MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) PROCESS OF INITIAL ACCREDITATION AND LICENSURE

HOME HEALTH

STEP ONE — PROVIDER SHOULD:
- Obtain the Accreditation Commission for Health Care (ACHC) Accreditation Standards through Customer Central at cc.achc.org
- Review the ACHC Accreditation Standards and begin compiling your policies and procedures
- Obtain the Missouri regulations for Home Health by contacting Bureau of Home Care and Rehabilitative Standards (BHCRS)

STEP TWO — PROVIDER SHOULD:
Complete application for licensure for BHCRS, including all required forms:
- Health Benefit Agreement
- Assurance of Compliance
- Office of Civil Rights Packet
- State disclosure of Ownership and Control Interest Statement
- Letter of Intent for State Licensure and/or Medicare Certification
- Inform BHCRS at 573-751-6336 that ACHC will be provider’s accreditor of choice
- Wait for BHCRS notification that the application is complete and has been accepted

STEP THREE — BHCRS SHOULD:
- Forward notice to provider and ACHC that the provider application is complete

STEP FOUR — PROVIDER SHOULD:
- Submit a completed ACHC application
- Submit a $1,500 deposit
- Review and sign the ACHC Agreement for Accreditation Services

STEP FIVE — ACHC SHOULD:
- Schedule and conduct a one-day announced accreditation survey
- Notify provider and BHCRS of its accreditation decision in writing
- Once an approval decision is received, the provider will be granted accreditation for one year

If any of the above steps are not completed, the second survey will not be conducted.

STEP SIX — BHCRS SHOULD:
- Issue a letter of acknowledgement to ACHC and the provider granting permission to provider to start developing a patient caseload

STEP SEVEN — PROVIDER SHOULD:
- Submit an 855A application to CMS
- Obtain written documentation that the 855A application has been approved and submit copy of approval letter to ACHC
- Successfully complete an Outcome and Assessment Information Set (OASIS) test transmission, and submit copy to ACHC
- Submit copy of Professional Advisory Committee (PAC) meeting minutes and attendance list
- Provide a minimum of two services, one being Skilled Nursing (SN)
- Acquire minimum patient caseload: 10 patients served, 7 patients active at time of Initial Medicare Certification survey
- Submit copy of Professional Advisory Committee (PAC) meeting minutes and attendance list
- Provide a minimum of two services, one being Skilled Nursing (SN)
- Acquire minimum patient caseload: 10 patients served, 7 patients active at time of Initial Medicare Certification survey
- Inform ACHC in writing when Step Seven is complete

STEP EIGHT — ACHC SHOULD:
- Create a second ACHC Agreement for Accreditation Services and submit to provider
- Schedule and conduct an unannounced Initial Medicare Certification survey
- Once an approval decision is received, the provider will be granted accreditation for three years
- Notify provider, BHCRS, and CMS of its accreditation decision in writing; (CMS will make the decision of granting deemed status after receiving a report from ACHC)

STEP NINE — CMS SHOULD:
- Issue an approval for deemed status

STEP TEN — BHCRS SHOULD:
- Issue a license as a Home Health Agency (HHA)