ASSISTED LIVING

ACHC U
EDUCATIONAL RESOURCES

ACHC Certified Consultant Training

Assisted Living

ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE

About ACHC

- Nationally recognized AO with more than 30 years of experience
- CMS deeming authority for Home Health, Hospice, Renal Dialysis, Home Infusion Therapy, and DMEPOS
- Recognition by major third-party payors
- Approved to perform many state licensure surveys for specific programs
- Quality Management System that is ISO 9001:2015 Certified

Experience the ACHC Difference

- Standards created for providers, by providers

- All-inclusive pricing – no annual fees

- Personal Account Advisors

- Commitment to exceptional customer service

- Surveyors with industry-specific experience

- Dedicated clinical support

- Dedicated regulatory support

- Educational resources

ACHC Mission & Values

- Our Mission
  - Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.

- Our Values
  - Committed to successful, collaborative relationships
  - Flexibility without compromising quality
  - Each employee is accountable for his or her contribution to providing the best possible experience
  - We will conduct ourselves in an ethical manner in everything we do

Collaborative Survey Approach

- ACHC values an educational survey experience with a collaborative approach:
  - Flexibility without compromising quality
  - Consistency in interpretation of requirements
  - Accuracy in reporting findings/observations
  - Offering organizations, the opportunity to clarify or correct deficiencies
  - Active engagement to promote ongoing success post-survey

Surveyor Expertise

- Surveyor knowledge and expertise drive both the experience and the quality of the survey

- Surveyor success is driven by ACHC processes and tools
  - Surveyor Training
  - Surveyor Annual Evaluations
  - Internal Post-Survey Reviews
  - Customer Provided Satisfaction Surveys

Personal Account Advisors

- Primary contact with customers

- Assigned once a customer submits an application

- Assist customers the ACHC survey process
  - Pre-survey phone calls
  - Email with links to brief survey-prep webinar and other resources

- Questions that cannot be answered by them will be sent to the appropriate clinical or regulatory department

Customer Satisfaction

98%
OF OUR CUSTOMERS REPORT
POSITIVE EXPERIENCES

98%
OF OUR CUSTOMERS
RECOMMEND ACHC

ACHC Assisted Living Accreditation

- Assisted Living Program launched August 2021

- Program-specific standards

- Services for Assisted Living Communities, include:

  - Adult and family care homes/facilities
  - Memory Care units
  - Life Safety Code

Types of Surveys

- Initial Survey: An Initial Survey is conducted on organizations that apply for ACHC Accreditation for the first time. Initial Surveys are unannounced.

- Renewal Survey: A Renewal Survey is conducted on organizations that are currently accredited by ACHC. Renewal Surveys are conducted in the same format as an Initial Survey; however, during the Renewal Survey, the Surveyor also reviews previous deficiencies for compliance. Renewal Surveys are unannounced.

- Dependent Survey: A Dependent Survey is a re-survey conducted on an organization that was not in compliance with ACHC Accreditation Standards. Dependent Surveys are unannounced.

Types of Surveys

- Licensure Survey: A Licensure Survey is conducted on organizations that are required to obtain a license before beginning to conduct business. If ACHC is approved to conduct a Licensure Survey in that state, ACHC will conduct a one (1) day survey that includes a review of the organization's policies and procedures. The ACHC Surveyor will verify that proper personnel are in place and the organization is ready to begin operation. Licensure Surveys are announced.

Types of Surveys

- Complaint Survey: A Complaint Survey is conducted on organizations that have a complaint filed against them. Should ACHC determine during the investigation that a site visit is required, ACHC will conduct a Complaint Survey to determine if the complaint is substantiated. Complaint Surveys are unannounced.

- Disciplinary Action Survey: A Disciplinary Action Survey is conducted on organizations due to non-compliance from a previous survey, the ACHC Accreditation Standards and/or Accreditation Process and/or a breach in the ACHC Accreditation Agreement. Disciplinary Action Surveys are unannounced.

Postponement of Survey

- Organizations may postpone an ACHC survey as long as the ACHC Surveyor has not begun to travel to the organization's location. Postponements must be requested in writing to the organization's Account Advisor. ACHC will invoice a postponement fee as listed in the Agreement for Accreditation Services.

- The organization is responsible for notifying the Account Advisor in writing of its readiness for survey within 180 days from receipt of the ACHC Postponement. If the organization notifies the Account Advisor within the specified time frames, the organization will be scheduled for a survey following the ACHC scheduling process. If the organization does not notify the Account Advisor within the specified time frames, the organization's deposit will be forfeited, application voided, and the organization must reapply for accreditation.

Refusal of Survey

- Organizations have the right to refuse an ACHC survey. In the event a refusal is requested, the organization must speak to the Account Advisor or an appropriate manager at ACHC to request a Survey Refusal Form. A completed Survey Refusal Form must be submitted to ACHC before the Surveyor can leave the location. If an ACHC Surveyor arrives on site and the organization does not meet the eligibility criteria for an accreditation survey, the organization must refuse the survey and complete a Survey Refusal Form.

- If an ACHC Surveyor arrives on site and the organization is not operating during its posted business hours, the Surveyor will notify the ACHC Account Advisor and leave the location. This will be considered a refusal of survey.

Refusal of Survey

- The organization is charged a refusal fee as listed in the Agreement for Accreditation Services. The organization is responsible for notifying the Account Advisor in writing of its readiness for a resurvey within 180 days from refusal of survey. If the organization notifies the Account Advisor within the specified time frame, the organization will be sent to scheduling and will follow the normal scheduling process. If the organization notifies the Account Advisor outside of the specified time frame, the organization's deposit will be forfeited, the application will be voided, and the organization must re-apply for accreditation.

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Completing the Application

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Application

- **cc.achc.org**

- Customer needs to create a Customer Central account.

- Consultant needs to create a Customer Central account.

- Customer Central allows customers and/or Consultants to initiate the application and access resources.

- Initial or renewals — application and survey process is the same.

Go To: cc.achc.org

Log in above or create a new account below.

Once inside your client's account, encourage them to purchase standards.

This allows continuous access to the standards.

If this is your first time with ACHC Accreditation, click the "NEW APPLICATION" button.

If you're in an existing accredited account (like shown), you can click on the "RENEWAL" button to save time.

Online Application

- NEW APPLICATION or RENEWAL

- Main office:
  - Profile
  - Location
  - Contracts
  - Services

- Additional locations – branch locations or multiple locations

- Unduplicated admissions

Preliminary Evidence Report

- Preliminary Evidence Report (PER):
  - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process
  - Date of Compliance — ACHC standards only
  - Compliance starts with acceptance of first patient
  - State licensure requirements
  - Discipline-specific scope of practice
  - Federal requirements

First download the correct PER Checklist.

Completely fill out the PER Checklist and upload with supporting documents.

Preliminary Evidence Report Checklist

Establish Compliance Date

Assisted Living Appendix A

Appendix A: Standard Service Table for Selected Services

Standard	ALC	LSC	MC
AL1-A	X		
AL1-B	X		
AL1-C	X		
AL1-D	X		
AL1-E	X		
AL1-F	X		
AL1-G	X		
AL1-H	X		
AL1-I	X		
AL1-J	X		
AL1-K	X		
AL1-L	X		
AL1-M			X
AL1-N	X		
AL2-A	X		
AL2-B	X		
AL2-C	X		
AL2-D	X		
AL2-E	X		

Assisted Living Appendix B

Appendix B: Reference Guide for Required Documents, Policies and Procedures
Customized for: ALC, LSC, MC

Standard #	Documents, Policies and Procedures	Agency Notes
AL1-E	Written Policies and Procedures	
AL1-H	Written Policies and Procedures	
AL1-I	Written Policies and Procedures	
AL1-J	Written Contracts/Agreements	
AL1-L	Written Policies and Procedures	
AL1-M	Written Policies and Procedures	
AL1-N	Governing Body List	
AL2-A	Written Policies and Procedures	
AL2-C	Written Policies and Procedures	
AL2-F	Policies and Procedures	
AL2-G	Written Policies and Procedures	
AL2-H	Written Policies and Procedures	
AL2-I	Written Policies and Procedures	
AL2-J	Written Policies and Procedures	

Extended Policy Review

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey.

- Feedback from an ACHC Surveyor regarding the alignment of facility's policies and procedures to ACHC Accreditation Standards.

- Option to purchase through the Customer Central portal.

- Customized Reference Guide for Required Documents (Appendix B).

- Consultants can also have Policies and Procedures pre-approved.
  - Drop-down box on the application.

Accreditation Process

- After the first three steps are completed (application, deposit, and PER), your Account Advisor will review all documentation and send an Accreditation Agreement to the customer.

- After the Accreditation Agreement is signed by both parties, the customer will receive a direct link to pay the remaining balance.

- At that point, your client's organization will be sent to scheduling.

After payments are completed, you can always find a copy of the receipt in the "Payment History" tab.

Customer Central

- Your go-to resource for ACHC Accreditation needs.

- Utilize all documentation and video resources.

- To link all your client accounts together, contact the ACHC Marketing team at info@achc.org:

  - Provide written approval from client (email is okay).
  - Allow two to three business days.

On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Observations
- Resident record review
- Interviews with governing body/owner, Administrator, staff and residents

- Review of organization's implementation of policies and procedures
- Infection Control practices
- Performance Improvement (PI)
- Emergency Preparedness Plan
- Exit conference
- Physical Plant and Life Safety
- Memory Care Unit

Opening Conference

- Begins shortly after arrival of Surveyor

- Good time to gather information needed by the Surveyor

- KEY REPORTS
  - Current resident census
    - Name, admitting diagnosis, start-of-care date, disciplines involved
  - Current schedule of resident assessments
  - Discharge/transfer census for the past 12 months
  - Personnel (employee and contract)
    - Name, discipline/role, and hire dates
  - Any previous survey results from the past year
  - Admission packet or education materials given to residents

Tour

- Brief tour of facility
  - Resident record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Kitchen, food storage area, and dining room
  - Activities room and activities calendar
  - Memory care unit (if applicable)
  - Medication room
  - Supply closet/area
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Restrooms

Personnel Record Review

- Review personnel records for administrative and/or supervisory personnel, licensed and unlicensed personnel, support personnel, and contracted personnel
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, and ongoing education
  - Medical information
  - Background checks

- For a complete list of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

Personnel File Review

PERSONAL FILES SURVEY CHECKLIST

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Please gather or flag the identified items for the following personnel/contracted individuals.

Compliance Date:

Standard	Item Required	Administrator	Alternate Admin	LHPS Services	Med Tech Supervisor	Med Tech	PCA Supervisor	PCA	Dietician	Food Service	Activity Director	Special Care Unit	Housekeeping	Transportation	Other	Other	Other
AL2-G	Signed confidentiality statement.																
AL4-B	Position application (N/A for contracted staff).																
AL4-B	Dated and signed withholding statements (N/A for contracted staff).																
AL4-B	Form I-9 (N/A for contracted staff).																
AL4-D	Evidence that licensed staff credentials have been verified and are current.																
AL4-E	Evidence of initial/baseline TB test and TB risk assessment.																
AL4-F	Evidence of Hepatitis B vaccination received or signed declination statement.																
AL4-G	Evidence of access to personnel policies (N/A for contracted staff).																
AL4-H, I, L	Evidence of orientation.																
AL4-I	Food services/safety training.																
AL4-J	Care/services training initial/annual competency assessment for direct care personnel.																
AL4-K	Medication administration training and competency assessment for unlicensed personnel.																

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Medical Chart Reviews

- Review resident records

- Representative of the care/services provided
  - Accommodations (rent, utilities, housekeeping)
  - Complexity of need - supervision and assistance with activities of daily living (ADLs)
  - Dietary services: meals, therapeutic diets, individual feeding assistance, etc.
  - Activities
  - Pharmacy care/services

- Electronic Medical Record
  - Do not print the resident's record
  - Need access to the entire record
  - Need to have a laptop/desktop supplied by the facility
  - Navigator/outline

Medical Chart Reviews

Current Census	Minimum # of Record Reviews	Minimum # of Resident Interviews
1-80	Minimum of 5	5
81+	Minimum of 7	7

Corrected On Site

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required

Exit Conference

- Mini-exit
  - At the end of each day to identify the deficiencies
  - Day 1 – Final exit conference for LSC Surveyor

- Final exit conference
  - Present all corrections prior to the exit conference
  - Surveyor cannot provide a score
  - Invite those you want to attend
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC Standard
  - Seek clarification from Surveyor while still on site

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Accreditation Decisions

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Review Committee

- All survey results are reviewed by the Review Committee.

- Compliance with ACHC requirements and state specific requirements.

- ACHC deficiencies will result in a standard-level deficiency.

Corrected On Site

- ACHC-only requirements can be corrected on site and the deficiencies will not be on the SOF and POC will not be required.

- Encourage customers to correct all deficiencies while the Surveyor is on location:
  - Validation survey

Assisted Living Summary of Findings

ACHC Accreditation Decisions

ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*

ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.

DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.
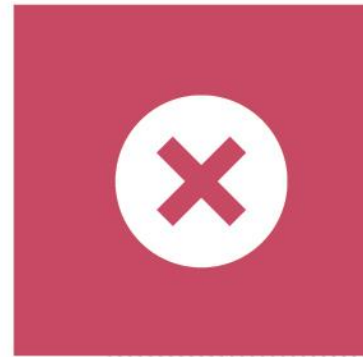
DENIED

Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

Dispute Process

- Organizations, whether applying for the first time or renewing their accreditation, may formally request to dispute a standard(s) deficiency documented on the Summary of Findings.

- The organization submits a written request for dispute to its ACHC Account Advisor no later than 10 calendar days from the receipt of the Summary of Findings. Disputes will not be granted if:
  - The request is received after the 10 calendar-day time frame.
  - An organization has an outstanding balance.
  - An organization has a payment plan that is not current.

Dispute Process

- The written request outlines the standard(s) noted in the Summary of Findings that the organization believes ACHC incorrectly determined as a deficiency.

- The organization must also provide evidence to support that, at the time of the survey, the organization was in compliance with the standard(s).

- Any evidence the organization submits must have been presented to and reviewed by the Surveyor(s) at the time of the survey.

- Evidence provided with the request letter will not be returned to the organization.

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Developing an Approved Plan of Correction

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Plan of Correction

Plan Of Correction Requirements

- Due in 10 calendar days to ACHC

- Deficiencies are auto-filled

- Plan of Correction:
  - Specific action step to correct the deficiency

- Date of compliance of the action step:
  - 30 calendar days for standard-level

- Title of individual responsible

- Process to prevent recurrence — two-step process:
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance

Evidence

- Evidence is required to support compliance .

- Once POC is approved, POC identifies which deficiencies will require evidence.

- All evidence to the Account Advisor within 60 days.

- No PHI or other confidential information of patients or employees.

- Accreditation can be terminated if evidence is not submitted.

Additional evidence may be required based on the decision of the ACHC Review Committee.

Sample Audit Summary

ACHC Accreditation Guide To Success
Assisted Living
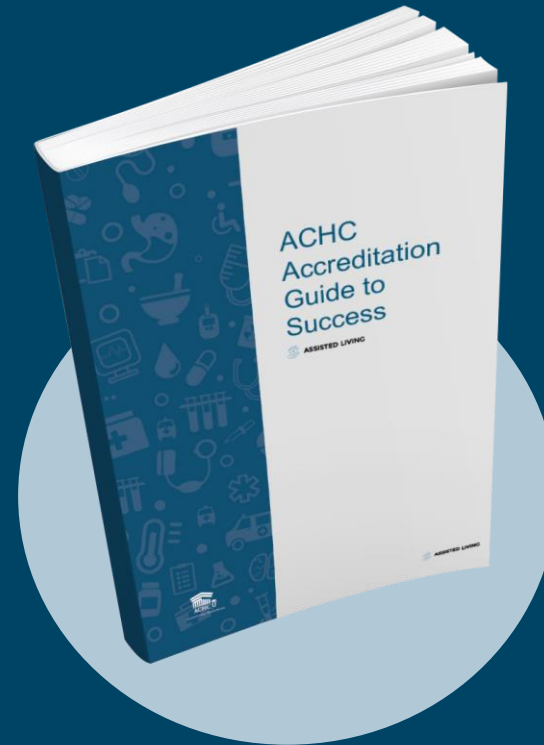
ACHC Accreditation Guide to Success

- Essential Components:
  - Each ACHC standard contains Essential Components that indicate what should be readily identifiable in a policy and procedure, personnel record, medical record, etc.
  - Each standard also contains audit tools, sample policies and procedures, templates, and helpful hints.

- Other Tools:
  - Each section contains compliance checklists and a self-assessment tool to further guide the preparation process.

- Quick Standard Reference:
  - Quickly locate important information for successfully completing the accreditation process with ACHC.

Standard AL1-D: (Services applicable: ALC)

The Assisted Living Community (ALC) meets the defined capacity.

☑ Capacity and Requirement Essential Components

- ■ The total number of residents shall not exceed the number shown on the license.

- ■ The ALC is licensed for the capacity that its physical site can provide.

- ■ The capacity and services are in compliance with the certificate of need and/or state guidelines.

HINT

The Surveyor will expect to observe that the current resident census does not exceed the total capacity number shown on the license to operate, and the capacity and services are in compliance with the certificate of need and/or state guideline requirements.

Items Needed for Survey

Items Needed for Survey Life Safety Code

Survey Preparation Tools

Compliance Checklist

SECTION 1 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
AL1-A			Copies of applicable federal, state, and local laws and regulations	Observation Tool		
AL1-B			Posting of license(s) in a prominent location for public viewing	Observation Tool		
AL1-C			Compliance with accepted professional standards & principles	Observation Tool		
AL1-D			Defined capacity as shown on the license	Observation Tool		
AL1-E	Yes		Programs & allowable care and services, including specialized services	Observation Tool		
AL1-F			Notice of change in licensure	Observation Tool		
AL1-G			Notice of closing ALC	Observation Tool		
AL1-H	Yes		Resident contract & schedule of fees	Observation Tool		
AL1-I	Yes	Yes	Administrator's job description & orientation	Observation, Personnel File, & Interview Tools		
AL1-J	Yes		Written contracts/agreements & liability insurance certificate	Items Needed for Survey		
AL1-K			Reporting negative outcomes	Items Needed for Survey		
AL1-L	Yes		Written contracts/agreements for additional services provided for outside organizations	Observation Tool & Items Needed for Survey		
AL1-M	Yes		Alzheimer's/dementia care/services, if applicable	Observation Tool		
AL1-N	Yes		Governing body minutes & staff interviews	Observation & Interview Tools		

Self-Audit

Tools Of The Trade

- ACHC provides the tools to leverage the accredited status.

- All accredited organizations receive the
  ACHC Branding Kit:
  - ACHC Brand Guidelines
  - ACHC Accredited Logos
  - Window Cling

Branding Elements

▪ Gold Seal of Accreditation:
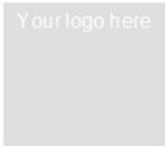- Represents compliance with the most stringent national standards.

Branding Elements

- ACHC Accredited Logo

Sample Press Release

FOR IMMEDIATE RELEASE

February 26, 2014
Media Contact:
Contact Name
Organization Name
Contact Email
Website

**YOUR ORGANIZATION NAME
ACHIEVES ACCREDITATION WITH ACHC**

CITY, STATE, Your organization name proudly announces its approval of accreditation status by Accreditation Commission for Health Care (ACHC) for the services of list services.

Achieving accreditation is a process where healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a not-for-profit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2008 certified and has CMS Deeming Authority for Home Health, Hospice and DMEPOS.

Write a brief paragraph about your company, communities you serve, why you're unique, etc. A quote about the accreditation process or what this accreditation means to your organization is a great way to personalize the press release.

For more information, please visit your website, or contact us at email address or (XXX) XXX-XXXX.

###

In Conclusion

- Achieving ACHC Accreditation can help your clients add value to their brand.

- Consultants can add value to their service by encouraging providers to utilize the marketing tools that ACHC provides.

- In doing so, you can exceed your client's expectations — earning trust and building your brand.

References

- If you would like to revisit the ACHC Brand Guidelines at any time, please:
  - Visit Customer Central at cc.achc.org
  - Contact the ACHC Marketing Department at (855) 937-2242

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Marketing Your Consultant Business

ACHC Certified Consultant

- Becoming an ACHC Certified Consultant is a notable accomplishment that you should be proud to display:
  - It shows a dedication to providing the very best service to your clients.
  - It provides assurance to healthcare providers when choosing your business.
  - It highlights your knowledge of ACHC Accreditation and your ability to guide them through the process .
  - Allows you access to materials such as audit tools designed for our certified consultants to help with customer preparation.

Consultant Portal

- Access and update your consultant profile displayed on achc.org.

- As a consultant you will have access to tools to use with your customers through the portal.*

- Access to your branding kit.

- Stay in the know with updates from ACHC and ACHCU:
  - Upcoming webinars
  - Did You Knows
  - News updates from ACHC specifically for you

*Only accessible to Certified Consultants

Consultant Listing

- ACHC is proud to host the listing of all of our certified consultants on our website.
  - Customers can search the list to find the best consultant based on their needs.
    - Searchable by P&P manuals, mock surveys, training events, etc.
  - Be sure to keep you profile up-to-date through the portal.

Branding Elements

▪ ACHC is committed to providing the tools you need to leverage your certified status:

- Certificate
- Logos and Brand Guidelines
- Sample Press Release
- Certified Consultant Pin

In Conclusion

- As an ACHC Certified Consultant, you can establish trust with providers.

- Utilize the resources available to you to enhance the value of your consultant business.

- Use multiple communication channels to create multiple touch points and reach a broader audience with your message.

ACHC Resources

- ACHC's Marketing Department is available to help with your marketing needs.

- Feel free to contact them at info@achc.org or (855) 937-2242.

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Customer Central Regulatory Resources

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ACHC

Edit Company Information

Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Additional information and fees may be required.

NAME CHANGE	[Expand]
ADDITIONAL SITE LOCATION	[Expand]
CHANGE OF LOCATION	[Expand]
CHANGE PRODUCT CODES	[Expand]
CHANGE SERVICES	[Expand]
CHANGE OF OWNERSHIP	[Expand]
CHANGE OF PERSONNEL	[Expand]
CLOSURE/WITHDRAWAL NOTIFICATION	[Expand]

Change of Services

Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Additional information and fees may be required.

NAME CHANGE	[Expand]
ADDITIONAL SITE LOCATION	[Expand]
CHANGE OF LOCATION	[Expand]
CHANGE PRODUCT CODES	[Expand]
CHANGE SERVICES	[Expand]

Please complete this form to add or remove services assocaited with your accreditation.

- Service Addition Packet - DMEPOS »
- Service Addition Packet - HH »
- Service Addition Packet - PCAB US »
- Service Addition Packet - Specialty Pharmacy Distinctions »
- Service Addition Packet - BH »
- Service Addition Packet - RD »

- Service Addition Packet - Pharmacy »
- Service Addition Packet - HSP »
- Service Addition Packet - PD »
- Service Addition Packet – Crossing Programs DMEPOS, Pharmacy »
- Service Addition Packet - SLP »

View Main Office Services

<---View Branch Office Services---> ▼

Change of Ownership

CHANGE OF OWNERSHIP

[Expand]

Please complete this form if your organization has gone through an ownership change. Please contact your Account Advisor if you have any questions on what qualifies as a change of ownership.

- Ownership or Ownership Information Change Packet - DMEPOS Pharmacy »
- Change of Ownership Checklist for Home Health and Hospice »
- Change of Ownership Checklist for PCAB »
- Ownership or Ownership Information Change Packet - PD »
- Change of Ownership Checklist for Sleep »
- Change of Ownership Checklist for Renal Dialysis »
- Change of Ownership Checklist for HIT »
- Change of Ownership Checklist for Palliative Care »
- Change of Ownership Checklist for Mobile Dentistry »

Change of Personnel

CHANGE SERVICES [Expand]

CHANGE OF OWNERSHIP [Expand]

CHANGE OF PERSONNEL

[Expand]

Please complete this form if key personnel have changed within your organization. Please see the form below for a list of key personnel.

- Administrator and Director of Nursing Change Form ›>
- RD Personnel Change Notification Form ››
- Manager-Leader Change Form - Palliative Care ››

CLOSURE/WITHDRAWAL NOTIFICATION [Expand]

Educational Resources

- ACHCU.com:
  - Workbooks
  - Workshops
  - Webinars

- Online resources:
  - The Surveyor newsletter
  - Regulatory updates
  - Accreditation resources
  - Maintaining compliance checklists

- Email updates:
  - "Did You Know?"
  - ACHC Today e-newsletter
  - Sign Up at https://www.achc.org/e-news-signup.html

Regulatory Updates

- Regulatory updates can be filtered to state-specific issues

- **achc.org:**
  - Resources & Education
    - Regulatory Updates
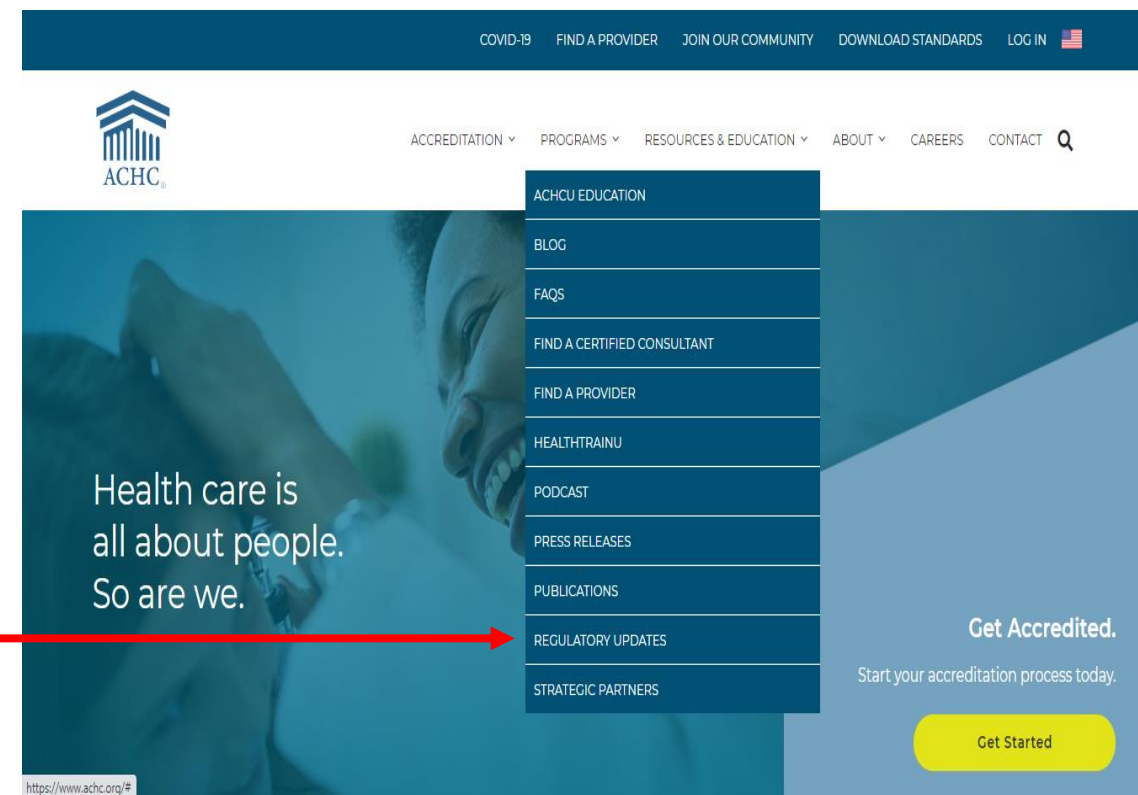
Customer Central

- Customer Central is available 24/7 with resources and educational materials designed for your company.

- cc.achc.org

Resources

Maintaining Compliance Checklist

- Select "Accreditation Resources"
- Next select the applicable program icon and scroll down to "Continued Compliance"

Maintaining Compliance

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Questions?

Call (855) 937-2242 | achc.org

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