DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AUTHORIZATION FOR STATE AGENCY HOME HEALTH AGENCY VALIDATION SURVEY

1. Name and Address of State Agency	2. Name and Address of Home Health Agency CMS Certification Number: _____

3. This HHA is currently deemed by (None or more than one [1] may be checked):

☐ ACHC ☐ CHAP ☐ TJC ☐ None

4. Check A or B. *Do not check both.*

A. ☐ **This Validation Survey is based on a sample selection. Check #1 or #2. *Do not check both*.**

1. ☐ Please conduct a full Validation Survey following the protocols and procedures for a Medicare Certification Survey within 60 calendar days of _____ (Enter AO Name) Accreditation Survey end date.

   The scheduled end date of the Accreditation Survey is: _____.

   If applicable, check one [1] or more of the following:

   ☐ This is an initial Accreditation Survey for this currently participating, non-deemed facility.

   ☐ This is an initial Accreditation Survey for this AO; HHA is currently deemed.

2. ☐ This is a Mid-Cycle Validation Survey. Please conduct a full Validation Survey following the protocols and procedures for a Medicare Certification Survey.

SA must complete all Validation Packet documents listed in Exhibit 63 for any full Validation Survey.

B. ☐ **This Validation Survey is based on allegations of significant deficiencies which could affect the health and safety of patients. *Check one of the following*:**

☐ Potential IJ: Initiate Survey within two [2] working days; OR

☐ Initiate Survey within 45 calendar days.

SA must NOT notify the facility or AO in advance of the survey.

5. Areas to be surveyed (For sample Validation Surveys, check all. For Allegation Surveys, check all applicable conditions):

☐ 484.40 Release of Patient Identifiable Information
☐ 484.45 Reporting OASIS Data
☐ 484.50 Patient Rights
☐ 484.55 Comprehensive Assessment of Patients
☐ 484.60 Care Planning, Coordination of Services and Quality of Care
☐ 484.65 Quality Assessment and Performance Improvement
☐ 484.70 Infection Prevention and Control
☐ 484.75 Skilled Professional Services
☐ 484.80 Home Health Aide Services
☐ 484.100 Compliance with federal, state, and local laws and regulations related to the health and safety of patients
☐ 484.102 Emergency Preparedness
☐ 484.105 Organization and Administration of Services
☐ 484.110 Contents of Clinical Record
☐ 484.115 Personnel Qualifications

6. Signature of Regional Representative	7. Region	8. Date

Original To: STATE SURVEY AGENCY
Copies To: CMSO/SCG/DACS