



ACCREDITATION ANNUAL COMPLIANCE CHECKLIST

HOME HEALTH

Use this checklist to audit your Home Health Agency (HHA) and operations for compliance with annual requirements. Information collected can help you determine if your agency is compliant with ACHC Standards and applicable local, state, and federal laws and regulations.

This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards and does not 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		
ACHC Standard	Expectation	Comments
HH1-1A	All applicable licenses and permits are current and posted at all locations.	
HH1-1A.01	Federal and state posters are posted.	
HH1-1B	Any changes in ownership or managing employees have been properly reported.	
HH1-2A	Governing body meeting minutes are properly documented.	
HH1-2A.03	New governing body members have been oriented.	
HH1-4A.01	Any conflict of interest has been properly disclosed.	
HH1-5A	Administrator or other predesignated individual is qualified and available during all operating hours.	
HH1-5A.01	Annual evaluation of the Administrator has been completed.	
HH1-6A	Organizational chart is up to date.	
HH1-6B	Clinical manager or other predesignated individual is qualified and available during all operating hours.	
HH1-6C	Evidence is available to demonstrate that the parent agency is responsible for any and all branches, if applicable.	
HH1-7A	At least one service is provided directly by employees of the agency.	
HH1-8A	OASIS data is collected on appropriate patients.	
HH1-8B	OASIS data is reported within 30 days of completing the assessment, and clinical and data audits verify that collected OASIS data is consistent with reported OASIS data.	
HH1-9A.01	Negative outcomes from sanctions, regulatory inspections, and/or audits have been reported, if applicable.	

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

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

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

Section 4: Human Resource Management		
ACHC Standard	Expectation	Comments
<p>Each Year</p> <ul style="list-style-type: none"> Ensure personnel records have been audited and contain all required elements. Use the ACHC Personnel File Audit tool to assist with this process. Confirm that internal plans of correction have been developed and implemented based on audit findings. 		
HH4-2B.01	All credentialing activities are up to date.	
HH4-2C.01	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel.	
HH4-2E.01	All job descriptions are up to date and any revisions have been signed by personnel.	
HH4-2J.01	All employee personnel evaluations have been completed, reviewed, and signed by personnel.	
HH4-5A.01	Orientation materials cover the required topics.	
HH4-6A.01	Competency assessments have been completed on all direct care personnel, including contract personnel.	
HH4-7C.01	Annual onsite evaluation visits have been completed for direct care personnel, including contract personnel.	
HH4-8A	Home health aides have received 12 hours of in-service education in the past 12 months.	
HH4-8A.01	<p>All direct care personnel have received 12 hours of in-service education in the past 12 months, and non-direct care personnel have received 8 hours in the past 12 months.</p> <p>The following required topics have been addressed:</p> <ul style="list-style-type: none"> How to handle grievances/complaints. Infection control training. Communication barriers. Ethics training. Workplace (OSHA) and patient safety. Patient Rights and Responsibilities. Compliance Program. 	

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

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

Section 6: Quality Outcomes/Performance Improvement		
ACHC Standard	Expectation	Comments
HH6-4A.07	Patient medical records are audited quarterly.	
HH6-5A	QAPI activities focus on high-risk, high-volume, or problem-prone areas, with a consideration of incidence, prevalence, and severity of problems in those areas.	
HH6-7A.01	QAPI activities include obtaining and systematically analyzing OASIS reports.	

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

Section 7: Risk Management: Infection and Safety Control		
ACHC Standard	Expectation	Comments
HH7-7A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into QAPI when appropriate.	
HH7-8A.01	Quality control logs for any equipment used for waived tests are current.	
HH7-9A.01	Quality control logs for any equipment used in the provision of care are current.	