

DEEMING AUTHORITY APPLICATION REQUIREMENTS

A. Administration

1. A description of all types of facilities and categories of accreditation covered by this application.
 - a. A list of all types of accreditation offered and a clear indication of which types are being requested for deemed status recognition.
 - b. A list of all accredited facilities by type of accreditation and expiration date.
2. The requested term of approval.
3. The name, address, telephone, and E-mail address of the *authorized contact person* (one with the ability to make decisions and answer questions and provide clarifications for the specific program for which your organization seeks deeming authority).
4. A key personnel list and resume of staff critical to the management and oversight of the program for which your organization is applying for deeming authority.

B. General Policies and Procedures Requirements

1. A signed statement permitting CMS to observe on-site:
 - a. A full accreditation survey (initial or continuing, not focused) performed by the applicant to validate current practices and requirements of its survey process, and
 - b. An onsite evaluation of program administration at the corporate offices.
2. A flow chart (diagram) of the accreditation survey process with explanatory notes of updates or changes, including--
 - a. The procedures for notifying facilities of deficiencies;
 - b. The procedures and timeliness for monitoring deficiencies;
 - c. The procedures for responding to and investigating complaints including appropriate interactions with CMS regarding complaints and immediate jeopardy investigations and decisions; and
 - d. The procedures for developing and updating the content of surveyor training materials, the frequency of formal training, and timing and method(s) of assuring surveyor knowledge and consistent implementation of standards and survey process.
 - e. If this a renewal application, include explanatory notes of updates or changes.
3. A copy of the current surveyors' instruction manual and standards used to evaluate accredited facilities.
4. A crosswalk (table of relationships) from Medicare conditions to the accreditation organization's standards in the following format:

CFR Number	Medicare Standards	Organization's Equivalent Number	Organization's Standards
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5. A flow chart (diagram) and a crosswalk (table of relationships) from Medicare decision points of accreditation status decision-making process with explanatory notes of updates or changes. For example, immediate jeopardy; condition level deficiencies; standard deficiencies; recommended actions for provider or supplier improvement; validation of requested corrections made by the provider or supplier.
6. A signed and dated attestation complying with 42 CFR488.4(b)(3).

C. Policies and Procedures for Identifying Fraud and Abuse and Coordination With or Reporting to CMS

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 timeliness) to be used to report violations of CMS fraud and abuse policies in compliance with the basic agreement.

D. Surveyor Evaluation and Training on Medicare Conditions of Participation or Coverage

1. A plan to provide appropriately knowledgeable trainers or training materials to be used to train surveyors in Medicare in fraud and abuse for the facility type in the application;
2. The procedures and criteria to evaluate surveyor performance and the method of correcting surveyors' skill or knowledge deficiencies on both the individual and general levels.

E. Provision of Electronic Data Exchange

1. A description of the data management system, standard reports, tables, and displays produced.
2. Evidence of the ability to supply files in ASCII comparable code to CMS electronically in the requested format.
3. A list of reports with sample formats that are available for validation processes via a personal computer in tab-delimited ASCII or text (TXT) or other specified CMS compatible PC software.

F. Adequacy of Resources

1. Three years of audited financial reports, including revenues and expenditures.
2. The projected number of accreditation surveys and resource allocations of staff to provide these services.
3. Informational and professional support practices for keeping staff updated on health care practices and accreditation organization policies and procedures.

H. CMS Validation Data Reports

1. A sample of your ability to provide CMS with the following data on a periodic basis:
 - a. Administrative tracking reports, e.g.,
 - i. Provide a list of facilities surveyed and accredited indicating the type of survey conducted (i.e. initial, re-accreditation, complaint) and accreditation decision quarterly (i.e., Facility List);
 - ii. Survey Schedules for the prospective quarter of all deemed provider/supplier programs.
 - b. Provider/supplier deficiencies and their resolution, including--
 - i. The number, percentage, and related Medicare tag number (as appropriate) of the AO's top 10 deficiencies identified during accreditation surveys;
 - ii. The number of immediate jeopardy or adverse events by program and the type of action taken.
 - iii. 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).
 - iv. The number complaints received, broken down by:
 - (A) number of written resolutions, number of focused surveys, follow-up actions,
 - (B) number with responses greater than 90 to 120 days by reason for lag, and
 - (C) average resolution time (calculated across all facility complaints).
2. A statement of your understanding that CMS validation requests may change at least annually, with 1 quarter advance notice to allow for data collection and data software changes when implementing of new requests.