

KEY STEPS FOR SURVEY SUCCESS

 HOME HEALTH



1 Understand the Medicare Conditions of Participation (CoPs) and the interpretive guidelines.

The Centers for Medicare & Medicaid Services (CMS) mandates that home health providers remain in significant compliance with the CoPs in order to participate in the Medicare program. ACHC has incorporated the CoPs into ACHC Accreditation Standards.

An ACHC standard has a CoP incorporated into it if the standard identifier ends in a whole number (e.g., HH1-1A) and includes the CoP and the associated G tags at the end of the standard descriptor.

Review key information from CMS. The State Operations Manual, Chapter 2 – The Certification Process and Appendix B – Guidance to Surveyors: Home Health Agencies, can help you gain a better understanding of the certification process as well as the expectations for compliance with the CoPs. Go to www.cms.gov and search for “State Operations Manual, Chapter 2” and “State Operations Manual Appendix B.”

2 Understand and implement ACHC Home Health Accreditation Standards.



Make sure you have the latest copy of the standards to prepare your agency and staff for your survey. For an ACHC-only requirement, the standard identifier ends in a decimal number (e.g., HH1-1A.01).



Download Home Health Standards from your ACHC customer portal. Additional resources on survey preparation also are available on the customer portal.

3 Use your policies and procedures to guide and direct operational practices as well as to establish a foundation for your agency.



ACHC reviews your policies and procedures during the survey.



To maximize success, we recommend having your policies and procedures reviewed before your survey to ensure alignment with ACHC Home Health Accreditation Standards.

For additional information, please contact your Account Advisor at (855) 937-2242.

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4

Audit, audit, and audit some more. The ACHC survey process relies heavily on documented evidence to support compliance with the CoPs and ACHC Home Health Accreditation Standards.



Audit your personnel files and medical records to help you identify areas for improvement before the survey. Ensure all required components are included in the medical records and personnel files to establish compliance with CoPs and ACHC Standards.



ACHCU offers additional educational resources, including the **ACHC Accreditation Guide to Success** and a Survey Readiness Packet, to assist you with the accreditation process. These tools contain valuable audit checklists, sample forms, sample policies and procedures, and guidance for achieving and maintaining compliance with the ACHC Home Health Accreditation Standards. Visit achcu.com to learn more.

5

Avoid condition-level deficiencies. If a condition-level deficiency is found during your survey, ACHC, as required by CMS, will conduct an additional on-site survey to determine that the deficiency has been abated.

A **standard-level deficiency** may be cited when an ACHC-only requirement or a single G tag under a CoP is found to be out of compliance.

A **condition-level deficiency** is most likely to be cited when multiple G tags under the condition or the entire condition is determined to be out of compliance.

EXAMPLE: STANDARD-LEVEL DEFICIENCY

484.75 Skilled professional services:

- ✔ G704 Standard: Responsibilities of skilled professionals
- ✔ G706 Interdisciplinary assessment of the patient
- ✔ G708 Development and evaluation of plan of care
- ✘ G710 Provide services in the plan of care
- ✔ G712 Patient, caregiver, and family counseling
- ✔ G714 Patient and caregiver education
- ✔ G716 Preparing clinical notes
- ✔ G718 Communication with physicians
- ✔ G720 Participate in the HHA's QAPI program
- ✔ G722 Participate in HHA-sponsored in-service

ACTION: A Plan of Correction (POC) is required.

EXAMPLE: CONDITION-LEVEL DEFICIENCY

484.75 Skilled professional services:

- ✔ G704 Standard: Responsibilities of skilled professionals
- ✘ G706 Interdisciplinary assessment of the patient
- ✔ G708 Development and evaluation of plan of care
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- ✘ G718 Communication with physicians
- ✔ G720 Participate in the HHA's QAPI program
- ✔ G722 Participate in HHA-sponsored in-service

ACTION: An additional on-site survey is required.

✔ GREEN = In compliance ✘ RED = Out of compliance

Refer to the State Operations Manual Appendix B – Guidance to Surveyors: Home Health Agencies for CoP compliance expectations.

6

Avoid the most commonly cited ACHC condition-level deficiency, 484.80 Condition of Participation: Home Health Aide Services.

The G tags that cause agencies the most trouble are **G798**, **G800**, and **G808**.

G798 – Home health aides are assigned to a specific patient by a Registered Nurse or other appropriate skilled professional. Written patient care instructions for a home health aide must be prepared by a Registered Nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).

G800 – A home health aide provides services that are:

- Ordered by the physician.
- Included in the plan of care.
- Permitted to be performed under state law.
- Consistent with the home health aide training.

G808 – If home health aide services are provided to a patient who is receiving skilled nursing, physical or occupational therapy, or speech-language pathology services, a Registered Nurse or other appropriate skilled professional who is familiar with the patient, the patient's plan of care, and the written patient care instructions described in §484.80(g) must make an on-site visit to the patient's home no less frequently than every 14 days. The home health aide does not have to be present during this visit.

ACTION: Educate staff to ensure they understand the importance of written instructions that clearly describe the care the patient is to receive and each task the aide must perform. Ensure instructions are not ambiguous.

ACTION: Educate staff regarding the importance of providing the care that is ordered on the written instructions. Ensure staff know the process to follow when the plan changes.

ACTION: Audit charts to ensure the aide supervisory visit is completed by a Registered Nurse or other appropriate skilled professional in a timely manner. The visit must include a review of the written instructions to ensure the plan of care continues to meet the patient's needs and is within the scope for an aide to provide.