed on all employees responsible for direct client/patient care. Personnel with access to client/patient records are required to have a criminal background check and an OIG exclusion list check completed.
- Written personnel policies or an employee handbook are provided to/available for personnel.
- Personnel evaluations are completed, shared, reviewed, and signed by the supervisor and personnel no less frequently than every 12 months.
- Personnel credentialing via source verification of all licensed/certified employees is conducted and documented at hire and upon renewal.
- RTS providers have at least one trained technician available to service each location. The technician has completed 10 hours of continuing education specific to repair, servicing, and assembly of RTS products. The Assistive Technology Professional (ATP) can act as the technician.
- There is a qualified person responsible for supervision of HME and fitter services.
- Respiratory equipment services are supervised by an individual with extensive experience in respiratory equipment and related uses of equipment.
- The organization complies with the American Association of Respiratory Care (AARC) guidelines in the practice of respiratory care services in the home.

- Documentation reflects that all personnel have received an orientation containing all topics required by ACHC Accreditation Standards.
- Competence assessments are completed for required personnel upon hire, annually, and prior to performing new tasks.
- The organization has an ongoing education plan containing all topics required by ACHC Accreditation Standards.
- Supervision of personnel is available during all hours that care/services are provided.
- Contracts/agreements are available when outside personnel/organizations are used to provide care/services on behalf of the organization. Contracts are reviewed upon renewal.
- The organization maintains current copies of professional liability insurance certificates for all contracted personnel providing direct care/services and/or other organizations providing shared responsibility for care/services.

SECTION 5: Provision of Care and Record Management

- The organization follows their policies and procedures in regard to access, storage, removal, retention, and destruction of client/patient records and information.
- An accurate record is maintained for each client/patient with all items required by ACHC Accreditation Standards.
- Client/patient records contain documentation of all care/services provided, directly or by contract. Entries are dated and signed by the appropriate personnel, with credentials, if applicable.
- Home assessments are completed for deliveries made into the home. Electrical safety is evaluated.
- All clients/patients referred for care/service have an evaluation/assessment of need completed.
- There is a written plan of service for each client/patient accepted. There is documentation of the plan of service reviews and updates.
- Client/patient participation in the plan of service is documented in the client/patient record.
- Receipt of all written/verbal education must be documented in the client/patient record.
- Products or services are supplied only when requested specifically by the physician or client/patient.
- Refill orders have documentation of the need for the refill, quantity on hand, and who requested it.
- Clients/patients are notified when equipment/supplies will be delivered.
- Proof of delivery is documented in each client/patient record.
- The organization maintains a referral log or other tool to record when clients/patients are referred to another organization. The prescribing physician and/or referral source is notified within 5 days if the equipment/services ordered cannot be provided.
- The organization has a private, clean, safe, and comfortable room(s) designated for fitting and evaluation of mastectomy products, custom-fit orthotic appliances, and rehab technology products when fitted on site. (Fitter, RTS)

- RTS providers maintain a repair shop in the facility, or in close proximity, for assembly and modifications of products.
- Mastectomy fitting rooms contain a full-length mirror, adequate lighting, tape measure, and soft gown to check symmetry or fit.
- RTS providers use assembly documentation to ensure proper assembly of equipment.
- Discharges/transfers are documented in the client/patient record, as required by ACHC Accreditation Standards.
- RTS providers have loaner equipment available for demonstration, simulation, trial, and equipment failure.

SECTION 6: Quality Outcomes/Performance Improvement

- The organization develops, implements, and maintains an effective, ongoing, organization-wide PI program. All personnel are involved in PI activities.
- The individual responsible for coordinating PI activities may be the owner, manager, supervisor, or other designated personnel. Duties are detailed in their job description.
- PI activities must monitor at a minimum:
 - » The Compliance Program.
 - » Adverse events.
 - » Client/patient complaints.
 - » Client/patient records.
 - » Satisfaction surveys of clients/patients and input from personnel and referral sources.
 - » Billing and coding errors.
 - » At least one important aspect related to care/services provided.
 - » Care/services provided under a contract/agreement.
- Personnel receive training related to PI activities and their involvement.
- Each PI activity/study includes the following items:
 - » A description of indicator(s) to be monitored/activities to be conducted.
 - » Frequency of activities.
 - » Designation of who is responsible for conducting the activities.
 - » Methods of data collection.
 - » Acceptable limits for findings or thresholds.
 - » Who will receive the reports.
 - » Written plan of correction when thresholds are not met.
 - » Plans to reevaluate if findings fail to meet acceptable limits.
 - » Any other activities required under state or federal laws or regulations.
- There is a comprehensive, written annual report that describes the PI activities, findings, and corrective actions that relate to the care/services provided.
- There is evidence of the involvement of the governing body/owner in the PI Program.

SECTION 7: Risk Management: Infection and Safety Control

- The organization has an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases.
- An annual review is conducted of the TB exposure control plan and annual TB risk assessments are completed.
- The organization provides infection control education to employees, contracted providers, and clients/patients regarding both basic and high-risk infection control procedures as appropriate to the care/services provided.
- All personnel demonstrate infection control procedures in the process of providing care/services to clients/patients as described in standards of the Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) and as adopted into program care/service policies and procedures.
- Safety training is conducted during orientation and at least annually for all personnel.
- Personnel receive training on home safety during orientation and at least once annually.
- The organization has an emergency preparedness plan and, at a minimum, has an annual practice drill to evaluate the adequacy of the plan.
- Client/patient records contain documentation of education regarding emergency preparedness.
- Smoke detectors, fire alarms, and fire extinguishers are present, placed in secure areas, and are inspected, maintained, and tested on a regular basis, as recommended by the manufacturer.
- Exits are clearly marked and illuminated, as required by OSHA.
- A first-aid kit is available, of appropriate size, and is checked for any expired products.
- An eyewash station is available and the use-by date has not expired.
- Fire drills are conducted annually. The organization evaluates its response to the fire drill and communicates these results to personnel.
- Emergency power systems are tested annually.
- Safety Data Sheets (SDS) are available for all hazardous materials. Materials are labeled, stored, handled, transported, and disposed as per OSHA requirements.
- Enteral products are stored in the required environment (e.g., refrigerated or room temperature).
- All incidents are documented, investigated, and reported. OSHA documentation and reporting requirements are followed.
- Staff is educated on and follows policies and procedures for reporting and documenting incidents.
- The organization properly stores/warehouses products.
- Equipment is segregated by categories (clean, dirty, repair, quarantine, etc.).
- Stock is properly rotated.
- Oxygen tanks are segregated by full and empty, properly secured, and are within the hydrostatic test date.

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- The organization separates and removes/disposes expired products.
- The organization tracks products with lot and/or serial numbers, and manufacturer recalls.
- The organization uses appropriate warehouse cleaning agents per manufacturers' guidelines, if applicable.
- Equipment is properly cleaned and tested prior to use. Calibration is completed per manufacturers' guidelines.
- Cleaning, testing, maintenance, and repairs are completed per manufacturers' guidelines and properly documented. Staff members who complete maintenance/repairs have documentation of training to do so.
- Appropriate backup equipment is provided.
- The delivery vehicle is equipped to secure equipment, is neat and clean, segregates clean and dirty equipment, and contains appropriate SDS and oxygen manifest, if applicable. The delivery vehicle complies with all applicable laws and regulations.
- Warranty information is provided to all clients/patients.
- Transfilling is completed per FDA regulations, if applicable.