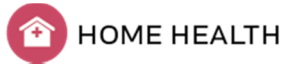




ITEMS NEEDED FOR ON-SITE SURVEY

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 for your Surveyor prior to his or her arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Number of unduplicated admissions, per Medicare provider number, for the past 12 months or since start of operation if less than one year
- Number of unduplicated admissions per branch location, served under the parent Medicare provider number, for the past 12 months or since start of operation if less than one year, if applicable
- Current patient census, complete with start of care date, admitting diagnosis and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for past 12 months or since start of operation if less than one year
- Most recent OASIS Reports, such as Adverse Outcome, Risk Adjusted Outcome, Case Mix, Submission Statistics, and Error Summary (N/A for initial Medicare Certification surveys)
- Personnel list with title, discipline and start of hire date (including direct care and contract staff)
- Any previous survey results from the past year
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Annual requirements are not applicable to agencies in operation for less than one year
- Unduplicated admissions is defined as all patients admitted one time in the past 12 months regardless of payor

ACHC Standard	Required Item	Located
HH1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HH1-1A.01	Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none"> • HH2-2A Patient rights and responsibilities policy • HH2-6A Advance Directives policy • HH2-9A.01 Compliance Program • HH4-2I Personnel policies/employee handbook • HH5-1B HIPAA policies • HH6-2A Annual program evaluation policy • HH7-3A.01 Emergency preparedness plan • HH7-3C.01 Patient education materials regarding emergency preparedness 	
HH1-1A.01	All required federal and state posters are placed in a prominent location	
HH1-1B	Current 855A/CMS approval letter	
HH1-2A, HH1-2A.03/ HH1-9A.01/HH2-4A/ HH2-7A.01/HH3-1A/ HH3-1C/HH6-1C.01	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	

ACHC Standard	Required Item	Located
HH1-3A/HH1-3A.01/ HH1-3A.02/HH1-3B	Professional Advisory Committee (PAC) meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
HH1-6A	Organizational chart	
HH1-8A/HH1-8B	Previous months final OASIS Validation report	
HH1-10A	Contracts for direct care, including copies of professional liability insurance certificates	
HH1-10B	Evidence of monitoring contracted services	
HH1-11A	CLIA certificate of waiver for agency or CLIA certificate for the reference laboratory	
HH1-12A.01	CMS letter of approval for branch addition (if applicable)	
HH2-1A.01	Marketing materials	
HH2-4A	Grievance/complaint log	
HH2-5C.01	Business Associate Agreements (BAAs)	
HH2-9A.01	Evidence of a Compliance Program	
HH2-11A.01	On-call calendar	
HH3-1A	Most recent annual operating budget	
HH3-1B	Most recent capital expenditure plan (if applicable)	
HH3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)	
HH3-4A.01	Listing of patient care charges	
HH4-1B.01	Personnel records (including direct care and contract staff) contain evidence of the items listed in the standard	
HH4-2I	Employee handbook or access to personnel policies	
HH4-8A.01	Evidence of ongoing education and/or written education plan	
HH4-12A/HH4-12B/HH4- 12C/HH4-12F	Home health aide competency evaluation and/or training materials (if applicable)	
HH5-15A.01	Referral log	
HH5-16A.01	Verification of physician licensure	
HH6-1A.01	Performance Improvement (PI) Program	
HH6-1B.01	Job description for individual responsible for the PI Program	
HH6-2A	Most current annual agency report	
HH6-3A.01	PI annual report and activities	
HH6-4A	Evidence of quarterly chart audits and results are utilized in PI	
HH6-4A.02	Incident log and evidence of quarterly monitoring of all variances	
HH6-4A.03	Performance improvement project or evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
HH6-4A.04	Performance improvement project or evidence of monitoring of an aspect related to administrative function of the agency	
HH6-4A.05	Satisfaction surveys utilized in PI	
HH6-4A.06	Grievance log and evidence of monitoring of patient grievances/complaints	



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HH6-6A.01	Incident log and evidence of monitoring of all patient related variances	
HH6-7A.01	OASIS reports (most recent OBQM, OBQI, Submission Statistics by Agency and Error Summary Report) and evidence of ongoing monitoring of reports	
HH7-1A.01	TB prevalence rates for all counties served, TB exposure control plan and OSHA Bloodborne Pathogens plan	
HH7-1D.01	Infection control logs for patients and personnel and evidence of monitoring	
HH7-3A.01	Emergency disaster plan and results of emergency disaster drill	
HH7-5A.01	Report of annual fire drill and results of testing of emergency power systems	
HH7-6B.01	Access to Safety Data Sheets (SDS)	
HH7-7A.01	OSHA forms 300, 300A and/or 301 (if applicable)	
HH 7-9A.01	Maintenance logs of any equipment used in the provision of care	