



ITEMS NEEDED FOR ON-SITE SURVEY

MEDICARE CERTIFICATION AND RECERTIFICATION



Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your personal Account Advisor.

- Number of unduplicated admissions per Medicare Provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per multiple location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, disciplines providing care, location of care, and current level of care
- Current schedule of patient visits
- Discharge/transfer/revocation patient census for past 12 months (or since start of operation if less than one year)
- List of individuals receiving bereavement services for past 12 months (or since start of operation if less than one year)
- List of individuals who have received continuous care in the past 12 months (or since start of operation if less than one year)
- Personnel list with title, discipline, and hire date (including direct care contract staff and volunteers)
- Schedule for interdisciplinary group meetings
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results
- Identification of service area

Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payor.

Conducting interviews to validate findings from observations and record reviews is a standard part of survey procedures. These interviews, involving personnel, patients, and family members or caregivers, must be conducted confidentially.

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ACHC Standard	Required Item	Located
HSP1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HSP1-1A.01	<p>Access to policies and procedures manual with the following policies flagged:</p> <ul style="list-style-type: none"> ■ HSP2-3A Abuse and neglect ■ HSP2-6A Advance Directives ■ HSP2-11F Bereavement Services ■ HSP2-14A Pain and symptom management ■ HSP2-15A Interdisciplinary team and coordination of care ■ HSP4-7A Competency assessment ■ HSP5-1B HIPAA ■ HSP5-3A.01 Completion of assessments and development of the plan of care ■ HSP5-10A.01 Levels of care ■ HSP7-1A Infection Control ■ HSP7-4C Emergency Preparedness Plan ■ HSP7-6B Disposal and management of controlled drugs in the home ■ HSP7-7A.01 Use and maintenance of DME and medical supplies 	
HSP1-1A.01	All required federal and state posters are placed in a prominent location	
HSP1-1B	Current 855A/CMS approval letter	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B/HSP1-2B.03/ HSP1-3A.01/HSP2-7A.01/ HSP3-1A.01/ HSP4-12D/	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s); List of governing body members, including names, addresses and telephone numbers	
HSP1-3A.01	Governing body as well as personnel have a signed conflict of interest disclosure statement (if applicable)	
HSP1-4B.01	Annual evaluation of the Administrator	
HSP1-5A.01	Organizational chart	

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ACHC Standard	Required Item	Located
HSP1-8A/HSP1-8A.01	Contracts for direct care, including copies of professional liability insurance certificates as well as evidence of monitoring contracted services	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management)	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care	
HSP1-9A	CLIA certificate of waiver for agency and/or CLIA certificate for reference laboratory	
HSP1-10A	Evidence of how pharmaceuticals, drugs, and biologicals are available and provided	
HSP1-11A	CMS letter of approval for multiple locations addition (if applicable)	
HSP1-12A	Verification of physician licensure	
HSP2-1A	Marketing materials and written description of care/services provided under the Medicare/Medicaid hospice benefit	
HSP2-3A	Grievance/complaint log	
HSP2-5A.01	Business Associate Agreements (BAAs) for non-covered entities	
HSP2-7A.01	Evidence of how ethical issues are identified, evaluated, and discussed	
HSP2-8A.01	Evidence of communication assistance for language barriers	
HSP2-10A	On-call process/ calendar	
HSP2-9A.01	Evidence of a Compliance Program	
HSP2-11B.01	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver (if applicable)	
HSP2-11F & HSP5-5B.01	Bereavement program materials	
HSP2-11F.01	Counseling resources for bereaved individuals whose needs cannot be met by the hospice	
HSP2-12A	Contract(s) for non-core services; this includes but is not limited to PT, OT, ST	
HSP2-12B	Therapy and dietary counseling waiver (if applicable)	
HSP2-13A	Evidence of how medical supplies and appliances are provided	

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HSP2-13B	Contract(s) for DME provider and copy of certificate of accreditation	
HSP3-1A.01	Most recent annual operating budget	
HSP3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)	
HSP3-4A	Listing of patient care charges	
HSP3-6A	Hospice inpatient CAP report	
HSP4-1B.01	Personnel records contain evidence of the items listed in the standard. Surveyor will review personnel records for the following disciplines (at a minimum): Administrator, Alternate Administrator, Director of Clinical Services, Alternate Director of Clinical Services, Medical Director, Nurses, Social Worker, Spiritual Care Provider, Volunteer Coordinator, Volunteer, Bereavement Coordinator, Hospice Aide, Physical Therapist, Occupational Therapist, Speech Therapist	
HSP4-2E.01	Job descriptions for identified staff	
HSP4-2I.01	Employee handbook or access to personnel policies	
HSP4-4B	Orientation/training /materials used to educate SNF/NF or ICF/IID staff	
HSP4-5B.01, HSP4-5B.02, HSP4-6A/HSP4-6A.01	Evidence of ongoing education and/or a written education plan and evidence of required training	
HSP4-6B/HSP4-7B/ HSP4-7C/HSP4-8A	Hospice aide competency evaluation and/or training materials	
HSP4-11A	Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)	
HSP4-12A & HSP4-4A	Evidence of volunteer orientation	
HSP4-12B	Evidence of the ability to provide direct care and administrative volunteers	
HSP4-12C	Current volunteer cost savings report	
HSP4-12D	Current volunteer activity report	
HSP5-1A & HSP5-1A.01	Patient records contain all required items as identified in the standards	

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HSP5-3C.01	Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)	
HSP5-4A	Plans of care contain all required items as identified in the standard	
HSP5-9A.01	Referral log and community referral resources	
HSP6-1A	Quality Assessment and Performance Improvement (QAPI) program	
HSP6-1B	Job description for the individual responsible for the QAPI program	
HSP6-2A	Governing body meeting minutes demonstrate involvement of governing body and organizational leaders in QAPI	
HSP6-2B	Evidence of personnel involvement in QAPI	
HSP6-3A/HSP6-4A	QAPI annual report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
HSP6-6B	Evidence of data elements collected from the comprehensive assessment are monitored and utilized in QAPI	
HSP6-6B.01	Evidence of chart audit results utilized in QAPI	
HSP6-6B.02	Satisfaction surveys utilized in QAPI	
HSP6-6B.03	Grievance log and evidence of monitoring of patient grievances/complaints	
HSP6-6B.04	Evidence of monitoring of an aspect related to administrative function of the agency	
HSP6-6C	Evidence of written corrective action plans for any QAPI projects that did not meet desired outcomes	
HSP6-7A/HSP2-4A/ HSP7-5A.01	Incident log and evidence of monitoring of all patient grievances and complaints	
HSP7-1A	Evidence of an Infection Control Plan, Annual TB Agency Assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
HSP7-1C	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	

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ACHC Standard	Required Item	Located
HSP7-3A.01	Report of annual fire drill and results of testing of emergency power systems	
HSP7-4B	Emergency Preparedness Plan that includes the all-hazards risk assessment	
HSP7-4D	Communication Plan	
HSP7-4E	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
HSP7-4E	<p>Evidence of a minimum of one test completed annually</p> <ul style="list-style-type: none"> ■ One is a community-based or facility-based functional exercise, and the opposite year of the full-scale- exercise <p>A community-based or a facility-based functional exercise, or a mock disaster drill or a tabletop exercise or workshop, that is led by a facilitator. The tabletop exercise or workshop must include a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan</p>	
HSP7-4F	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
HSP7-5A.01	OSHA forms 300, 300A, and/or 301 (if applicable)	
HSP7-7A.01/HSP7-8A	Maintenance logs of any equipment used in the provision of care	
HSP7-9A.02	Access to Safety Data Sheets (SDS)	