

Standards Update Guide



UPDATE OVERVIEW

Listed below are summaries of ACHC Home Health Accreditation Standards updates for 2021. A major change across all ACHC programs in 2021 is deletion of the word “preferred” from standards, since providers cannot be held to “preferred” requirements. Please review the following updates and compare them with previous standards applicable to the services you provide.

Recent regulatory changes by the Centers for Medicare & Medicaid Services (CMS), which became effective January 1, 2021, also are included. Revisions allow non-physician practitioners, such as nurse practitioners, physician assistants, and clinical nurse specialists, to develop and revise a home health plan of care, contingent on state licensure regulations. ACHC included the words “allowed practitioner” in certain standards to encompass CMS revisions.

In addition to standards revisions, ACHC included qualifications for non-physician practitioners in the Home Health Glossary of Personnel Qualifications. ACHC also deleted the following qualifications from the glossary: Allied health personnel, chief executive officer, experienced professional, health professional, licensed professional, professional, qualified staff, and unlicensed assistive personnel.

Standard	Services Applicable	Update Summary	Effective Date
HH1-8B	All	⊗ Removed the requirement to successfully transmit test data to the CMS Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system or the CMS Outcome and Assessment Information Set (OASIS) contractor.	January 1, 2021
HH2-2A	All	⊕ Added “allowed practitioner.”	January 1, 2021
HH2-2C	All	⊕ Added “allowed practitioner.”	January 1, 2021
HH2-6B.01	All	⊕ Clarified the requirement that online CPR certification is acceptable with in-person verification of competency.	February 1, 2021
HH4-2H.01	All	⊗ Removed the preference that home health agencies recheck criminal background history and the sex offender registry at least every three years on all personnel who provide direct care.	February 1, 2021
HH4-8A.01	All	⊗ Removed the preference that home health agencies encourage supervisors to attend ongoing education programs to improve their supervisory skills.	February 1, 2021
HH5-1A	All	⊕ Added “allowed practitioner.”	January 1, 2021
HH5-1A.01	All	⊕ Added “allowed practitioner.”	January 1, 2021
HH5-2A.01	All	⊕ Added “allowed practitioner.”	January 1, 2021



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HH5-2B	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-2C	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-2E	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-2F	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-2F.02	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-2F.02	All	⌚ Decreased the observation time required after the first dose of a medication. The clinician who administers the first dose can now observe the patient for a half hour instead of one hour after administration of the first dose.	February 1, 2021
HH5-3A	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-3B	All	⊕ Added "allowed practitioner" and "physician assistant, nurse practitioner, or clinical nurse specialist."	January 1, 2021
HH5-4A	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-5A	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-6A	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-8A	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-8B	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-10A	PT, ST	⊕ Added "allowed practitioner."	January 1, 2021
HH5-11A	MSS, OT, PT, SN, ST	⊕ Added "allowed practitioner."	January 1, 2021
HH5-11F	HHA	⊕ Added "allowed practitioner."	January 1, 2021
HH5-14B.01	All	⊕ Added "allowed practitioner."	January 1, 2021
HH5-16A.01	All	⊕ Added "allowed practitioner."	January 1, 2021
HH6-6A	All	⊕ Added "allowed practitioner."	January 1, 2021
HH7-1A	All	⊗ Removed the requirement that the TB Exposure Control Plan includes a current agency assessment, including the prevalence rate of TB in the communities served by the agency and the rate of TB of the patients served by the agency.	February 1, 2021



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		The organization now is required to conduct an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.	
HH7-3C	All	Added "allowed practitioner."	January 1, 2021

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