

2018 CROSSWALK

ACHC Home Health Accreditation Standards & Medicare Conditions of Participation



ACHC HH Accreditation Standards	Previous SOM G tags	Previous Medicare CoPs	2018 Medicare CoPs	2018 G tags	Changes to standard
HH1-1A	G117, G118	484.12, 484.12(a)	484.100, 484.100(b)	G848, G860	Added requirement that branches and personnel must be licensed according to state requirements per the CoPs
HH1-1A.01					Added Section 1557 Patient Protection and ACA
HH1-1B	G119, G120	484.12(b)	484.100(a), 484.100(a)(1), 484.100(a)(2), 484.100(a)(3)	G850, G852, G854, G856, G858	No change in intent
HH1-1C	G121	484.12(c)	484.105(f)(2)	G984	No change in intent
HH1-2A	G128, G129, G130, G131, G132	484.14(b)	484.105(a)	G942	Added QAPI and operational plans as responsibilities of the governing body, and deleted the requirement for arranging for PAC per the CoPs
HH1-2A.03					Added operational plans and QAPI to governing body orientation requirements
HH1-3A	G151, G152, G153	484.16	deleted		Deleted from ACHC standards
HH1-3A.01			deleted		Deleted from ACHC standards
HH1-3A.02			deleted		Deleted from ACHC standards
HH1-3B	G154, G155	484.16(a)	deleted		Deleted from ACHC standards

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HH1-4A.01					Deleted PAC from the disclosing of conflicts of interest
HH1-5A	G133, G134, G135 G136	484.14(c)	484.115(a), 484.105(b), 484.105(b)(1)(i-iv), 484.105(b)(2), 484.105(b)(3)	G944, G946, G948, G950, G952, G954, G956, G1052	Added Administrator requirements per the CoPs
HH1-5A.01					Deleted annual outcome to serve as Administrator's performance evaluation
HH1-5B	G137	484.14(c)	deleted		Deleted from ACHC standards
HH1-6A	G123	484.14	484.105	G940	Added the responsibilities of the HHA to properly manage and administer its resources, ensure that supervisory functions are not delegated to another agency, and that all services are monitored per the CoPs
HH1-6B	G124, G138, G139, G140	484.14, 484.14(d)	484.105(c), 484.105(c) (1), 484.105(c)(2), 484.105(c)(3), 484.105(c)(4), 484.105(c)(5), 484.115(c)	G958, G960, G962, G964, G966, G968, G1056	Added Clinical Manager responsibilities per the CoPs
HH1-6C	G125, G126	484.14	484.105(d), 484.105(d)(1), 484.105(d)(2)	G970, G972, G974	Removed subunit language and added the reporting of all branch locations to the state survey agency at the appropriate time frames; the parent HH provides direct support, administrative control, and supervision of branches per the CoPs



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HH1-7A	G127	484.14(a)	484.105(f), 484.105(f)(1)	G982	No change in intent
HH1-8A	G320	484.20	484.45	G370	No change in intent
HH1-8B	G321, G322, G324, G325, G326, G327, G328	484.20(a), 484.20(b), 484.20(c), 484.20(c)(1), 484.20(c)(2), 484.20(c)(3), 484.20(c)(4), 484.20(d)	484.45(a), 484.45(b), 484.45(c), 484.45(c)(1), 484.45(c)(2), 484.45(c)(3), 484.45(c)(4), 484.45(d)	G372, G374, G376, G378, G380, G382, G384, G386	No change in intent
HH1-9A.01					No change in intent
HH1-10A	G142, G146, G231, G232	484.14(f), 484.14(h), 484.36(d)(4), 484.36(d)(4)(i)	484.105(e), 484.105(e)(1), 484.105(e)(2), 484.105(e)(2)(i), 484.105(e)(2)(ii), 484.105(e)(2)(iii), 484.105(e)(2)(iv), 484.105(e)(3)	G976, G978, G980,	Added requirements regarding which agencies the HHA cannot contract with for direct care services per the CoPs
HH1-10B	G231, G232	484.36(d)(4), 484.36(d)(4)(i)	deleted		Deleted from ACHC standards
HH1-11A	G150	484.14)(j)	484.100(c), 484.100(c)(1), 484.100(c)(2)	G862, G864	Added requirement that the HHA cannot substitute its equipment for a patient's equipment when assisting with self-administered tests per the CoPs
HH1-12A.01					No change in intent
HH2-1A.01					No change in intent
HH2-2A	G100, G101, G102, G103	484.10, 484.10(a), 484.10(a)(1), 484.10(a)(1)(2)	484.50, 484.50(a), 484.50(a)(1), 484.50(a)(1)(i-iii), 484.50(a)(2), 484.50(a)(3),	G406, G408, G410, G412, G414, G416, G418, G420, G422, G424, G426, G428, G430, G432, G434,	Incorporated the Patient Rights and Responsibilities requirements per the CoPs; ACHC now requires an agency-generated photo ID for all direct care staff and contracted

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			484.50(a)(4), 484.50(b), 484.50(b)(1-3), 484.50(c), 484.50(c)(1-3), 484.50(c)(4), 484.50(c)(4)(i-viii), 484.50(c)(5), 484.50(c)(6), 484.50(c)(7), 484.50(c)(7)(i-iv), 484.50(c)(8), 484.50(c)(9), 484.50(c)(10), 484.50(c)(10)(i-v), 484.50(c)(11), 484.50(c)(12)	G436, G438, G440, G442, G444, G446, G448, G450	individuals
HH2-2B	G108, G109	484.10(c), 484.10(c)(1)(i-ii), 484.10(c)(2)(i)	deleted		Deleted from ACHC standards
HH2-2C	G101, G104, G105	484.10, 484.10(b), 484.10(b)(1-3)	484.50, 484.50(c), 484.50(c)(1)	G406, G426, G428	Removed the disclosure of OASIS information, the right of the guardian to exercise the patient's rights, and the requirement to inform patient of anticipated outcomes of care per the CoPs
HH2-3A (was HH2-3A.01)			484.50(c)(2), 484.50(e)(1)(i)(B), 484.50(e)(2)	G430, G482, G488	No change in intent
HH2-4A	G106, G107	484.10(b)(4), 484.10(b)(5)	484.50(c)(3), 484.50(e), 484.50(e)(1), 484.50(e)(1)(i), 484.50(e)(1)(i)(A), 484.50(e)(1)(ii), 484.50(e)(1)(iii)	G432, G476, G478, G480, G484, G486	No change in intent



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HH2-4B	G116	484.10(f)	484.50(c)(9), 484.50(c)(10)	G444, G446	Added the 5 federally and state-funded entities for which patients must be provided contact information per the CoPs
HH2-5A	G111, G310	484.10(d), 484.11	484.40, 484.50(c)(6)	G350, G438	Added requirement to be in compliance with 45 CFR parts 160 and 164
HH2-5B	G112	484.10(d)	deleted		Deleted from ACHC standards
HH2-5C.01					No change in intent
HH2-6A	G110	484.10(c)(2)(ii)	484.50(c)(4), 484.50(c)(4)(i-viii)	G434	Added the additional requirements regarding the patient's right to make decisions about medical care per the CoPs
HH2-6B	G110	484.10(c)(2)(ii)	deleted		Deleted from ACHC standards
HH2-6B.01					No change in intent
HH2-6B.02 (was HH2-6B)					Added policy requirements regarding the patient's right to accept/refuse care and to formulate Advance Directives
HH2-7A.01					Removed the PAC as an option to resolve ethical issues
HH2-8A (was HH2-8A.01)			484.50(f), 484.50(f)(1), 484.50(f)(2)	G490	Added the HHA responsibilities to provide access for persons with communication or language barriers per the CoPs
HH2-8A.01			deleted		Deleted from ACHC standards
HH2-8B.01					No change in intent
HH2-9A.01					No change in intent

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HH2-10A.01					No change in intent
HH2-11A.01					No change in intent
HH2-12A.01					No change in intent
HH3-1A	G147, G148	484.14(i), 484.14(i)(1), 484.14(i)(3)	484.105(h), 484.105(h)(1), 484.105(h)(3)	G988	Removed requirement for additional members of the HHA to be involved in budget preparation
HH3-1B	G147	484.14(i), 484.14(i)(2), 484.14(ii)(2)(A,B,C)	484.105(h)(2), 484.105(h)(2)(i), 484.105(h)(2)(ii), 484.105(h)(2)(ii)(A), 484.105(h)(2)(ii)(B), 484.105(h)(2)(ii)(C)	G988	No change in intent
HH3-1C	G149	484.14(i)(4)	484.105(h)(4)	G988	Removed requirement for additional members of the HHA to be involved in the budget review
HH3-2A.01					No change in intent
HH3-3A.01					No change in intent
HH3-3B.02					No change in intent
HH3-4A.01					No change in intent
HH3-4C	G113, G114, G115	484.10(e), 484.10(e)(1), 484.10(e)(2)	484.50(c)(7), 484.50(c)(7)(i-iv)	G440	Added timeframe requirement for the HHA to notify the patient of changes in financial liability per the CoPs
HH3-4D.01					No change in intent
HH4-1A.01					No change in intent
HH4-1A.02					No change in intent; ACHC does not hold contract staff

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					accountable to this standard
HH4-1B.01					No change in intent
HH4-2B.01 (was HH4-2B)	G141	484.14(e)	deleted		No longer a CoP requirement but still an ACHC requirement; no change in intent
HH4-2C.01					ACHC now only requires a one-step Tuberculosis test upon hire; annual testing requirements are based on TB prevalence in the communities in which the HHA provides services
HH4-2D.01					No change in intent
HH4-2E.01					No change in intent
HH4-2F.01					No change in intent
HH4-2H.01					No change in intent
HH4-2I.01 (was HH4-2I)	G141	484.14(e)	deleted		No longer a CoP requirement but still an ACHC requirement; no change in intent (ACHC does not hold contract staff accountable to this standard)
HH4-2J.01 (was HH4-2J)	G214	484.36(b)(2)(ii)	deleted		No longer a CoP requirement but still an ACHC requirement; changed the requirement for performance evaluations from being completed every 12 months to being completed annually
HH4-4A01 (was HH4-4A01)	G141	484.14(e)	deleted		No longer a CoP requirement but still an ACHC requirement; no change in intent

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4A)					change in intent
HH4-5A.01					No change in intent
HH4-5B.01					No change in intent
HH4-6A.01					No change in intent
HH4-6C.01					No change in intent
HH4-7C.01					Added requirement for the annual observation visit to be conducted in a home setting while staff are providing care
HH4-8A	G213, G215	484.36(b)(2), 484.36(b)(2)(iii)	484.80(d), 484.80(d)(1), 484.80(d)(2)	G774, G776, G778	No change in intent
HH4-8A.01					No change in intent
HH4-10A.01 (was HH4-10A)	G168, G174	484.30, 484.30(a)	deleted		No longer a CoP requirement but still an ACHC requirement; no change in intent
HH4-11A	G168, G169	484.30	deleted		Deleted from ACHC standards
HH4-11B	G169	484.30	deleted		Deleted from ACHC standards
HH4-11C	G184, G185, G193	484.32, 484.32(b)	deleted		Deleted from ACHC standards
HH4-11D	G190	484.32(a)	deleted		Deleted from ACHC standards
HH4-11E	G190	484.32(a)	deleted		Deleted from ACHC standards
HH4-11F	G194, G195	484.34	deleted		Deleted from ACHC standards
HH4-11G	G195	484.34	deleted		Deleted from ACHC standards
HH4-11H	G202, G203, G227	484.36, 484.36(c)(2)	484.80, 484.80(a), 484.80(a)(1), 484.80(a)(1)(i),	G750, G752, G754, G756	Added Home Health Aide qualification requirements per the CoPs, and the requirement that



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			484.80(a)(1)(ii), 484.80(a)(1)(iii), 484.80(a)(1)(iv), 484.80(a)(2)		any aide that does not receive compensation for 24 consecutive months is not considered qualified until the aide completes another program
HH4-12A	G204, G205, G206	484.36(a), 484.36(a)(1)(i)(xiii)	484.80(b), 484.80(b)(1), 484.80(b)(2), 484.80(b)(3), 484.80(b)(3)(i-viii), 484.80(b)(3)(ix)(A-F), 484.80(b)(3)(x-xv), 484.80(b)(4)	G758, G760, G762, G764, G766	Added to the aide training requirements per the CoPs: <ul style="list-style-type: none"> Communication skills, including the ability to read, write, and verbally report information Recognizing and reporting skin conditions All bathing and hair shampooing tasks
HH4-12B	G207, G216	484.36(a)(2), 484.36(a)(i)(A-F), 484.36(a)(2)(i)(G1-5), 484.36(b)(3), 484.36(b)(3)(i)	484.80(c)(2), 484.80(f), 484.80(f)(1), 484.80(f)(2), 484.80(f)(3), 484.80(f)(4), 484.80(f)(5), 484.80(f)(6), 484.80(f)(7), 484.80(f)(7)(i-vi)	G768, G782, G784, G786, G788, G790, G792, G794, G796	Added provisions for when an agency cannot offer an aide training and competency program per the CoPs
HH4-12C	G208, G209, G217	484.36(a)(2)(ii), 484.36(b)(3)(ii)	484.80(c)(3), 484.80(e)	G768, G780	No change in intent
HH4-12D	G210, G302	484.36(a)(3), 484.36(d)(4)(iii)	deleted		Deleted from ACHC standards
HH4-12E	G211, G212, G221	484.36(b), 484.36(b)(1), 484.36(b)(5)	deleted		Deleted from ACHC standards
HH4-12F	G213, G218, G222, G302	484.36(b)(2), 484.36(b)(2)(i),	484.80(c), 484.80(c)(1)	G768	Added additional aide competency requirements per the CoPs to

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		484.36(b)(3)(iii), 484.36(b)(6), 484.36(d)(4)(iii)			include: <ul style="list-style-type: none"> Communications skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff Sponge, tub, and shower bath, hair shampooing in sink, tub and bed
HH4-12G	G219, G220	484.36(b)(4), 484.36(b)(4)(i), 484.36(b)(4)(ii)	484.80(c)(4), 484.80(c)(5)	G770, G772	Added the requirement that aides must demonstrate competency on all skills prior to providing any care independently per the CoPs
HH4-13A	G233	484.36(e), 484.36(e)(1-2)	484.80(i)	G828	No change in intent
HH4-14A	G228, G229, G230, G301	484.36(d), 484.36(d)(1), 484.36(d)(2), 484.36(d)(3), 484.36(d)(4)(ii)	484.80(h), 484.80(h)(1)(i-iii), 484.80(h)(2), 484.80(h)(3), 484.80(h)(4), 484.80(h)(4)(i-vi), 484.80(h)(5), 484.80(h)(5)(i-iii)	G806, G808, G810, G812, G814, G816, G818, G820, G822, G824, G826	Added the requirement that an annual on-site visit must be conducted on the aide, and the additional elements that must be assessed during each on-site, 14-day supervisory visit per the CoPs
HH5-1A	G235, G236	484.48	484.110, 484.110(a), 484.110(a)(1), 484.110(a)(2), 484.110(a)(3), 484.110(a)(4), 484.110(a)(5), 484.110(b)	G1008, G1010, G1012, G1014, G1016, G1018, G1020, G1024	Added patient record requirements per the CoPs and the requirement that all entries into the medical record must be timed



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HH5-1A.01					Moved former ACHC patient record requirements to HH5-1A
HH5-1B	G235, G237, G239, G240, G241	484.48, 484.48(a), 484.48(b)	484.110(c), 484.110(c)(1), 484.110(c)(2), 484.110(d), 484.110(e)	G1026, G1028, G1030	Added compliance with 45 CFR parts 160-164, and added requirement to make patient records available, upon patient request, within 4 business days or by next home visit
HH5-2A.01					No change in intent
HH5-2B	G156, G157, G330, G331, G332, G333	484.18, 484.55, 484.55(a), 484.55(a)(1), 484.55(a)(2)	484.55(a), 484.55(a)(1), 484.55(a)(2), 484.60	G512, G514, G516, G570	No change in intent
HH5-2C	G330, G334, G342	484.55, 484.55(b), 484.55(b)(1), 484.55(e)	484.55, 484.55(b), 484.55(b)(1), 484.55(b)(2), 484.55(b)(3), 484.55(c), 484.55(c)(1), 484.55(c)(2), 484.55(c)(3), 484.55(c)(4), 484.55(c)(6)(i-ii), 484.55(c)(7), 484.55(c)(8)	G510, G518, G520, G522, G524, G526, G528, G530, G532, G534, G536, G538, G540, G542	Added the following items to the comprehensive assessment per the CoPs: <ul style="list-style-type: none"> • Data items collected at inpatient facility admission or discharge only • Respiratory status • Elimination status • Sensory status • Integumentary status • Emergent care • The patient's primary caregiver(s), if any, and other available supports, including their willingness and ability to provide care, availability, and schedules • Supportive assistance • Emergency preparedness

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HH5-2C.01					No change in intent
HH5-2C.02					No change in intent
HH5-2D	G330, G335, G336	484.55, 484.55(b)(2), 455(b)(3)	deleted		Deleted from ACHC standards
HH5-2E	G330, G338, G339, G340, G341	484.55, 484.55(d), 484.55(d)(1), 484.55(d)(1)(i,ii,iii), 484.55(d)(2), 484.55(d)(3)	484.55(d), 484.55(d)(1), 484.55(d)(1)(i-iii), 484.55(d)(2), 484.55(d)(3)	G544, G546, G548, G550	Added the requirement that the comprehensive assessment is updated timely, including on the physician-ordered resumption of care per the CoPs
HH5-2F	G337	484.55(c)	484.55(c)(5)	G536	Added “ineffective drug therapy and route” to the medication review
HH5-2F.01					No change in intent
HH5-2F.02					No change in intent
HH5-3A	G156, G159, G160, G161, G162, G170	484.18, 484.18(a), 484.30	484.60, 484.60(a), 484.60(a)(1), 484.60(a)(2), 484.60(a)(2)(i-xvi), 484.60(a)(3)	G570, G572, G574, G576	Added the following items to the plan of care per the CoPs: <ul style="list-style-type: none"> • Patient-specific interventions and education • Measureable outcomes and goals • Patient and caregiver education and training to facilitate a timely discharge • A description of the patient’s risk for emergency department visits and hospital re-admission and all necessary interventions to address the underlying risk factors • Information related to Advance



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					Directive <ul style="list-style-type: none"> Any additional items the HHA or physician may choose to include
HH5-3B	G156, G158, G165	484.18, 484.18(c)	484.60(a)(1), 484.60(b), 484.60(b)(1), 484.60(b)(2)	G572, G578, G580, G582	Added the requirement that each patient receives care as ordered by the physician and the plan of care is periodically reviewed per the CoPs
HH5-3C New Standard			484.60(e), 484.60(e)(1), 484.60(e)(2), 484.60(e)(3), 484.60(e)(4), 484.60(e)(5)	G612, G614, G616, G618, G620, G622	Added the required written information that must be provided to the patient per the CoPs to include: <ul style="list-style-type: none"> Visit schedule and frequency Patient medication schedule and instructions Treatments to be administered (including therapy services) Any other pertinent instruction The name and contact information of the Clinical Manager
HH5-4A	G143, G144	484.14(g)	484.60(d), 484.60(d)(1-5)	G600, G602, G604, G606, G608, G610	Added requirements regarding communication and collaboration with all physicians involved in the plan of care per the CoPs
HH5-4B.01			deleted		Deleted from ACHC standards
HH5-5A	G156, G163	484.18, 484.18(b)	484.60(c)(1)	G588	No change in intent
HH5-5B	G145	484.14(g)	deleted		Deleted from ACHC standards
HH5-6A	G238	484.48(a)	484.50(c)(8), 484.50(d), 484.50(d)(1),	G442, G452, G454, G456, G458, G460,	Added requirements for when patients can be transferred and

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			484.50(d)(2), 484.50(d)(3), 484.50(d)(4), 484.50(d)(5), 484.50(d)(5)(i-iv), 484.50(d)(6), 484.50(d)(7), 484.110(a)(6)(i-iii)	G462, G464, G466, G468, G470, G472, G474, G1022	discharged, and the requirements on when the discharge and/or transfer summary must be sent to physician or healthcare facility per the CoPs
HH5-7A	G156, G303	484.18, 484.48	deleted		Deleted from ACHC standards
HH5-8A	G166, G300	484.18(c)	484.60(b)(3), 484.60(b)(4)	G584	Added requirement that verbal orders need to be timed with the time that the verbal order is received per the CoPs
HH5-8B	G164	484.18(b)	484.60(c)(1), 484.60(c)(2), 484.60(c)(3), 484.60(c)(3)(i-ii)	G588, G590, G592, G594, G596, G598	Added requirements regarding notifying physician, patient, and representative of changes that may require altering the plan of care per the CoPs
HH5-9A	G109	484.10(c)(2), 484.10(c)(2)(i)	deleted		Deleted from ACHC standards
HH5-10A	G234	484.38	484.105(g)	G986	No change in intent
HH5-11A	G169, G170, G171, G172, G173, G174, G175, G176, G177, G178	484.30, 484.30(a)	409.45, 484.75, 484.75(a), 484.75(b), 484.75(b)(1-9), 484.75(c), 484.75(c)(1-3), 484.115(e), 484.115(f), 484.115(g), 484.115(h), 484.115(i), 484.115(k), 484.115(l), 484.115(m), 484.115(n)	G700, G702, G704, G706, G708, G710, G712, G714, G716, G718, G720, G722, G724, G726, G728, G730, G1060, G1061, G1064, G1066, G1068, G1072, G1074, G1076, G1078	Added responsibilities and duties of skilled professional services per the CoPs and changed ACHC supervision requirements for LPNs/COTAs/PTAs/BSWs from every 30 days to every 60 days



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HH5-11B	G179, G180, G181, G182, G183	484.30(b)	deleted		Moved to HH5-11A
HH5-11C	G184, G185, G186, G187, G188, G189	484.32	deleted		Moved to HH5-11A
HH5-11D	G190, G191, G192	484.32(a)	deleted		Moved to HH5-11A
HH5-11E	G194, G195, G196, G197, G198, G199, G200, G201	484.34	deleted		Moved to HH5-11A
HH5-11F	G223, G224, G225, G226, G227	484.36(c), 484.36(c)(1), 484.36(c)(2),	484.80(g), 484.80(g)(1), 484.80(g)(2), 484.80(g)(2)(i-iv), 484.80(g)(3)(i-iv), 484.80(g)(4), 484.115(d)	G798, G800, G802, G804, G1058	Added the services and duties of a Home Health Aide per the CoP requirements
HH5-12A	G177, G183, G188, G192, G198	484.30(a), 484.30(b), 484.32, 484.32(a), 484.34	deleted		Deleted from ACHC standards
HH5-12A.01					No change in intent
HH5-13A.01					Added the ACHC requirement for a referral log or other means to record referrals
HH5-14A.01			deleted		Deleted from ACHC standards
HH5-14B.01					Added Medicare Benefit Policy Manual section 30.5.1 regarding the statement of certification
HH5-15A.01			deleted		Deleted from ACHC standards

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC HH Accreditation Standards	Previous SOM G tags	Previous Medicare CoPs	2018 Medicare CoPs	2018 G tags	Changes to standard
HH5-16A.01					No change in intent
HH6-1A (was HH6-1A.01)			484.65, 484.65(a), 484.65(a)(1-2), 484.65(b), 484.65(b)(1), 484.65(b)(2), 484.65(b)(2)(i-ii), 484.65(b)(3), 484.65(c), 484.65(c)(1), 484.65(c)(1)(i-iii), 484.65(c)(2), 484.65(c)(3), 484.65(d), 484.65(d)(1), 484.65(d)(2)	G640, G642, G644, G646, G648, G650, G652, G654, G656, G658	Added the required elements and content for the QAPI program per the CoPs
HH6-1B.01					No change in intent
HH6-1C (was HH6-1C.01)			484.65(e), 484.65(e)(1), 484.65(e)(2), 484.65(e)(3), 484.65(e)(4)	G660	Added the requirement of the governing body to be responsible for the QAPI program and added the required components of a QAPI program per the CoPs
HH6-1D.01					No change in intent
HH6-2A	G242, G243, G244, G245, G246, G247, G248, G249	484.52, 484.52(a)	deleted		Deleted from ACHC standards
HH6-3A.01					Removed the requirement for an annual program evaluation per the CoPs
HH6-4A.01					No change in intent
HH6-4A.02					No change in intent
HH6-4A.03			deleted		Deleted from ACHC standards

ACHC HH Accreditation Standards	Previous SOM G tags	Previous Medicare CoPs	2018 Medicare CoPs	2018 G tags	Changes to standard
HH6-4A.04					No change in intent
HH6-4A.05					No change in intent
HH6-4A.06					No change in intent
HH6-4A.07 (was HH6-4A)	G250, G251	484.52(b)	deleted		No longer a CoP requirement but still an ACHC requirement; no change in intent
HH6-5A (was HH6-4A.03)			484.65(c)(1)(i), 484.65(c)(1)(ii), 484.65(c)(1)(iii),	G648, G650, G652	Added the required areas that QAPI must focus on per the CoPs
HH6-6A (was HH6-6A.01)			484.65(c)(2)	G654	Added the requirements to monitor and investigate all patient incidents per the CoPs
HH6-7A.01					No change in intent
HH7-1A (was HH7-1A.01)			484.70, 484.70(a), 484.70(c)	G680, G682, G686	Added the requirements of an agency-wide infection control program per the CoPs
HH7-1D			484.70(b), 484.70(b)(1), 484.70(b)(2)	G684	Added the requirements of an agency-wide infection control program per the CoPs
HH7-2A.01					No change in intent
HH7-2B.01					No change in intent
HH7-3A			484.22, 484.102, E-0001, 484.22(a), 484.102(a), 484.22(a)(1-4), 484.102(a)(1-4), E-0004, E-0006, E-0007, E-0009	E-0001, E-0004, E-0006, E-0007, E-0009	Added the Emergency Preparedness Plan requirements per the CoPs
HH7-3A.01			deleted		Deleted from ACHC standards

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ACHC HH Accreditation Standards	Previous SOM G tags	Previous Medicare CoPs	2018 Medicare CoPs	2018 G tags	Changes to standard
HH7-3B			484.22(b)(1-5), 484.102(b)(1-5), E-0013, E-0017, E-0019, E-0021, E-0023, E-0024	E-0013, E-0017, E-0019, E-0021, E-0023, E-0024	Added the Emergency Preparedness policy requirements per the CoPs
HH7-3C			484.22(c)(1-6), 484.102(c)(1-6), E-0029, E-0030, E-0031, E-0032, E-0033, E-0034	E-0029, E-0030, E-0031, E-0032, E-0033, E-0034	Added the communication plan requirements per the CoPs
HH7-3C.01			deleted		Deleted from ACHC standards
HH7-3D			484.22(d)(1-2), 484.102(d)(1-2), E-0036, E-0037, E-0039	E-0036, E-0037, E-0039	Added the training and testing of the Emergency Preparedness Plan requirements per the CoPs
HH7-3E			484.22(e)(1-5), 484.102(e)(1-5), E-0042	E-0042	Added the requirements individual HHAs must meet if part of an integrated Emergency Preparedness Plan per the CoPs
HH7-5A.01					No change in intent
HH7-6A.01					No change in intent
HH7-6B.01					No change in intent
HH7-7A.01					No change in intent
HH7-8A.01					No change in intent
HH7-9A.01					No change in intent
HH7-10A.01					No change in intent