Community Health Accreditation Program: Document Request

NOTE: This is a Guideline. Additional information may be requested based on scope and complexity of service (s) provided by the organization.

✓	Items Requested	✓
Requested	**General Request for All Service Lines**	**Received**
	Policy and Procedure Manual	
	Sample Admission Packet	
	List of Unduplicated Admissions (New Patients) for Past 12 Months • Include Diagnosis and Start of Care Date • For HME and Pharmacy – type of equipment/service	
	List of Personnel from Past 12 Months • Include Title and Date of Hire	
	List of Governing Body Membership • Include Positions on board • Annual Conflict of Interest Statements • Minutes of Governing Body	
	By-Laws	
	Mission Statement Including Date of Last Review	
	Most Recent Strategic Plan	
	Most recent Annual Evaluation conducted for the organization	
	List of Contracts	
	Operating Budget	
	Capital Expenditure Plan	
	Insurance Coverage and Surety Bond	
	Most Recent Annual External Review of Financial Statement	
	Performance Improvement Plan	
	Copy of the following for past 12 months • Clinical Record Audit Results and trends • Adverse Events Incidents and Complaint Trends • Patient Satisfaction Survey Results and Trends • Any additional Performance Improvement Indicators and/or action plans	
	Service Specific Information	
	Copy of Visit Schedule of Home Visits for the next 2 days • Patient names, discipline visiting patient, and diagnosis	
	Professional Advisory Committee Minutes and Membership for past 12 months, as applicable	
	OBQI Outcome Report for Past 12 Months (Home Health Only)	
	OBQI Case Mix Report for Past 12 Months (Home Health Only)	
	Hospice Volunteer Hours tracked and trended for past 12 months including cost saving (Hospice Only)	
	Billing and Coding Error Reports (DMEPOS {HME/Pharmacy} only)	