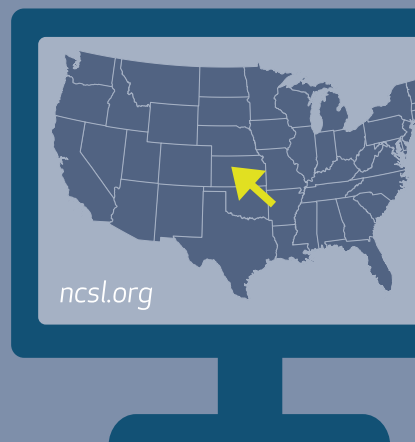


STEP 1: CERTIFICATE OF NEED

A Certificate of Need (CON) is an endorsement that numerous states require before approving the construction of a new health care facility.

To determine if a CON is required in the state in which you want to operate a home health agency, visit ncsl.org, search for **certificate of need**, and click on **CON-Certificate of Need State Laws**.



STEP 2: STATE LICENSURE REQUIREMENTS

To determine if state licensure is required in the state where you want to operate a home health agency, log in to Customer Central (cc.achc.org).



LOG IN TO
CC.ACHC.ORG



UNDER RESOURCES »
SELECT EDUCATION
LIBRARY



UNDER INDUSTRY
LINKS »
SELECT YOUR STATE

STEP 3: CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

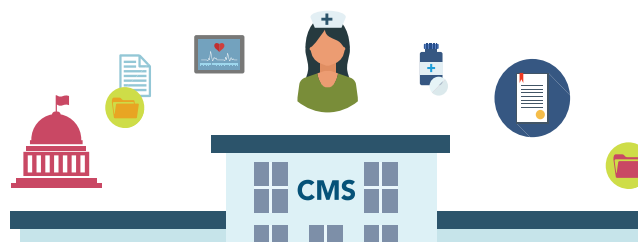
An agency must have an approved **CMS 855A Medicare Enrollment Application - Institutional Providers** form to apply for accreditation.

Compliance with CMS rules and regulations is required in order to become accredited. The CMS essential manuals are located at cms.gov.

Be sure to review these manuals to help you prepare for survey:

- **State Operations Manual Appendix B - Revised** contains the Medicare Conditions of Participation (CoPs) along with the interpretive guidelines
- **State Operations Manual Chapter 2 - The Certification Process** covers topics such as core services, home health regulations, non-Medicare patients, and multiple location requirements
- **Medicare Benefit Policy Manual Chapter 7 - Home Health Services** provides guidance on the conditions needed to qualify for home health services, homebound status, plan of care requirements, as well as the definition of qualifying skilled nursing services and coverage of other home health services
- **State Operations Manual Appendix Z - Emergency Preparedness** contains the interpretive guidelines and survey procedures for the Emergency Preparedness Final Rule

Separate Business Entities — State Operations Manual Chapter 2 - The Certification Process, Section 2183 provides guidance on creating a separate business entity. If you choose to operate as a Medicare-certified home health program, all patients, regardless of payor, must meet the Medicare CoPs.



STEP 4: ACHC ACCREDITATION STANDARDS

Adherence to ACHC Accreditation Standards demonstrates the ability to comply with the most stringent national standards and Medicare CoPs. Compliance with ACHC Accreditation Standards is essential to a successful ACHC survey. The standards can be downloaded at cc.achc.org.

STEP 5: POLICIES AND PROCEDURES MANUAL

Having a comprehensive policies and procedures manual that incorporates the ACHC Accreditation Standards will aid staff with compliance and industry-based best practices. ACHC offers an extended policy review to ensure your manuals incorporate the ACHC Accreditation Standards, or you can utilize an ACHC Certified Consultant to help write your policies.

STEP 6: ACCREDITATION APPLICATION

Once you have verified and completed steps 1 - 5, you are ready to apply for accreditation:

- 1 Submit your application
- 2 Pay your deposit
- 3 Submit your Preliminary Evidence Report (PER) Checklist

For more information and to start your accreditation application, visit cc.achc.org.