



EDUCATIONAL RESOURCES

# ACHC Certified Consultant Training

Presenter:

Becky Tolson, RN, BS

Clinical Compliance Educator

 PRIVATE DUTY



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



# ACHCU

- ACHCU is dedicated to your organization's success.
- Learn more about ACHCU at [achcu.com](http://achcu.com) or talk with a representative today.
- Any questions regarding this presentation and post-test can be addressed to:
  - Lindsey Holder — [lholder@achcu.com](mailto:lholder@achcu.com)

# Also Joining Our Training Today

- Greg Stowell - Associate Director, Education & Training
- Lindsey Holder – Senior Manager, Education & Training
- Suzie Steger – Senior Education & Training Coordinator
- Steve Clark – Education Services Specialist

# Business Development Representative

- In addition to your Sales Specialist or your Account Advisor, another point of contact for you as a Certified Consultant is Brooke Renn.
- Contact information:
  - [BRenn@achc.org](mailto:BRenn@achc.org)
  - (855) 937-2242

# Optimize Your Workshop Experience

- During our presentation
  - Use the Questions feature in the GoToWebinar navigation pane to ask your questions throughout the presentation
- During the live Q&A
  - Type in the Questions box you would like to ask a question (or use the raise your hand feature)
  - Our team will recognize you and unmute your mic
  - Help us to make the information personal to your business!
- Since this is a live event, connection issues can happen
  - If on your end, just use the same GoToMeeting link and reconnect
  - If on our end, look for instructions in your email on how we can reconnect

# Items Needed for Virtual Training

- You should have received an email with a link to the following information:
  - ACHC Standards
  - ACHC Accreditation Process
  - The presentation for today
  - The *ACHC Accreditation Guide to Success* for Private Duty
- If you have not received the email or are unable to download the information, contact [customerservice@ACHCU.com](mailto:customerservice@ACHCU.com) for assistance

# Objectives

- Review the Private Duty requirements for accreditation.
- Review the expectations for compliance with the ACHC Standards in order to guide ACHC customers through the survey process.
- Review the *ACHC Accreditation Guide to Success* and how to use the tools to prepare customers through the survey process.



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# Introduction

## About ACHC

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# About ACHC

- Nationally recognized accreditation organization (AO) with more than 30 years of experience
- CMS Deeming Authority for Home Health, Hospice, Home Infusion Therapy, Renal Dialysis, and DMEPOS
- Recognition by most major third-party payors
- Quality Management System certified to ISO 9001:2015

# 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
- Every employee is accountable for their contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

# ACHC Offerings

## Available Programs

 ACUTE CARE HOSPITAL

 AMBULATORY CARE

 AMBULATORY SURGERY CENTER

 ASSISTED LIVING

 BEHAVIORAL HEALTH

 CRITICAL ACCESS HOSPITAL

 CLINICAL LABORATORY

 DENTISTRY

 DMEPOS

 HOME HEALTH

 HOME INFUSION THERAPY

 HOSPICE

 NON-STERILE COMPOUNDING

 OFFICE-BASED SURGERY

 PALLIATIVE CARE

 PHARMACY

 PRIVATE DUTY

 RENAL DIALYSIS

 SLEEP

 STERILE COMPOUNDING

# ACHC Offerings

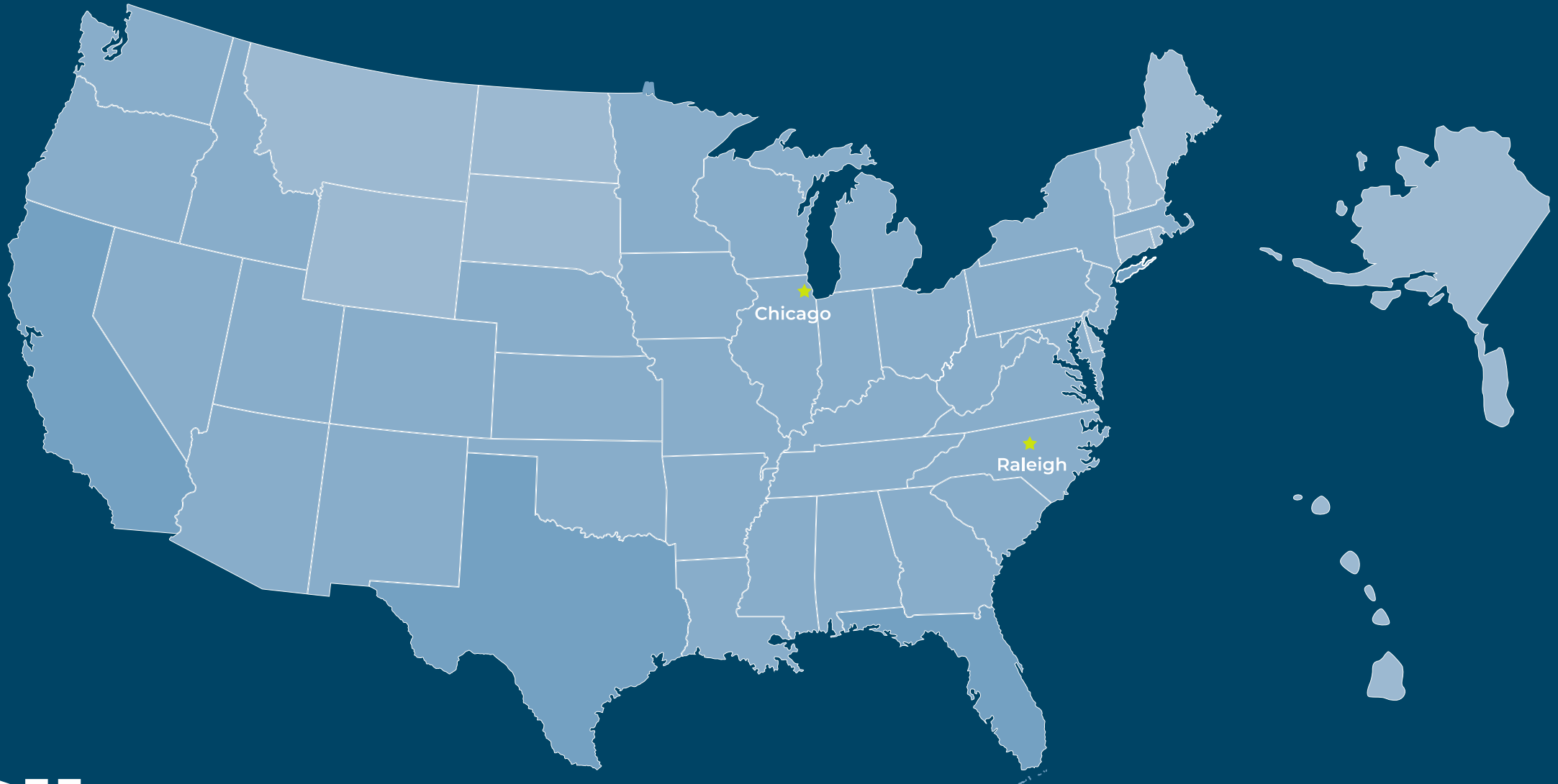
## Distinctions

- 🏆 TELEHEALTH
- 🏆 HAZARDOUS DRUG HANDLING
- 🏆 CUSTOM MOBILITY
- 🏆 CLINICAL RESPIRATORY PATIENT MANAGEMENT
- 🏆 INFECTIOUS DISEASES SPECIFIC TO HIV
- 🏆 RARE DISEASES & ORPHAN DRUGS
- 🏆 NUTRITION SUPPORT
- 🏆 ONCOLOGY
- 🏆 PALLIATIVE CARE
- 🏆 BEHAVIORAL HEALTH

## Certifications

- 🏆 JOINT REPLACEMENT
- 🏆 LITHOTRIPSY
- 🏆 STROKE
- 🏆 WOUND CARE

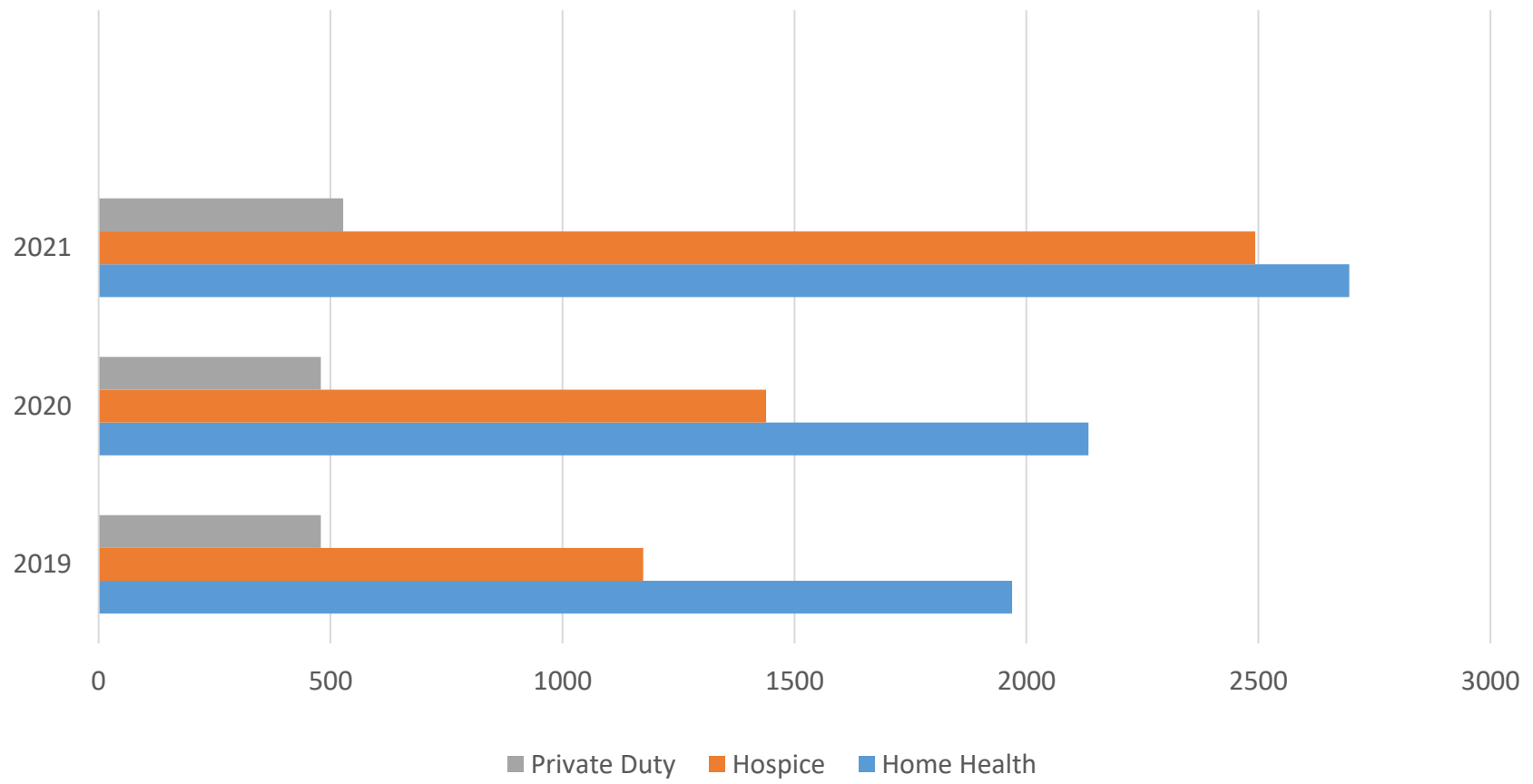
# ACHC accredits over 20,000 locations nationwide.



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# ACHC Accredited Agencies



# Experience the ACHC Difference

- Standards created for providers, by providers
- All-inclusive pricing — no annual fees
- Commitment to exceptional customer service
- Personal Account Advisors
- Surveyors with industry-specific experience
- Dedicated clinical support
- Dedicated regulatory support



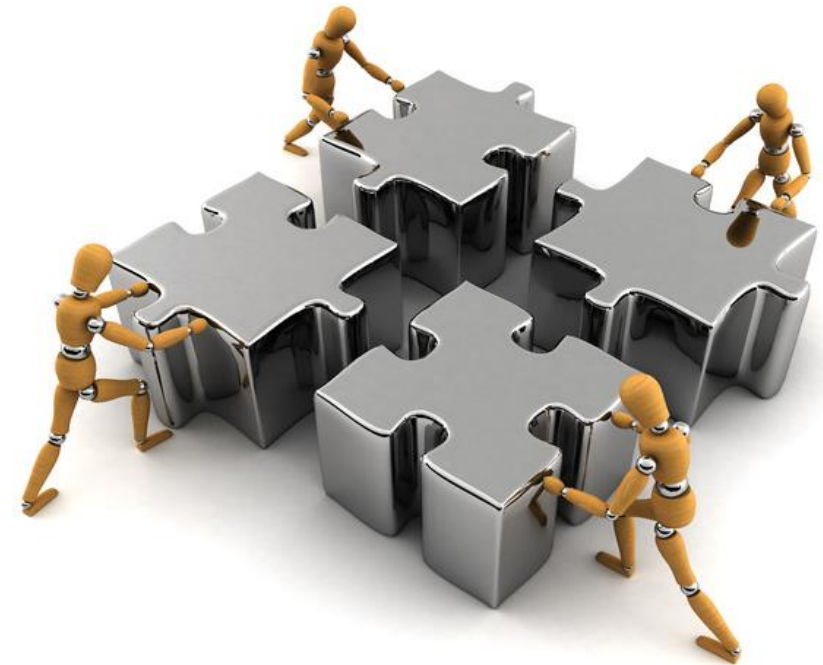
# Collaborative Survey Approach

- ACHC values drive the survey approach and provide the organization with:
  - Consistency in expectation 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 with the ACHC survey process
  - Pre-survey phone calls
  - Email with links to brief survey-prep webinars and other resources
- Questions that cannot be answered by them will be sent to the appropriate Clinical or Regulatory department



# Internal Resources

- Clinical resources:
  - Susan Mills: Senior Program Director for HH, HSP, HIT
  - Barb Provini: Program Manager for PD, PC, and AC
  - Lisa Meadows: Manager, Clinical Compliance Educator: HH, HSP, PD, and HIT
  - Becky Tolson: Clinical Compliance Educator: PD, PC, and AC
- ACHCU resources:
  - Lindsey Holder: Senior Manager, Education & Training
  - Suzie Steger: Senior Education & Training Coordinator
  - Steve Clark: Education Services Specialist

# Customer Satisfaction



**98%**

OF OUR CUSTOMERS REPORT  
POSITIVE EXPERIENCES



**98%**

OF OUR CUSTOMERS  
RECOMMEND ACHC



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# Private Duty Requirements

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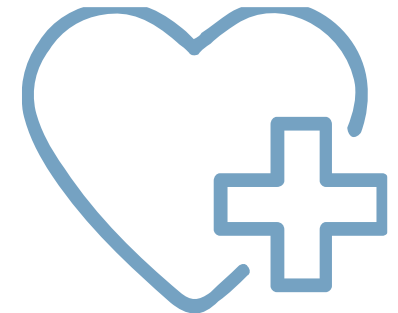


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# Private Duty Accreditation

- Created specifically for non-Medicare providers
- Accredits more than 400 locations nationally
- Accreditation for both skilled and non-skilled services, including:
  - Private Duty Nursing
  - Private Duty Aide
  - Companion Homemaker
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Social Work
  - Distinction in Palliative Care & Telehealth
- Accreditation cycle is renewed every 3 years



# Requirements for Private Duty

- Be licensed and registered according to applicable state and federal laws and regulations and maintain all current legal authorization to operate
- Occupy a building in which services are provided and coordinated that is identified, constructed, and equipped to support such services
- Clearly define the services it provides directly or under contract

# Requirements for Private Duty

- Agencies can apply for one or more services for accreditation
- Agencies must have at least three (3) active patients and have served five (5) patients in order to be surveyed in the service seeking accreditation
- Unless seeking accreditation for multiple services
  - Remain three (3) active with five (5) served
  - At least one (1) has to be a PDN if seeking accreditation for nursing services
  - Have the ability to provide additional services through qualified staff/contract



# Private Duty Accreditation



\*3 must be active at time of initial accreditation

# Distinction in Palliative Care

- Distinction in Palliative Care
  - Home Health/Hospice/Private Duty
- Additional one day on survey
  - Must have provided care to three patients, with two active at time of survey
  - <150 palliative care patients: three total record reviews with one home visit
  - 150 or more palliative care patients: four total record reviews with two home visits
- ACHC standards were based on the National Consensus Project for Quality Palliative Care guidelines

# Distinction in Telehealth

- Distinction in Telehealth
  - Telehealth may include remote client/patient monitoring (RPM), biometrics, video, talk, or education.
- Additional one day on survey
  - Three additional records will be reviewed.
  - One virtual patient contacted.
  - Personnel charts reviewed for competencies and to ensure a telehealth manager and alternate are assigned.
- ACHC Telehealth standards are based on the American Telemedicine Association's Home Telehealth Clinical Guidelines.

# Poll Question





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# Separate Entities

## Medicare-certified Home Health & Non-Medicare Home Care

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# Separate Entities

- Chapter 2, The Certification Process, Section 2183 - Separate Entities (Separate Lines of Business) (Rev 125, Issued: 10-31-14, Effective: 10-31-14, Implementation: 10-31-14)
- The Surveyor must be able to identify the corporate and organizational boundaries of the entity seeking certification or recertification
- The Medicare CoPs apply to the HHA as an entire entity and in accordance with §1861(o)(6) of the Act, are applicable to all individuals served by the HHA and not just to Medicare beneficiaries
- Non-Medicare clients
  - Skilled
  - Custodial

# Separate Entities

The following criteria should be considered in making a decision regarding whether a separate entity exists:

- Operation of the home health agency
  - Are there separate policies and procedures?
  - Are there separate clinical records for patients receiving home health and private duty services?
  - Are personnel identified as belonging to one program or the other and are their personnel records separated?
  - Are there separate budgets?
  - If the state requires a license for home health, is the agency licensed separately for private duty?

# Separate Entities

- Consumer Awareness
  - Review marketing materials for distinction between the programs
  - Written material should clearly identify the home health agency as separate and distinct from other programs, departments, or other entities of the organization
- Staff Awareness
  - Staff should be able to identify the difference in services they provide for the home health agency and other programs, departments, or entities of the organization
  - Staff who divide time between the separate entities must be appropriately trained and meet the qualifications for home health services



# Poll Question





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# Completing the Application

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# ACHC Application Requirements

- Required documentation for a private duty provider to be placed into scheduling:
  - Complete the online Accreditation Application.
  - Complete the statistical information for all physical locations.
  - Submit a copy of any applicable state license.
  - Submit the non-refundable deposit.
  - Download, review, and sign the Accreditation Services/Business Associate Agreement within the required time frame.
  - Upload the required PER checklist.

# 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 or create a  
new account  
below.



About ACHC | Contact ACHC



## CUSTOMER CENTRAL

### Choose your ACHC Login

Customer Central is your personalized website to complete the accreditation process, from start to finish!

### Account Login

If you are having problems logging in click the "forgot your info?" link below.

Remember Me? [Forgot your info?](#)


Login

### Don't have an account?


Customer Central is designed to help customers prepare for and maintain accreditation/certification. Logging in will give you access to your organization's profile(s), relevant standards, applications (current and past), supporting documents, survey results, and resources. You can also use it to communicate with your Account Advisor

Create Account

### Need Access to Both Platforms?

 If interested in multiple ACHC programs please reach out to our Customer Care Specialists for support at (855) 937-2242 or customerservice@achc.org

For hospital (including CAH), ASC, Office-based Surgery, and Laboratory Accreditation and for Joint Replacement, Stroke, Wound Care, and Lithotripsy Certification, login to Compass using the link below.



Compass

ACHC Private Duty Accreditation Standards are applicable for healthcare organizations that provide both skilled and non-skilled services including nursing care, aide services, companion care, therapy, and social work that allow individuals to remain independent and functional in their own homes. ACHC Private Duty Accreditation Standards are written by industry experts to align with industry best practices for organizations that do not participate in the Medicare program.

**PDN - Private Duty Nursing Services**

Private Duty Nursing services are usually provided either hourly or by shift and are covered by various payors, but not Medicare. Services can be provided by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN).

**Distinction(s)**

**PCPD - Palliative Care Private Duty**

For an organization to earn Private Duty Accreditation with a Distinction in Palliative Care, the provider must also be accredited for Private Duty Nursing. This additional recognition focuses on patient and family centered care that optimizes quality of life throughout the continuum of illness by addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.

**PDA - Private Duty Aide Services**

Private Duty Aide services encompass hands-on personal care provided by a Nursing Assistant or certified Home Health Aide (HHA) including personal care services.

**PDC - Private Duty Companion/Homemaker Services**

Private Duty Companion services are provided hourly or by shift. This service is a "non-hands-on" service and does not require a clinician to supervise.

**PDOT - Private Duty Occupational Therapy Services**

Occupational Therapy services are provided by a licensed Occupational Therapist or Certified Occupational Therapy

Standards ?

ACHC Process ?

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

This allows continuous access to the standards.



Account Advisor



Lomeka Perry  
Lperry@achc.org  
(919) 785-1214 ext. 226  
Fax: (919) 785-3011

ACHC  
139 Weston Oaks Ct.  
Cary, NC 27513

Video Tutorials  
Customer Central Tour  
Application Tour  
PER "How To"  
On-Site Survey  
POC "How To"

Welcome, Kevin!

Joyous Healthcare - Paradise, NC

Your entire process begins with an application. To start a new application click "New Application," or to renew an existing accreditation, click "Renewal." A "Renewal" allows you to copy a previously completed application - saving you time!

Click the [EDIT] button under the "In Progress" section to continue the process once you've created an application.

 GET STANDARDS
  NEW APPLICATION
  RENEWAL

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED
You do not have any applications in progress.				

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
---------	----------------	---------	--------------------	--------

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
  - Contacts
  - Services
- Additional locations — branch locations or multiple locations
- Blackout dates
- Unduplicated admissions
- Purchased policies




# Confirmation of Application

 CUSTOMER CENTRAL

[STANDARDS](#)
[APPLICATION](#)
[RESOURCES +](#)
[FORMS +](#)
[UPLOAD](#)
[EASY PAY](#)
[MY ACCOUNT +](#)

Account Advisor



**Lomeka Perry**  
 Lperry@achc.org  
 (919) 785-1214 ext. 226  
 Fax: (919) 785-3011


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**ACHC**  
 139 Weston Oaks Ct.  
 Cary, NC 27513

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**Video Tutorials**  
 Customer Central Tour  
 Application Tour  
 PER "How To"  
 On-Site Survey  
 POC "How To"

Application
PER
Payment
Survey
POC
Accreditation


 **Application: Home Care Company**

[Download Application PDF >>](#)  
[Download Receipt PDF >>](#)

CONTINUE >

---

Your application was submitted on 7/28/2016 11:05 AM.



FOR PROVIDERS.  
BY PROVIDERS.

Order ID: 8638  
 Order date: 7/28/2016 11:04 AM

Company: Home Care Company  
 Purchased By: Rebecca Jones  
 Payment Method: Credit Card [1111]

Accreditation Commission for Health Care, Inc.  
 139 Weston Oaks Ct.  
 Cary, NC 27513  
 Phone 855-YES-ACHC (937-2242)  
<http://www.achc.org>

Billing Address:      Shipping Address:      Physical Address:

123 Easy St            123 Easy St            123 Easy Street  
 Cary, NC 27511      Cary, NC 27511      Cary, NC 27511

Quantity	Item	Unit Price	Amount
1	Application Deposit	\$1500.00	\$1500.00
		SubTotal:	\$1,500.00
		Discount:	\$0.00
		Total:	\$1,500.00

# Submit Deposit

ACHC. CUSTOMER CENTRAL
STANDARDS
APPLICATION
RESOURCES +
FORMS +
UPLOAD
 EASY PAY
MY ACCOUNT +

Account Advisor

NoraLee Stephen

nstephen@achc.org  
(919) 785-1214 ext. 230  
Fax: (919) 785-3011

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**ACHC**  
139 Weston Oaks Ct.  
Cary, NC 27513

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**Video Tutorials**  
Customer Central Tour  
Application Tour  
PER "How To"  
On-Site Survey  
POC "How To"

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WORKSHOPS

Learn more about ACHC standards & survey tips

## Payment

Any in process or due payments will be shown below. If you were directed to this page and no payments are active, please contact your Account Advisor for more information.

Items	Price	Quantity	Total
No items in the shopping cart.			
No items in the application payment cart.			
Discount Code: <input style="width: 50px;" type="text"/>			
<a href="#">?</a> <b>APPLY</b>			
			Subtotal: \$0.00
			Discount: <a href="#">?</a> \$0.00
			Shipping: <a href="#">?</a> \$0.00
			<b>Total: \$0.00</b>

Products

ACHC Workshops

\$499  
\$599(RX)

VIEW SCHEDULE

Guide to Success

\$349  
\$499(RX)

ADD TO CART

Extended Policy Review

\$499

ADD TO CART

Readiness Packet

\$89

ADD TO CART

CONTINUE >

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# Accreditation Process

- After the first two steps are completed (application, and deposit), 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.
- Your client's organization will be sent to scheduling following the completion of the Preliminary Evidence Report (PER).

# Accreditation Agreement

The screenshot displays the ACHC Customer Central interface. The top navigation bar includes the ACHC logo, 'CUSTOMER CENTRAL', and menu items: STANDARDS, APPLICATION, RESOURCES +, FORMS +, UPLOAD, EASY PAY, and MY ACCOUNT +. The main content area is divided into two columns. The left column, titled 'Account Advisor', features an icon of three people and contact information for Lomeka Perry (lperry@achc.org, (919) 785-1214 ext. 226, Fax: (919) 785-3011), the ACHC address (139 Weston Oaks Ct., Cary, NC 27513), and a list of video tutorials including 'Customer Central Tour', 'Application Tour', 'PER "How To"', 'On-Site Survey', and 'POC "How To"'. The right column shows a progress bar with steps: Application (checked), PER, Payment (active), Survey, POC, and Accreditation. Below the progress bar, a section titled 'Processing Accreditation Agreement' with a sandglass icon states: 'Your Accreditation Agreement is currently being processed. Once it has been completed, the payment section will become accessible.' A button labeled 'Advisor Drafting Agreement...' is visible, followed by the text: 'For immediate questions/concerns about your Accreditation Agreement, contact your Advisor.'



Account Advisor



Nora Lee Stephen  
nstephen@achc.org  
(919) 785-1214 ext. 230  
Fax: (919) 785 - 3011

ACHC  
139 Weston Oaks Ct.  
Cary, NC 27513

Video Tutorials  
Customer Central Tour  
Application Tour  
PER "How To"  
On-Site Survey  
POC "How To"



Welcome, Carolyn!

ACHC - Cary, NC

Your entire process begins with an application. To start a new application click "New Application," or to renew an accreditation, click "Renewal." A "Renewal" allows you to copy a previously completed application - saving you time.

Click the [EDIT] button under the "In Progress" section to continue the process once you've created an application.

GET STANDARDS

NEW APPLICATION

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED	
x 103738		New	Customer In Progress	6/14/2019 3:38 PM	[ EDIT ]

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
---------	----------------	---------	--------------------	--------

- My Profile
- Change Company
- Payment History
- Log out



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

# 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 requirements
  - Discipline-specific scope of practice
  - Federal requirements



Account Advisor



**Lomeka Perry**  
Lperry@achc.org  
(919) 785-1214 ext. 226  
Fax: (919) 785-3011

**ACHC**  
139 Weston Oaks Ct.  
Cary, NC 27513

**Video Tutorials**  
Customer Central Tour

Application

PER

Payment

Survey

POC

Accreditation

### Preliminary Evidence Report (PER)

The PER is a compilation of your company's most important policies and procedures. This step provides supporting evidence of compliance prior to the survey. If you have an Extended Policy Review, you will also upload it on this page. There is a 20mb limit per file.

1. Download the program-specific PER checklist from the 'Download Your Checklist' link to the right, and select all that apply.
2. Complete and save the checklist using Adobe Reader. The checklist will have detailed descriptions of required documents.
3. Upload the checklist and supporting documents from the 'Upload a file' link below.

#### Download Your Checklist

1. DMEPOS PER Initial Checklist
2. Behavioral Health Initial PER Checklist

Upload a file

Select files from the 'Upload a file' link above, or drag and drop.

Download Adobe Reader >>

CONTINUE >

First download the correct PER Checklist.

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

# Preliminary Evidence Report Checklist

Establish  
Compliance  
Date



## PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST



This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Private Duty accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Verification of the following is required for organizations seeking initial accreditation:

- The organization must have provided care to a minimum of 5 clients/patients, having 3 active at time of survey unless state law requires more

Confirmation of the following (initial in spaces provided):

\_\_\_\_\_ I attest that this organization possesses all policies and procedures as required by ACHC Accreditation Standards

\_\_\_\_\_ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of \_\_\_\_\_ (date).

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

**\*\*PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.**

I, having the authority to represent this organization, verify that \_\_\_\_\_ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Date) (Signature)



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# Preliminary Evidence Report Checklist

- Readiness/Compliance date established on the Primary Evidence Report (PER) Initial Checklist
- Confirmation of the following:
  - I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards.
  - I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of XX date.

# Establishing Policies and Procedures

- Policies need to be in compliance with the:
  - State regulations
  - ACHC requirements
  - Best practice/program expectations
- Purchase policies and procedures:
  - Pre-approved policies and procedures
  - Purchase an Extended Policy Review
  - Conduct a review of policies identified on the Items Needed for the On-site Survey

# 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 organization's policies and procedures to ACHC Accreditation Standards.
- Option to purchase through the Customer Central portal.
- Customized Reference Guide for Required Documents, Policies and Procedures (Appendix A).
- Consultants can also have Policies and Procedures pre-approved.
  - Drop-down box on the application.

# Appendix A

## Appendix A: Standard Service Table for Selected Services

Standard	PCPD	PDA	PDC	PDN	PDOT	PDPT	PDST	PDSW
PC1-A	X							
PD1-1A		X	X	X	X	X	X	X
PD1-2A		X	X	X	X	X	X	X
PD1-2D		X	X	X	X	X	X	X
PD1-3A		X	X	X	X	X	X	X
PD1-4A		X	X	X	X	X	X	X
PD1-4B		X	X	X	X	X	X	X
PD1-4C		X	X	X	X	X	X	X
PD1-5A		X	X	X	X	X	X	X
PD1-7A		X	X	X	X	X	X	X
PD1-7B		X	X	X	X	X	X	X
PD1-8A		X	X	X	X	X	X	X
PD1-9A		X	X	X	X	X	X	X
PD1-10A		X	X	X	X	X	X	X
PD1-10D		X	X	X	X	X	X	X
PD1-11A		X		X	X	X	X	X
PC2-A	X							
PD2-1A		X	X	X	X	X	X	X
PC2-B	X							
PD2-2A		X	X	X	X	X	X	X
PD2-2B		X	X	X	X	X	X	X
PD2-3A		X	X	X	X	X	X	X
PC2-C	X							
PD2-4A		X	X	X	X	X	X	X
PD2-4B		X	X	X	X	X	X	X

# Appendix B

## Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: PCPD, PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard #	Documents, Policies and Procedures	Agency Notes
PD1-2A	Written Policies and Procedures	
PD1-3A	Written Policies and Procedures	
PD1-4A	Administrator Resume/Application	
PD1-7A	Written Policies and Procedures	
PD1-9A	Written Policies and Procedures	
PD1-11A	Written Policies and Procedures	
PC2-A	Written Policies and Procedures	
PD2-1A	Written Policies and Procedures	
PC2-B	Written Policies and Procedures	
PD2-2A	Written Policies and Procedures	
PD2-3A	Written Policies and Procedures	
PC2-C	Written Policies and Procedures	
PD2-4A	Written Policies and Procedures	
PC2-D	Written Policies and Procedures	
PD2-5A	Written Policies and Procedures	
PC2-E	Written Policies and Procedures	
PD2-6A	Written Policies and Procedures	
PD2-6B	Written Policies and Procedures	
PD2-7A	Written Policies and Procedures	
PD2-8A	Written Policies and Procedures	

# Desk Review Report Sample

## Desk Review Report

Services: PDA, PDC, PDN

Address  
City, State, Zip



Standard	Comments	Deficient
PD4-2E <b>There is a job description for each position within the PD which is consistent with the organizational chart with respect to function and reporting responsibilities.</b>	There is not a job description for the following positions listed on the organizational chart: Office Coordinator, Staff Coordinator, OT, and OTA. There was a job description for ST Assistant but this job was not on the organizational chart. None of the job descriptions include physical and environmental requirements. The DON job description does not include 2 years home care experience and 1 year supervisory as a minimum.	X

# 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

- **Initial Survey:** An Initial Survey is conducted on organizations that apply for ACHC Accreditation for the first time. Initial Surveys are announced (except in FL & TX).
- **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 announced (except in FL & TX).
- **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

- **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.

# Virtual Surveys

- Initial and renewal PD accreditation
- Available in a majority of states.
- Covers the same scope, quality, and review of standards as on-site surveys
- Contact AA to best determine which survey process is right for your client's program

# 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](mailto:info@achc.org):
  - Provide written approval from client (email is okay).
  - Allow two to three business days.

# Poll Question



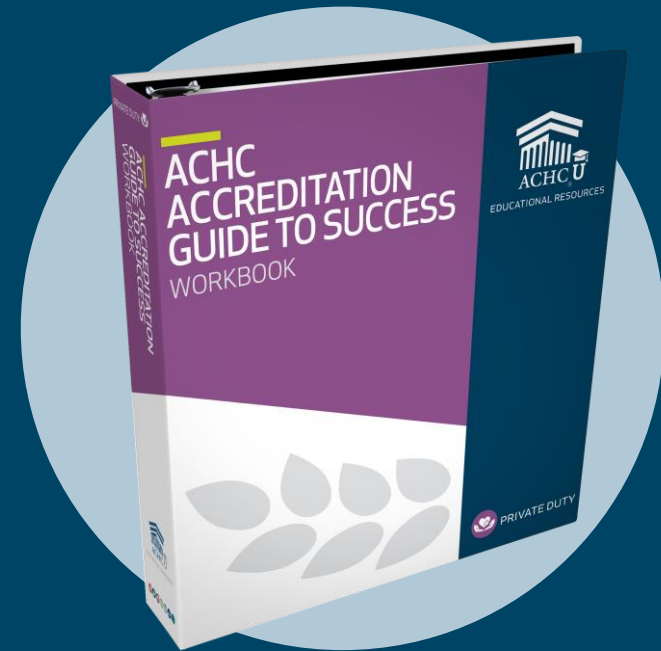


Questions?



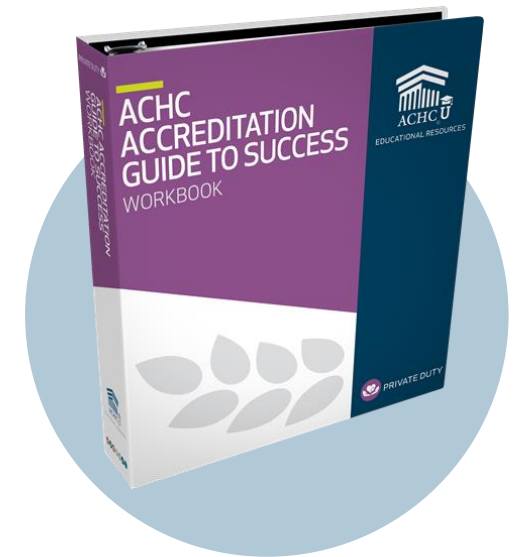
# ACHC Accreditation Guide To Success

Private Duty



# ACHC Accreditation Guide To Success

- Essential Components
  - Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
  - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints
- Other Tools
  - Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process
- Quick Standard Reference
  - Quickly locate important information for successfully completing the ACHC accreditation process



## **STANDARD PD1-2D: (SERVICES APPLICABLE: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW)**

Governing body members receive an orientation to their responsibilities and accountabilities.

### **P&P ESSENTIAL COMPONENTS**

- Organizational structure
- Confidentiality practices and signing of a confidentiality agreement
- Review of the PD's values, mission, and/or goals
- Overview of programs, services, and initiatives
- Personnel and client/patient grievance/complaint policies and procedures
- Responsibilities in the PI Program
- Organizational ethics
- Conflict of interest

**HINT** The Agency must produce written evidence of an orientation for governing body members.

# Items Needed for On-Site Survey

## ITEMS NEEDED FOR ON-SITE SURVEY



### PRIVATE DUTY-NON-MEDICARE SURVEY

#### PRIVATE DUTY

Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for past 12 months (or since start of operation, if less than one year)
- Personnel list with title, discipline, and hire date (including direct care contract staff)
- Any previous survey results from the past year
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plan of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year.

This document is applicable to PDA, PDC, PDN, PDPT, PDST and PDSW. You should reference the standards applicable to the services your agency provides for full detail of the requirements for compliance.

ACHC Standard	Required Item	Located
PDI-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
PDI-1A.01	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> <li>• PD2-2A Patient rights and responsibilities policy</li> <li>• PD2-3A Investigation of abuse, neglect, and exploitation policy</li> <li>• PD2-4A Grievance/complaint policy</li> <li>• PD4-2H Background check policy</li> <li>• PD4-13B Aide qualification requirements</li> <li>• PD5-3A Plan of care policy</li> <li>• PD6-4A Investigation of adverse events policy</li> </ul>	
PDI-2A/PDI-2D/PDI-3A/PDI-8A/PDI-4/PDI-5A/PDI-7A/PDI-3-1A/PDI-6-1A/PDI-1C/PDI-7A	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
PDI-4 A	The job description for the Administrator meets any applicable state and federal laws as well as agency requirements	
PDI-4B	Annual performance review of the Administrator	
PDI-4C	The job description for the alternate Administrator meets any applicable state and federal laws as well as agency requirements	
PDI-5A	Organizational chart	
PDI-7A	All required federal and state posters are placed in a prominent location	

## ACCREDITATION COMMISSION for HEALTH CARE


ACHC Standard	Required Item	Located
PDI-10A	Contracts for direct care staff, including copies of professional liability insurance certificates	
PDI-10D	Evidence of monitoring of care/service provided by contract staff	
PDI-11A	Verification of physician licensure (if applicable)	
PD2-1A	Marketing materials	
PD2-3A/PD2-4A	Grievance/complaint log	
PD2-5A	Signed confidentiality statement for all personnel and contract staff	
PD2-5C	Business Associate Agreements (BAAs)	
PD2-6A	Advance Directive information provided to patients/clients	
PD2-7A	Evidence of how ethical issues are identified, evaluated and discussed	
PD2-8A	Evidence of communication assistance for language barriers	
PD2-9A	Compliance Program	
PD2-10A/PD2-11A/PD2-12A	On-call calendar	
PD3-1A	Most recent annual operating budget	
PD3-2A	Evidence that financial records are maintained and retained according to IRS requirements	
PD3-6A	Listing of patient care charges	
PD4-1C	Personnel records (including direct care and contract staff) contain evidence of the items listed in the standard. Surveyor will review personnel records based on the services provided by the agency.	
PD4-2E	Job descriptions	
PD4-2I	Employee handbook or access to personnel policies	
PD4-7A/PD4-7B	Evidence of ongoing education and/or written education plan	
PD5-2A	Evidence agency maintains patient/client records in a confidential manner	
PD5-4A	Referral log	
PD5-6A	Patient/client education materials	
PD6-1A	Performance Improvement (PI) Program	
PD6-1B	Job description for individual responsible for the PI Program	
PD6-1C	Governing body meeting minutes demonstrate involvement of the governing body in PI	
PD6-1D	Evidence of personnel involvement in PI	
PD6-2B	PI annual report	
PD6-2D	Evidence of monitoring processes that involve risks, including infections and communicable diseases	
PD6-2D	Evidence of monitoring staff incidents, accidents, complaints and worker compensation claims	
PD6-2E	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	



ACHC Standard	Required Item	Located
PD6-2F	Evidence of monitoring of an aspect related to administrative function of the agency	
PD6-2G	Satisfaction surveys utilized in PI	
PD6-2H	Evidence of ongoing chart audits and that results are utilized in PI	
PD6-2I	Evidence of monitoring of patient/client complaints and actions needed to resolve issues	
PD6-4A	Incident log demonstrates proper documentation, investigation, and resolution of all adverse events	
PD7-1A/PD7-1B	TB prevalence rates for all counties served, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
PD7-1E	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into PI as appropriate	
PD7-3A	Emergency disaster plan and results of an annual emergency disaster drill	
PD7-3C	Emergency preparedness information provided to patients/clients	
PD7-5A	Report of annual fire drill and results of testing of emergency power systems	
PD7-6B	Access to Safety Data Sheets (SDS)	
PD7-7A	Evidence of proper reporting of personnel incidents, accidents, variance or unusual occurrences OSHA forms 300, 300A, and/or 301 (if applicable)	
PD7-8A/7-9A	Maintenance logs of any equipment used in the provision of care	




# Survey Preparation Tools




**OBSERVATION AUDIT TOOL**

- Agency has appropriate Articles of other documents of legal authority
- Copy of Fair Labor Standards Act is prominent location.
- Evidence of an on-call process to ensure services are available 24 hours a day necessary to meet client/patient needs
- Evidence of charges in writing and request.
- Marketing materials reflect the services of the agency.
- Personnel have access to a referral internet access appropriate to the services provided.
- Evidence of a referral log or other tracking referrals as well as referrals not accepted
- Evidence of an annual practice drill and adequacy of the disaster/crisis plan



**PERSONNEL CHART AUDIT TOOL**

REQUIREMENTS	STANDARD	STAFF INITIALS
	Date of Hire:	
Application	PD4-1B	
Dated and signed withholding statements	PD4-1B	
Completed I-9	PD4-1B	
Personnel credentials	PD4-2B	
TB skin testing or chest x-ray (Direct care staff only)	PD4-2C	
Hepatitis B or declination (Direct care staff only)	PD4-2D	
Signed Job Description	PD4-2E	
Valid Driver's License (If required to transport patients)	PD4-2F	
Background Checks:	PD4-2H	
OIG Exclusion List	PD4-2H	
National Sex Offender Registry (Direct care staff only)	PD4-2H	
Criminal Background	PD4-2H	
Evidence of receipt of Employee Handbook	PD4-2I	
Annual Performance Evaluations	PD4-2J	
Orientation	PD4-2K	



**POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS**

Can you describe your duties and accountabilities?

	STANDARD	GOVERNING BODY MEMBERS OWNERS/CEO	ADMINISTRATOR	NURSE	THERAPISTS/SOCIAL WORKER	AIDE	HOME/MAKERY COMPANION
PD1-2A							
PD1-2D							
PD1-3A							
PD1-4B							
PD1-5B							
PD1-8A							
PD1-9A							
PD1-11A							
PD2-2A							
PD3-2A							

Audit each client record for the items listed under all clients. Audit for the additional requirements as it pertains to the services provided to the client.

Date: \_\_\_\_\_ Auditor: \_\_\_\_\_ Client Record: \_\_\_\_\_


PD	REQUIREMENTS	CLIENT INITIALS	SCORE
	Start of Care Date:		
2-1A	Receipt of description of services		of %
2-2A	Receipt of rights and responsibilities		of %
2-4B	Receipt of complaint process		of %
2-5B	Receipt of privacy notice (HIPAA)		of %
2-6A	Advance Directive Information		of %
3-3A	Financial hardship form (if applicable)		of %
3-6B	Information on financial responsibility		of %
3-7A	Services are properly billed for		of %
4-10A	Designated Care Coordinator/CM		of %
4-11A	RN supervising paraprofessionals		of %
4-11B	Paraprofessional oversight		of %

**CLIENT/PATIENT RECORD AUDIT**

# Compliance Checklist

SECTION 1 COMPLIANCE CHECKLIST						
STANDARD	Policy/ Procedure	Personnel Record	Observation	Audit tools provided	Compliance Y/N	Comments
PD1-1A			Articles of Incorporation or other appropriate documentation	Observation Tool		
PD1-2A	Yes		Governing body minutes & staff interviews, description of governing body	Governing Body Meeting Template, Interview Tool & Items Needed for Survey		
PD1-2D			Orientation agenda/checklist for governing body & staff interviews	Governing Body Orientation Tool & Interview Tool		
PD1-3A	Yes	Yes	Conflict of Interest and Disclosure Statement & staff interviews	Personnel Record Tool & Interview Tool		
PD1-4A		Yes	Job description	Personnel Record Tool		
PD1-4B		Yes	Annual job evaluation & staff interviews	Personnel Record Tool & Interview Tool		
PD1-4C		Yes	Job description & orientation	Orientation Tool		
PD1-5A			Organizational chart, staff interviews & orientation	Items Needed for Survey & Interview Tool		
PD1-7A			Copies of applicable federal, state and local laws accessible & Fair Labor Standards Act (FLSA) is posted	Observation Tool		
PD1-7B			Observation of staff	Observation Tool		
PD1-8A			Governing body minutes & staff interviews	Items Needed for Survey & Interview Tool		
PD1-9A			Organizational chart & staff interviews	Interview Tool		
PD1-10A			Written contracts/agreements & liability insurance certificate	Items Needed for Survey		
PD1-10D			Governing body minutes & Performance Improvement (PI) activities	Items Needed for Survey		
PD1-11A	Yes		Physician verification log	Observation Tool		

# Self Audit



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## SECTION 1 SELF-AUDIT

### REQUIRED POLICIES AND PROCEDURES

- Handling requests for information from regulatory agencies
- Governing body responsibilities
- Conflict of interest and the procedure for disclosure statement
- Verification of licensure of referring physician and others approved by law to prescribe medical services


### REQUIRED DOCUMENTS

- Appropriate licenses, permits, registrations, etc., to conduct business
- Articles of Incorporation/organization or other documentation of legal authority
- Description of governing body/ownership (this may be in your Articles of Incorporation)
- List of governing body members that includes name, address and telephone numbers for each person
- Orientation of governing body members - NYA for a single owner acting as the governing body
- Organizational chart showing all positions with identifiable and accurate lines of authority
- Copies of applicable laws, rules, and regulations
- Professional practice acts or standards of practice
- Governing body meeting minutes
- Written contracts/agreements and copies of professional liability insurance certificates for contract staff
- Surveys used in Performance Improvement (PI) for monitoring contract staff

### PERSONNEL FILE CONTENTS

- Signed confidentiality agreements as required by policy
- Signed Conflict of Interest Disclosure Statements, as applicable
- Administrator's resumé/application
- Annual evaluation of the Administrator
- Job description of temporary Administrator to verify the duties required when filling the role of the Administrator are identified in the job description
- Documentation of orientation to the duties of temporary Administrator

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ACHC ACCREDITATION GUIDE TO SUCCESS

## AUDIT TOOLS

### CLIENT RECORD

None

### APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING

- Time frames for request of information and changes in authority, ownership, or management
- Governing body duties and orientation
- Potential conflict of interest situations and procedure for disclosing
- Organizational chart/chain of command
- Reporting of negative outcomes affecting accreditation licensure
- Physician licensure verification

### CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- Licenses, permits, etc., posted in public view
- Required state and federal labor law posters

### SELF TEST

1. Who is designated as the Administrator of the organization?
2. Who/which position is assigned the duty of temporary Administrator in their absence?
3. What are two examples of a conflict of interest?
4. Is staff informed of the chain of command?
5. Who do you report a conflict of interest to?
6. What negative company outcomes must be reported to ACHC within 30 days?
7. What ownership/management information are you required to disclose to ACHC and other appropriate state and federal agencies?
8. If contract staff is utilized, do the written contracts have all required elements as well as copies of professional liability insurance certificates?

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# Focus Areas

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education
- Implement an internal Plan of Correction (POC)
- Share improvements with your Surveyor during survey





Questions?



EDUCATIONAL RESOURCES

# Private Duty Survey Process

## Start to Finish

 PRIVATE DUTY



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# On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel record review
- Patient home visits (1)
- Patient chart review (5)
- Interview with staff and management
- Review of agency's implementation of policies including Performance Improvement (PI)
- Exit conference

# Opening Conference

- Begins shortly after arrival of Surveyor
- Invite those involved in the process
- Good time to gather information needed by the Surveyor
- **KEY REPORTS**
  - Current census and current schedule of visits
    - Name, diagnosis, start of care date, disciplines involved
  - Discharge and transfers
  - Personnel (**contract**)
    - Name, start of hire, and discipline/role

# Tour

- Quick tour of facility
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply closet
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
- Policies and procedures available for reference
- Performance Improvement presentation (brief)

# Personnel Record Review

- Review personnel records for **key staff** and **contract staff**
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, ongoing education
  - Medical information
  - Background checks

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

# Personnel File Review



## SURVEY CHECKLIST - PERSONNEL FILES



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

### COMPLIANCE DATE:

Standard	Item Required	Administrator:	Alternate Admin:	Director of Clinical Services:	Alt. Director of Clinical Services:	RN Name:	LPN Name:	PDA Name:	PDC Name:	PT/PTA Name:	OT/COTA Name:	ST/SLPA Name:	BSW/MSW Name:	Other Name:
PD4-1B	Position application (N/A for contract staff)													
PD4-1B	Dated and signed withholding statements (N/A for contract staff)													
PD4-1B	I-9 Form (N/A for contract staff)													
PD4-2B	Evidence that licensed staff credentials are current and verification that non-licensed staff are qualified													
PD4-2C	Evidence of initial and annual TB screening													
PD4-2D	Evidence of Hepatitis B vaccination received or signed declination statement													
PD4-2E	Signed job description or contract													
PD4-2F	Current driver's license and MVR check, if applicable													
PD4-2H	Criminal background check													
PD4-2H	Office of Inspector General Exclusion List check													
PD4-2H	National sex offender registry check, if applicable													
PD4-2I	Evidence of access to personnel policies (N/A for contract staff)													
PD4-2J	Most recent annual performance evaluation													
PD4-5A	Evidence of orientation													



# Medical Chart Reviews

- Representative of the care provided
  - Pediatric-geriatric
  - Environment served
  - Medically complex
  - All payors
- Electronic Medical Record:
  - Do not print the medical record
  - Surveyor needs access to the entire record — Read-only format
  - Agency needs to provide a laptop/desktop for the Surveyor
  - Navigator/outline



# Home Visit

- Visits will be with patients already scheduled for visits if census is large enough to accommodate
- Agency responsibility to obtain consent from patient/family
- Prepare patients and families for potential observation visits
- Surveyor transportation

# Corrected On Site

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required
- Always must be in compliance with state requirements and policies and procedures since first patient
- Encourage customers to correct all deficiencies while the Surveyor is on location

# Exit Conference

- Exit conference
  - Present all corrections beforehand
  - Invite those you want to attend
  - Cannot provide a score
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
  - Seek clarification from your Surveyor while still on-site



Questions?



Break time



EDUCATIONAL RESOURCES

# Accreditation Decisions

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# Post-Survey Process

- Data collectors versus scorekeepers
- Submission of data to office
- ACHC Accreditation Review Committee examines all the data
- SOF is sent within 10 business days from the last day of survey

# Review Committee

- All survey results are reviewed by the Review Committee.
- Compliance with the state vs. compliance with ACHC-only requirements.



# Sample Summary of Findings

Identify the standard

Deficiency Category - Personnel Files			Deficient
Standard		Comments	
PD1-4C	An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies.	<p>Upon personnel file review, 1 of 1 (Personnel #1) did not contain evidence of a qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and included in the orientation of this individual.</p> <p>Corrective Action: Agency must ensure there is evidence of a qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and included in the orientation of this individual. Staff education should occur. Records audited for compliance.</p>	X

Deficiency cited

Action required for compliance

# ACHC Accreditation Decisions



## ACCREDITED

Provider meets all requirements for full accreditation status.

Accreditation is granted but Plan of Correction (POC) may still be required.\*



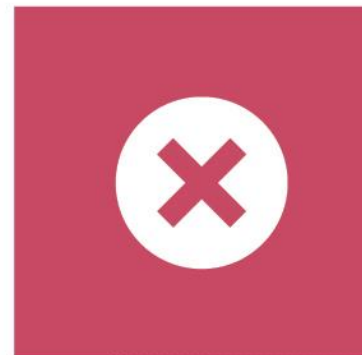
## ACCREDITATION PENDING

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.



EDUCATIONAL RESOURCES

# Developing an Approved Plan of Correction


 PRIVATE DUTY



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# Plan Of Correction (POC)



**PLAN OF CORRECTION (POC)**

Organization: <<Organization Name>>      Company ID: <<CompanyID>>      Application ID: <<ApplicationID>>  
 Address: <<Address>>      Date Generated: <<Date>>  
 Services Reviewed: <<Services Reviewed>>      Date of Survey <<Survey Date>>      Surveyor: <<Surveyor>>


**INSTRUCTIONS:**

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Ambulatory Care, Assisted Living, Behavioral Health, Palliative Care, and Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

**SAMPLE:** Below is a sample on how to correctly fill out your POC.

**ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR**

Standard	Plan of Correction <small>(Specific action taken to bring standard into compliance)</small>	Date of Compliance <small>(Date correction to be completed)</small>	Title <small>(Individual responsible for correction)</small>	Process to Prevent Recurrence <small>(Describe monitoring of corrective actions to ensure they effectively prevent recurrence)</small>	POC Compliant <small>(ACHC internal use only)</small>	Evidence Required <small>(ACHC internal use only)</small>	Evidence Approved <small>(ACHC internal use only)</small>	Comments <small>(ACHC internal use only)</small>
HH5-3A, §484.60	Staff will be in-serviced on how to document a complete and individualized plan of care that specifies the care and services necessary to meet the patient's needs.	mo/dd/yr	Clinical Manager	Audit 10% of all active patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the patient for at least 5 weeks. Target threshold is 95%. Once threshold is met, will continue to audit 10% of all patient records quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Appropriate staff will be in-serviced on requirements of the initial TB screening and annual verification.	mo/dd/yr	Administrator	100% of newly hired, direct care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			



Page 1
[483] POC Template    Revised: 08/18/2021

# Plan of Correction (POC) Requirements

- Due in 30 calendar days to ACHC
- Deficiencies are autofilled
- Plan of Correction
  - Specific action step to correct the deficiency
- Date of compliance
- Title of the 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

## ➔ EVIDENCE CHART



Company name: \_\_\_\_\_

Date: \_\_\_\_\_ For the week/month of: \_\_\_\_\_

Complete the Medical Record/Personnel Record chart with the summation of your medical record and/or personnel record audit results. Complete the Observation Deficiencies chart and provide the required documents to support compliance with the requirements. Examples of evidence that may need to be submitted are: Governing Body meeting minutes, revised contracts, annual program evaluation, PI activities, or administrator qualifications.

All evidence supporting the implementation of the Plan of Correction (POC) must be submitted, at one time, to your Account Advisor within 60 days following the survey decision letter.

**Do not submit evidence until your POC has been approved.  
Do not submit any Protected Health Information (PHI) or confidential employee information.**

Medical Record/Personnel Record Audit Summary:

DEFICIENCY	AUDIT DESCRIPTION	RECORDS CORRECT/ RECORDS REVIEWED	PERCENT CORRECT
Example: PD5-3K	Audit charts to determine care provided in accordance with the plan of care	9/10	90%

# Poll Question





EDUCATIONAL RESOURCES

# Adding Value With ACHC Accreditation

 PRIVATE DUTY



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



# 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



Your logo here

**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](https://cc.achc.org)
  - Contact the ACHC Marketing Department at (855) 937-2242



EDUCATIONAL RESOURCES

# Marketing Your Consultant Business

 PRIVATE DUTY



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# 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

The screenshot displays the ACHC Certified Consultant Portal. The header is 'ACHC CERTIFIED CONSULTANT PORTAL'. The main content area is titled 'Welcome, Liridsey!' and 'Manage Your Public Profile - Verified'. It shows a profile for 'ACHC (Accreditation Commission for Health Care)' with fields for Photo, Company Name, Description, Address, Phone, and Website. Below these are 'Certified Consultants' listed as John Smith, Jane Parker, and Stephanie Johnson, and 'Programs' listed as Home Health, Hospice, and Private Duty. At the bottom, there are 'Update' and 'Preview Profile' buttons, with a 'CLICK TO PREVIEW PROFILE' link.

# 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 your 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](mailto:info@achc.org) or (855) 937-2242.





EDUCATIONAL RESOURCES

# Customer Central Resources

## Organization Changes

 PRIVATE DUTY



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# Service & Branch Additions

- When an existing private duty program intends to add services, move from its surveyed location to a new site or intends to add a branch, it must notify ACHC and any applicable State Agencies, in writing of the proposed change.
- Notify Account Advisor
  - Receive a Service Addition Checklist
  - Receive a Branch Addition Checklist form
  - Distinction in Palliative Care and/or Telehealth require an additional one-day survey
  - Change in ownership

# Edit Company Information

## Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Select the item for further instructions.

NAME CHANGE [\[ Expand \]](#)

ADD BRANCH [\[ Expand \]](#)

CHANGE OF LOCATION [\[ Expand \]](#)

ADD/REMOVE PRODUCT CODES [\[ Expand \]](#)

ADD/REMOVE SERVICES [\[ Expand \]](#)

CHANGE OF OWNERSHIP [\[ Expand \]](#)

NOTIFICATION OF CHANGE FOR ADMINISTRATOR/DIRECTOR OF NURSING [\[ Expand \]](#)

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[ACHC.org](#) | [Terms of Use](#) | [Privacy Policy](#) | [Return Policy](#) | [Contact](#)

# Branch Addition

## Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Select the item for further instructions.

NAME CHANGE

[Expand]

ADD BRANCH

[Expand]

To add a branch to your organization, download the appropriate form below, fill out, and email to your Accreditation Advisor. Additional information and fees may be required.

- [DMEPOS Branch Addition Packet >>](#)
- [Home Health Branch Addition Packet >>](#)
- [Private Duty Branch Addition Packet >>](#)
- [Hospice Multiple Location Branch Addition Packet >>](#)
- [Florida Home Care Agencies Branch Addition Packet – New License Required >>](#)
- [Florida Branch Addition Packet – Licensed under Parent Location >>](#)

CHANGE OF LOCATION

[Expand]

ADD/REMOVE PRODUCT CODES

[Expand]

ADD/REMOVE SERVICES

[Expand]

CHANGE OF OWNERSHIP


[Expand]


NOTIFICATION OF CHANGE FOR ADMINISTRATOR/DIRECTOR OF NURSING

[Expand]

# Branch Addition Checklist

## BRANCH ADDITION CHECKLIST

 PRIVATE DUTY



FOR PROVIDERS.  
BY PROVIDERS.

---

**Parent Company Information:**  
 Legal Name  DBA Name:

**Please provide the following:**

- Completed ACHC Additional Site Information Form for branch location
- Copies of all business licenses required by state and local regulations (e.g., town business license and Private Duty license)
- List of all licensed employees including name, license number and profession

**Please note that additional information may be requested prior to approving branch addition.**

**Attestation Statement:** I , hereby certify that all of the information on this request is true and correct. I certify the following:

- This branch location will adhere to the accredited parent location's policies and procedures and is in compliance with all ACHC standards and state, federal and local rules and regulations.
- Any changes to management or policies and procedures as related to this branch addition will be communicated to ACHC.
- The physical location is appropriate and equipped to provide service to patients in a timely manner.
- Staff members are appropriately licensed as required by state and federal guidelines.
- A fully executed contract is in effect for all contracted patient services.

Signature  Date   
 Title

ACHC reserves the right to conduct on-site surveys for additions of branch locations. If it is determined that an on-site visit is necessary, the normal unannounced survey scheduling process will apply and the organization will be charged the current customary branch addition fees. If it is determined that an on-site review is not necessary, the organization will be charged a fee based upon the signed accreditation agreement.

# Change of Ownership

## Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Select the item for further instructions.

[NAME CHANGE](#) [\[Expand\]](#)

[ADD BRANCH](#) [\[Expand\]](#)

[CHANGE OF LOCATION](#) [\[Expand\]](#)

[ADD/REMOVE PRODUCT CODES](#) [\[Expand\]](#)

[ADD/REMOVE SERVICES](#) [\[Expand\]](#)

**[CHANGE OF OWNERSHIP](#)** [\[Expand\]](#)

If your organization has recently changed ownership, download the appropriate form below, fill out, and email to your Accreditation Advisor. Additional information and fees may be required.

- [Change of Ownership Checklist for DMEPOS, Pharmacy, and Sleep >>](#)
- [Change of Ownership Checklist for Home Health and Hospice >>](#)

[NOTIFICATION OF CHANGE FOR ADMINISTRATOR/DIRECTOR OF NURSING](#) [\[Expand\]](#)

# Service Addition Checklist

## SERVICE ADDITION CHECKLIST

 PRIVATE DUTY



FOR PROVIDERS.  
BY PROVIDERS.

---

**Company Information:**

Legal Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

**Requested Service Addition:**

<input type="checkbox"/> Private Duty Nursing (PDN)	<input type="checkbox"/> Private Duty Occupational Therapy (PDOT)	<input type="checkbox"/> Private Duty Speech Therapy (PDST)
<input type="checkbox"/> Private Duty Aide (PDA)	<input type="checkbox"/> Private Duty Physical Therapy (PDPT)	<input type="checkbox"/> Private Duty Social Work (PDSW)
<input type="checkbox"/> Private Duty Companion/Homemaker (PDC)		

The following may only be added to Private Duty Nursing (PDN):

Distinction in Palliative Care (PCPD)

Distinction in Telehealth services (PDTH)

**Please provide the following:**

Copies of updated policies and procedures for the new service (please refer to attached chart)

List all appropriate licenses and/or certification numbers of staff, if applicable (e.g., RN, CNA, OT, PT, and ST)

For Private Duty Infusion Therapy, copies of specialized training for Infusion Therapy

**Please note that additional information may be requested prior to approving service addition.**

Attestation Statement: I \_\_\_\_\_, hereby certify that all of the information on this request is true and correct. I certify that all policies and procedures have been updated to reflect the new service and are in compliance with all ACHC Accreditation Standards and state, federal, and local rules and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

ACHC will conduct site surveys on all Nursing, Palliative Care, and Telehealth service additions. ACHC reserves the right to conduct a focus survey for other service additions. If it is determined an on-site visit is necessary, the normal unannounced survey scheduling process will apply and the organization will be charged the site visit fee. If it is determined that an on-site review is not necessary, the organization will be charged a fee based upon the signed accreditation agreement.



EDUCATIONAL RESOURCES

# Benefits of Partnering with ACHC

## Educational Resources

 PRIVATE DUTY



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# 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 and Events
  - Regulatory Updates

## Regulatory Updates

Total of 214 records returned. Page 1 of 43

**July Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule** State: All

Date Posted: 6/28/2019

Change Request (CR) 11334 informs DME MACs about the changes to the DMEPOS fee schedule which Medicare updates on a quarterly basis, when necessary, to implement fee schedule amounts for new codes and correct any fee schedule amounts for existing codes. Make sure that your billing staff is aware of these changes.

[LEARN MORE](#)

**Sleep Labs - Palmetto GBA Jurisdiction J** State: AL,GA,NC,SC,TN,VA,WV

Date Posted: 6/26/2019

A report released on June 7, 2019, by The Office of Inspector General (OIG), discovered that Medicare paid claims with inappropriate diagnosis codes, missing documentation, and to providers with questionable billing patterns. In addition, Medicare spending on polysomnography services has increased, according to the report, leading the OIG to conduct its review.

[LEARN MORE](#)

**Home Health Agency - Clarification of Billing and Payment Policies for Negative Pressure Wound Therapy (NPWT) Using a Disposable Device - Revised** State: All

Date Posted: 6/11/2019

The Consolidated Appropriations Act, 2016 (Pub. L 114-113) requires a separate payment to be made to Home Health Agencies (HHAs) for disposable Negative Pressure Wound Therapy (NPWT) devices when furnished, on or after January 1, 2017, to an individual who receives home health services for which payment is made under the Medicare home health benefit. In the CY 2017 HH PPS Final Rule, the Centers for Medicare & Medicaid Services (CMS) finalized implementation of payment for disposable NPWT devices through the home health...

# Customer Central

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

About ACHC | Contact ACHC

**CUSTOMER CENTRAL**

Choose your ACHC Login

Customer Central is your personalized website to complete the accreditation process, from start to finish!

**Account Login**

If you are having problems logging in click the "forgot your info?" link below.

User Name

Password

Remember Me? [Forgot your info?](#)

Login

**Don't have an account?**

Customer Central is designed to help customers prepare for and maintain accreditation/certification. Logging in will give you access to your organization's profile(s), relevant standards, applications (current and past), supporting documents, survey results, and resources. You can also use it to communicate with your Account Advisor.

Create Account



**Need Access to Both Platforms?**

If interested in multiple ACHC programs please reach out to our Customer Care Specialists for support at (855) 937-2242 or customerservice@achc.org

For hospital (including CAH), ASC, Office-based Surgery, and Laboratory Accreditation and for Joint Replacement, Stroke, Wound Care, and Lithotripsy Certification, login to Compass using the link below.


**Compass**


# Maintaining Compliance Checklist

 CUSTOMER CENTRAL    STANDARDS    APPLICATION    RESOURCES +    FORMS +    UPLOAD     EASY PAY    MY ACCOUNT +


---


Account Advisor




 **Nora Lee Stephen**  
nstephen@achc.org  
(919) 785-1214 ext. 230  
Fax: (919) 785 - 3011

---

 **ACHC**  
139 Weston Oaks Ct.

 **Continued Compliance**

ACHC is here to help you maintain ongoing compliance and employ industry best practices. Below are continued compliance checklists for each program. Select your program to expand and then click to download the checklists.

-----Please Select----- 

# Maintaining Compliance Checklist

## ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST

PRIVATE DUTY



Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool to audit your private duty agency and operations 12 months after your ACHC survey. 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
PD1-1A	All applicable licenses and permits are current and posted	
PD1-2A	Governing body meeting minutes have been properly documented	
PD1-2D	New governing body members have been oriented	
PD1-3A	Any conflict of interest has been properly disclosed	
PD1-4B	Annual evaluation of the Administrator has been completed	
PD1-5A	Organizational chart is up to date	
PD1-7A	The Fair Labor Standards Act poster is posted in a prominent location	
PD1-8A	Negative outcomes effecting accreditation, regulatory compliance, or licensure are documented and reported to the governing body/owner and to ACHC	
PD1-10A	All contracts for direct care have been reviewed as required per the terms of the contract and all new contracts implemented contain the required content and the agency maintains copies of professional liability insurance certificates for all contract personnel	
PD1-10D	Any care provided in past year by contract staff has been monitored to ensure the quality of care provided to patients/clients	
PD1-11A	Verification that all referring physician's licenses remain current	
SECTION 2: PROGRAMS AND SERVICES OPERATIONS		
Standard	Expectation	Comments
PD2-1A	Marketing materials are current and accurately reflect care/service provided	
PD2-2A	Patient Rights and Responsibilities document is current	
PD2-3A	All alleged violations by anyone furnishing services on behalf of the agency have been properly investigated and appropriate corrective action has been taken	
PD2-4A	All grievances and complaints have been documented, investigated, resolved and reported to the governing body quarterly	

Revised: 08/27/2018  
[523] Accreditation 12-Month Compliance Checklist (Private Duty)

Page 1 of 4 | achc.org

## ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST

PRIVATE DUTY



Use this checklist, along with the Patient/Client Record Audit tool and the Personnel File Audit tool to audit your private duty agency and operations 24 months after your ACHC survey. 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	Standard	Comments
PD1-1A	All applicable licenses and permits are current and posted	
PD1-2A	Governing body meeting minutes have been properly documented	
PD1-2D	New governing body members have been oriented	
PD1-3A	Any conflict of interest has been properly disclosed	
PD1-4B	Annual evaluation of the Administrator has been completed	
PD1-5A	Organizational chart is up to date	
PD1-7A	The Fair Labor Standards Act poster is posted in a prominent location	
PD1-8A	Negative outcomes effecting accreditation, regulatory compliance, or licensure are documented and reported to the governing body/owner and to ACHC	
PD1-10A	All contracts for direct care have been reviewed as required per the terms of the contract and all new contracts implemented contain the required content and the agency maintains copies of professional liability insurance certificates for all contract personnel	
PD1-10D	Any care provided in past year by contract staff has been monitored to ensure the quality of care provided to patients/clients	
PD1-11A	Verification that all referring physician's licenses remain current	
SECTION 2: PROGRAMS/SERVICE OPERATIONS		
Standard	Standard	Comments
PD2-1A	Marketing materials are current and accurately reflect care/service provided	
PD2-2A	Patient Rights and Responsibilities document is current	
PD2-3A	All alleged violations by anyone furnishing services on behalf of the agency have been properly investigated and appropriate corrective action has been taken	
PD2-4A	All grievances and complaints have been documented, investigated,	

Revised: 08/27/2018  
[523] Accreditation 24-Month Compliance Checklist (Private Duty)

Page 1 of 4 | achc.org

## ITEMS NEEDED FOR ON-SITE SURVEY

PRIVATE DUTY-NON-MEDICARE SURVEY

PRIVATE DUTY



Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for past 12 months (or since start of operation, if less than one year)
- Personnel list with title, discipline, and hire date (including direct care contract staff)
- Any previous survey results from the past year
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plan of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year. This document is applicable to PCA, PDC, PDN, PDIN, PDPT, PDOT, PDST and PDSW. You should reference the standards applicable to the services your agency provides for full detail of the requirements for compliance.

ACHC Standard	Required Item	Located
PD1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
PD1-1A.01	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> <li>• PD2-2A Patient rights and responsibilities policy</li> <li>• PD2-3A Investigation of abuse, neglect, and exploitation policy</li> <li>• PD2-4A Grievance/complaint policy</li> <li>• PD4-2H Background check policy</li> <li>• PD4-13B Aide qualification requirements</li> <li>• PD5-3A Plan of care policy</li> <li>• PD6-4A Investigation of adverse events policy</li> <li>• PD7-1A Medication and product recall</li> <li>• PD7-12A Pharmaceutical storage</li> </ul>	
PD1-2A/PD1-2D/PD1-3A/PD1-8A/PD2-4/PD2-5A/PD2-7A/PD3-1A/PD6-1A/PD6-1C/PD7-7A	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
PD1-4A	The job description for the Administrator meets any applicable state and federal laws as well as agency requirements	
PD1-4B	Annual performance review of the Administrator	
PD1-4C	The job description for the alternate Administrator meets any applicable state and federal laws as well as agency requirements	
PD1-5A	Organizational chart	

Revised: 08/09/2018  
[561] Items Needed for Survey - Private Duty

Page 1 of 3 | achc.org

## ITEMS NEEDED FOR ON-SITE SURVEY DISTINCTION IN PALLIATIVE CARE

HOME HEALTH HOSPICE PRIVATE DUTY



Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current palliative care patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits for palliative care patients
- Personnel list with title, discipline, and hire date (including volunteers)
- Education materials given to patients

Annual requirements are not applicable to agencies in operation for less than one year.

ACHC Standard	Required Item	Located
PC1-A	Agency has access to applicable federal and state laws and regulations	
PC2-A	Agency has access to community resources to ensure continuity of care	
PC2-C	Agency has access to community resources to assist with language and communication barriers and to increase staff cultural competence	
PC2-D	Evidence of ongoing staff education to increase staff cultural and linguistic competence	
PC2-E	Agency has the ability to address ethical concerns	
PC2-E	Evidence of ongoing staff education related to ethical principles of palliative care	
PC4-A	Evidence of the use of volunteers in the palliative care program	
PC4-A	Evidence volunteer personnel files contain the required items	
PC4-B	Evidence of a written education plan and ongoing education	
PC5-C	Evidence of an on-call coverage system or procedure for after-hours physician contact	
PC5-C	Evidence of specialized training in caring for children and/or adolescents (if applicable)	
PC5-D	Evidence of symptom management tools including an Opioid Analgesic Risk Assessment and Management Plan	
PC5-J	Bereavement program materials	
PC5-J	Evidence of community services/resources for bereavement	
PC6-A	Evidence of a Quality Assessment and Performance Improvement (QAPI) Program specific to palliative care program	
PC6-A	Evidence of continuous and periodic collection and assessment of quality data	
PC6-A	Evidence of Performance Improvement initiatives for palliative care program	

Effective: 06/26/2018  
[696] Items Needed for Survey - Palliative Care

Page 1 of 1 | achc.org



ACHCU Is a Brand of ACHC.



# Education Library

ACHC CUSTOMER CENTRAL    STANDARDS    APPLICATION    RESOURCES +    FORMS +    UPLOAD    EASY PAY    MY ACCOUNT +

Account Advisor

Nora Lee Stephen  
 nstephen@achc.org  
 (919) 785-1214 ext. 230  
 Fax: (919) 785-3011

ACHC  
 139 Weston Oaks Ct.  
 Cary, NC 27513

Video Tutorials  
 Customer Central Tour  
 Application Tour  
 PER "How To"  
 On-Site Survey  
 POC "How To"

## Education Library

ACHC is dedicated to providing its customers with up-to-date news and education. Below is a list of educational material that ACHC has provided to customers. You will also find a list of helpful links to industry websites.

Please contact your organization's Account Advisor with any questions.

---

### Educational Tools

Educational program-specific documents for your industry.

-----Please Select-----

---

### "Did You Know" Emails

Review archived program-specific emails.

"Did You Know" Emails Section >>

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### ACHC Today

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### Industry Links

Great resources for state-specific industry links.

DMEPOS

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Home Health & Hospice

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Questions?



EDUCATIONAL RESOURCES

# Achieving A Successful Survey Outcome

## Understanding The ACHC Private Duty Standards

 PRIVATE DUTY



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





# Review the Standards

- Identifier: PD
- Standard
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
  - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
  - Items that will be reviewed to determine if the standard is met
- Services applicable

# Standard Example



Standard PD1-7B: The Agency complies with accepted professional standards and practices.

Accepted standards of practice are utilized by the Agency to guide the provision of care/service.

Evidence: Observation

Evidence: Written Policies and Procedures

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Most Stringent Regulation

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards.



# SECTION 1

## ORGANIZATION AND ADMINISTRATION

- The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses that affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflict of interest, chain of command, program goals and regulatory compliance.

# Organization and Administration



Standard PD1-1A: The Agency is in compliance with federal, state and local laws.

If state or local law provides for licensing of Agency, the Agency must be licensed.

All required license(s) and or permit(s) are current and posted in a prominent location accessible to public view.

The entity, individual or Agency has a copy of the appropriate documentation or authorization(s) to conduct business.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and administration



Standard PD1-2A: The Agency is directed by a governing body/owner (if no governing body is present, owner suffices), which assumes full legal authority and responsibility for the operation of the Agency. The governing body/owner duties and accountabilities are clearly defined.

A governing body/owner assumes full legal authority and responsibility for the management of the Agency, the provision of all services, its fiscal operations, and the continuous performance improvements that are consistent with acceptable standards of practice.

The Agency has a list of governing body members that includes name, address, and telephone number.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-2D: Governing body members/owner receive an orientation to their responsibilities and accountabilities.

There is evidence that the governing body members received an orientation to their responsibilities and accountabilities as defined by the Agency.

These criteria would not apply to a single owner who serves as the governing body.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-3A: Written policies and procedures are established and implemented by the Agency in regard to conflicts of interest and the procedure for disclosure.

The policies and procedures include the required conduct of any affiliate or representative of the following:

- Governing body/owner
- Personnel having an outside interest in an entity providing services to the Agency
- Personnel having an outside interest in an entity providing services to patient

In the event of proceedings that require input, voting, or decisions, the individual(s) with a conflict of interest are excluded from the activity.

Governing board members and personnel demonstrate understanding of conflict of interest policies and procedures.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Organization and Administration



Standard PD1-4A: There is an individual who is designated as responsible for the overall operation and services of the agency. The administrator organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body/ owner and personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system.

The Administrator is responsible for all programs and services and is appointed and accountable to the governing body/ owner.

There is a job description that specifies the responsibilities and authority of this individual.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-4B: The governing body, or its designee, writes and conducts annual evaluations of the Administrator.

The governing body/owner may delegate the evaluation function to a specific person or entity such as an advisory or personnel committee.

The evaluation is reviewed with the Administrator and documented.

This criterion does not apply to sole proprietorships or to limited liability corporations (LLC), where the president and Administrator is also the owner and governing body.

This criterion is not applicable if the Agency has been in operation less than one year at the time of accreditation survey.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-4C: An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies.

A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and included in the orientation of this individual.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-5A: Responsibility and accountability for programs are defined. The organizational chart shows the relationship of all positions within the Agency with identifiable lines of authority.

The services furnished by the Agency, administrative control and lines of authority for the delegation of responsibility down to the client/patient care/service level are clearly defined in writing.

The governing body/owner and all positions are identified on the organizational chart. The organizational chart shows the position responsible for each program or service the Agency provides.

Personnel can provide a description of the Agency's chain of command that is consistent with the organizational chart.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-7A: The Agency is in compliance with all applicable federal, state, and local laws and regulations.

This standard requires compliance with all laws and regulations.

Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-7B: The Agency complies with accepted professional standards and practices.

Accepted standards of practice are utilized by the Agency to guide the provision of care/service.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-8A: The Agency informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspections and/or audits.

- License suspension(s)
- License probation; conditions/restrictions to license(s)
- Non-compliance with Medicaid Regulations identified during survey by another regulatory body
- Revocation of Medicaid/third-party provider number
- Any open investigation by any regulatory or governmental authority

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-9A: The organization is in compliance with disclosure of ownership and management.

The Agency discloses the following information to ACHC at the time of initial application and within 30 days of any change in ownership or management:

- The name and address of all persons with an ownership or control interest of 5% or greater
- The name and address of each person who is an officer, a director, or the site manager of the Agency
- The name and address of the corporation, association, or other company that is responsible for the management of the Agency, and the name and address of the chief executive officer (CEO) and the chairman of the board of directors of that corporation.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Organization and Administration



Standard PD1-10A: An Agency that uses outside personnel/organizations to provide care/services on behalf of the Agency has a written contract/agreement for care/services which is kept on file within the Agency.

Arranged care/services are supported by written agreements.

In addition, the organization maintains current copies of professional liability insurance certificates.

The organization has an established process to review and renew contracts/agreements as required in the contract.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-10D: The Agency monitors all care/service provided under contract/agreements to ensure that care/services are delivered in accordance with the terms of the contract/agreement.

The Agency has implemented a process for monitoring all care/service provided under a contract/agreement. Processes include, but are not limited to:

- Satisfaction surveys
- Record reviews
- On-site observations and visits
- Client/patient comments and other performance improvement (PI) activities

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Organization and Administration



Standard PD1-11A: Written policies and procedures are established and implemented in regard to the verification of credentials of the referring physician\* or other licensed independent practitioner approved by law to prescribe medical services, treatments, and/or pharmaceuticals being conducted prior to providing care/service.

The Agency has a mechanism to ensure that orders are only accepted from currently credentialed practitioners.

For PDA only services, this standard is applicable when the agency is required to have physician's\* orders to provide care/service.

\*A physician or other licensed independent practitioner with prescriptive authority.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Tips for Compliance

- Ensure license is current and posted
- Change in ownership/management properly reported
- Governing body
  - Orientation
  - List of members
  - Understand duties
- Conflict of Disclosure statement
- Administrator and Alternate Administrator
- Administrator annual evaluation

# Tips for Compliance

- Organization chart is current
- Any negative outcomes have been properly reported
- Review contracts
- Evidence of how contracted care is monitored

# Workbook Tools

- Compliance Checklist
- Self-Audit
- Governing Body Meeting Agenda Template
- Hourly Contract Staff Audit Tool
- Organizational Chart
- Conflict of Interest Disclosure Statement
- Acknowledgement of Confidentiality statement
- Governing Body Orientation

# Poll Question





Questions?



# SECTION 2

## PROGRAM/SERVICE OPERATIONS

- The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.

# Programs and Services



Standard PD2-1A: Written policies and procedures are established and implemented in regard to the Agency's descriptions of care/services and the distribution to personnel, clients/patients, and the community.

Written descriptions of care/services with detailed information are available.

Marketing and instructional materials use lay language and provide a more general description of care/services offered.

Clients/patients will receive information about the scope of services that the Agency will provide and specific limitations on those services.

The patient and/or family will receive this information prior to receiving care/service with evidence documented in the patient record.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-2A: Written policies and procedures are established and implemented by the Agency in regard to the creation and distribution of the Client/Patient Rights and Responsibilities statement.

Patient Rights and Responsibilities statement contains the required components.

The Agency obtains the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.

Personnel are provided training during orientation and at least annually thereafter concerning the Agency's policies and procedures on the Patient Rights and Responsibilities.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-2B: The Agency protects and promotes the exercise of the Client/Patient Rights.

Personnel honor the patient right to:

- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through agency generated photo identification
- Choose a health-care provider, including choosing an attending physician\*
- Receive appropriate care/service without discrimination in accordance with physician's\* orders
- Be informed of any financial benefits when referred to Agency
- Be fully informed of one's responsibilities

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



**Standard PD2-3A: Written policies and procedures are established and implemented by the Agency in regard to reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client/patient property by anyone furnishing services on behalf of the Agency.**

Any Agency staff must report these findings immediately to the Agency and other appropriate authorities in accordance with state law.

The Agency immediately investigates all alleged violations involving anyone furnishing services and immediately takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.

The Agency ensures that verified violations are reported to ACHC, state and local bodies having jurisdiction within five working days of becoming aware of the verified violation.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-4A: Written policies and procedures are established and implemented by the Agency requiring that the client/patient be informed at the initiation of care/service how to report grievances/complaints.

The Agency must investigate complaints made by a patient, the patient's representative, and the patient's caregivers and family.

The Agency must document both the existence of the complaint and the resolution of the complaint.

The Agency maintains records of grievances/complaints and their outcomes, submitting a summary report quarterly to the governing body/owner.

This information is included in the Performance Improvement annual report.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-4B: The Agency provides the client/patient with written information concerning how to contact the Agency, appropriate state agencies and ACHC concerning grievances/complaints at time of admission.

The Agency provides all clients/patients with written information listing a telephone number, contact person, and the Agency's process for receiving, investigating, and resolving grievances/complaints about its care/service.

The agency advises patients in writing of the state's toll free telephone hotline, its contact information, its hours of operation, and that its purpose. The ACHC phone number requirement is not applicable to Agency if this is its first ACHC survey.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-5A: Written policies and procedures are established and implemented by the Agency in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

The Agency has clearly established written policies and procedures that address the areas listed above which are clearly communicated to all personnel.

There is a signed confidentiality statement for all personnel and governing body/owner. Personnel and the governing body/owner abide by the confidentiality statement and the Agency's policies and procedures.

The Agency designates an individual responsible for seeing that the confidentiality and privacy policies and procedures are adopted and followed.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW



# Programs and Services



**Standard PD2-5C: The Agency has Business Associate Agreements for all Business Associates that may have access to Protected Health Information as required by HIPAA and other applicable laws and regulations.**

A copy of all Business Associate Agreements will be on file at the Agency for all non-covered entities as defined by the Health Insurance Portability and Accountability Act (HIPAA).

A Business Associate Agreement is not required with persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of protected health information.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-6A: Written policies and procedures are established by the Agency in regard to the patient's right to make decisions about medical care, accept or refuse medical care, patient resuscitation, and surgical treatment.

The Agency's policies and procedures must describe the patient's rights under law to make decisions regarding medical care, including the right to accept or refuse care/service.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-6B : Written policies and procedures are established and implemented by the Agency in regard to resuscitative guidelines and the responsibilities of personnel.

The policies and procedures identify which personnel perform resuscitative measures, respond to medical emergencies and utilization of 911 services (EMS) for emergencies.

Successful completion of appropriate training, such as a CPR certification course is defined in the policies and procedures.

Online CPR certification is acceptable with in-person verification of competency.

Clients/patients are provided information about the Agency's policies and procedures for resuscitation, medical emergencies and accessing 911 services.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-7A: Written policies and procedures are established and implemented by the Agency in regard to the identification, evaluation, and discussion of ethical issues.

Written policies and procedures address the mechanisms utilized to identify, address, and evaluate ethical issues in the Agency.

The Agency monitors and reports all ethical issues and actions to the governing body/organizational leaders as outlined in policies and procedures.

Orientation and annual training of personnel includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-8A: Written policies and procedures are established and implemented by the Agency in regard to the provision of care/service to patients and families with communication or language barriers.

Personnel can communicate with the patient and/or family in the appropriate language or form understandable to the patient.

Mechanisms are in place to assist with language and communication barriers.

All personnel are knowledgeable regarding the written policies and procedures for the provision of care/service to patients and families with communication barriers.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-8B: Written policies and procedures are established and implemented for the provision of care/service to patients and families from various cultural backgrounds, beliefs and religions.

Written policies and procedures describe the mechanism the Agency utilizes to provide care for patients and families of different cultural backgrounds, beliefs and religions.

All personnel are provided with annual education and resources to increase their cultural awareness of the patients/families they serve.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-9A: Written policies and procedures are established and implemented by the Agency in regard to a Compliance Program aimed at preventing fraud and abuse.

The Agency has an established Compliance Program that provides guidance for the prevention of fraud and abuse.

The Compliance Program identifies numerous compliance risk areas particularly susceptible to fraud and abuse.

The Compliance Program details actions the Agency takes to prevent violations of fraud and abuse. There is a designated Compliance Officer and Compliance Committee.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Programs and Services



Standard PD2-10A: The Agency provides after hours aide services; the Agency must provide the services according to the client's/patient's plan of care.

The Agency provides aide services as necessary to meet client/patient needs and in accordance with the client's/patient's plan of care.

A scheduler must be on call to provide access to services after office hours.

Services applicable: PDA



# Programs and Services



Standard PD2-11A: Nursing services are provided according to the patient's plan of care with access available 24 hours a day, 7 days per week.

The Agency provides nursing services 24 hours a day, 7 days a week as necessary to meet patient needs.

An on-call coverage system for nursing services must be used to provide this coverage during evenings, nights, weekends and holidays.

Supervision is consistent with state laws and regulations.

Services applicable: PDN

# Programs and services



Standard PD2-12A: The Agency provides after hours therapy services; the Agency must provide the services according to the client's/patient's plan of care.

The Agency provides therapy services as necessary to meet client/patient needs and in accordance with the client's/patient's plan of care.

A scheduler must be on call to provide access to services after office hours.

Services applicable: PDOT, PDPT, PDST

# Tips for Compliance

- Marketing materials
- Patient admission packet
  - Evidence in the medical record
- Patient Rights and Responsibilities statement
- Complaint log
- Signed confidentiality statement
- Business Associate Agreements

# Tips for Compliance

- Evidence staff know how to handle:
  - Complaints
  - Ethical issues
  - Communication barriers
  - Cultural diversity
- Compliance Plan

# Workbook Tools

- Compliance Checklist
- Self-Audit
- Patient Rights and Responsibilities Audit Tool
- Hints for an Effective Compliance Program/Plan
- Sample Ethical Issues/Concerns Reporting Form
- Sample Patient Complaint/Concern Form

# Poll Question





Questions?

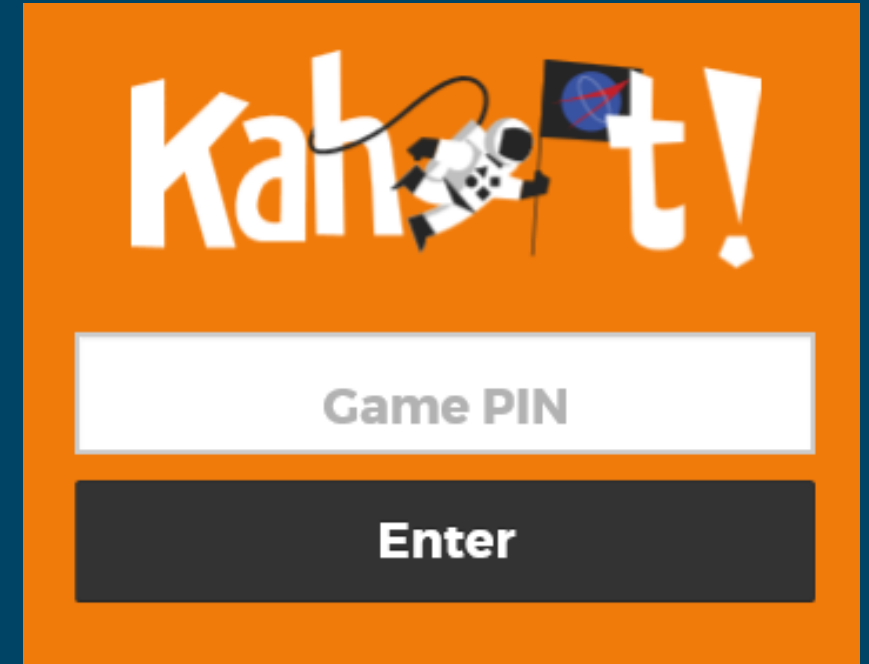


# Lunch Break



# Teaching Tool: Kahoot!

- Cellphone or laptop
- Go to Kahoot.it
- Enter Game PIN
- Enter your nickname  
See “You’re in”
- You’re ready!



# SECTION 3

## FISCAL MANAGEMENT

- The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

# Fiscal Management



Standard PD3-1A: The Agency's annual budget is developed in collaboration with management and personnel and under the direction of the governing body/owner.

The Agency has a budget that includes projected revenue and expenses for all programs and the care/service it provides.

The Agency's leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service.

The budget is reviewed and updated at least annually by the Agency's governing body/owner and leadership personnel.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Fiscal Management



Standard PD3-2A: The Agency implements financial management practices that ensure accurate accounting and billing.

The Agency ensures sound financial management practices.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Fiscal Management



Standard PD3-6A: The Agency develops care/service rates and has methods for conveying charges to the client/patient, public, and referral sources.

Current charges for care/services are available in writing for reference by personnel when conveying information to the client/patient, public, and referral sources.

Personnel responsible for conveying charges are oriented and provided with education concerning the conveying of charges.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Fiscal Management



Standard PD3-6B: The client/patient is advised orally and in writing of the charges for care/service at, or prior to, the receipt of services. The client/patient also has the right to be informed of changes in payment information, as soon as possible but no later than 30 days after the agency becomes aware of the change.

The client/patient is provided written information concerning the charges for care/service at or prior to the receipt of care/service.

Client/patient records contain written documentation that the patient was informed of the charges, the expected reimbursement for third-party payors, and the financial responsibility of the patient.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Fiscal Management



Standard PD3-7A: There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the Agency.

The Agency verifies that the clients/patients and/or third-party payors are properly billed for care/service provided.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Tips for Compliance

- Budget
- Evidence patients are informed of financial liability upon admission and when there are changes
- List of care/service rates



# Workbook Tools

- Compliance Checklist
- Self-Audit
- Agency Financial Disclosure Statement

# Poll Question





Questions?

# SECTION 4

## HUMAN RESOURCE MANAGEMENT

- The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

# Human Resource Management



Standard PD4-1A: Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

The Agency has a personnel record for all employees and they are available for inspection by federal, state regulatory agencies and accreditation organizations.

Personnel files are kept in a confidential manner.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-1B: Prior to or at the time of hire all personnel complete appropriate documentation.

Personnel files contain:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification which confirms citizenship or legal authorization to work in the United States)
- Not applicable to contract individuals

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-2B: Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the Agency. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel.

Credentialing information includes a review of professional occupational licensure, certification, registration or other training as required by state boards and/or professional associations for continued credentialing.

Primary source verification.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-2C: Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.

Upon direct care personnel provide evidence of a baseline TB skin or blood test.

An individual TB risk assessment and symptom evaluation are completed to determine if high risk exposures have occurred since administration of the baseline TB test.

The annual risk assessment is used to determine the need, type, and frequency of testing/assessment for direct care personnel.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Human Resource Management



Standard PD4-2D: Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.

Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-2E: There is a job description for each position within the Agency which is consistent with the organizational chart with respect to function and reporting responsibilities.

The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodation
- Reviewed at hire and whenever the job description changes.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-2F: All personnel who transport patients in the course of their duties, have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.

The Agency conducts a Motor Vehicle Records (MVR) check on all personnel who are required to transport patients as part of their job duties, at time of hire and annually.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-2H: Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct patient care and/or access to patient records. Background checks include: Office of Inspector General exclusion list, criminal background record and national sex offender registry.

The Agency obtains a criminal background check, Office of Inspector General (OIG) exclusion list check and national sex offender registry check on all employees who have direct patient care.

The Agency contracts require that all contracted entities obtain criminal background check, Office of Inspector General exclusion list check and national sex offender registry check on contracted employees who have direct patient care.

# Human Resource Management

The Agency obtains a criminal background check and OIG exclusion list check on all Agency employees who have access to patient records.

Agency contracts require that all contracted entities obtain criminal background checks and OIG exclusion list check on contracted employees who have access to patient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for all states in which the individual has lived or worked during past three years.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-2I: Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.

Personnel policies and procedures and/or an Employee Handbook include, but are not limited to:

- Wages and benefits
- Grievances and complaints
- Recruitment, hiring and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

Not applicable to contract individuals

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-2J: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

Policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted.

Personnel evaluations are completed, shared, reviewed and signed by the supervisor and employee on an annual basis.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-5A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

The Agency creates and completes checklist or other method to verify that the topics have been reviewed with all personnel.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Human Resource Management



Standard PD4-5B: The Agency designates an individual who is responsible for conducting orientation activities.

The Agency designates an individual to coordinate the orientation activities ensuring that instruction is provided by qualified personnel.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-6A: Written policies and procedures are established and implemented requiring the Agency to design a competency assessment program on the care/service provided for all direct care personnel.

The Agency designs and implements a competency assessment program based on the care/service provided for all direct care personnel.

Competency assessments are conducted initially during orientation, prior to providing a new task and annually thereafter.

Competency assessment may be accomplished through clinical observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-6B: Written policies and procedures are established and implemented requiring the Agency to design a competency assessment program on the care/service provided for all direct care personnel.

The Agency designs and implements a competency assessment program based on the care/service provided for all direct care personnel.

Competency assessments are conducted initially during orientation, prior to providing a new task and annually thereafter.

Competency assessment may be accomplished through supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Services applicable: PDC

# Human Resource Management



Standard PD4-7A: A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of ongoing in-service training for each classification of personnel.

The Agency has an ongoing education plan that annually addresses, but is not limited to:

- Emergency/disaster training
- How to handle grievances/complaints
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Work place (OSHA), client/patient safety and components of PD7-2A
- Client/patient rights and responsibilities
- Compliance Program

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-7B: Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education required for each classification of personnel.

Non-direct care or companion/homemaker personnel have a minimum of eight hours of in-service/continuing education per year.

Direct care personnel must have a minimum of 12 hours of in-service/continuing education per year. Aide in-service training may be conducted while the aide is providing care to a client/patient.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-7D : Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care/service personnel performing their job duties by qualified personnel prior to providing care independently and at least annually and/or in accordance with state or federal regulations.

Qualified personnel observe and evaluate each direct care personnel performing their job duties prior to providing care independently and at frequencies required by state or federal regulations.

This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-9A: Supervision is available during all hours that care/service is provided.

There is administrative (and clinical, when applicable) supervision provided in all areas during the hours that care/service is furnished.

Supervision is consistent with state laws and regulations.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Human Resource Management



Standard PD4-10A: There are experienced personnel designated as client/patient care coordinator/case manager for each client/patient.

There are personnel designated to provide case management functions for each client/patient receiving care/services.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Human Resource Management



Standard PD4-11A: Written policies and procedures are established and implemented when there is a professional reviewing and supervising paraprofessionals that gather data.

Responsibilities that may be delegated to paraprofessionals include collection of data, as long as an RN reviews and interprets the data.

There are written policies and procedures describing the review and supervision of paraprofessionals.

Services applicable: PDA

# Human Resource Management



Standard PD4-11B: Written policies and procedures are established and implemented that describe professional oversight activities when paraprofessionals are used in a supervisory role.

Written policies and procedures describe professional oversight activities when paraprofessionals are used in a supervisory role that include, but are not limited to:

- Co-signing of supervisory notes
- Periodic joint home visits
- Case conferences

Services applicable: PDA

# Human Resource Management



Standard PD4-11C: There is a qualified Registered Nurse (RN) responsible for supervision of all services.

All Agency Nursing services must be provided under the direction of an RN with sufficient education and experience in the scope of services offered.

A minimum of two years of home care experience and at least one year of supervisory experience is required.

Services applicable: PDN

# Human Resource Management



Standard PD4-11D: Written policies and procedures are established and implemented in regard to Licensed Practical Nurses/ Licensed Vocational Nurses (LPN/LVN) being supervised by a Registered Nurse (RN).

Written policies and procedures outline the supervision of care/service provided by LPN/LVN personnel. The procedure outlines the process for assessing LPN/LVN practice and a method for ensuring that client/patient care needs are met.

A visit to the client's/patient's home by the RN, with or without the LPN/LVN present, at least every 60 days, unless state laws requires more frequently.

Services applicable: PDN

# Human Resource Management



Standard PD4-11E: There is a qualified Therapist responsible for supervision of all therapy services.

All Agency Therapy services must be provided under the direction of a licensed Therapist with sufficient education and experience in the scope of services offered.

A minimum of two years of home care experience and at least one year of supervisory experience is required.

Services applicable: PDOT, PDPT, PDST

# Human Resource Management



Standard PD4-12A: Written policies and procedures are established and implemented relating to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Written policies and procedures define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Qualifications may vary based upon state's board of nursing requirements for LPNs/LVNs and RNs.

Services applicable: PDN

# Human Resource Management



Standard PD4-13A: Written policies and procedures are established and implemented in regard to Nursing Services being provided by a qualified Registered Nurse (RN), Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN) in accordance with the state's Nurse Practice Act and and/or job descriptions.

RNs, LPNs and LVNs function in accordance with professional standards, the state's Nurse Practice Act, and according to the Agency's policies and procedures and/or job descriptions.

Services applicable: PDN

# Human Resource Management



Standard PD4-13B: Written policies and procedures are established and implemented in regard to all Aide Services being provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, and/or job descriptions.

Written policies and procedures define minimum personnel qualifications, experience, educational requirements and skilled tasks performed at each level.

All services are provided in accordance with the recognized occupational certification and state regulations, where applicable, including the Agency's policies and procedures and/or job description.

Services applicable: PDA



# Human Resource Management



Standard PD4-15A: Any therapy services offered by the Agency directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist.

Therapy services are provided by a qualified licensed Therapist or therapist assistant in accordance with the appropriate state's Therapy Practice Act, the Agency's policies and procedures, and/or job descriptions.

Services applicable: PDOT, PDPT, PDST

# Human Resource Management



Standard PD4-15B: Physical Therapy Assistants (PTA) must be supervised by a licensed Physical Therapist (PT).

Written policies and procedures are established and implemented that outline the supervision of care/service provided by a licensed PTA. The process includes a procedure for assessing PTA practice and a method for ensuring that client/patient needs are met.

A PTA performs services planned, delegated, and supervised by the Therapist.

A visit to the client's/patient's home by the PT, with or without the PTA present, at least every 60 days, unless state laws requires more frequently

Services applicable: PDPT

# Human Resource Management



Standard PD4-15C: Certified Occupational Therapy Assistants (COTAs) are supervised by a licensed Occupational Therapist (OT).

Written policies and procedures are established and implemented that outline the supervision of care/service provided by a licensed COTA. The process includes a procedure for assessing COTA practice and a method for ensuring that client/patient needs are met.

A COTA performs services planned, delegated, and supervised by the Therapist.

A visit to the client's/patient's home by the OT, with or without the COTA present, at least every 60 days, unless state laws requires more frequently

Services applicable: PDOT

# Human Resource Management



Standard PD4-15D: All Social Work services are provided by a qualified Medical Social Worker or Social Worker Assistant in accordance with the state's Social Work Practice Act and the Agency's policies and procedures and/or job descriptions.

Social Workers function in accordance with the state's Social Work Practice Act and according to the Agency's policies and procedures and/or job descriptions

Services applicable: PDSW

# Human Resource Management



Standard PD4-15E: Social Work Assistants are supervised by a master's degree prepared Medical Social Worker (MSW).

Written policies and procedures are established and implemented that outline the supervision of care/service provided by a Social Worker Assistant. The process includes a procedure for assessing the Social Worker Assistant's practice and a method for ensuring that client/patient needs are met.

A Social Worker Assistant performs services planned, delegated, and supervised by the master's degree-prepared MSW.

Provide clinical supervision at least every 60 days but more frequently based on the acuity of the client/patient, unless state laws require more often

Services applicable: PDSW

# Human Resource Management



Standard PD4-15F: Certified Speech-Language Pathology Assistants (SLPAs) are supervised by a licensed Speech-Language Pathologist (SLP).

Written policies and procedures are established and implemented that outline the supervision of care provided by licensed Certified SLPAs. The process includes a procedure for assessing SLPA practice and a method for ensuring that client/patient needs are met.

An SLPA performs services planned, delegated, and supervised by the SLP.

A visit to the client's/patient's home by the SLP, with or without the SLPA present at least every 60 days, unless state laws requires more frequently.

Services applicable: PDST

# Tips for Compliance

- Utilize the Personnel File tools to audit:
  - Personnel files
  - Contracted individual files
- Evidence of proper supervision of professional assistants

# Workbook Tools

- Compliance Checklist
- Self-Audit
- Job Description Template
- Physical Demands Documentation Checkoff List
- Sample Employee Educational Record
- Sample Annual Observation/Evaluation Visit form
- Personnel Record Audit Tool
- Hints for Developing an Educational Plan
- Sample Hepatitis B Declination Statement
- Tuberculosis Screening Tool
- Sample In-Service Attendance form



# Poll Question





Questions?



Break time

# SECTION 5

## PROVISION OF CARE AND RECORD MANAGEMENT

- The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

# Provision of Care and Record Management



Standard PD5-1A: Written policies and procedures are established and implemented relating to the required content of the client/patient record. An accurate record is maintained for each client/patient.

Each home visit, treatment, or care/service is documented in the patient record and signed by the individual who provided the care/service.

Signatures are legible, legal and include the proper designation of any credentials.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-1B: Written policies and procedures are established and implemented relating to the required content of the client/patient record. An accurate record is maintained for each client/patient.

Each home visit, treatment, or care/service is documented in the patient record and signed by the individual who provided the care/service.

Services applicable: PDC

# Provision of Care and Record Management



Standard PD5-1C: Client/patient records contain documentation of all care/services provided. All entries are legible, clear, complete, appropriately authenticated and dated in accordance with policies and procedures and currently accepted standards of practice.

The client/patient record contains documentation of all care/service provided, directly or by contract, and has entries dated and signed by the appropriate personnel.

Each home visit, treatment, or care/service is documented in the client/patient record and signed by the individual who provided the care/service.

Signatures are legible, legal, and include the proper designation of any credentials. Stamped physician\* or clinical personnel signatures on orders, treatments, or other documents that are part of the client's/patient's record are not accepted.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-2A: Written policies and procedures are established and implemented that address access, storage, removal, and retention of client/patient records and information.

Access, storage, removal and retention of medical records and patient information.

All patient records are retained for a minimum of seven years after the discharge of the patient, unless state law stipulates a longer period of time.

The Agency's policies and procedures provide for retention even if the Agency discontinues operations.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW



# Provision of Care and Record Management



Standard PD5-3A: Written policies and procedures are established that describe the process for assessment and the development of the plan of care.

Written policies and procedures describe the process for a patient assessment, the development of the plan of care and the frequency and process for the plan of care review.

A Registered Nurse (RN) or qualified professional, per state licensure rules or regulations, conducts an initial assessment to determine eligibility, care, and support needs of the client/patient.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-3B: All clients/patients referred for Private Duty Nursing services have an initial assessment. The initial assessment is conducted within 48 hours of referral and/or within 48 hours of the client's/patient's return home, unless the physician specifies a specific time to conduct the initial assessment.

A Registered Nurse must conduct an initial assessment visit to determine the immediate care/service and support needs of the patient.

The initial assessment visit must be held either within 48 hours of referral, within 48 hours of the client's/patient's return home, or on the physician\*-ordered start-of-care date.

Services applicable: PDN

# Provision of Care and Record Management



Standard PD5-3C: The comprehensive assessment must be completed in a timely manner, consistent with client's/patient's immediate needs, but no later than five calendar days after the start of care.

The comprehensive assessment is performed on clients/patients referred for services and documented in the client's/ patient's record.

The assessment is based on client/patient need or perceived need and addresses the client/patient's physical and functional status.

Services applicable: PDN

# Provision of Care and Record Management



Standard PD5-3D: All clients/patients referred for Aide Services have an assessment. The initial assessment is conducted and care/service implemented within seven days of the referral or on the date requested by the client/patient.

An assessment is performed on clients/patients referred for aide services and documented in the client's/patient's record.

The assessment is based on client/patient need or perceived need and addresses the client/patient's physical and functional status.

Services applicable: PDA

# Provision of Care and Record Management



Standard PD5-3E: All clients/patients referred for Companion/Homemaker Services have an evaluation. The initial evaluation is conducted and service started within seven days of the referral or on the date requested by the client/patient.

An evaluation is performed on clients/patients referred for Companion/Homemaker services and documented in the client's/patient's record.

The evaluation is based on services requested by the clients/patients.

Services applicable: PDC

# Provision of Care and Record Management



Standard PD5-3F: There is a written plan of care for each client/patient accepted to services.

Physician\* orders may be required under certain program requirements (e.g., Medicaid, Managed Care, and other third-party payors). In these situations, the Agency has a responsibility to obtain physician orders prior to initiation of the care/services and to notify the physician\* of any changes in the client's/patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order and signed by the physician\* within the time frame established in the Agency's policies and procedures and/or state requirement.

Services applicable: PDN

# Provision of Care and Record Management



Standard PD5-3G: There is a written plan of care for each client/patient accepted for Aide Services.

The plan of care will delineate specific services and assessments to be delivered based on the evaluation and will include amount, frequency, duration, and expected outcomes for the client.

Physician's\* orders are needed to provide any care/services governed by state law. Physician's\* orders may also be required under certain program requirements (i.e., Medicaid, Managed Care, and other third-party payors). The Agency has a responsibility to obtain physician's\* orders prior to initiation of the care/services.

Services applicable: PDA

# Provision of Care and Record Management



Standard PD5-3H: There is a written plan of service for each client/patient accepted for Companion/Homemaker Services.

The written plan of service is based upon the evaluation data and specifies:

- Services to be performed
- Frequency and duration of services

Services applicable: PDC



# Provision of Care and Record Management



Standard PD5-3I: The Agency shows evidence of the client/patient participation in the plan of care.

The client/patient has a right to be involved in the development of the plan of care and any changes in that plan.

The degree of involvement may vary depending on the status of the client/patient.

At a minimum, the client/patient agrees to the plan of care prior to the beginning of services and as subsequent changes occur.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-3J: The Agency shows evidence of the client/patient acceptance of the plan of service and shows documentation that services are delivered in accordance with the plan of service.

The client/patient record reflects that the services are delivered in accordance with the plan of service. Refusals of care/service should be documented as a client/patient refusal.

Services applicable: PDC

# Provision of Care and Record Management



Standard PD5-3K: Care/services are delivered in accordance with the written plan of care.

The client/patient record reflects that the services are delivered in accordance with the plan of service. Refusals of care/service should be documented as a client/patient refusal.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-3L: There is evidence that the plan of care for Aide Services is reviewed and revised based on reassessment data by a Registered Nurse (RN) or qualified professional.

There is documentation in the client/patient record that reflects the plan of care is reviewed by a Registered Nurse (RN) or a qualified professional at a minimum of every 90 days unless state laws require more frequent reviews.

Services applicable: PDA

# Provision of Care and Record Management



Standard PD5-3M: Aides providing personal care services are supervised in those tasks in the client's/patient's home as appropriate to the service level provided.

Aides are supervised according to the frequency defined in the Agency's policies and procedures based on state and federal regulations or payor guidelines, or at a minimum of every 90 days.

A supervisory visit must be made in the home of each client/patient receiving aide services with the in-home aide present, to assess the care and services being provided and the client's/patient's response to those services.

Services applicable: PDA

# Provision of Care and Record Management



Standard PD5-3N: There is evidence that the plan of care for Nursing Services is reviewed and revised based on reassessment data by a Registered Nurse (RN).

The plan of care should be reviewed:

- At a minimum of every 60 days
- When there are changes in client's/patient's response to therapy
- When physician's\* orders change
- At the request of client/patient
- As defined in the Agency's policies and procedures

Services applicable: PDN

# Provision of Care and Record Management

 Standard PD5-3P: There is evidence of changes in the plan of service based on reassessment and/or review of client's/patient's needs.

The plan of service will be reviewed and revised as necessary, but not less than once annually.

Services applicable: PDC

# Provision of Care and Record Management



Standard PD5-3Q: Written policies and procedures are established and implemented that address the process the Agency will follow to ensure that all clients/patients receive the appropriate number of visits as outlined in the plan of care/service.

A missed visit to a client's/patient's home is considered a deviation from the plan of care/service.

The Agency has protocols in place to address missed visits and ensure that the client/patient receives the visit as scheduled.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Provision of Care and Record Management



Standard PD5-4A: Written policies and procedures are established and implemented for addressing client/patient needs which cannot be met by the Agency at time of referral. The Agency coordinates planning and care/service delivery efforts with other community agencies. Clients/patients are referred to other agencies when appropriate.

The Agency maintains a referral log or other tool to record all referrals. Referral sources are notified when client/patient needs cannot be met and the client/patient is not being admitted to the Agency.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-5A: Written policies and procedures are established and implemented that describe the client/patient referral and acceptance process.

Written policies and procedures describe the referral process including the required information and the positions designated in the Agency that may receive referrals.

Referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-6A: Written policies and procedures are established and implemented that describe the process for client/patient education.

Client/patient education should include, but not limited to:

- Disease management as appropriate to the care/service provided
- Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment that is provided
- Plan of care
- How to notify the company of problems, concerns and complaints
- Emergency preparedness information

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-6B: Client/patient education focuses on goal and outcome achievement as established in the plan of care.

The client/patient record must indicate educating the client/patient about appropriate actions to take if a medication or treatment reaction occurs when a health-care professional is not present.

The client/patient record includes documentation of all teaching, client's/patient's response to teaching, and the client's/patient's level of progress/achievement of goals/outcomes. Written instructions are provided to the client/patient.

Services applicable: PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-7A: Written policies and procedures are established and implemented that describe the process for transfer of a client/patient.

Transfer summary contains:

- Date of transfer, client/patient identifying information, and emergency contact
- Destination of client/patient transferred
- Date and name of person receiving report
- Client's/patient's physician\* and phone number
- Diagnosis related to the transfer
- Significant health history
- Transfer orders and instructions
- A brief description of services provided and ongoing needs that cannot be met
- Status of client/patient at the time of transfer

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-7B: Written policies and procedures are established and implemented that describe the process for discharge of a client/patient.

Discharge summary contains:

- Date of discharge
- Client/patient identifying information
- Client's/patient's physician\* and phone number
- Diagnosis
- Reason for discharge
- A brief description of care/services provided
- Status of client/patient at the time of discharge
- Any instructions given to the client/patient

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Provision of Care and Record Management



Standard PD5-8A: Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by Agency personnel.

Written policies and procedures identify the drugs or drug classifications and/or routes not approved by the governing board/owner for administration by nursing personnel.

The policies and procedures also address any blood or blood products that may or may not be administered.

Services applicable: PDN

# Provision of Care and Record Management



Standard PD5-8B: Written policies and procedures are established and implemented in regard to the requirements for agency staff administering the first dose of a medication in the home setting.

The Agency may elect not to administer the first dose of a medication in the home or may have specific written requirements that allow administration of the first dose. The Agency defines when first dose policies and procedures are appropriate based on the medication route and potential reaction.

Services applicable: PDN



# Provision of Care and Record Management



Standard PD5-8C: A Registered Nurse (RN) reviews all client/patient medications, both prescription and non-prescription, on an ongoing basis as part of the care/services to a client/patient.

An RN reviews and documents all prescription and non-prescription medications that a client/patient is taking.

Services applicable: PDN

# Provision of Care and Record Management



Standard PD5-9A: All clients/patients that are referred for therapy services have an assessment. The initial assessment is conducted and care/service implemented within seven days of the referral unless the physician\* specifies a specific time to conduct the initial assessment.

Therapy specific assessment requirements.

Services applicable: PDOT, PDPT, PDST

# Provision of Care and Record Management



Standard PD5-9B: There is a written plan of care for each client/patient accepted into therapy services.

Physician's\* orders may be required under certain program requirements (e.g., Medicaid, Managed Care, and other third-party payors). In these situations, the Agency has a responsibility to obtain physician's\* orders prior to initiation of the care/services and to notify the physician\* of any changes in the client's/patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order and are signed by the physician\* within the time frame established in the Agency's policies and procedures and/or state requirement.

Services applicable: PDOT, PDPT, PDST

# Provision of Care and Record Management



Standard PD5-9C: All clients/patients that are referred for social work services have an assessment. The initial assessment is conducted within seven days of the referral unless the physician\* specifies a specific time to conduct the initial assessment. Social work services are based on the patient's psychosocial assessment and the client's/patient needs and acceptance of these services.

Social work specific assessment requirements.

Services applicable: PDSW

# Provision of Care and Record Management



Standard PD5-9D: There is a written plan of care for each client/patient accepted into social work services.

Physician's\* orders may be required under certain program requirements (e.g., Medicaid, Managed Care, and other third-party payors).

In these situations, the Agency has a responsibility to obtain physician\* orders prior to initiation of the care/services and to notify the physician\* of any changes in the client's/patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order, and are signed by the physician\* within the time frame established in the Agency's policies and procedures and/or state requirement.

Services applicable: PDSW

# Provision of Care and Record Management



Standard PD5-9E: There is evidence that the plan of care was reviewed and revised based on reassessment data by a Therapist and Social Worker.

The plan of care should be reviewed:

- At a minimum of every 60 days
- When there are changes in client's/patient's response to therapy
- When physician's\* orders change
- At the client/patient request
- As defined in the Agency's policies and procedures

Services applicable: PDOT, PDPT, PDST, PDSW

# Tips for Compliance

- Utilize audit tools to audit medical records
  - Is the plan of care current and correct?
  - Are all verbal orders documented in the chart?
  - Are all visit notes properly documented?
  - Do you see evidence that newly identified problems have interventions and goals developed?
  - Do you see evidence of progress towards goals?
  - Have all relevant physicians been notified as appropriate?
  - Are forms compliant?
- Fix any identified issues in the correct manner per state regulations and agency policy

# Workbook Tools

- Compliance Checklist
- Self-Audit
- Referral Log
- Patient Record Audit
- Sample Medication Profile



# Poll Question





Questions?

# SECTION 6

## QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

- The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

# Quality Outcomes/Performance Improvement



Standard PD6-1A: The Agency develops, implements, and maintains an effective, ongoing, organization wide Performance Improvement (PI) program. The Agency measures, analyzes, and tracks quality indicators, including adverse client/patient events, and other aspects of performance that enable the Agency to assess processes of care, services, and operations. Organizational-wide performance improvement efforts address priorities for improved quality of care/service and client/patient safety, and that all improvement actions are evaluated for effectiveness.

The information gathered by the Agency is based on criteria and/or measures generated by personnel. This data reflects best practice patterns, personnel performance, and client/patient outcomes.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-1B: The Agency ensures the implementation of an agency wide Performance Improvement (PI) plan by the designation of a person responsible for coordinating PI activities.

The position responsible for coordinating PI activities may be the owner, manager, supervisor, or other personnel, and these duties are included in the individual's job description.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-1C: There is evidence of involvement of the governing body/owner and organizational leaders in the Performance Improvement (PI) process.

The governing body/owner and Administrators are ultimately responsible for all actions and activities of the Agency; therefore, their role in the evaluation process and the responsibilities delegated to personnel are documented.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-1D: There is evidence of personnel involvement in the Performance Improvement (PI) process.

Personnel receive training related to PI activities and their involvement.

Training includes, but is not limited to:

- The purpose of PI activities
- Person(s) responsible for coordinating PI activities
- Individual's role in PI
- PI outcomes resulting from previous activities

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-2B: There is an annual Performance Improvement (PI) report written.

There is a comprehensive, written annual report that describes the PI activities, findings, and corrective actions that relate to the care/service provided.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Quality Outcomes/Performance Improvement



Standard PD6-2C: Each Performance Improvement (PI) activity or study contains the required items.

Each performance improvement activity/study includes the following items:

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings/thresholds
- Written plan of correction when thresholds are not met
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-2D: Performance Improvement (PI) activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases.

A review of all variances, which includes, but is not limited to incidents, accidents, complaints/grievances, and worker compensation claims, are conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-2E: Performance Improvement activities include ongoing monitoring of at least one important aspect related to the care/service provided.

The Agency conducts monitoring of at least one important aspect of the care/service provided by the Agency.

May be:

- High-volume (occurs frequently or affects a large number of clients/patients)
- High-risk (causes a risk of serious consequences if the care/service is not provided correctly)
- Problem-prone (has tended to cause problems for personnel or clients/patients in the past)

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-2F: Performance Improvement (PI) activities include ongoing monitoring of at least one important administrative aspect of function or care/service of the Agency.

The Agency monitors at least one important administrative/operational aspect of Agency function or care/service.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-2G: Performance Improvement (PI) activities include satisfaction surveys.

The PI plan identifies the process for conducting client/patient and personnel satisfaction surveys.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-2H: The Performance Improvement (PI) plan includes ongoing monitoring of the client/patient record.

The client/patient record review is conducted by all disciplines or members of the client/patient care/service team.

An adequate sampling of open and closed records is selected to determine the completeness of documentation.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-2I: Performance Improvement (PI) activities include the ongoing monitoring of client/patient grievances/complaints.

PI activities include ongoing monitoring of patient complaints/grievances and the actions needed to resolve complaints/ grievances and improve patient care/service.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Quality Outcomes/Performance Improvement



Standard PD6-4A: Written policies and procedures are established and implemented by the Agency to identify, monitor, report, investigate and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve client/patient care/service.

The Agency conducts monitoring of important aspects of the care/service provided . Performance activities that identify issues of this severity lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.

There is a standardized form developed by the Agency used to report incidents.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Tips for Compliance

- Review of PI materials
  - Job description
  - What is being monitored
  - What are established thresholds
  - Performance Improvement Projects
  - Evidence of governing body involvement and approval
  - Evidence of personnel involvement
  - Complaint logs
  - Incident logs
  - Satisfaction surveys
  - Evidence of chart audits
  - Annual PI report

# Workbook Tools

- Compliance Checklist
- Self-Audit
- Annual QAPI Evaluation Template
- QAPI Activity/Audit Descriptions
- Sample QAPI Plan

# Poll Question





Questions?

# SECTION 7

## RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

- The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

# Risk Management: Infection and Safety Control



Standard PD7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.

The Agency must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.

Written policies and procedures detail OSHA Blood Borne Pathogen and TB Exposure Control Plan.

The Agency conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-1B: Written policies and procedures are established and implemented that address the identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.

The Agency must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.

Written policies and procedures detail OSHA Blood Borne Pathogen and TB Exposure Control Plan.

The Agency conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Services applicable: PDC

# Risk Management: Infection and Safety Control



Standard PD7-1E: The Agency reviews and evaluates the effectiveness of the infection control program.

The Agency must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the Agency's performance improvement program.

The Agency monitors infection statistics of both patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.

Data is utilized to assess the effectiveness of the infection control program.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Risk Management: Infection and Safety Control



Standard PD7-2A: Written policies and procedures are established and implemented that address the education of personnel concerning safety.

Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all personnel.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-2B: Written policies and procedures are established and implemented that address client/patient safety in the home.

Written policies and procedures address patient safety in the home.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-3A: Written policies and procedures are established and implemented that outline the process for meeting client/patient needs in a disaster or crisis situation.

The Agency educates all personnel about the process to meet patient needs in a disaster or crisis situation.

The Agency has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.

The emergency plan also describes access to 911 (EMS) services in the event of needed emergency care/services for clients/patients and personnel.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-3C: The Agency provides education to the client/patient regarding emergency preparedness.

This education includes information on planning for emergencies/disasters such as:

- Evacuation plans
- Medications
- Food/water
- Important documents
- Care for pets, if applicable

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-5A: Written policies and procedures are established and implemented that address the Agency's fire safety and emergency power systems.

- Providing emergency power
- Testing of emergency power systems (at least annually)
- A no-smoking policy and how it will be communicated
- Fire drills
- Maintenance of:
  - Smoke detectors
  - Fire alarms
  - Fire extinguishers

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-6A: Written policies and procedures are established and implemented for the acceptance, transportation, pickup, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of client/patient care/service.

Written policies and procedures include the safe method of acceptance, transportation, and pickup and/or disposal of hazardous wastes, chemicals and/or contaminated materials used in the home/Agency.

The Agency follows local, state, and federal guidelines.

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-6B: Written policies and procedures are established and implemented for following OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

- The labeling of containers of hazardous chemicals and/or materials with the identity of the material and the appropriate hazard warnings
- Current Safety Data Sheet (SDS) must be accessible to personnel
- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-7A: Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Process for reporting, monitoring, investigating and documenting a variance.

There is a standardized form developed by the Agency used to report incidents.

The Agency documents all incidents, accidents, variances, and unusual occurrences.

The reports are distributed to management and the governing body/owner and are reported as required by applicable law and regulation.

This data is included in the Performance Improvement program. The Agency assesses and utilizes the data for reducing further safety risks.

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW



# Risk Management: Infection and Safety Control



Standard PD7-8A: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

Policies and procedures for the use of equipment in the performance of conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing and maintenance
- Quality control procedures

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-9A: Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care/service to the client/patient.

Personnel implement the policies and procedures for the use of the Agency's equipment/supplies in the provision of care to the patient.

The cleaning and maintenance of equipment used in the provision of care is documented.

Supplies used in the provision of care are also documented.

Services applicable: PDN, PDOT, PDPT, PDST, PDSW

# Risk Management: Infection and Safety Control



Standard PD7-10A: Written policies and procedures are established and implemented for participating in clinical research/ experimental therapies and/or administering investigational drugs. This criterion is applicable to Agency's that are participating in clinical research/experimental therapies, or administering investigational drugs.

Written policies and procedures address the requirements identified in the standard.

Services applicable: PDN

# Tips for Compliance

- Infection control plan
  - Staff in-service records
  - Patient education materials
- Evidence of office safety
  - Fire drill results
  - Testing of emergency power systems
- Standardized form for reporting of employee incidents
- Safety and maintenance logs for any agency issued equipment
- Check for expired supplies in the supply closet

# Workbook Tools

- Compliance Checklist
- Self-Audit
- Hints for Developing an Emergency Preparedness Plan
- Hints for an Infection Control Plan
- Infection Control Tracking Form
- Safety Tracking Log
- Report of Employee Accident Investigation
- Quality Maintenance Log

# Poll Question





EDUCATIONAL RESOURCES

# QUESTIONS?

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