

## APPLICATION AND REAPPLICATION REQUIREMENTS CHECKLIST

Organization/Provider Type:

*\*Indicate if the requirement has/has not been met and cite the location (page #/standard id/policy) where the AO reference is found.\**

Requirements	Met (Y/N)	AO Reference / Comments
The name, address, telephone, and E-mail address of the <i>authorized contact person</i> (one with the ability to make decisions, answer questions, and provide clarifications for the specific accreditation program for which your organization seeks CMS-approval).		
A list of key personnel and resumes for staff critical to the management and oversight of the accreditation program for which your organization is applying for CMS-approval.		
A list of all types of accreditation programs offered by the AO.		
<b>§ 488.1</b> <i>National accrediting organization means an organization that accredits provider entities, as that term is defined in section 1865(a)(4) of the Act, under a specific program and whose accredited provider entities under each program are widely located geographically across the United States.</i>		
<b>§ 488.5</b> <i>Application and re-application procedures for national accrediting organizations. (a) Information submitted with application. A national accrediting organization applying to CMS for approval or re-approval of an accreditation program under §488.4 must furnish CMS with all of the following information and material to demonstrate reasonable assurance that the entities accredited under the program meet or exceed the applicable Medicare conditions or requirements. This information must include the following:</i>  <b>(1)</b> Documentation that demonstrates the organization the organization meets the definition of a “national accrediting organization” under § 488.1 as it relates to the accreditation program.		
<b>§488.5(a)(2)</b> The type of provider or supplier accreditation program for which the organization is requesting approval or re-approval. [And requested term of approval.]		

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<p><b>§488.5(a)(3)</b> A detailed crosswalk (in table format – sample below) that identifies, for each of the applicable Medicare conditions or requirements, the exact language of the organization’s comparable accreditation requirements and standards. Sample:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CFR</th> <th style="width: 25%;">Medicare Standards</th> <th style="width: 25%;">AO Standard Number</th> <th style="width: 25%;">AO Standard</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>* Please see listing at end of document for relevant CoPs/CfCs required, by program type.</p>	CFR	Medicare Standards	AO Standard Number	AO Standard						
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<p><b>§488.5(a)(4)</b> A detailed description of the organization’s survey process to confirm that a provider or supplier meets or exceeds the Medicare program requirements. This description must include all of the following information:</p>										
<p><b>§488.5(a)(4)(i)</b> Frequency of surveys performed and an agreement by the organization to re-survey every accredited provider or supplier, through unannounced surveys, no later than 36 months after the prior accreditation effective date, including an explanation of how the accrediting organization maintain the schedule it proposes. If there is a statutorily-mandated survey interval of less than 36 months, the organization must indicate how it will adhere to the statutory schedule.</p>										
<p><b>§488.5(a)(4)(ii)</b> Documentation demonstrating the comparability of the organization’s survey process and surveyor guidance to those required for state survey agencies conducting federal Medicare surveys for the same provider or supplier type, in accordance with the applicable requirements or conditions of participation or conditions for coverage or certification.</p>										
<p><b>§488.5(a)(4)(iii)</b> Copies of the organization’s survey forms, guidelines, and instructions to surveyors.</p>										
<p><b>§488.5(a)(4)(iv)</b> Documentation demonstrating that the organization’s survey reports identify, for each finding of non-compliance with accreditation standards, the comparable Medicare CoPs, CfCs, conditions for certifications, or requirements.</p>										
<p><b>§488.5(a)(4)(v)</b> Description of the organization’s process review.</p>										

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<b>§488.5(a)(4)(vi)</b> Description of the organization's procedures and timelines for notifying surveyed facilities of non-compliance with the accreditation program's standards.		
<b>§488.5(a)(4)(vii)</b> Description of the organization's procedures and timelines for monitoring the provider's or supplier's correction of identified non-compliance with the accreditation program's standards.		
<b>§488.5(a)(4)(viii)</b> A statement acknowledging that, as a condition for CMS approval of a national accrediting organization's accreditation program, the organization agrees to provide CMS with information extracted from each accreditation survey for a specified provider or supplier as part of its data submissions required under paragraph (a)(11)(ii) of this section, a copy of all survey reports and related information for applicants seeking initial participation in Medicare, and, upon request from CMS may require (including corrective action plans).		
<b>§488.5(a)(4)(ix)</b> A statement acknowledging that the accrediting organization will provide timely notification to CMS when an accreditation survey or complaint investigation identifies an immediate jeopardy as that term is defined at <b>§489.3</b> of this chapter. Using this format specified by CMS, the accrediting organization must notify CMS within two business days from the date the accrediting organization identifies the immediate jeopardy.		
<b>§488.5(a)(5)</b> The criteria for determining the size and composition of the organization's survey teams for the type of provider or supplier to be accredited, including variations in team and size and composition for individual provider or supplier surveys.		
<b>§488.5(a)(6)</b> The overall adequacy of the number of the organization's surveyors, including how the organization will increase the size of the survey staff to match growth in number of accredited facilities while maintaining re-accreditation intervals for existing accredited facilities.		
<b>§488.5(a)(7)</b> A description of the education and experience requirements surveyors must meet.		
<b>§488.5(a)(8)</b> A description of the content and frequency of the organization's in-service training it provides to survey personnel.		

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<b>§488.5(a)(9)</b> A description of the organization's evaluation systems used to monitor the performance of individual surveyors and survey teams.		
<b>§488.5(a)(10)</b> The organization's policies and procedures to avoid conflicts of interest, including the appearance of conflicts of interest, involving individuals who conduct surveys or participate in accreditation decisions.		
<b>§488.5(a)(11)</b> A description of the organization's data management and analysis system for its surveys and accreditation decisions, including all of the following:		
<b>§488.5(a)(11)(i)</b> A detailed description of how the organization uses its data to assure the compliance of its accreditation program with the Medicare program requirements.		
<b>§488.5(a)(11)(ii)</b> A statement acknowledging that the organization agrees to submit timely, accurate, and complete data to support CMS' evaluation of the accrediting organization's performance. Data to be submitted includes, but is not limited to, accredited provider or supplier identifying information, survey schedules, survey findings, and notices of accreditation decisions. The organization must submit necessary data according to the instructions and timeframes CMS specifies.		
<b>§488.5(a)(12)</b> The organization's procedures for responding to, and investigating, complaints against accredited facilities, including policies and procedures regarding referrals when applicable to appropriate licensing bodies and ombudsman programs.		
<b>§488.5(a)(13)</b> The organization's accreditation status decision-making process, including its policies and procedures for granting, withholding, or removing accreditation status for facilities that fail to meet the accrediting organization's standards or requirements, assignment of less than full accreditation status or other actions taken by the organization in response to non-compliance with its standards and requirements. The organization must furnish the following:		
<b>§488.5(a)(13)(i)</b> A description of all types and categories of accreditation decisions associated with the program for which approval is sought, including the duration of each.		
<b>§488.5(a)(13)(ii)</b> A statement acknowledging that the organization agrees to notify CMS (in a manner CMS specifies) of any decision to revoke, withdraw,		

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or revise the accreditation status of a specific deemed status provider or supplier, within three business days from the date the organization takes action.		
<b>§488.5(a)(14)</b> A list of all facilities currently accredited by the organization under the program for which CMS approval is sought, including the type and category of accreditation currently held by each provider or supplier, and the expiration date of each provider's or supplier's current accreditation.		
<b>§488.5(a)(15)</b> A schedule of all surveys expected to be conducted by the organization for the accreditation program under review during the 6-month period following submission of the application.		
<b>§488.5(a)(16)</b> The three most recent audited financial statements of the organization that demonstrate that the organization's staffing, funding, and other resources are adequate to perform the required surveys and related activities.		
<b>§488.5(a)(17)(i)</b> [ <i>A statement that it will:</i> ] Provide written notification to CMS and to all providers or suppliers accredited under a CMS-approved accreditation program at least 90 calendar days in advance of the effective date of a decision by the organization to voluntarily terminate its CMS-approved accreditation program, including the implications for their deemed status in accordance with §488.8(g)(2); and		
<b>§488.5(a)(17)(ii)</b> [ <i>A statement that it will:</i> ] Adhere to the requirements for written notice to its accredited providers or suppliers at §488.8(e) in the case of an involuntary termination.		
<b>§488.5(a)(18)</b> A statement that it will provide written notification to CMS of any proposed changes in the organization's CMS-approved accreditation program and that it agrees not to implement the proposed changes without prior written notice of continued program approval from CMS except as provided for at §488.8(b)(2).		
<b>§488.5(a)(19)</b> A statement that, in response to a written notice from CMS to the organization of a change in the applicable conditions or requirements or in the survey process, the organization will provide CMS with proposed corresponding changes in the organization's requirements for its CMS-approved accreditation program to ensure continued comparability with the		

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CMS conditions or requirements or survey process. The organization must comply with the following requirements:		
<b>§488.5(a)(19)(i)</b> [A statement that] The proposed changes must be submitted within 30 calendar days of the date of the written CMS notice to the organization or by a date specified in the notice, whichever is later. CMS will give due consideration to an organization's request for an extension of the deadline.		
<b>§488.5(a)(19)(ii)</b> [A statement that] The proposed changes will not be implemented without prior written notice of continued program approval from CMS, except as provided for at §488.8(b)(1)(iv).		
<b>§488.5(a)(20)</b> A statement acknowledging that, as a condition for CMS' approval of an accreditation program, the organization will agree to permit its surveyors to serve as witnesses in a legal proceeding if CMS takes an adverse action against a provider or supplier on the basis of the organization's accreditation survey findings, and will cooperate with CMS to make surveyors and other staff available when needed.		
A signed statement permitting CMS to conduct onsite observations, as specified in 488.8(h). <b>§488.8(h)</b> <i>Onsite observations of accrediting organization operations.</i> As part of the application review process, the ongoing review process, or the continuing oversight of an accrediting organization's performance, CMS may conduct at any time an onsite inspection of the accrediting organization's operations and offices to verify the organization's representations and to assess the organization's compliance with its own policies and procedures. The onsite inspection may include, but is not limited to, the review of documents, auditing meetings concerning the accreditation process, observation of surveys, the evaluation of survey results or the accreditation decision-making process, and interviews with the organization's staff.		
A flow chart (diagram) of the accreditation survey process with explanatory notes of updates or changes, including:		
a. The procedures and timeframes for notifying facilities of deficiencies;		
b. The procedures and timeframes for monitoring deficiencies;		

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The procedures for triaging, responding to and investigating complaints, including appropriate interactions with CMS regarding complaints, immediate jeopardy investigations, and accreditation decisions; and,		
The procedures for developing and updating the content of surveyor training materials, the frequency of formal training, and the frequency and method(s) of assuring and evaluating surveyor competence and consistent implementation of standards and survey process.		
If this is a renewal application, include explanatory notes of updates or changes.		
A copy of the current surveyors' instruction manual.		
A signed and dated attestation complying with 42 CFR 488.5(a)(4)(vii-ix); 488.5(a)(11)(ii); 488.5(a)(13)(ii); 488.5(a)(17-20).		
<b>Policies and Procedures for Identifying Fraud and Abuse and Coordination With or Reporting to CMS:</b>		
1. The criteria that surveyors use to determine when to report suspicious or unusual activities to CMS.		
2. Specification of the process (to whom and timeframes) to be used to report violations of CMS fraud and abuse policies in compliance with the basic agreement.		
<b>CMS Validation Data Reports:</b> A sample of the organization's ability to provide CMS with the following data on a periodic basis:		
1. Provide a list of facilities surveyed and accredited indicating the type of survey conducted (i.e. initial, re-accreditation, complaint) and accreditation decision quarterly, Facility List)		
2. Survey schedules for the prospective quarter of all deemed provider/supplier programs.		
3. The number of immediate jeopardy or adverse events by program and the type of action taken.		

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4. The outcomes (accreditation awarded and decision as related to surveyor recommendation) of Board, Accreditation Committee, or other person/body making final accreditation decision actions on deficiencies, with all types of information used, e.g., full survey, focused survey, written report by facility, and longevity of deficiency (was this deficiency cited multiple visits/repeat deficiency).		
5. The number of complaints received over the past 12 months, broken down by:  (A) Number of written resolutions, number of focused surveys, follow-up actions; (B) Number greater than 90 to 120 days by reason for lag; and (C) Average resolution time (calculated across all facility complaints).		
6. A statement of understanding that CMS validation requests may change at least annually, with one quarter advance notice to allow for data collection and data software changes when implementing new requests.		
Informational and professional support practices for keeping staff updated on health care practices and accreditation organization policies and procedures.		
<b>Provision of Electronic Data Exchange</b>		
A description of the data management system, standard reports, tables, and displays produced.		
Evidence of the ability to supply electronic files to CMS in the requested format.		
A list of reports with sample formats that are available for validation processes via specified CMS compatible PC software.		



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\* Listing of Relevant CoPs/CfCs by Program Type:

<b>Program</b>	<b>Relevant Conditions Related to Application Submitted</b>	<b>Link to eCFR</b>	<b>All Required Standards Submitted (Y/N)</b>
ASC	42 CFR 416, Standard 416.2, subparts B & C	<a href="#">ASC Standards</a>	
CAH	42 CFR 485, subpart F; for Psych & Rehab distinct part services provided in a CAH, 42 CFR 482 subparts B, C & D and 42 CFR 412.25, 412.27, and 412.29	<a href="#">CAH Standards</a>	
ESRD	42 CFR 494, subparts A-D, 42 CFR 405 subpart U	<a href="#">ESRD Standards</a> <a href="#">ESRD Network</a>	
HHA	42 CFR 484, subparts B & C	<a href="#">HHA Standards</a>	
HSPC	42 CFR 418, subparts C & D	<a href="#">HSPC Standards</a>	
HOSP	42 CFR 482, subparts B, C & D	<a href="#">Hospital Standards</a>	
OPT	42 CFR 485, subpart H	<a href="#">OPT Standards</a>	
PSYCH	42 CFR 482, subparts B, C, D & E	<a href="#">PSYCH Standards</a>	
RHC	42 CFR 491	<a href="#">RHC Standards</a>	