Home Health Document Request List

Note: This is a guideline. Additional information, including State-specific requirements (as applicable), may be requested at any time during the site visit.

*Denotes policies/documents to be provided within first 2 hrs of site visitor arrival unless otherwise noted.

Standard(S)	Item	Comment(s)	Present
General Documents and Information			
NA	*Billing Week	(i.e.: Week starts Sunday or Monday per agency)	☐
CDT.1	Scope of Practice	Description of all services provided by the agency	☐
NA	*Unduplicated Admissions (Required in 1 hr)	Skilled patients served for the past 12 months. All payors. Non-skilled only patient list must be provided separately.	☐
NA	List of all HH Locations	Parent/Branches, including addresses and current census of each location.	
NA	*Current Patient Visit Schedule	Skilled patients for all locations/all disciplines. Non-skilled only patient schedule provided separately.	☐
NA	*List of Active Skilled Patients	Include: SOC, DX, Services provided. Non-skilled only patient list provided separately.	☐
NA	*List of Discharged Patients	Discharged within the last 60 days **Include:** SOC, DX, Services provided; non-skilled only patient list provided separately.	☐
NA	*List of Active Personnel	**Include**: DOH, Position/Discipline for All Clinical Positions (including contracted staff); Administrator/Alternate Administrator, Director of Nurses and/or Clinical Manager with respective alternates.	☐
NA	CMS Form 1572 (provided by site visitor)	To be returned within 1 hour.	☐
PCC.8	*Sample Admission Packet	Include: Packet that is given to patients on admission. Language-specific documents	☐
PCC.1 & 2	Patient Bill of Rights	Include the Bill of Rights provided to the patients	☐
Quality Documents			
PCC.9	Complaint logs	Include a record of the complaint, investigation, response, and resolution.	☐
PCC.7	On-call logs	Record of calls from patients and their caregivers after regular hours	☐
PCC.9 & 10	Suspected Abuse/Neglect/Exploitation Reports	Include logs and documents that record reports of suspected abuse and state reporting as applicable.	☐
CQI.4, 5, & 8	Quality Assessment/Performance Improvement (QAPI) Program Activities	☐ All iQIES HHQRP Reports: ☐ OASIS Submission Error Report –Prior 12 mo. ☐ *Outcome/Process Measures	☐

CQI.8 IM.13 CQI.1&2 CQI.5 CQI.7&8		☐ *Potentially Avoidable Events ☐ *Adverse Events ☐ <u>All Agency QAPI Reports:</u> ☐ Infection Control Surveillance Documentation ☐ Incident/Occurrence Reports ☐ QAPI Program and Activities ☐ Identified Performance Improvement Projects ☐ Clinical Record Review ☐ PEPPER/Other Data Reports (if available)	
CQI.7	QAPI Meeting Minutes (QAPI Documentation)	Include all PI projects and the reasons selected with progress.	☐
NA	Most Recent Survey Results	Local, State, and/or Federal agency	☐
Policies and Procedures			
IPC.1 & 6IPC.7 EP.1, ~~6~~, & 7 CQI.1 IPC.14 APC.12 HRM.1 HRM.22 HRM.18 – 20 LG.13 CP.1- 8 APC.19- 20 **CDT.5** **IM.1**	**Refer to CHAP Home Health Policy Checklist for a complete list of required policies.** Includes Policies/Manual(s): • Service Specific Policies • Human resources • Administrative • Operational • Clinical • Compliance Program	Includes but not limited to: ☐ *Policy and Procedure Index ☐ *Hand washing ☐ *Bag technique policy ☐ Emergency Preparedness ☐ QAPI ☐ Infection Control policies – Including TB policy ☐ Physician Involvement in POC/all orders ☐ Personnel record requirements ☐ Performance Evaluation Policy ☐ Supervisory requirements ☐ Acceptance-to-Service Policies ☐ Compliance Program Policies ☐ Transfer and discharge policies ☐ Physician orders/management ☐ Information Management policies address collection/protection/sharing/retention of information Note: Additional policies as requested	☐
Governance and Financial Documents			
LG.3	*Service or Business License(s)/CMS Approvals	As applicable per State and Federal requirements.	☐
LG.5	List of Governing Body (GB) members and positions	GB may consist of 1 or more persons depending on the size and scope of the agency	☐
LG.~~5~~6	Governing Body meeting minutes	Content to include all elements of the standard, meeting dates, and attendees. Incudes governing body authorization for,	☐

		the person authorized in writing to act on behalf of administrator.	
LG.4	CLIA Certificates or Waiver	As applicable if conducting point of care lab testing or copies of CLIA certificates for laboratories used.	☐
FS.1 & 3	Operational Budget		☐
FS.4 & 5	Capital Expenditure Plan		☐
LG. 14	Contracts/Written agreements	Service agreements as applicable for service delivery and staffing-Include list of contracted staff and interpretive services.	☐
Operational Documents			
LG.12 & 13	*Organizational Chart	Not required per SOM or CHAP standards but is a document useful in evaluating org/board structure and functions.	☐
EP.7 HRM.1	Orientation Program	As applicable per State requirements and Agency Policy	☐
HRM.9 & 11	Training and Competency Program	Service Specific; As applicable per State/Federal requirements and Agency policy.	☐
HRM.11	Clinical Competency Documentation	Per Discipline and Applicable State Regs/Agency Policy; Including contractors	☐
APC.1 & LG.9	Clinical Manager and Administrator Job description	Clinical Manager and Administrator that meets the required elements of the standard	☐
HRM.8 & 15 IPC.1 & 13	In-service Education Documentation	As applicable per State requirements per discipline and Agency policy	☐
EP.2	Emergency Preparedness Plan	All elements of the standard including: Plan, Policies and procedures, communication, training and testing, implementation	☐
CP. 3-CP. 8	Compliance Program documents	Documentation includes: Staff education, Standards of conduct, review of the compliance program, evidence of monitoring and reporting, education, applicable policies/processes.	☐

Note:
1. The Site Visitor will need an *organization computer* with read-only ***access to the EMR***.
2. Please tell all clinicians to ***wait for the Site Visitor before entering the home*** for home visits.