

## 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 the first 1\*\*-2\* hours of the site visitor arrival**

Standard	Document Type(s)	Comments
	<b>General Documents/ Information</b>	
NA	A computer terminal if on an EMR	Identify a driver
NA	*Billing Week	(IE: Week starts Sunday or Monday per agency policy)
NA	*Scope of Practice	Core Services and Levels of Care (Any applicable Waivers)
NA	*Unduplicated Admission	Patients served for the past 12 months, All Payor Sources and Locations
NA	List of all Hospice Locations	Including Addresses
NA	*Current Home Visit Schedule	For all Locations
NA	Staffing Schedules	Provide for the week for all locations
NA	*List of Active Patients	Include EOB, Dx, Services Provided, location of care, current LOC, All Payor Sources and Locations
NA	*List of Discharged Patients	Discharged within the last 12 months, Live and Death (with Bereavement activities)
NA	List of Active Personnel	Include Date of Hire, Position/Discipline, Medical Director, Volunteer, All Staff under contract
	**CMS Form 417/643	<b>To be returned within one hour</b>
HCPC 2.D	IDG	Schedule and Location, location of meeting minutes
HPFC 2.D	*Sample Admission Packet	Include language specific documents
	<b>Quality Documents</b>	
HQPI 8.I HCDT.30.I, HSLG.9.I	Complaint log/On-call logs	Include complaints, investigations, and outcomes for the last 12 months
HQPI 1.D	QAPI Program Activities	Quality Indicator Tracking Data;
HQPI 9.I, HQPI 8.I	QAPI Performance Improvement Projects	PEPPER Reports; HIS Reports; Clinical Record Review; Patient Satisfaction Surveys; Adverse Events; Infection Control Surveillance, CASPER Reports
HIPC 8.I, HQPI 5.I, HQPI 4.I, HQPI 6.I HQPI 1.D	Infection Control Activities	
	Recent Survey Results	Local, State, or Federal
	<b>Policies and Procedures</b>	

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	Policy Manual(s): Service Specific Policies, Human Resources, Administrative, Operational, Clinical	*Handwashing and bag technique policy, Advanced directives, Plan of Care, IDG Coordination of Services, Training, Clinical Records, Management and disposal of controlled drugs, Use and maintenance of equipment and supplies, Pain and symptom management, emergency preparedness, QAPI
	<b>Governance and Financial Documents</b>	
<b>HSLG 1.I</b>	*Service or Business License(s)	As Applicable per State requirements
<b>HSLG 2.I</b>	Governing Body Meeting Minutes	Identity of, and governing body authorization for, the person authorized in writing to act on behalf of administrator
<b>HSLG 11.I</b>	CLIA Certificates	If conducting point of care lab testing, or copies for labs used
<b>HSLG 6.I</b>	Operational Budget	
<b>HSLG 6.I</b>	Capital Expenditure Plan	
<b>HSLG 7.I</b>	Hospice Volunteer Hours	For the last three years
<b>HSLG 7.I</b>	Hospice Cost Savings	
	Waivers	Nursing, therapy, or dietary and the date of the waiver
<b>HSLG 10.I, HSLG 14.D, HSLG 15.D, HSLG 16.D</b>	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
	<b>Operational Documents</b>	
<b>HSRM 2.D, HSLG 5.I</b>	*Organizational Chart and Charter	(Articles of Incorporation)
<b>HSRM 9.I</b>	Training and Competency	Service Specific
<b>HSRM 12.I, HSRM14.I</b>	Clinical Competency Documentation	Including contracts and volunteers
<b>HSRM 18.I</b>	Annual In-service Education Provided	As applicable per State requirements per discipline
<b>HSEP2.D - HSEP5.D</b>	Emergency Preparedness	Documented exercises and records
<b>HCDT 1.I, HCDT 22.I</b>	Bereavement Records	Last 12 months
<b>HSRM 31.I</b>	Volunteer Program	Provide training program, proof of recruitment and retention, Volunteer Cost Savings Reports
	Short-term inpatient care documentation	If under arrangement