



ACCREDITATION ANNUAL COMPLIANCE CHECKLIST



Use this checklist to audit your hospice agency 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
HSP1-1A	All applicable licenses and permits are current and posted at all locations.	
HSP1-1A.01	Federal and state posters are posted.	
HSP1-1B	Any changes in ownership or managing employees have been properly reported.	
HSP1-2A	Evidence exists that the hospice is able to provide all core services, noncore services, and all four levels of care.	
HSP1-2B	Governing body meeting minutes are properly documented.	
HSP1-2B.03	New governing body members have been oriented.	
HSP1-3A.01	Any conflict of interest has been properly disclosed.	
HSP1-4B.01	Annual evaluation of the Administrator has been completed.	
HSP1-5A.01	Organizational chart is up to date.	
HSP1-8A/ HSP1-8A.01	Contracts for direct care have been reviewed per the terms of the contract; professional liability insurance certificates are up to date.	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management) have been reviewed per the terms of the contract.	
HSP1-8C	Contracts for hospice patients residing in a SNF/NF or ICF/IID who receive routine hospice care have been reviewed per the terms of the contract.	
HSP1-9A	CLIA certificate of waiver for the agency is current and posted.	
HSP1-11A	Any new multiple locations have obtained Medicare approval prior to billing for Medicare services.	
HSP1-12A	Verification of physician licensure occurs before acceptance of patients.	



Section 2: Program/Service Operations		
ACHC Standard	Expectation	Comments
HSP2-1A	Marketing materials are current and accurately reflect care/service provided.	
HSP2-3A	All grievances and complaints have been reported, documented, investigated, resolved, and reported quarterly to the governing body.	
HSP2-5A.01	Business Associate Agreements exist for noncovered entities.	
HSP2-7A.01	A summary of any ethical issues has been reported to the governing body.	
HSP2-8A.01	Language resource information is available to assist patients with limited English proficiency or disabilities.	
HSP2-9A.01	Evidence that compliance issues have been reported and documented and that corrective action has been taken, as appropriate.	
HSP2-11B.01	Written explanation of attending physician responsibilities is provided.	
HSP2-11D	Nursing waiver is renewed, if applicable.	
HSP2-12A	Contract(s), if applicable, are provided for noncore services, including but not limited to PT, OT, and SLP.	
HSP2-12B	Therapy and dietary counseling waiver is renewed, if applicable.	
HSP2-13B	Contract(s) with DME providers have been reviewed per the terms of the contract and copy of certificate of accreditation is current.	

Section 3: Fiscal Management		
ACHC Standard	Expectation	Comments
HSP3-1A.01	Operating budget has been developed and approved by the appropriate individuals.	
HSP3-3B.02	Medicare cost report has been completed on time.	
HSP3-4A	List of patient care charges is current.	
HSP3-6A	Calculation of hospice inpatient services does not exceed the allowable CAP.	

Section 4: Human Resource Management		
ACHC Standard	Expectation	Comments
Each Year		
<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. 		
HSP4-2B	All credentialing activities are up to date.	
HSP4-2C.01	TB annual risk assessments have been completed to determine the type and frequency of screening/testing for direct care personnel.	

Section 4: Human Resource Management		
ACHC Standard	Expectation	Comments
HSP4-2E.01	All job descriptions are up to date and any revisions have been signed by personnel.	
HSP4-2J.01	All employee personnel evaluations have been completed, reviewed, and signed by personnel.	
HSP4-4A	Orientation materials cover the required topics.	
HSP4-4B	Training logs/materials used to educate SNF/NF or ICF/IID staff have been updated, if applicable.	
HSP4-6A	Hospice aides have received 12 hours of in-service education in the past 12 months.	
HSP4-6A.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 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. ■ Methods for coping with work-related issues of grief, loss, and change. ■ Patient Rights and Responsibilities. ■ Compliance Program. ■ Pain and symptom management. 	
HSP4-12C	An annual volunteer cost savings report is available.	
HSP4-12D	Annual volunteer activity demonstrates utilization of 5% or greater.	

Section 5: Provision of Care and Record Management		
ACHC Standard	Expectation	Comments
<p>Each Year</p> <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. 		
HSP5-1B	All patient records are retained for the appropriate period of time after discharge.	
HSP5-1B	All clinical records are safeguarded against loss or unauthorized use.	

Section 5: Provision of Care and Record Management		
ACHC Standard	Expectation	Comments
HSP5-5A	<p>Patient educational materials address, at a minimum:</p> <ul style="list-style-type: none"> ■ Hospice care and services. ■ Physical and psychological aspects of dying. ■ Palliative care. ■ End-of-life care issues. ■ Pain and symptom management. ■ Treatment and disease management education. ■ Plan of care. ■ Emergency preparedness information includes: <ul style="list-style-type: none"> » Evacuation plans. » Medications. » Food/water. » Important documents. » Care for pets. 	
HSP5-5B.01	There is evidence of support provided to the community on grief and loss.	
HSP5-9A.01	The agency does not admit patients for whom it cannot provide care and provides information to referral sources when patients cannot be admitted.	

Section 6: Quality Outcomes/Performance Improvement		
ACHC Standard	Expectation	Comments
HSP6-1A	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.	
HSP6-2A	QAPI results are communicated to the governing body/organizational leaders.	
HSP6-2B	Personnel are involved in QAPI.	
HSP6-3A/ HSP6-4A	QAPI report is completed at least annually.	
HSP6-4A	QAPI projects for past 12 months have been completed.	
HSP6-6A	Processes related to patient care (high-risk, high-volume, problem-prone) are being monitored.	
HSP6-6B	Data elements from the comprehensive assessment are collected and included in QAPI.	
HSP6-6B.01	Results of chart audits are included in QAPI.	
HSP6-6B.02	The QAPI plan identifies the process for conducting satisfaction surveys and results are incorporated into QAPI.	

Section 6: Quality Outcomes/Performance Improvement		
ACHC Standard	Expectation	Comments
HSP6-6B.03	Grievance log and evidence of monitoring of patient grievances/complaints are maintained.	
HSP6-6B.04	QAPI activities include ongoing monitoring of at least one important administrative function of the agency.	
HSP6-6C	Written corrective action plans for any QAPI projects that did not meet desired outcomes are developed and implemented.	
HSP6-7A/ HSP2-4A/ HSP7-5A.01	QAPI activities include ongoing monitoring of patient grievances/complaints and the actions needed to resolve grievances/complaints and improve patient care/service.	

Section 7: Risk Management: Infection And Safety Control		
ACHC Standard	Expectation	Comments
HSP7-1A	The hospice maintains and documents an infection control program that has as its goal the prevention and control of infections and communicable diseases.	
HSP7-1A	Copies of the TB Exposure Control and OSHA Bloodborne Pathogens plans are reviewed annually and available to personnel.	
HSP7-1C	Infection control data for patients is incorporated into QAPI as appropriate.	
HSP7-3A.01	There is evidence of an annual fire drill. Smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by manufacturers.	
HSP7-4B	Emergency Preparedness Plan is reviewed and updated at least every two years.	
HSP7-4B	Risk assessment using an all-hazards approach is updated at least every two years.	
HSP7-4D	Communication plan is reviewed and updated at least every two years.	
HSP7-4E	Emergency preparedness training occurs at least every two years.	
HSP7-4E	A minimum of two exercises/drills are completed at least every two years, with at least one exercise/drill occurring annually.	
HSP7-4F	Agencies that are part of an integrated healthcare system have evidence that the Emergency Preparedness Plan addresses the specific needs of the agency.	
HSP7-5A.01	Results of reported incidents, accidents, variances, or unusual occurrences involving personnel are incorporated into QAPI when appropriate.	
HSP7-6B	Education provided to patients regarding the disposal of controlled drugs is current.	

Section 7: Risk Management: Infection And Safety Control		
ACHC Standard	Expectation	Comments
HSP7-7A.01/ HSP7-8A	Quality control logs for any equipment used in the provision of care are current.	