



# 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 personal 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 multiple 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/revocation patient census for past 12 months or since start of operation if less than one year
- List of individuals receiving bereavement services
- Personnel list with title, discipline and start of hire date (including direct care, contract staff and volunteers)
- 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 requirement 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 |
|--|---|---------|
| HSP1-1A  | Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws   |         |
| HSP1-1A.01   | Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none"> <li>• HSP4-7A Competency assessment policy</li> <li>• HSP5-1B HIPAA policy</li> <li>• HSP7-6B Disposal of controlled drugs policy</li> </ul> |         |
| HSP1-1A.01   | All required federal and state posters are placed in a prominent location   |         |
| HSP1-1B  | Current 855A/CMS approval letter  |         |
| HSP1-2B/HSP1-2B.03/<br>HSP1-3A.01/HSP2-7A.01/<br>HSP3-1A.01/HSP4-12D/<br>HSP6-2A | Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)  |         |
| HSP1-5A.01   | Organizational chart  |         |
| HSP1-8A/HSP1-8A.01   | Contracts for direct care, including copies of professional liability insurance certificates as well as evidence of monitoring contracted services  |         |
| HSP1-8B  | Contracts for short-term inpatient care (Respite and short-term pain and symptom management)  |         |

| ACHC Standard                   | Required Item   | Located |
|---------------------------------|---|---------|
| HSP1-8C                         | Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care   |         |
| HSP1-9A                         | CLIA certificate of waiver for agency or CLIA certificate for reference laboratory  |         |
| HSP1-11A                        | CMS letter of approval for branch addition (if applicable)  |         |
| HSP1-12A                        | Verification of physician licensure   |         |
| HSP2-1A                         | Marketing materials   |         |
| HSP2-3A                         | Grievance/complaint log   |         |
| HSP2-5A.01                      | Business Associate Agreements (BAAs)  |         |
| HSP2-9A.01                      | Evidence of a Compliance Program  |         |
| HSP2-11B.02                     | Written explanation of attending physician responsibilities   |         |
| HSP2-12A                        | Contract(s) for non-core services; this includes but is not limited to PT, OT, ST   |         |
| HSP2-13A                        | Contract(s) for DME provider and copy of certificate of accreditation   |         |
| HSP3-1A.01                      | Most recent annual operating budget   |         |
| HSP3-3B.02                      | Recent Medicare cost report (N/A for initial Medicare certification)  |         |
| HSP3-4A                         | Listing of patient care charges   |         |
| HSP3-6A                         | Hospice inpatient CAP report  |         |
| HSP4-1B.01                      | Personnel records (including direct care contract staff and direct care/administrative volunteers) contain evidence of the items listed in the standard |         |
| HSP4-2I.01                      | Employee handbook or access to personnel policies   |         |
| HSP4-4B                         | Training logs/materials used to educate SNF/NF or ICF/IID staff   |         |
| HSP4-6A/HSP4-6A.01              | Evidence of ongoing education and/or a written education plan   |         |
| HSP4-6B/HSP4-7B/HSP4-7C/HSP4-8A | Hospice aide competency evaluation and/or training materials (if applicable)  |         |
| HSP4-11A                        | Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)                   |         |
| HSP4-12B                        | Evidence of direct care and administrative volunteers   |         |
| HSP4-12C                        | Volunteer cost savings report   |         |
| HSP4-12D                        | Volunteer activity report   |         |
| HSP5-3C.01                      | Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)               |         |
| HSP5-9A.01                      | Referral log  |         |
| HSP6-1A                         | Quality Assessment and Performance Improvement (QAPI) program   |         |
| HSP6-1B                         | Job description for the individual responsible for the QAPI program   |         |
| HSP6-3A/HSP6-4A                 | QAPI annual report  |         |
| HSP6-3A.01                      | Most current annual agency report   |         |
| HSP6-6A                         | QAPI project or evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)                                     |         |
| HSP6-6B                         | Evidence of data elements collected from the comprehensive assessment are monitored and utilized in QAPI  |         |



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|----------------------------|---|---------|
| HSP6-6B.01                 | Evidence of chart audit results utilized in QAPI  |         |
| HSP6-6B.02                 | Satisfaction surveys utilized in QAPI   |         |
| HSP6-6B.03                 | Grievance log and evidence of monitoring of patient grievances/complaints                                 |         |
| HSP6-6B.04                 | QAPI project or evidence of monitoring of an aspect related to administrative function of the agency      |         |
| HSP6-6C                    | Evidence of written corrective action plans for any QAPI projects that did not meet desired outcomes      |         |
| HSP6-7A/HSP2-4A/HSP7-5A.01 | Incident log and evidence of monitoring of all patient grievances and complaints                          |         |
| HSP7-1A                    | TB prevalence rates for all counties served, TB exposure control plan, and OSHA Bloodborne Pathogens plan |         |
| HSP7-1C                    | Infection control logs for patients and personnel   |         |
| HSP7-3A.01                 | Report of annual fire drill and results of testing of emergency power systems                             |         |
| HSP7-4A.01                 | Emergency disaster plan and results of emergency disaster drill   |         |
| HSP7-5A.01                 | OSHA forms 300, 300A and/or 301 (if applicable)   |         |
| HSP7-7A.01/HSP7-8A         | Maintenance logs of any equipment used in the provision of care   |         |
| HSP7-9A.02                 | Access to Safety Data Sheets (SDS)  |         |