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Medicare Pre-Survey Checklist for Home Health Agencies

50 essential items to verify before your Medicare initial certification survey

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Introduction: What to Expect During a Medicare Survey

If you are pursuing Medicare certification for your home health agency, one of the most critical milestones in the process is the initial certification survey. After you submit your CMS-855A application and complete the Medicare enrollment process, the Centers for Medicare & Medicaid Services (CMS) will direct your state survey agency to conduct an on-site survey of your agency. This survey is typically unannounced and generally occurs within 2 to 6 months of your initial application being processed. The purpose of the survey is to verify that your agency is in full compliance with all Medicare Conditions of Participation (CoPs).

During the survey, one or more surveyors will spend one to several days at your agency location. They will review your policies and procedures, inspect personnel files, examine patient and client records, evaluate your physical environment, and verify your emergency preparedness plans. The surveyor may also interview staff members and, in some cases, patients or their representatives. If deficiencies are found, you will be given a specific timeframe to submit a plan of correction. Serious deficiencies can result in denial of certification. The best strategy is thorough preparation — this checklist covers the 50 essential items you need to verify before your survey team arrives.

Policies and Procedures

- ☐ Patient rights policy posted and included in admission packet
- ☐ Written plan for emergency preparedness and disaster response
- ☐ Infection control policies and procedures
- ☐ OASIS data collection and transmission policies
- ☐ Discharge planning policies and procedures
- ☐ Patient complaint and grievance resolution policy
- ☐ Quality Assessment and Performance Improvement (QAPI) plan
- ☐ Privacy and HIPAA compliance policies
- ☐ Medication management policies

- [ ] Supervision and coordination of services policy

Personnel Files

- [ ] Current licensure/certification for all clinical staff
- [ ] Background check results for all employees
- [ ] TB test results for all patient-facing staff
- [ ] Signed job descriptions for every position
- [ ] Evidence of orientation and training completion
- [ ] Annual performance evaluations on file
- [ ] Hepatitis B vaccination records or declination forms
- [ ] CPR certification for clinical staff
- [ ] Current professional liability insurance documentation
- [ ] Competency evaluations for home health aides

Patient/Client Records

- ☐ Physician orders signed and dated for each patient
- ☐ Comprehensive assessment (OASIS) completed within 5 days of SOC
- ☐ Plan of care developed and signed by physician
- ☐ Progress notes documenting each visit
- ☐ Medication profile current and reconciled
- ☐ Informed consent forms signed by patient or representative
- ☐ Advance directive documentation or refusal acknowledgment
- ☐ Discharge summaries for all closed cases
- ☐ Evidence of care coordination among disciplines
- ☐ Patient rights acknowledgment signed

Physical Environment

- ☐ Office is in a physical location (not a P.O. Box)
- ☐ Patient records stored securely with restricted access
- ☐ Phone system operational during business hours with after-hours coverage
- ☐ Emergency supplies accessible (PPE, first aid)
- ☐ Fire extinguisher and smoke detectors present and current
- ☐ Office space meets ADA requirements

- [ ] IT systems for OASIS submission functional and tested
- [ ] Separate clinical and administrative work areas
- [ ] Secure area for medications and supplies storage
- [ ] Proper biohazard waste disposal containers available

Emergency Preparedness

- [ ] Written emergency preparedness plan on file
- [ ] Communication plan for contacting staff during emergencies
- [ ] Patient tracking system for emergencies
- [ ] Delegation of authority during an emergency
- [ ] Training documentation for all staff on emergency procedures
- [ ] Annual emergency drill conducted and documented
- [ ] Memoranda of understanding with local emergency services
- [ ] Backup power plan for critical operations
- [ ] Plan for continuity of operations during extended disruption
- [ ] Emergency contact list updated and accessible

Common Survey Deficiencies to Avoid

Top 5 Medicare Survey Deficiencies

Based on common findings across state survey agencies, these are the deficiencies most frequently cited during initial Medicare certification surveys:

1. **Incomplete or missing personnel file documentation**
   — Background checks, licensure verification, or TB test results not on file for one or more employees.
2. **Plan of care not signed by a physician within required timeframe**
   — The physician must sign the plan of care, and it must be reviewed and updated at least every 60 days.
3. **QAPI program not fully implemented**
   — Agencies must have a functioning Quality Assessment and Performance Improvement program with measurable indicators, not just a written plan.
4. **Emergency preparedness plan lacking required elements**
   — The plan must include a communication plan, patient tracking, delegation of authority, and documentation of annual drills.
5. **Patient rights not consistently documented**
   — Every patient must receive written notice of their rights, and a signed acknowledgment must be in the patient's record.