



RENEWAL ACCREDITATION COMPLIANCE RESOURCES

HOME HEALTH

Protect Yourself with ACHC Accreditation

Let us help you to maintain compliance in an ever-changing regulatory environment. Choosing ACHC to complete your Medicare re-certification survey can significantly reduce your risk of having an alternative sanction imposed upon your home health agency. With fines that can total thousands of dollars per day, a strong compliance program achieved through earning and maintaining ACHC Accreditation is a key strategy. Since ACHC standards are written for providers, by providers, and incorporate the Medicare Conditions of Participation (CoPs), choosing to become accredited greatly reduces the risk of financial penalties or alternative sanctions being imposed.

What are the alternative sanctions CMS has the authority to impose?

Section 1891 (e) through (f) of Social Security Act authorizes the Secretary of Health and Human Services to for the correction of deficiencies by imposing an alternative sanction, termination, or both. The purpose being to ensure prompt compliance with the Medicare Conditions of Participation in order to protect the health and safety of patients receiving home health services.

One or more sanctions can be imposed when noncompliance with one or more conditions of participation is identified through a Medicare re-certification survey or complaint survey is conducted by the state.

Potential sanctions include:

- Civil monetary penalties in an amount not to exceed \$26,262 for each day of non-compliance*
- Suspension of payment for new admissions
- Temporary management of the home health agency
- Directed plan of correction
- Directed in-service training

The factors considered when imposing a sanction(s) include:

- The extent to which the deficiencies pose immediate jeopardy to patient health and safety
- The nature, incidence, manner, degree, and duration of the deficiencies or noncompliance
- The presence of repeat deficiencies, the home health agency's overall compliance history and any history of repeat deficiencies at either the parent or branch location
- The extent to which the deficiencies are directly related to a failure to provide quality patient care
- The extent to which the home health agency is part of a larger organization with performance problems
- An indication of any system-wide failure to provide quality care

In addition to the widely recognized benefits of accreditation, the following are examples of how ACHC will help you avoid these sanctions:

- Condition-level and standard-level violations cited during any on-site survey conducted by ACHC are not subject to the alternative sanctions.
- For providers who have deemed status, Centers for Medicare & Medicaid Services (CMS) only conducts on-site surveys for a complaint, significantly limiting the risk of an on-site visit during which sanctions could be imposed.
- New home health agencies are frequently less familiar with CMS requirements. ACHC providers have access to a variety of resources, as well as a personal Account Advisor and Surveyors with industry-specific experience aimed at helping them before, during, and after the accreditation process.

Utilize the Annual Compliance Checklists to assist you in maintaining compliance with the CoPs along with the ACHC Accreditation Standards. These checklists, along with the additional survey prep materials available on the customer portal, will help you determine if your organization is in compliance with applicable local, state, and federal laws and regulations and assist in identifying issues of non-compliance that can be corrected prior to your renewal survey. Utilizing the Plan of Correction (POC) template will allow you to develop and implement a POC to monitor your compliance.

Approximately 6 – 9 months prior to the expiration of your accreditation, complete your renewal application and prepare your home health agency for your renewal survey. Using the data gathered from your quarterly medical record audits, your personnel record audits, the annual Compliance Checklists, the Items Needed for On-Site Survey, and the Survey Checklist Personnel Files audit tool will allow you to have a comprehensive assessment of your home health agency's preparedness.

Need Some Extra Assistance?

ACHC recognizes the important role education plays in helping customers achieve accreditation, which is why we have developed and compiled numerous resources to assist you with the initial and renewal accreditation process. Creating a customer portal account allows you 24/7 access to free educational resources including the Did You Know emails, which you can print and share with your staff; ACHC tools and resources; as well as CMS information. **You can locate these resources and many more by logging in to your account at [achc.org](https://www.achc.org).**

ACHCU, a division of ACHC, is committed to your agency's success in preparing for and maintaining accreditation through a full range of educational resources, such as:

- The ACHC Accreditation Guide to Success workbook
- Survey Readiness Packets
- Survey Prep workshops
- Program-specific webinars, which are free to current ACHC customers
- Gap Analysis (virtual or onsite)

You can locate these resources and many more at [ACHCU.com](https://www.achcu.com).

HealthTrainU

HealthTrainU™ helps ACHCU achieve its goal to provide more than accreditation assistance. This platform helps us provide industry-relevant training, management, and compliance resources for managers and students. Courses also offer CEUs to meet relevant annual training requirements.

You can locate more information on HealthTrainU at healthtrainu.com.

ACHC also strives to keep you up to date on the latest state-specific regulations. The Regulatory Updates page on [achc.org](https://www.achc.org) allows you to check on both state and program-specific proposed and adopted regulations as well as up-to-date CMS information. Please use the information we provide to supplement your other sources of regulatory information and not as your only source. **You can locate this resource at www.achc.org/regulatory-updates/.**

Perhaps the most valuable resource available to you is your personal Account Advisor (AA), who is there to assist you with any questions you may have about the survey process, standard interpretation, CoP interpretation, etc. Your AA, along with ACHC's dedicated clinical support and regulatory support team members, are there to help you untangle the regulatory requirements in order to allow you and your agency to maintain compliance and protect you against the alternative sanctions.

Completing Your Renewal Application

- Log into achc.org and complete your application for your renewal accreditation.
 - » You can copy a previously completed application and you can edit the existing information by clicking on the edit button for each section of the application.
- Include on your application:
 - » Demographic information for the main office (parent agency) as well as each branch that is associated with the main office
 - » Identify the number of employees assigned to each location as well as the contact information for all locations.
 - » Record the number of unduplicated admissions (every patient admitted to each location one time in the past 12 months, regardless of payor); this information is vital to ensure ACHC conducts a valid survey.
- If you have added locations since your last survey, click on the “Add location” button and complete the information.
- Identify the services for which you want to be accredited.
- Submit online application with the deposit
- Download the ACHC Accreditation Standards (if you haven't already).
- Your personal Account Advisor will conduct an application validation call and once completed will send you the contract for review and signature
- Once all information is complete and returned, your survey will be scheduled by ACHC.
- If you need to postpone your survey, you must notify your Account Advisor.

Lastly, utilize the Items Needed for On-Site Survey tool and the Survey Checklist – Personnel Files audit tool to gather and audit the information that will be reviewed by the Surveyor. Keep this

ACCREDITATION COMMISSION *for* HEALTH CARE

information in a secure location to have readily available when the Surveyor arrives. Include any internal Plans of Correction you implemented to ensure you receive credit for identifying and correcting any issues of non-compliance.

Please reach out to your personal Account Advisor regarding any questions about the renewal process.

* For more information on the Civil Monetary Penalties visit:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Civil-Monetary-Penalties-Annual-Adjustments>.