

# ACCREDITATION ANNUAL COMPLIANCE CHECKLIST

 HOME HEALTH

Use this checklist to audit your Home Health Agency (HHA) and operations annually to ensure compliance with annual requirements. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Section 1: Organization and Administration		
Standard	Expectation	Comments
HH1-1A	All applicable licenses and permits are current and posted for all locations	
HH1-1A.01	Federal and state posters are posted	
HH1-1B	Any changes in ownership or of managing employees have been properly reported	
HH1-2A	Governing body minutes are properly documented	
HH1-2A.03	New governing body members have been oriented	
HH1-4A.01	Any conflict of interest has been properly disclosed	
HH1-5A	Administrator or other pre-designated individual is qualified and available during all operating hours	
HH1-5A.01	Annual evaluation of the Administrator has been completed	
HH1-6A	Organizational chart is up to date	
HH1-6B	Clinical manager or other pre-designated individual is qualified and available during all operating hours	
HH1-6C	Evidence is available to demonstrate the parent agency is responsible for any and all branches, if applicable	
HH1-7A	At least one service is provided directly by employees of the agency	
HH1-8A	OASIS data is collected on appropriate patients	
HH1-8B	OASIS data is reported within 30 days of completing the assessment, and clinical and data audits verify that collected OASIS data is consistent with reported OASIS data	
HH1-9A.01	Negative outcomes from sanctions, regulatory inspections, and/or audits have been reported, if applicable	

Section 1: Organization and Administration		
Standard	Expectation	Comments
HH1-10A	All contracts for direct care have been reviewed as required per the terms of the contract and the HHA does not have any contracts with agencies that have been: <ul style="list-style-type: none"> <li>■ Denied Medicare or Medicaid enrollment;</li> <li>■ Been excluded or terminated from any federal healthcare program or Medicaid;</li> <li>■ Had its Medicare or Medicaid billing privileges revoked; or</li> <li>■ Been debarred from participating in any government program</li> </ul>	
HH1-11A	CLIA certificate of waiver is current and posted	
HH1-12A.01	Any new branches have obtained Medicare approval prior to billing Medicare for services	

Section 2: Programs/Service Operations		
Standard	Expectation	Comments
HH2-1A.01	Marketing materials are current and accurately reflect care/service provided	
HH2-2A	Patient Rights and Responsibilities document is up to date and contains the current contact information for the Administrator	
HH2-3A	All alleged violations by anyone furnishing services on behalf of the HHA have been properly investigated and appropriate corrective action has been taken as needed	
HH2-4A	All grievances and complaints have been documented, investigated, resolved, and reported to the governing body quarterly	
HH2-4B	Patient-related materials have the correct contact information for: <ul style="list-style-type: none"> <li>■ Agency on Aging</li> <li>■ Center for Independent Living</li> <li>■ Protection and Advocacy Agency</li> <li>■ Aging and Disability Resource Center</li> <li>■ Quality Improvement Organization</li> <li>■ State’s toll-free hotline number to file complaints about the agency as well as issues concerning Advance Directives</li> <li>■ HHA information to file a complaint</li> <li>■ ACHC’s phone number to file a complaint</li> <li>■ Clinical manager information</li> </ul>	
HH2-5C.01	Business Associate Agreements exist for non-covered entities	
HH2-7A.01	Summary of any ethical issues has been submitted to the governing body	
HH2-8A	Language resource information is available to assist patients with limited English proficiency as well as persons with disabilities	
HH2-9A.01	Evidence that any compliance issues have been reported, documented, and corrective action has been taken as appropriate	
HH2-10A.01	Evidence that administrative and clinical supervision is available during all times care is provided	
HH2-11A.01	Evidence of on-call scheduling	

Section 3: Fiscal Management		
Standard	Expectation	Comments
HH3-1A	Operating budget has been developed and approved by the appropriate individuals	
HH3-1B	Capital expenditure plan is available, if applicable	
HH3-1C	Operating budget has been reviewed by the appropriate individuals at least annually	
HH3-3B.02	Medicare cost report has been completed on time	

**Section 4: Human Resource Management**

- Personnel records have been audited and contain all required elements.
- Utilize the ACHC Personnel File Audit tool to assist in this process.
- Internal plans of correction have been developed and implemented based on audit findings.

Standard	Expectation	Comments
HH4-2B.01	All credentialing activities are up to date	
HH4-2C.01	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel	
HH4-2E.01	All job descriptions are up to date and any revisions have been signed by personnel	
HH4-2J.01	All employee personnel evaluations have been completed, reviewed, and signed by personnel	
HH4-5A.01	Orientation materials cover the required topics	
HH4-6A.01	Competency assessments have been completed on all direct care personnel (including contract personnel)	
HH4-7C.01	Annual on-site evaluation visits have been completed on direct care personnel (including contract personnel)	
HH4-8A	Home health aides have received 12 hours of in-service education in the past 12 months	
HH4-8A.01	<p>All direct care personnel have 12 received hours of in-service education in the past 12 months and non-direct care personnel have received 8 hours in the past 12 months</p> <p>The required topics have been addressed:</p> <ul style="list-style-type: none"> <li>■ How to handle grievances/complaints</li> <li>■ Infection control training</li> <li>■ Cultural diversity</li> <li>■ Communication barriers</li> <li>■ Ethics training</li> <li>■ Workplace (OSHA) and patient safety</li> <li>■ Patient Rights and Responsibilities</li> <li>■ Compliance Program</li> </ul>	

Section 5: Provision of Care and Record Management		
<ul style="list-style-type: none"> <li>■ Medical records have been audited and contain all required elements.</li> <li>■ Utilize the ACHC Medical Record Audit tool to assist in this process.</li> <li>■ Internal plans of correction have been developed and implemented based on audit findings.</li> </ul>		
Standard	Expectation	Comments
HH5-1B	All patient records are retained for the appropriate period of time after discharge	
HH5-1B	All clinical records are safeguarded against loss or unauthorized use	
HH5-11A	Current copies of applicable rules and regulations and the state's Practice Acts are available to personnel	
HH5-12A.01	Patient education materials address, at a minimum: <ul style="list-style-type: none"> <li>■ Treatment and disease management education</li> <li>■ Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment provided</li> <li>■ Plan of care</li> <li>■ Emergency preparedness information</li> </ul>	
HH5-14B.01	Agency does not admit any patients for whom it cannot care for and provides information to referral sources when patients cannot be admitted	
HH5-16A.01	Verification of referring physician or allowed practitioner license occurs before the acceptance of patient	

Section 6: Quality Outcomes/Performance Improvement		
Standard	Expectation	Comments
HH6-1A	Agency has evidence of a quality assessment process improvement program that measures, analyzes, and tracks quality indicators, including adverse patient events and other aspects of performance that enable the agency to assess processes of care, agency services, and operations	
HH6-1C	QAPI results are communicated to the governing body/organizational leaders	
HH6-1D.01	Personnel are involved in QAPI	
HH6-3A.01	QAPI report has been completed at least annually	
HH6-4A.02	Processes involving risks, including infections and communicable diseases, are being monitored	
HH6-4A.04	QAPI activities include ongoing monitoring of at least one important administrative function of the agency	
HH6-4A.05	The QAPI plan identifies the process for conducting satisfaction surveys	
HH6-4A.06	QAPI activities include ongoing monitoring of patient grievances/complaints and the actions needed to resolve grievances/complaints and improve patient care/service	
HH6-4A.07	Patient medical records are audited quarterly	

Section 6: Quality Outcomes/Performance Improvement		
Standard	Expectation	Comments
HH6-5A	QAPI activities focus on high-risk, high-volume, or problem-prone areas, with a consideration of incidence, prevalence, and severity of problems in those areas	
HH6-7A.01	QAPI activities include obtaining and systematically analyzing OASIS reports	

Section 7: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
HH7-1A	The HHA must maintain and document an infection control program that has as its goal the prevention and control of infections and communicable diseases	
HH7-1A	Copies of the TB Exposure Control and OSHA Blood Borne Pathogen plans have been reviewed annually and are available to personnel	
HH7-1A	The agency provides infection control education to patients, family members, and personnel	
HH7-1D	The agency monitors infection statistics of patients and personnel, and data is analyzed for trends and incorporated into QAPI when appropriate	
HH7-2B.01	Safety education is provided to patients	
HH7-3A	Emergency Preparedness Plan is reviewed and updated at least every two years	
HH7-3A	Risk assessment using an all-hazards approach has been updated at least every two years	
HH7-3B	Emergency Preparedness policies have been reviewed and updated at least every two years	
HH7-3C	Communication plan has been reviewed and updated at least every two years	
HH7-3D	Training of Emergency Preparedness has occurred at least every two years	
HH7-3D	A minimum of two exercises/drills have been completed at least every two years; with at least one exercise/drill occurring annually	
HH7-3E	Agencies part of an integrated healthcare system have evidence that the Emergency Preparedness Plan addresses the specific needs of the home health agency	
HH7-5A.01	There is evidence of an annual fire drill; smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by the manufacturer	
HH7-5A.01	Emergency power system is tested at least once a year	
HH7-6A.01	Hazardous waste, chemicals, and materials are handled appropriately	
HH7-6B.01	Current Safety Data Sheets (SDS) are accessible to personnel	
HH7-7A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into QAPI when appropriate	

Section 7: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
HH7-8A.01	Quality control logs for equipment used for conducting waived tests, if applicable	
HH7-9A.01	Quality control logs for any equipment used in the provision of patient care, if applicable	