ACCREDITATION

PROCESS AND POLICIES

POLICIES REVISED MAY 2018

Contents

AASM ACCREDITATION APPLICATION GUIDE

History of AASM Accreditation

The first sleep center was established in 1964 at Stanford University for the diagnosis and treatment of narcolepsy. In 1975, the Association of Sleep Disorders Centers, a predecessor of the American Academy of Sleep Medicine (AASM), was formed and a Certification Committee was appointed to establish and maintain standards for the evaluation and treatment of patients with sleep disorders. The Montefiore Hospital Sleep Center, New York, was the first to be accredited on April 27, 1977.

The Accreditation Committee (formerly the Certification Committee) maintains the *Standards for Accreditation* ("Standards"). Final approval of the Standards rests with the AASM Board of Directors. The Standards are updated periodically to remain consistent with changes in technology and clinical practice.

Overview of AASM Accreditation Programs

AASM accreditation is a voluntary activity, providing recognition that an entity meets rigorous standards set forth by the AASM. The AASM accredits sleep disorders facilities, independent sleep practices and Durable Medical Equipment providers.

A ***Sleep Facility*** is a sleep center that is comprised of both a clinic, where patient evaluation and management occurs, and a laboratory, where diagnostic testing is administered through in-center sleep studies and home sleep apnea testing (HSAT).

An ***Independent Sleep Practice*** is a sleep practice that manages patients with all sleep disorders and performs HSAT but do not have a lab where diagnostic testing is administered through in-center sleep studies.

Durable Medical Equipment (DME) suppliers provide sleep-related DME equipment to non-Medicare patients. This includes both freestanding suppliers as well as sleep facilities or practices that provide DME equipment to their patients.

The length of time an individual application spends in the accreditation process varies widely depending upon the quality of the application, the volume of applications currently in process, and the speed with which responses are received from the applicant.

The Accreditation Committee oversees the accreditation process. Site visitors are board-certified sleep specialists who are or have been directors of AASM- accredited sleep facilities.

CATEGORIES OF ACCREDITATION

Provisional Facility Accreditation

Provisional accreditation is available to new, start-up facilities, and new locations opened by an existing accredited sleep facility. It is only available to facilities that have been open for a period of

six months or less. Provisional accreditation is granted for a period of six months. (See Appendix A for required documents). An application for full accreditation must be submitted within six months of the date of provisional accreditation. Facility accreditation includes accreditation for both in-center testing and HSAT.
*DME accreditation may not be applied for in conjunction with provisional accreditation. This must be added in the Provisional to Full application.

Provisional to Full Facility Accreditation

An application for Provisional to Full Facility Accreditation must be submitted within six months from the date the provisional accreditation was granted in order to continue the accreditation. The facility must be open and seeing patients for a period of 6 months to ensure all information relative to the Full Accreditation is available to be evaluated. If an application for full accreditation is submitted within the six-month timeframe, provisional accreditation will continue through the full facility accreditation review and site visit process and approval.

New Facility Accreditation

New facility accreditation is available to sleep facilities that have been in operation for no less than six months. New Facility accreditation is granted for five years from the date of approval by the Board of Directors. *(See Appendix B for required documents.)* Facility accreditation includes accreditation for both in- center testing and HSAT.

Independent Sleep Practice Accreditation

Independent Sleep Practice Accreditation is available to sleep practices that manage patients with all sleep disorders and conduct HSAT. Independent Sleep Practice Accreditation is granted for five years from the date of approval by the Board of Directors. *(See Appendix D for required documents.)*

Durable Medical Equipment (DME) Accreditation

DME accreditation is granted for five years from the date of approval by the Board of Directors. DME accreditation is available to both sleep facilities providing DME, as well as, free-standing DME suppliers. *(See Appendix F for required documents.)*

Reaccreditation (All Programs)

An accredited program (facility, practice and/or DME provider) must complete a reaccreditation application prior to the end of the accreditation term in order to achieve continued reaccreditation without delay or lapse in status. Reaccreditation applications are due 6 months prior to the program's accreditation expiration date. Applications for reaccreditation will not be accepted more than 10 months in advance of the expiration date.

ACCREDITATION STATUS

Accreditation without Provisos

Accreditation without provisos is granted by the Board of Directors for five years from the date of

approval to entities that demonstrated compliance with all the *Standards for Accreditation*, *Independent Sleep Practice Standards for Accreditation* or *DME Accreditation Standards* (DME). Entities will receive an accreditation certificate in the mail.

Accreditation with Provisos

Accreditation with provisos is granted by the Board of Directors if the entity does not satisfactorily meet all of the *Standards for Accreditation*, *Independent Sleep Practice Standards for Accreditation* or *DME Accreditation Standards* (DME), but the Board believes that the entity will be able to meet the Standards within three months of notification by the AASM and will be able to operate safely in the interim. Compliance with requirements described in the provisos must be communicated in writing to the AASM.

Denied Accreditation

Entities that receive one mandatory proviso or more than 10 non-mandatory provisos will be denied accreditation. An appeals process is available to entities that did not fulfill the accreditation requirements resulting in denial of accreditation. An entity may apply for accreditation again at any time after denial.

Revoked Accreditation

If an entity is not in substantial compliance with the *Standards for Accreditation*, *Independent Sleep Practice Standards for Accreditation*, or *DME Accreditation Standards*, the accreditation may be revoked. Examples of cause include but are not limited to:

a. Illegal activity.
b. Incomplete or inadequate application.
c. AASM Board of Directors action.
d. Violation of mandatory standards.
e. Non-completion or failure of a site visit.
f. Failure to notify the AASM within 30 days of initiation of any government investigation or adverse action taken against the facility that impacts the ability to meet any standards.

If accreditation is revoked for any reason other than non-completion of a site visit, the entity is required to wait one full year before applying for accreditation**.** If accreditation was revoked due to non-completion of a site visit, the entity may reapply, submit all applicable fees and begin the accreditation process again at any time.

Rescinded Accreditation

If an accredited entity loses its ability to meet the *Standards for Accreditation*, *Independent Sleep Practice Standards for Accreditation*, or *DME Accreditation Standards* (DME), e.g., loss of facility director (or principal medical staff member), the Accreditation Committee may recommend to the Board of Directors that the facility's accreditation status be rescinded until the entity again meets the *Standards for Accreditation*, *Independent Sleep Practice Standards for Accreditation*, or *DME Accreditation Standards*.

While accreditation is rescinded, the entity is not accredited. The entity may not use the

AASM member facility logo, or other materials that imply accreditation by the AASM. All references to AASM accreditation in advertisements must cease.

For accreditation to be reinstated, the facility director must provide written documentation of changes that have been made to correct deficiencies. A site visit may be necessary, at the entity's expense, to determine whether the entity now meets the *Standards for Accreditation, Independent Sleep Practice Standards for Accreditation* or *DME Accreditation Standards*. It is not necessary to submit a new application for accreditation.

When accreditation is reinstated, full accreditation resumes for the remainder of the original accreditation term. **A reinstatement fee of $250 will be charged when the entity is ready to resume its operations in full compliance with the *Standards of Accreditation, Independent Sleep Practice Standards for Accreditation,* or *DME Accreditation Standards*.**

Rescinded accreditation status cannot be continued beyond one year. Failure to meet all standards within one year will result in revoked accreditation. Failure to notify the AASM of changes in an accredited entity that may lead to rescinded accreditation is cause for denial of future accreditation.

APPLICATION SUBMISSION PROCESS

It is recommended that you visit the accreditation link at www.aasm.org for Frequently Asked Questions (FAQs), accreditation resources, review of the accreditation process, and the most current *Standards for Accreditation, Independent Sleep Practice Standards for Accreditation* or *DME Accreditation Standards*.

Please follow these steps in the application process:

1. **Read** the Accreditation Process and Policies completely before beginning the online application or gathering supporting materials.
2. **Decide** the type(s) of Accreditation you will apply for.
    a. Review Categories of Accreditation for more information. (Review the Appendices for the full list of documents required for each category of accreditation.)
3. **Complete and Submit** the online application along with payment to begin review.

ACCREDITATION APPLICATION PAYMENT

The AASM reviews all applications using the most current Application and Standards for Accreditation regardless of the age of the application submitted. The current Application for Accreditation is always available for free at www.aasm.org.

Separate applications must be submitted for each facility seeking accreditation. Each facility location must be capable of operating independently. The AASM does not provide accreditation of satellite facilities/locations.

Laboratories that conduct testing only (and do not see patients in clinic) are no longer accredited by the AASM.

The facility's designated staff member and facility director complete the online application; the facility director attests to the accuracy of the information and submits the application with the accreditation fee to the AASM.

Fees

Accreditation Category	New Application Fee /Member Reaccreditation Fee	Non-Member Reaccreditation Fee
Full Sleep Facility	$4500	$7200
Provisional Sleep Facility*	$6000	N/A
Independent Sleep Practice	$4500	$7200
DME	$2000	$2000

*The provisional accreditation fee is non-refundable.

Please note that fees are subject to change without notice. Fees apply to the continental United States. Additional fees may apply for facilities located outside the continental United States.

Once the entity's payment is received, the AASM accreditation coordinator will email a receipt of payment to the designated primary contact.

Discounts may be available for corporate entities. Contact the AASM Accreditation Department for more information regarding this program.

REACCREDITATION APPLICATION SUBMISSION

Reaccreditation applications must be received no later than six (6) months prior to the expiration date of the current accreditation term. Entities failing to do so may still submit an application up to the actual expiration date; however, a late fee of $750 will be assessed.

Entities failing to submit the reaccreditation application by the expiration date expire and will be required to submit a new accreditation application. The original accreditation date will be lost, and a site visit will be required. Entities will experience lapse in accreditation status until new accreditation is approved.

Early Reaccreditation

Accredited entities that relocate less than 18 months before the accreditation expiration date may complete an early reaccreditation application. Early reaccreditation option is subject to AASM approval. Contact the AASM for more information regarding this process.

APPLICATION REVIEW PROCESS

The online application is reviewed by an Accreditation Reviewer to evaluate and assess all submitted documentation, materials and forms to determine compliance to the standards.

Review of the online application typically takes 4-6 weeks from the date **payment is received**. If payment is not received within 14 calendar days after the submission of the accreditation application, the application will be voided, and the entity must reapply. The application will not be reviewed until payment is received.

Once the application review is completed by the AASM, the entity may be asked to submit additional information to demonstrate compliance with the standards. The entity's primary contact will receive an email indicating there are outstanding issues associated with the application. The entity will then log into the online application to resolve the issues within 14 days.

- Applicants who do not respond to the issues within 14 calendar days will be assessed a $750 late fee.
- If a response to these issues is not received within 28 days, the application is voided.
    - $1,000 will be refunded to facilities applying for new accreditation and reaccreditation. To reapply, the entity must submit a new application along with the full accreditation fee payment.
    - The $1,000 refund does not apply to facilities applying for provisional accreditation or those moving from provisional to full accreditation.
- The fee for provisional accreditation is non-refundable. No refund will be provided should a facility fail to submit a full accreditation application within the appropriate timeframe.
- If the application does not pass the review process, the entity will be notified that the application has been rejected. $1000 will be refunded.
- The AASM reserves the right to return incomplete applications.
- The facility director may appeal the decision of the reviewer in writing to the AASM Board of Directors within thirty (30) days of notification by the AASM (See APPEALS PROCESS).

Types of Issues:

a. **Mandatory:** Issues related to mandatory Accreditation Standards.
    a. Issues relative to mandatory standards must be resolved prior to the scheduling of the site visit.
    b. **All mandatory standards must be resolved prior to being presented for approval by the AASM Board of Directors. Not resolving mandatory standards may result in denial of accreditation.**

b. **Non-Mandatory:** Issues related to non-mandatory Accreditation standards will be included in the online application but are not required to be resolved until the date of the site visit. The site visitor will determine compliance with non-mandatory standards on-site during site visit.
    a. The entity may have no more than 10 outstanding non-mandatory issues prior to being presented for approval by the AASM Board of Directors.

b. If a site visit is not required for an application, all issues must be resolved in the application, regardless of issue type**.**

ACCREDITATION APPROVAL PROCESS

Upon completion of the application review process, the AASM will submit a report to the Accreditation Committee for review. A recommendation regarding accreditation of each program (sleep facility/independent sleep practice/DME) status is submitted to the AASM Board of Directors for final approval.

The Board of Directors will render one of three decisions:

a. If the Board of Directors approves accreditation without reservation, the entity is granted full accreditation for five (5) years from the date of approval by the board.
b. If the Board of Directors finds an entity is generally, but not fully in compliance with the Standards, accreditation will be granted pending compliance to the non-mandatory provisos for a period of five years. Failure to meet one or more mandatory standards will always result in denial of accreditation. No exceptions will be made. The entity is required to complete a successful site visit within the first year (12 months) from the date of approval by the board.
    i. All outstanding issues related to non-mandatory standards must be addressed at the site visit.
    ii. A non-mandatory proviso must be met within three (3) months of the notification date stated by the AASM.
c. If the Board of Directors denies the entity accreditation, the entity may reapply, submit all applicable fees and begin the accreditation process again.

SITE VISIT PROCESS

Once an Accreditation application has been completed, all required documentation has been submitted and reviewed and has been approved by the Board of Directors the site visit will be scheduled within the first year (12 months) from the accreditation approval date.

Please note a site visit **is not required** for Provisional Accreditation. A site visit is also not required for DME Accreditation, but the AASM reserves the right to perform a site visit on a DME supplier for any reason.

A Business Associate Agreement must be signed by both parties (the AASM and the facility/practice) prior to the site visit. If the agreement is not fully executed, the site visit will be postponed and/or cancelled.

Scheduling

Based on the site visitor's availability, a visit date will be selected by the AASM. The facility will then be notified via email that a site visit has been scheduled. The facility will be offered one (1) date. If this date conflicts with the facility's schedule, a second and final date will be offered. If the second date is not accepted, the AASM reserves the right to cancel the site visit.

a. If the Entity does not receive a site visit within the first year (12 months) from the accreditation approval date, the Entity's accreditation may be revoked.

Requirements for the Site Visit

The facility director, one additional professional staff member (the most active in the sleep program) and one night technologist must be present during the site visit.

The entity's designated individual must complete the site visit itinerary with the names of all required staff to be interviewed. The itinerary must be submitted to the AASM Accreditation Department at least two weeks prior to the site visit. Failure to do so may result in cancellation of the site visit.

a. If the Entity does not receive a site visit within the first year (12 months) from the accreditation approval date, the Entity's accreditation may be revoked.

Generally, the site visit will start at 8:00 am and last 6-8 hours. The length of the visit depends on the size of the facility, complexity of services provided and type of program (sleep facility or independent sleep practice) and application being reviewed.

Entities should NEVER contact their site visitor directly; all communication is to be directed through the AASM Accreditation Coordinator assigned to the facility.

Site visitors are not allowed to receive any gifts, promotional items or any other monetary remuneration from the facility.

Cancellation Policy/ Process

Cancellation of a scheduled site visit, **for any reason**, renders the entity's application null and void. The accreditation fee will not be refunded, and the Entity's accreditation may be revoked if it has non-completion or failure of a site visit within the first year (12 months) of the accreditation approval date.

The AASM reserves the right to make exceptions to this policy when it deems warranted. The decision to make such an exception is at the sole discretion of the AASM. Such circumstances may include:

- catastrophic weather or environmental emergencies.
- unexpected injury or death of a key sleep facility staff member.
- other similar situations beyond the control of either the sleep facility/practice or the AASM.

Regardless of cause for cancellation, the entity will be required to pay all cancellation and re-booking fees as well as a $750 site visit cancellation fee. The AASM will invoice the facility for

this fee, which must be paid prior to rescheduling of the site visit. If the entity's accreditation is revoked and the entity reapplies, the application with applicable fee must be submitted, and the accreditation process will begin again.

The AASM reserves the right to review any and all information at the time of any site visit. The site visitor has the right to be as detailed as necessary. A sleep facility should be fully prepared for review with all documents and data relative to all AASM standards during any site visit survey.

FINAL VERIFICATION PROCESS

Following the site visit, the site visitor submits a report to AASM for review.

Upon review of the site visit report, the Entity will advance in one of three pathways:

a. The site visit report indicates the entity is in substantial compliance with the AASM Standards for Accreditation.
    i. Result: The Entity will continue with five (5) years of accreditation from the original date of Accreditation by the Board.
b. The site visit report indicates the Entity is generally, but not fully in compliance with the Standards.
    i. Result: The Entity will continue with five (5) years of accreditation from the date of approval by the board, pending compliance to the non-mandatory provisos for a period of five years. Failure to meet one or more mandatory standards will always result in revocation of accreditation. No exceptions will be made.
        i. All non-mandatory proviso must be met within three (3) months of the notification date stated by the AASM. Failure to meet all non-mandatory proviso may result in revocation of accreditation.
c. The site visit report indicates the Entity is not in compliance with the Standards for Accreditation and will receive a revocation of accreditation from the Board of Directors.
    i. If the Board of Directors revokes accreditation, the Entity may apply, submit all applicable fees and begin the accreditation process again.
    ii. The facility director of an entity that is denied accreditation has the right to appeal in writing to the AASM Board of Directors (see APPEALS PROCESS).

Submission of Information in Response to Provisos

The deadline for submitting information regarding correction of deficiencies described in the provisos is three (3) months from the notification date stated by the AASM.

1. If the information is approved, the provisos are lifted and full accreditation is granted from the date of approval by the Board of Directors.
2. If written information addressing the provisos is not received within three (3) months, the review process is terminated and accreditation may be revoked.

The Accreditation Committee will decide if on-site verification of compliance with provisos is necessary.

a. If on-site verification is required, AASM will bill the entity a flat fee of $2000* to cover the costs of another site visit. *Fee applies to the continental United States. Additional fees may apply for facilities located outside the continental United States.
b. Payment must be made before the second site visit is scheduled.
c. Once the entity meets the *Standards for Accreditation*, it will be granted full accreditation for five (5) years from the date of approval by the Board of Directors.

WITHDRAWALS

An entity may withdraw their application for accreditation at any time. In order to withdraw, the facility director must send a letter, on the facility's letterhead, requesting the withdrawal. A portion of the accreditation fee will be refunded to the entity, the amount of which will be determined based upon the status of the application at the time of withdrawal.

Withdrawn prior to the completion of application review:

- 80% of application fee will be refunded.

Withdrawn after initial review is complete:

- $1,000 will be refunded.

If a site visit has already been scheduled:

- No refund will be given.

SPECIAL CONSIDERATIONS

An entity must notify the AASM within **30 days** of the below changes within the facility or program. A change of Facility Director or Principal Medical Staff Member, expansion, name or ownership will require submission of appropriate documents and credentials for approval. Below is a listing of required documentation for each category.

Change of Facility Director:

- Copy of medical license (or other appropriate professional license) for all states where patients are seen.
- Copy of Board Certification from the ABSM, a member board of the ABMS or a member board of the AOA; or Copy of fellowship certification with acceptance letter from a member board of the ABMS or a member board of the AOA to sit for the certification examination in sleep medicine.
- Evidence of 30 AMA PRA Category 1 CMEs earned in sleep medicine within the past

36 months.

Expansion of the Sleep Facility

Expansion is defined as addition of new bedrooms to the existing facility or new populations to be served, such as pediatric patients.

1. If expanding number of testing bedrooms, submit the following:

- A notification letter from the facility director on facility's letterhead indicating the effective date of the expansion, number of beds and new staff names (if applicable).
- Photos of the new sleep bedrooms and bathrooms (if applicable), demonstrating compliance with applicable standards.
- An 8 ½ by 11 floor plan of the facility, including room dimensions for each sleep bedroom, bathroom and the control room. The plan should also indicate which room(s) are handicap accessible.
- For new technical staff personnel:
  - RST, RPSGT or RRT certification and licenses (if applicable).
  - Evidence of 30 CE credits earned in sleep-related topics within the past 36 months or Technical Staff CEC policy.
  - Valid CPR certification.

2. If adding a new population to be served, such as pediatric patients, submit the following:

- A notification letter from the facility director on facility's letterhead indicating the effective date and the newly defined acceptable patient age range.
- Age specific protocols for comprehensive polysomnography, titration of positive pressure therapy (both CPAP and Bi-level), and capnography.

Change of Control/Ownership of the Facility/Program Including Sale, Acquisition or Merger (location of the facility stays the same)

- An official notification letter on the entity's letterhead signed by the seller (previous owner) notifying the AASM of the change (include effective date).
- An official notification letter signed by the new owner notifying the AASM of the change (include effective date).
- An official letter signed by the facility director attesting that the sleep facility will continue to operate under current policies and procedures and remain in full compliance with *Standards for Accreditation, Independent Sleep Practice Standards for Accreditation* or *DME Accreditation Standards.*
- If new policies and/or procedures are implemented under new ownership, submission of those policies and procedures to the AASM for review.

Change of Primary Contact

- Notification either on facility letterhead or from an official facility email account from either the Facility Director or the outgoing primary contact, indicating the primary contact change and the effective date.

- The names of the outgoing primary contact and the new primary contact.
- The new primary contact's title, email address, and direct contact phone number.

Relocation

In case of relocation, the facility/independent sleep practice must submit a Special Circumstance Application. Relocation is defined as move to a new location or new physical space within the same location. DME suppliers do not require a special circumstances application for relocation.

The DME must submit:

- An official letter signed by the medical director or authorized official on the DME supplier's letterhead (including the new address) notifying AASM of the change (including effective date).
- Official letter must attest the DME will continue to operate under current policies and procedures and remain in full compliance with *DME Accreditation Standards.*
- If new policies and/or procedures are implemented as a result of the relocation, submission of those policies and procedures to the AASM for review.

AASM reserves the right to perform a site visit at any time when it deems warranted.

Failure to notify the AASM of changes to an accredited entity that may lead to a special circumstance reapplication is cause for denial of future accreditation. The accreditation granted by AASM will remain with the person/entity holding legal ownership of the sleep entity. Legal ownership of the entity must be specified at the time of application for accreditation.

AASM accreditation is owned solely by the AASM. It is neither saleable nor transferable. AASM accreditation is a voluntary activity.

RELOCATION SPECIAL CIRCUMSTANCE APPLICATION

If a facility relocates, the entity is required to submit a special circumstance application to continue accreditation in the new location. Relocation is considered a move to a new location or new physical space within the same location. Special circumstance application is available on request only. An accreditation coordinator opens an electronic application for an accredited facility upon submission of an official notification letter signed by the facility director. Information included in the facility's previous application will be included in the open special circumstance application. See Appendix C and/or Appendix E for a list of materials that must be updated in the application.

If the facility relocates during the accreditation term, all parties involved must notify AASM via official letter within **30 days** of the change. Upon notification, the following will occur:

- The facility will receive an extension of accreditation for 90 days. The entity has 90 days to submit the Special Circumstance Application and $1,000 Special Circumstance Application

Fee from the date the electronic application was opened by AASM staff

- Facilities may either submit a **Special Circumstance** application or apply for Early Reaccreditation (if applicable).
    - A request for early reaccreditation must be reviewed and approved by the AASM. If early reaccreditation option is approved, all regular reaccreditation fees will apply and a complete application must be submitted.
    - Early reaccreditation will have an on-site visit.
    - The entity has 90 days to submit the early reaccreditation application.

If a Special Circumstance application is submitted, the AASM will review the information provided and proceed with scheduling a **remote site visit.**

Remote Site Visit Process

AASM will view the sleep facility's physical space using remote video capability to ensure the sleep facility's physical space meets applicable AASM *Standards for Accreditation*. AASM will provide instructions for performing the remote site visit when scheduling the special circumstance site visit. The entity will be solely responsible for supplying the remote video tool (laptop, mobile phone, tablet) on the entity's end for completion of the site visit.

A representative of the AASM will generally conduct the site visit; however, the sleep facility's facility director's designee will conduct the video tour of the facility.

During the remote site visit, if the facility shows non-compliance to any of the current AASM Standards for Accreditation, AASM reserves the right to perform an on-site visit.

a. If on-site verification is required, AASM will bill the entity a flat fee of $2000* to cover the costs of another site visit. *Fee applies to the continental United States. Additional fees may apply for facilities located outside the continental United States.
b. Payment must be made before the second site visit is scheduled.

Cancellation of a scheduled Special Circumstance remote site visit adheres to the AASM Cancelation Policy with a Special Circumstance cancellation fee of $250.

Following the remote visit, the Board of Directors will determine continued accreditation status. Accreditation, if approved, will be granted for the remainder of the original accreditation term. If two or more accredited sleep facilities merge, accreditation continues until the earlier scheduled expiration date. An on-site site visit will be required at the next accreditation cycle.

Relocation in Conjunction with an Ownership Change

If an entity relocates and changes ownership, this will be considered a new entity. The entity must reapply as a new entity.

APPEALS PROCESS

Accreditation of any facility/practice may be denied or revoked at any time for cause. Examples of cause include but are not limited to:

- Illegal activity.
- Incomplete or inadequate application.
- Non-completion or failure of a site visit.
- AASM Board of Directors action.
- Violation of mandatory standards.
- Facility Director, ownership changes, or relocation without timely notification to AASM.
- The sleep facility fails to notify the AASM within 30 days of initiation of any government, local, state or federal investigation or adverse action taken against the facility that impacts the ability to meet any standards.

Only the AASM Board of Directors can approve, deny, rescind, or revoke accreditation status. Entities may appeal a denial or revocation.

The appeal process must abide by the following guidelines:

- The facility director will be notified by mail whenever accreditation is denied or revoked.
- If the entity wishes to appeal the decision, a request must be submitted in writing by the facility director within thirty (30) calendar days of the date of the letter of denial along with payment of $300. The submitted appeal should include documentation addressing the reasons for the denial/rescindment/revocation.
- The letter of appeal will be reviewed initially by the AASM Director of Accreditation, followed by the Accreditation Committee, and finally by the Board of Directors.
- The Board's decision will be sent to the entity within twelve (12) weeks of receipt of the appeal letter.
- The decision by the Board of Directors is final.

The cost to file an appeal is $300. Payment must accompany the facility director's letter. If payment is not received, the appeal will automatically be rejected. All other costs associated with the appeal are the responsibility of the sleep entity. This may include costs associated with a site visit.

LOGO USAGE AND ADVERTISEMENT OF ACCREDITED STATUS

Each fully accredited facility/practice may advertise that it is accredited by the American Academy of Sleep Medicine (AASM). Indication of accreditation by the AASM may be made in text only unless the accredited sleep facility becomes a facility member of the AASM, in which case a member logo is available for use.

Membership is available to sleep facilities and independent sleep practices and is voluntary and separate from accreditation.

Information on AASM membership for accredited sleep facilities is available at www.aasm.org. A list of member facilities indicating their sleep facility accreditation status is available at www.sleepeducation.org.

Use of any AASM logo other than the AASM Accredited Member Facility Logo is strictly prohibited. The logo may be used only by accredited member facilities that have earned this right. You must be given permission or consent to use the AASM Accredited Member Facility Logo.

An accredited sleep facility that is not an AASM member facility may not use the AASM logo in conjunction with its facility in any way. A warning will be given if a sleep facility is found to misrepresent itself, or any other facility that is operated in conjunction with an accredited facility but is not itself accredited, by using the AASM logo. A sleep facility that continues to misuse the logo is subject to legal action including revocation of accreditation and a fine of $1,000 per offense.

APPENDIX A

Documents Required for Provisional Sleep Facility Accreditation

The following application materials must be completed and submitted in the online application for review:

Reporting of patient data is not required; however, policies and procedures are required relative to the elements of the standard

1. Business Associate Agreement
    a. Signed by the facility authorized representative

2. Facility License: Standard A-2 *(photocopies are acceptable)*
    a. Facility License; or
    b. Certificate of Occupancy and/or Building Permit; or
    c. Attestation signed by facility director (if licensure/certification is not required by state or other law)

3. Personnel: Standards B-1-13 *(photocopies are acceptable)*
    a. Facility Director
        i. Current Medical License or other Professional License
            1. Valid in the state of the facility and in all states in which patients are seen
        ii. Board Certification in sleep medicine (or proof of completed fellowship and eligibility to sit for board exam)
        iii. CME information for 30 AMA PRA Category 1 credits in sleep medicine earned in the last three years
    b. Medical Staff Members
        i. Current Medical License or other Professional License
            1. Valid in the state of the facility and in all states in which patients are seen
        ii. CME information for 30 AMA PRA Category 1 credits in sleep medicine earned in the last three years
    c. Technical Staff:
        i. Registration from one of the following organizations: ABSM, BRPT, or NBRC; OR proof of enrollment/completion of A-STEP or a CAHEEP program
        ii. Valid CPR certification
        iii. CEC information for 30 CECs in sleep-related topics earned in the last three years
    d. Employee Background Check Policy
    e. Technical Staff Training Policy

4. Sleep Facility Stationary

5. Equipment List

6. Patient Volume Information
    a. If no studies have been performed, indicate “0”.

7. Copy of Floor Plan
    a. 8 ½” x 11” with legible dimensions of length and width for all rooms
    b. Identify purpose of each room (i.e. testing room, control room)
    c. Include handicap accessibility

8. Photographs
    a. If the facility is operational, include a photo of each testing room showing space on each side of the bed to accommodate ER personnel.
    b. Handicap accessible bathroom photo showing toilet and grab bars
    c. Control room
    d. Front of building to include signage and access through doors and hallways.

9. Advertising Material
    a. Brochure (if applicable) or confirm advertising does not occur

10. Policies, Procedures Protocols
    a. Standards C-1-3: Patient Acceptance
    b. Standards D-13-14 and E-5-6: Equipment Management and Maintenance
    c. Standards E-1-4: Protocols: Adult and Pediatric (if applicable)
        i. PSG, HSAT, MSLT, MWT, PAP Titration, Split Night
        ii. If applicable: Esophageal pressure monitoring, actigraphy, end-tidal CO2 monitoring, transcutaneous CO2 monitoring
        iii. Any other protocols conducted at the facility
    d. Standard H-2: PAP Assessment Policy
    e. Standard F-7: Inter-scorer Reliability Policy
        i. Indicate if facility is using AASM ISR; if not, submit ISR policy.
    f. Standards I-1-4: Emergency Plan
        i. Medical
        ii. Internal/external/environmental
    g. Standard J-1: Quality Assurance Plan
        i. Assure listing of indicators identified to be monitored
        ii. Assure responsibilities of facility director are defined
        iii. If patients have not been seen, a QA report is not required.
    h. Standards K-1-7:
        i. Occupational Safety Policy
        ii. Hazardous Material Policy
        iii. Patient Safety Risk Analysis Procedure
        iv. Significant Adverse Event Procedure
        v. Mitigation of Risk for Assault

APPENDIX B

Documents Required for Full Sleep Facility Accreditation

The following application materials must be completed and submitted in the online application for review:

1. Business Associate Agreement
    a. Signed by the facility authorized representative

2. Facility License: Standard A-2 *(photocopies are acceptable)*
    a. Facility License; or
    b. Certificate of Occupancy and/or Building Permit; or
    c. Attestation signed by facility director (if license/certificate is not required by state or other law)

3. Personnel: Standards B-1-13 *(photocopies are acceptable)*
    a. Facility Director
        i. Current Medical License or other Professional License
            1. Valid in the state of the facility and in all states in which patients are seen
        ii. Board Certification in sleep medicine (or proof of completed fellowship and eligibility to sit for board exam)
        iii. CME information for 30 AMA PRA Category 1 credits in sleep medicine earned in the last three years
    b. Medical Staff Members
        i. Current Medical License or other Professional License
            1. Valid in the state of the facility and in all states in which patients are seen
        ii. CME information for 30 AMA PRA Category 1 credits in sleep medicine earned in the last three years
    c. Technical Staff:
        i. Registration from one of the following organizations: ABSM, BRPT, or NBRC; OR proof of enrollment/completion of A-STEP or a CAHEEP program
        ii. Valid CPR certification
        iii. CEC information for 30 CECs in sleep-related topics earned in the last three years
        iv. Scoring Personnel: Proof of one of the following certifications/registrations: RST, CPSGT, RPSGT, CRT-SDS OR RRT-SDS
    d. Employee Background Check Policy
    e. Technical Staff Training Policy

4. Sleep Facility Letterhead

5. Equipment List

6. Patient Volume Information
    a. Include for the last 6 months:
        i. Number of Patients seen by professional staff
        ii. Number of Patients directly referred for testing
        iii. Number of Tests Performed
        iv. Number of Primary Diagnoses Made

7. Copy of Floor Plan
    a. 8 ½" x 11" with legible dimensions of length and width for all rooms
    b. Identify purpose of each room (i.e. testing room, control room)
    c. Include handicap accessibility

8. Advertising Material
    a. Brochure (if applicable) or confirm advertising does not occur

9. Policies, Procedures Protocols
    a. Standards C-1-3: Patient Acceptance and Direct Referral Review
    b. Standards D-13-14 and E-5-6: Equipment Management and Maintenance
    c. Standards E-1-4: Protocols: Adult and Pediatric (if applicable)
        i. PSG, HSAT, MSLT, MWT, PAP Titration, Split Night
        ii. If applicable: Esophageal pressure monitoring, actigraphy, end-tidal CO2 monitoring, transcutaneous CO2 monitoring
        iii. Any other protocols conducted at the facility
    d. Standard F-7: Inter-scorer Reliability Policy
        i. Indicate if facility uses AASM ISR program; if not, submit ISR policy.
    e. Standards H-2: PAP Assessment Policy
    f. Standards I-1-4: Emergency Plan
        i. Medical
        ii. Internal/external/environmental
    g. Standards J-1-3: Quality Assurance Plan/Report
        i. Assure listing of indicators identified to be monitored
        ii. Assure responsibilities of facility director are defined
        iii. Most recent Quarterly report for all indicators selected to be monitored, signed by the facility director (for both in-center testing and HSAT)
        iv. Quarterly ISR report should reflect the names of all scoring techs and the facility director/medical staff member board-certified in sleep medicine and show the detail comparison of all 4 parameters.
    h. Standards K-1-7: Safety Policies
        i. Occupational Safety Policy
        ii. Hazardous Material Policy
        iii. Patient Safety Risk Analysis Procedure
        iv. Significant Adverse Event Procedure
        v. Mitigation of Risk for Assault

APPENDIX C

Document Required for Sleep Facility Special Circumstance Application

Documents from your previously submitted Accreditation Application will be automatically uploaded to your Special Circumstance Application.

The following application materials must be completed and submitted in the online application for review. Sections that are marked "if applicable" only need to be updated if there has been a change with the new location.

1. General Information
    a. Confirm General information section of the application is reflective of the new location information:
        i. Name of facility is accurate.
        ii. Address is reflective of new location.
        iii. Total bed capacity (if applicable).

2. Facility License for the new location
    a. Facility License; or
    b. Certificate of Occupancy and/or Building Permit; or
    c. Attestation signed by facility director (if license/certificate is not required by state or other law)

3. Copy of floor plan for new location
    a. 8 ½" x 11" with legible dimensions of length and width for all rooms
    b. Identify purpose of each room (i.e. testing room, control room)
    c. Include handicap accessibility

4. Stationary and Advertising Materials
    a. Ensure the new stationary is reflective of the new location information.

5. Emergency Policies
    a. Ensure the emergency policies are reflective to the location address and floor layout.

6. Equipment List
    a. If there has been an increase in the number of beds, include the updated equipment list ensuring the appropriate equipment.

APPENDIX D

Document Required for Independent Sleep Practice Accreditation

The following application materials must be completed and submitted in the online application for review:

1. Business Associate Agreement
    a. Signed by the facility authorized representative

2. Facility License: Standard A-3 *(photocopies are acceptable)*
    a. Facility License; or
    b. Certificate of Occupancy and/or Building Permit; or
    c. Attestation signed by principal medical staff member (if license/certificate is not required by state or other law)

3. Personnel: Standards B 1-10 *(photocopies are acceptable)*
    a. Principal Medical Staff Member
        i. Current Medical License valid in the state where the practice is located
        ii. Copy of Board Certification in sleep medicine
        iii. 30 CME in sleep medicine earned in the last three years
    b. Medical Staff Members
        i. Current Medical License valid in the states where patients are evaluated, diagnosed or treated
        ii. Board Certification in sleep medicine (if applicable)
        iii. 30 CME in sleep medicine earned in the last three years
    c. HSAT Staff
        i. 30 CEC in sleep-related topics earned in the last three years
        ii. Scoring Personnel:
            1. Certification or registration from one of the following organizations:
                a. ABSM (RST)
                b. BRPT (CPSGT or RPSGT)
                c. NBRC (CRT-SDS OR RRT-SDS)
    d. Employee Background Check Policy
    e. HSAT Staff Training Policy

4. Sleep Facility Letterhead

5. Equipment List

6. Patient Volume Information
    a. Include for the last six months:
        i. Number of Patients seen by professional staff
        ii. Number of Patients directly referred for testing
        iii. Number of HSATs Performed
        iv. Number of Primary Diagnoses Made

7. Advertising Material
    a. Brochure (if applicable) or confirm advertising does not occur

8. Policies, Procedures, Protocols
    a. Standards C 1-2 and G-1-2: Patient Policies
        i. Patient Acceptance and Direct Referral Review
        ii. Patient Management
    b. Standards D-5 and E-3-4: Equipment Management and Maintenance
    c. Standards B-9, I-1-2, and E-1-2: HSAT Protocol
    d. Standard H-2: PAP Assessment
    e. Standards J-1-2: Quality Assurance Plan/Report
        i. Assure listing of indicators identified to be monitored
        ii. Assure responsibilities of the principal medical staff member are defined
        iii. Most recent Quarterly report for all indicators selected to be monitored, signed by the principal medical staff member
    f. Standards K-1-2: Safety Policies
        i. Compliance with required standards, regulations and codes for construction, fire safety and building codes applicable to the facility
        ii. Compliance with OSHA requirements

APPENDIX E

Document Required for Independent Sleep Practice Special Circumstance Accreditation

Documents from your previously submitted Accreditation Application will be automatically uploaded to your Special Circumstance Application.

The following application materials must be completed and submitted in the online application for review. Sections that are marked "if applicable" only need to be updated if there has been a change with the new location.

1. General Information
    a. Confirm General information section of the application is reflective of the new location information:
        i. Name of facility is accurate.
        ii. Address is reflective of new location.
        iii. Total bed capacity (if applicable).

2. Facility License for the new location
    a. Facility License; or
    b. Certificate of Occupancy and/or Building Permit; or
    c. Attestation signed by Principal Medical Staff Member (if license/certificate is not required by state or other law)

3. Copy of floor plan for new location
    a. 8 ½" x 11" with legible dimensions of length and width for all rooms
    b. Identify purpose of each room (i.e. testing room, control room)
    c. Include handicap accessibility

4. Stationary and Advertising Materials
    a. Ensure the new stationary is reflective of the new location information.

5. Emergency Policies
    a. Ensure the emergency policies are reflective to the location address and floor layout.

6. Equipment List (if applicable)
    a. If there has been an increase in the number of beds, include the updated equipment list ensuring the appropriate equipment.

APPENDIX F

Document Required for Durable Medical Equipment (DME) Accreditation

The following application materials must be completed and submitted in the online application for review:

1. Business Associate Agreement
    a. Signed by the DME Provider authorized official

2. DME License, Certificate of Occupancy or Permit to Operate

3. Personnel: DME Standards E-1-2
    a. Authorized Individual:
        i. Job Description
    b. Billing/Coding Staff:
        i. Proof of annual training in billing/coding
        ii. Job Description
    c. Technical Staff:
        i. Proof of 30 Continuing Education credits in sleep, respiratory therapy or other related topics earned in the last three years
        ii. Job Description

4. Equipment List and Volume

5. Advertising Materials (if applicable)

6. Patient Education Materials

7. Policies/Procedures
    a. DME Standards F-1-3, I-1-5, L-1-2, M-1-3: Equipment Policies
        i. Equipment Delivery and Set-up
        ii. Option to Rent and/or Purchase Equipment Policy
        iii. Loaner Equipment Policy
        iv. Follow-up of Equipment Services Policy
        v. Equipment Recall Policy
        vi. Patient Training Policy
        vii. Equipment Safety and Infection Control Policy
        viii. Equipment Failure, Repair and Maintenance Plan
    b. DME Standards B-1-2: Financial Management Policies
        i. Billing Discrepancy Resolution Policy
        ii. Charity Policy
        iii. Standards of Conduct Policy
        iv. CPT/ICD Code Usage Policy
    c. DME Standards I-3-4: Emergency Policies
        i. Emergency Plan
        ii. Accident Investigation Plan

d. DME Standards J-1-2: Patient Records Management
    i. Record Maintenance Policy
    ii. Healthcare professional Order Policy
    iii. Medical Record Review Audit Policy
e. DME Standard H-1: Quality Assurance
    i. Adverse Event Log Template
    ii. Patient Complaint
    iii. PAP Compliance Policy
    iv. Quality Assurance Plan
    v. Quality Assurance Report