



Compliance Review Services, Inc.

Consulting & Training Services
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Established 1997

12-4-06

RE: Initial Start Ups Seeking Initial Medicare Survey

Dear Client,

If you haven't heard, an announcement through a DADS provider letter was released over the weekend stating DADS will no longer be conducting initial state surveys for Medicare. This memo may not affect you if you have already passed your initial survey, however, you may have a friend in this situation and we want to share with you our recommendations and how we can help.

Please, **do not panic**. We are prepared to assist you. The easiest option is to upgrade your policies, procedures and forms to JCAHO. If the initial agencies go through an accrediting body they can have their initial Medicare survey performed by them. This process requires 4 months of tracking. We will have to do an application to JCAHO to have them come out and you will need at least 2-4 days of consulting services on site to help prepare you and your staff and get you ready. You are still required to have 10 patients, 7 active for JCAHO to come out.

If you have already submitted your readiness for survey, **DO NOT** cancel it. Let the state come out and do the licensed home health survey so your license does not expire. This announcement by DADS may delay you 4-6 weeks in requesting readiness for survey depending upon where you are at in the process. (New policies need printed (\$1800) + 2-4 consulting visits are needed to explain what you need to do, prepare JCAHO reports, graphs, etc. which we can do with and/or for you at our JCAHO consulting rate of \$100/hour.)

There are two main accrediting bodies out there:

- 1) JCAHO
- 2) CHAPS

We recommend JCAHO because it is a little quicker in that JCAHO does not require the self assessments that CHAPS requires up front. Your total cost to convert to JCAHO will be \$1800 + 2-4 consultative visits at \$100/hour.

If you bought our Package A, we can upgrade you to JCAHO for \$1800.00. This means we will have to produce an entirely new package of binders for you. The \$1800 is required up front and is non-refundable. Do not return your previously purchased package, you need it for your business to show what policies were in place prior to the upgrade. We will issue new binders with the JCAHO product line.

JCAHO does require additional systems to be in place and we are putting together a class on JCAHO to hold beginning in January to help agencies understand what JCAHO is and what they need to do to pass an initial JCAHO survey for Medicare. We did not anticipate the DADS provider letter, but want to assure you that we are able to handle this change without a problem.

If you have a friend who needs help, please have them call us. We are running a 10% off special through the 10th of the month and another special for the remainder of the month on comprehensive start up packages. Feel free to tell them to see our website at www.compliancereviewservices.com.

We also have a navigation bar for JCAHO and CHAPS which briefly explains what these accrediting bodies are on our web site. You can also go to www.jcaho.org. We have been doing JCAHO consulting for almost 10 years now, and I personally have almost 15 years of experience with home health JCAHO. We currently have several clients who are JCAHO so **you are with the right consulting firm**. If you already purchased a JCAHO start up then you are all set, proceed as normal. You will still need 2-4 JCAHO consultation however which was our recommendation when you purchased the JCAHO package.

If you want to upgrade your package, fill out the form below and fax it in. It will take us 3-4 weeks to upgrade your package due to the holidays. You can conduct your business as usual.

I want to upgrade my package previously purchased from CRS to JCAHO.

Name of agency: _____

Address: _____

Phone: _____ Fax: _____

I will pay by: business check visa american express mastercard cash
(Note: we will not start production on the upgrade until you make payment in full)

I am mailing in a check for \$1800.00 on _____ date to update my package.

Credit Card Information: _____ VIN number (3 digit code on back of card)

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|--------------|-------------|-----------------|
| Name on Card | Card Number | Expiration Date |
|--------------|-------------|-----------------|

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|---|----------------------|
| Signature authorizing charge of credit card | Amount to be charged |
|---|----------------------|