

KEY STEPS FOR SURVEY SUCCESS



1

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

The Centers for Medicare & Medicaid Services (CMS) mandates that hospice 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 number or a number and letter (e.g., HSP1-1A) and includes the CoP and the associated L tags at the end of the standard descriptor.

Review the State Operations Manual, Chapter 2 – The Certification Process, as well as Appendix M – Guidance to Surveyors: Hospice, to 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 M.”

2

Understand and implement ACHC Hospice 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., HSP1-1A.01).



Download Hospice 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 Hospice 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 Hospice 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 Hospice 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** is cited when an ACHC-only requirement or a single L tag under a CoP is found to be out of compliance.

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

EXAMPLE: STANDARD-LEVEL DEFICIENCY

- ✔ L642 – Use of volunteers in defined roles
- ✔ L643 – Volunteers receive orientation and training
- ✔ L644 – Volunteers are used in day-to-day administrative roles and/or direct patient care
- ✔ L645 – Documentation exists to support the recruitment and retaining of volunteers
- ✘ L646 – Use of volunteers demonstrates cost savings
- ✔ L647 – Level of activity from volunteers equals or is greater than 5% of total patient care hours annually

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

EXAMPLE: CONDITION-LEVEL DEFICIENCY

- ✘ L642 – Use of volunteers in defined roles
- ✘ L643 – Volunteers receive orientation and training
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ACTION: An additional on-site survey is required.

✔ GREEN = In compliance ✘ RED = Out of compliance

Refer to the State Operations Manual Appendix M – Guidance for Surveyors: Hospice for CoP compliance expectations.

6

Avoid the most commonly cited ACHC condition-level deficiency, 418.76 Condition of Participation: Hospice Aide and Homemaker Services.

The L tags that cause agencies the most trouble are **L625**, **L626**, and **L629**.

L625 – Hospice aides are assigned to a specific patient by a Registered Nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a Registered Nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.

L626 – A hospice aide provides services that are:

- Ordered by the interdisciplinary group.
- Included in the plan of care.
- Permitted to be performed under state law by such hospice aide.
- Consistent with the hospice aide training.

L629 – A Registered Nurse must make an on-site visit to the patient's home:

- No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice 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 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.