



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) PROCESS OF INITIAL ACCREDITATION AND LICENSURE

[ HOME HEALTH ACCREDITATION]

STEP ONE — PROVIDER SHOULD:

- Obtain the Accreditation Commission for Health Care (ACHC) Accreditation Standards through Customer Central at cc.achc.org
- Review the ACHC Accreditation Standards and begin compiling your policies and procedures
- Obtain the Missouri regulations for Home Health by contacting Bureau of Home Care and Rehabilitative Standards (BHCRS)

STEP TWO — PROVIDER SHOULD:

Complete application for licensure for BHCRS, including all required forms:

- Health Benefit Agreement
- Assurance of Compliance
- Office of Civil Rights Packet
- State disclosure of Ownership and Control Interest Statement
- Letter of Intent for State Licensure and/or Medicare Certification
- Inform BHCRS at 573-751-6336 that ACHC will be provider's accreditor of choice
- Wait for BHCRS notification that the application is complete and has been accepted

STEP THREE — BHCRS SHOULD:

- Forward notice to provider and ACHC that the provider application is complete

STEP FOUR — PROVIDER SHOULD:

- Submit a completed ACHC application
- Submit a \$1,500 deposit
- Review and sign the ACHC Agreement for Accreditation Services

STEP FIVE — ACHC SHOULD:

- Schedule and conduct a one-day announced accreditation survey
- Notify provider and BHCRS of its accreditation decision in writing
- Once an approval decision is received, the provider will be granted accreditation for one year

STEP SIX — BHCRS SHOULD:

- Issue a letter of acknowledgement to ACHC and the provider granting permission to provider to start developing a patient caseload

STEP SEVEN — PROVIDER SHOULD:

- Submit an 855A application to CMS
- Obtain written documentation that the 855A application has been approved and submit copy of approval letter to ACHC
- Successfully complete an Outcome and Assessment Information Set (OASIS) test transmission, and submit copy to ACHC
- Submit copy of summary page that agency has met the surety bond and capitalization requirements
- Submit copy of Professional Advisory Committee (PAC) meeting minutes and attendance list
- Provide a minimum of two services, one being Skilled Nursing (SN)
- Acquire minimum patient caseload: 10 patients served, 7 patients active at time of Initial Medicare Certification survey
- Inform ACHC in writing when Step Seven is complete

STEP EIGHT — ACHC SHOULD:

- Create a second ACHC Agreement for Accreditation Services and submit to provider
- Schedule and conduct an unannounced Initial Medicare Certification survey
- Once an approval decision is received, the provider will be granted accreditation for three years
- Notify provider, BHCRS, and CMS of its accreditation decision in writing; (CMS will make the decision of granting deemed status after receiving a report from ACHC)

STEP NINE — CMS SHOULD:

- Issue an approval for deemed status

STEP TEN — BHCRS SHOULD:

- Issue a license as a Home Health Agency (HHA)

If any of the above steps are not completed, the second survey will not be conducted.