

## 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; averaging 10 per year over the past 36 months.
  - 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; averaging 10 per year over the past 36 months.
  - 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; averaged 10 per year over the past 36 months.
    - iv. Scoring Personnel: Proof of one of the following certifications/registrations: RST, RPSGT, CPSGT, 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: Equipment Maintenance and Procedures
- 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
  - iii. Emergency Equipment
- 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. Assure record keeping requirements are defined
  - iv. Most recent Quarterly report for all indicators selected to be monitored, signed by the facility director (for both in-center testing and HSAT)
  - v. 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

## Document Required for Sleep Facility Special Circumstance Application

Documents from your previously submitted Accreditation Application will automatically be 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. Sleep Facility Letterhead 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.
  - b. Ensure an emergency cardiopulmonary drill has been conducted in the new location.
  - c. Ensure policies reflect use of AED or access to on-site medical emergency response team (ERT)
6. Equipment List
  - a. If there has been an increase in the number of beds, include an updated equipment list ensuring the appropriate units of equipment.

## 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 AMA PRA Category 1 CME in sleep medicine earned, averaged 10 per year over the past 36 months.
  - 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, averaged 10 per year over the past 36 months.
    - 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. Independent Sleep Practice 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 Maintenance and Management
  - 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 Program/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

## Document Required for Independent Sleep Practice Special Circumstance Accreditation

Documents from your previously submitted Accreditation Application will automatically be 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. Independent Sleep Practice Letterhead 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.
  - b. Ensure an emergency cardiopulmonary drill has been conducted in the new location.
  - c. Ensure policies reflect use of AED or access to on-site medical emergency response team (ERT)

## 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. Management and Ownership
8. Policies/Procedures
  - a. DME Standards F-1-2, 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
  - iv. Quality Assurance Plan
  - v. Quality Assurance Report