

Hospice Document Request List

Note: This is a guideline. Additional information to include 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)	Document Type(s)	Comments	Present
General Documents/ Information			
NA	*Billing Week	(i.e.: Week starts Sunday or Monday per agency policy)	<input type="checkbox"/>
NA	*Scope of Practice	Core Services/Non-Core Services	<input type="checkbox"/>
NA	*Unduplicated Admissions (Required in 1 hr).	Patients served for the past 12 months, All Payor Sources and Locations	<input type="checkbox"/>
NA	List of all Hospice Locations	(Alternate Delivery Sites, Inpatient units) Including Addresses and current census of each location).	<input type="checkbox"/>
NA	*Current Patient Visit Schedule	For all locations/all disciplines/all levels of care.	<input type="checkbox"/>
NA	*List of Active Patients	Include EOB, Dx, Services Provided, location of care, current LOC, All Payor Sources and Locations.	<input type="checkbox"/>
NA	*List of Discharged Patients	Discharged within the last 12 months, Live and Death (with Bereavement activities).	<input type="checkbox"/>
NA	List of Active Personnel	Include Date of Hire, Position/Discipline for All Disciplines, Administrator/Alternate. Clinical Director/Alternate, Medical Director/Physician Designee. Hospice Physicians/NPPs, Volunteer, Contract staff.	<input type="checkbox"/>
NA	CMS Form 417/643. (provided by Site Visitor)	417 To be returned within one hour	<input type="checkbox"/>
HCPC 2.D	IDG	Schedule, Location, meeting minutes	<input type="checkbox"/>
HPFC 2.D	*Sample Admission Packet	Include: Packet that is given to patients on admission. Language-specific documents	<input type="checkbox"/>
HPFC.1D	Patient Bill of Rights	Include the Bill of Rights provided to the patients	<input type="checkbox"/>
Quality Documents			
HQPI 8.I HCDT.30.I, HSLG.9.I	Complaint log	Include a record of the complaint, investigation, response, and resolution.	<input type="checkbox"/>
NA	On-Call Logs	Record of calls from patients and their caregivers after regular hours	<input type="checkbox"/>
HPFC. 7.D HPFC. 8.D	Suspected Abuse/Neglect/Exploitation Reports	Include logs and documents that record reports of suspected abuse and state reporting as applicable.	<input type="checkbox"/>

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HQPI 1.D HQPI 5.I, HQPI 4.I, HQPI 6.I HQPI 8.I HQPI 9.I	Quality Assessment/Performance Improvement (QAPI) Program Activities	All IQIES HQRP Quality Reports: <input type="checkbox"/> Hospice Item Set (HIS) Submission Report/Error Summary Report) <u>NOTE HOPE</u> effective 10/1/25). <input type="checkbox"/> Hospice CAHPS Summary Report <u>All Agency QAPI Data Reports:</u> <input type="checkbox"/> Infection Control Surveillance Reports <input type="checkbox"/> Incident/Occurrence Reports <input type="checkbox"/> Identified Performance Improvement Projects <input type="checkbox"/> Clinical Record Review <input type="checkbox"/> PEPPER/Other Data Reports (if available)	<input type="checkbox"/>
HQPI 5.I	QAPI Meeting Minutes (QAPI Documentation)	Include all PI projects and the reasons selected with progress.	<input type="checkbox"/>
NA	Recent Survey Results	Local, State, or Federal agency	<input type="checkbox"/>
Policies and Procedures			
HCFC 9.D HCDT 8.D HCDT 34.D HSRM 14.I HSRM 29.D HICP 1.D HICP 3.I HICP 4.I HCDT 36.D	Refer to CHAP Home Health Policy Checklist for a complete list of required policies. Includes Policies/Manual(s): <ul style="list-style-type: none"> • Service Specific Policies • Human resources • Administrative • Operational • Clinical • Compliance Program 	Includes but not limited to: <input type="checkbox"/> Advance Directive Policy <input type="checkbox"/> Waivers (if applicable) <input type="checkbox"/> Medical Director Responsibilities <input type="checkbox"/> Use of MFT/MHC disciplines as applicable <input type="checkbox"/> Management and disposal of controlled drugs Annual Training <input type="checkbox"/> Performance Evaluations <input type="checkbox"/> Infection Control Surveillance including TB <input type="checkbox"/> Handwashing and bag technique policy <input type="checkbox"/> Discharge/Transfer Policy Note: Additional policies as requested	<input type="checkbox"/>
Governance and Financial Documents			
HSLG 1.I	*Service or Business License(s)/CMS Approvals	As Applicable per State and Federal requirements.	<input type="checkbox"/>
HSLG 1.I	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	<input type="checkbox"/>
HSLG 2.I	Governing Body Meeting Minutes	Content to include all elements of the standard, meeting dates, and attendees. Includes governing body authorization for, the person authorized in writing to act on behalf of administrator.	<input type="checkbox"/>
HSLG 11.I	CLIA Certificates or Waiver	If conducting point of care lab testing, or copies CLIA certificates for laboratories used.	<input type="checkbox"/>
HSLG 6.I	Operational Budget		<input type="checkbox"/>
HSLG 10.I, HSLG 14.D, HSLG 15.D, HSLG 16.D HSRF 5.I	Contracts/Written agreements	As applicable with all long-term care facilities where patients are being treated and for all service agreements (Medical Director, DME, Pharmacy, Inpatient Facilities, GIP and Respite) Include list of contracted staff and interpretive services.	<input type="checkbox"/>

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Operational Documents			
HSRM 2.D, HSLG 5.I	*Organizational Chart, Bylaws/articles of incorporation	Not required per SOM or CHAP standards, but is a document useful in evaluating org/board structure and functions.	<input type="checkbox"/>
HSRM 15.I HSRF 10.I	Orientation Program	As applicable per State requirements and Agency Policy.	<input type="checkbox"/>
HSRM 9.I	Training and Competency Program	Service Specific; As applicable per applicable State/Federal requirements and Agency Policy.	<input type="checkbox"/>
HSRM 12.I, HSRM14.I	Clinical Competency Documentation	Per Discipline and Applicable State Regs/Agency Policy; Including contractors and volunteers.	<input type="checkbox"/>
HSRM 17.I HSRM 18.I	Annual In-service Education Provided	As applicable per State requirements per discipline and agency policy.	<input type="checkbox"/>
HSEP 2.D – HSEP 5.D	Emergency Preparedness	All elements of the standard including: Plan, Policies and procedures, communication, training and testing, implementation.	<input type="checkbox"/>
HCDT 1.I, HCDT 22.I	Bereavement Records	Last 12 months.	<input type="checkbox"/>
HSRM 31.I HSLG 7.I	Volunteer Program	Documentation includes the following: <ul style="list-style-type: none"> ○ Provider training program ○ Proof of recruitment and retention activities ○ Volunteer Cost Savings Reports (Calendar Year) ○ Volunteer personnel records 	<input type="checkbox"/>
HSIC 2.I HSIC 3.I	Short-term inpatient care documentation	If under arrangement	<input type="checkbox"/>
HSIC 6.I HSIC 7.I HSIC 8.I HSIC 9.D HSIC 10.D	Hospice owned Inpatient unit requirements if applicable	Includes evidence of Life Safety Code compliance	<input type="checkbox"/>
HCDT 25.D	Remote monitoring reports	If applicable	<input type="checkbox"/>
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.	<input type="checkbox"/>

Note:

1. The Site Visitor will need to use/have access to 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.