

## **ACHIEVING CHAP ACCREDITATION & CERTIFICATION**



- 1. Accreditation Agreement
- 2. Site Visit Preparation
- 3. On-Site Survey and Review
- 4. Accreditation Determination

We know the better the accreditation process, the more quickly you can continue the level of care that's so important to your mission. We strive to minimize the disruption to your business and streamline the time commitment so you can focus on what matters most.

Use these 4 Steps of CHAP Accreditation to better understand and navigate CHAP's accreditation process.

Please contact CHAP @202.862.3413 Press "2" or email us: info@chapinc.org

|               | ACCREDITATION AGREEMENT  |
|---------------|--|
| Step <b>1</b> | <ul> <li>STEPS:</li> <li>Go to chapinc.org and click "Apply Now" from the home screen. Please have the following available: <ul> <li>Applicable service license (as required by state)</li> <li>Employer ID Number (EIN)</li> <li>National Provider (NPI)</li> </ul> </li> <li>Execute contract and pay fees.</li> </ul> |

|        | SITE VISIT PREPARATION  |
|--------|---|
| Step 2 | <ul> <li>STEPS:</li> <li>Prepare for Site Visit.</li> <li>Participate in introductory call with your CHAP Accreditation Specialist. <ul> <li>Walk through CHAPLinQ.</li> <li>Download standards.</li> <li>Download optional readiness tools.</li> </ul> </li> <li>Indicate Readiness. <ul> <li>Participate in Readiness Call.</li> <li>Engage with Director of Accreditation as needed.</li> <li>CHAP schedules visit.</li> </ul> </li> </ul> |



| SITE VISIT READINESS REQUIREMENTS BY SERVICE LINE   STEP 2 |   |  |  |  |
|--|---|--|--|--|
| Service Line   | Required Documents                                | Required Census  | Deemed Requirements<br>Initial without CCN |  |
| Home Health  | Copy of state license(s),<br>if required by state | 10 skilled patients served<br>At least 7 skilled patients active<br>at time of site visit  | Copy of 855A<br>recommendation letter.     |  |
| Hospice  | Copy of state license(s), if required by state    | 5 served<br>3 active at time of site visit   | Copy of 855A<br>recommendation letter.     |  |
| Home Medical Equipment<br>(HME/DMEPOS)                     | Copy of state license(s),<br>if required by state | 5 patient records of actual<br>patients served. Mock patient<br>records are not acceptable |  |  |
| Home Care  | Copy of state license(s),<br>if required by state | 5 served<br>3 active patients required at time<br>of site visit                            |  |  |
| Pharmacy   | Copy of state license(s),<br>if required by state | 5 served<br>No active patients required at<br>time of site visit                           |  |  |
| Infusion Therapy Nursing                                   | Copy of state license(s), if required by state    | 5 served<br>3 active at time of site visit   |  |  |
| Palliative Care  | Copy of state license(s), if required by state    | 5 served<br>3 active at time of site visit   |  |  |

|        | ON-SITE SURVEY & REVIEW  |
|--------|--|
| Step 3 | <ul> <li>STEPS:</li> <li>Participate in Site Visit.</li> <li>Complete required corrections.</li> <li>Board of Review evaluation of the Site Visit and Plan of Correction as needed.</li> </ul> |

|               | ACCREDITATION DETERMINATION  |
|---------------|--|
| Step <b>4</b> | <ul> <li>STEPS:</li> <li>CHAP Board of Review accreditation decision.</li> <li>Receive Accreditation.</li> <li>Access CHAP Media Kit.</li> <li>Pursue ongoing adherence to Standards of Excellence.</li> </ul> |



## **RENEWAL APPLICATION**

In order to maintain your CHAP Accreditation/ Certification, you must renew every three years. Timely renewal ensures there is no lapse in accreditation/certification dates for possible license, contract or payer accreditation/certification requirements.

## REQUIREMENTS

You can initiate your renewal by application as soon as 12 months prior to expiration.

FOR ANY QUESTIONS, please contact CHAP @202.862.3413 Press "2" or email us: info@chapinc.org