



## Document Request List

**Note:** This is a guideline. Additional information may be requested depending on the Scope of Services (discipline/services provided).

Requested	ITEMS	NJ HCSF	PD	COMMENTS	Provided
	<b>Service Specific</b>				
	Unduplicated Admissions- <b>Clients Served (C)/Hours of Service (H)</b>	C/H	H	New patients for the past 12 months (or less if in business less than a year)	
	List of Active Clients	*	*	Include SOC, DX, Disciplines	
	List of Discharged Clients	*	*	past 30 - 60 days	
	List of Scheduled Visits	*	*		
	List of Personnel Active/Term Direct	*	*	Include DOH, Title/Discipline	
	List of Contract Staff	*	*		
	All Contracts	*	*	Includes interpreter	
	Sample Admission Packet	*	*		
	Start of the Billing Week	*	*	<b>Information only -not a document</b> (IE: Week starts on Sun or Monday per agency policy)	
	<b>Quality Documents</b>				
	QAPI Meeting Minutes		*		
	Patient Experience Surveys		*		
	Projects		*		
	Clinical Record Audits		*		
	Complaint and on-call logs	*	*		
	Recent survey results as applicable	*	*	Since last Comprehensive visit	
	Recent Annual Evaluation		*		
	<b>Policies and Procedures</b>			<b>*Names of policies may differ per organization</b>	
	Clinical Policy Manual	*	*	Service Specific	

Requested	ITEMS	NJ HCSF	PD	COMMENTS	Provided
	Operational Policy Manual	*	*		
	Personnel Policy Manual	*	*		
	Administrative Policy Manual	*	*		
	Infection Control/Exposure Control Policies	*	*	*Includes hand washing and bag technique policy. (Applicable to HCSF that provide skilled services)	
	<b>Governance Documents</b>				
	List of Governing Body members and positions		*	As Applicable	
	Annual Conflicts of Interest of Statements		*		
	Bylaws/Articles of Incorporation		*		
	Strategic Plan		*		
	Governing Body meeting minutes		*		
	State, Business Licenses	*	*	As Applicable	
	PAC members and meeting minutes		*	As Applicable	
	Mission Statement		*		
	Scope of Services	*	*		
	<b>Financial Documents</b>				
	Capital Expenditure Plan		*	As Applicable	
	Operational Budget		*		
	Insurance Coverage	*	*	As Applicable per State	
	Last Financial Statement Review (External)		*		
	<b>Operational Documents</b>				
	Organizational Chart	*	*		
	Job descriptions	*	*	As applicable	
	HHA Training Program	*	*		
	CLIA Certificate(s)		*	As applicable per State	
	Emergency Preparedness Plan	*	*		
	Orientation Program		*	As applicable per State	
	Clinical Competency Documentation	*	*		
	Annual In-service Education Provided	*	*	As applicable per State (HCSF for Medicaid Certified agencies only)	

