ITEMS NEEDED FOR ON-SITE SURVEY

MEDICARE CERTIFICATION AND RECERTIFICATION

HOSPICE

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 and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal plans of correction based on identified deficiencies along with audit results

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
Note: standards HSP7-4B through HSP7-4E incorporate the CMS Emergency Preparedness requirements which will not be surveyed against until November 15, 2017.

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: • HSP4-7A Competency assessment policy • HSP5-1B HIPAA policy • HSP7-6B Disposal of controlled drugs policy • HSP7-4C Emergency Preparedness Plan/Policies	
HSP1-1A.01	All required federal and state posters are placed in a prominent location	
HSP1-1B	Current 855A/CMS approval letter	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services and all four levels of care	
HSP1-2B/HSP1-2B.03/ HSP1-3A.01/HSP2-7A.01/ HSP3-1A.01/ HSP4-12D/	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	

ACHC Standard	Required Item	Located
HSP1-3A.01	Governing body as well as personnel have a signed conflict of interest disclosure statement	
HSP1-4B.01	Annual evaluation of the Administrator	
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)	
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 and/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) for non- covered entities	
HSP2-7A.01	Evidence of how ethical issues are identified, evaluated and discussed	
HSP2-8A.01	Evidence of communication assistance for language barriers	
HSP2-10A	On-call calendar	
HSP2-9A.01	Evidence of a Compliance Program	
HSP2-11B.01	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver, if applicable	
HSP2-11F & HSP5-5B.01	Bereavement program materials	
HSP2-11F.01	Counseling resources for bereaved individuals whose needs cannot be met by the hospice	
HSP2-12A	Contract(s) for non-core services; this includes but is not limited to PT, OT, ST	
HSP2-12B	Therapy and dietary counseling waiver, if applicable	
HSP2-13B	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 contain evidence of the items listed in the standard. Surveyor will review personnel records at a minimum for the following disciplines: Administrator, Alternate Administrator, Director of Clinical Services, Alternate Director of Clinical Services, Medical Director, Nurses, Social Worker, Spiritual Care Provider, Volunteer Coordinator, Volunteer, Bereavement Coordinator, Hospice Aide, Physical Therapist, Occupational Therapist, Speech Therapist	
HSP4-2E.01	Job descriptions for identified staff	
HSP4-2I.01	Employee handbook or access to personnel policies	

ACHC Standard	Required Item	Located
HSP4-4B	Training logs/materials used to educate SNF/NF or ICF/IID staff	
HSP4-5B.01, HSP4-5B.02, HSP4-6A/HSP4-6A.01	Evidence of ongoing education and/or a written education plan and evidence of required training	
HSP4-6B/HSP4-7B/HSP4-7C/HSP4-8A	Hospice aide competency evaluation and/or training materials	
HSP4-11A	Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)	
HSP4-12A & HSP4-4A	Evidence of volunteer orientation	
HSP4-12B	Evidence of the ability to provide direct care and administrative volunteers	
HSP4-12C	Current volunteer cost savings report	
HSP4-12D	Current volunteer activity report	
HSP5-1A & HSP5-1A.01	Patient records contain all required items as identified in the standards	
HSP5-3C.01	Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)	
HSP5-4A	Plans of care contain all required items as identified in the standard	
HSP5-9A.01	Referral log and community referral resources	
HSP6-1A	Quality Assessment and Performance Improvement (QAPI) program	
HSP6-1B	Job description for the individual responsible for the QAPI program	
HSP6-2A	Governing body meeting minutes demonstrate involvement of governing body and organizational leaders in QAPI	
HSP6-2B	Evidence of personnel involvement in QAPI	
HSP6-3A/HSP6-4A	QAPI annual report	
HSP6-3A.01	Most current annual agency report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	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	
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	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	

ACHC Standard	Required Item	Located
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 and evidence infection control data is monitored and incorporated into QAPI as appropriate	
HSP7-3A.01	Report of annual fire drill and results of testing of emergency power systems	
HSP7-4B	Emergency Preparedness Plan which includes the all-hazards risk assessment	
HSP7-4D	Communication Plan	
HSP7-4E	Evidence of emergency preparedness training for all existing and new staff including staff that provide services under arrangement	
HSP7-4E	Evidence of 2 emergency preparedness drills annually, based on the strategies developed to address top identified risks	
HSP7-4F	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population and services offered were included in all aspects of the emergency preparedness requirements, if applicable	
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)	