

## Home Care 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                  |
|--|--|--|--------------------------|
| <b>General Documents and Information</b> |  |  |                          |
| NA                                       | *Billing Week  | (i.e.: Week starts Sunday or Monday per agency)  | <input type="checkbox"/> |
| HCCC.3<br>HCMG.6                         | Scope of Services  | Public statement of services. Description of all services provided by the agency. Identifies the services available and accessible to Clients.   | <input type="checkbox"/> |
| NA                                       | New Clients Served (Required in 1 hr)                                | New clients served for the past 12 months. All payors.   | <input type="checkbox"/> |
| NA                                       | *Current Client Visit Schedule                                       | Client scheduled for all locations/all services.   | <input type="checkbox"/> |
| NA                                       | *List of Active Skilled Clients                                      | Include: Start of services date, DX, Services provided.  | <input type="checkbox"/> |
| NA                                       | *List of Discharged Clients  | Discharged within the last 60 days<br><b>Include:</b> Start of services date, DX, Services provided.   | <input type="checkbox"/> |
| NA                                       | *List of Active Personnel  | <b>Include:</b> DOH, Position/Discipline for all client care and organization and client care management/leadership positions (including contracted staff).  | <input type="checkbox"/> |
| HCCC.1<br>HCEP.3<br>HCCC.3               | *Sample Admission Packet   | Include: Packet that is given to clients on admission. Language-specific documents   | <input type="checkbox"/> |
| HCCC.2                                   | Client Bill of Rights  | Include the Bill of Rights provided to the Clients   | <input type="checkbox"/> |
| <b>Quality Documents</b>                 |  |  |                          |
| HCCC.1<br>HCCC.6                         | Complaint logs   | Include a record of the complaint, investigation, response, and resolution.  | <input type="checkbox"/> |
| HCCC.1<br>HCCC.6                         | On-call logs   | Record of calls from clients and their caregivers after regular hours  | <input type="checkbox"/> |
| HCCC.5                                   | Suspected Abuse/Neglect/Exploitation Reports                         | Include logs and documents that record reports of suspected abuse and state reporting as applicable.   | <input type="checkbox"/> |
| HCQA.1<br>HCQA.2<br>HCIC.5               | Quality Assessment/Performance Improvement (QAPI) Program Activities | <input type="checkbox"/> All Agency CQI/QAPI Reports:<br><input type="checkbox"/> Quality Indicator Tracking Data<br><input type="checkbox"/> Client Satisfaction Surveys<br><input type="checkbox"/> Infection Control Surveillance Documentation<br><input type="checkbox"/> Incident/Occurrence Reports | <input type="checkbox"/> |

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|   |   |   |                          |
|---|---|---|--------------------------|
|   |   | <input type="checkbox"/> QAPI Program and Activities Identified<br>Performance Improvement Projects<br><input type="checkbox"/> Client Record Review  |                          |
| HCQA.2  | CQI/QAPI Meeting Minutes<br>(CQI/QAPI Documentation)  | Include all PI projects and the reasons<br>selected with progress.  | <input type="checkbox"/> |
| NA  | Most Recent Survey<br>Results   | Local, State, and/or Federal agency   | <input type="checkbox"/> |
| <b>Policies and Procedures</b>  |   |   |                          |
| HCCC.5<br>HCCC.6<br>HCIC.1<br>HCIC.4<br>HCIC.5<br>HCIC.6<br>HCMG.7<br>HCMG.9<br>HCPS.2<br>HCPS.5<br>HCPS.11<br>HCPS.13<br>HCPS.14<br>HCPC.2<br>HCPC.5<br>HCPC.7<br>HCPC.12<br>HCPC.13<br>HCPC.15<br>HCCE.2<br>HCCE.5<br>HCCE.7<br>HCCE.12<br>HCCE.13<br>HCCE.15<br>CP.3 | <b>Refer to CHAP Home Care<br/>Policy Checklist for a<br/>complete list of required<br/>policies.</b><br>Includes Policies/Manual(s): <ul style="list-style-type: none"> <li>• Service Specific<br/>Policies</li> <li>• Human resources</li> <li>• Administrative</li> <li>• Operational</li> <li>• Clinical</li> <li>• Compliance Program</li> </ul> | Includes but not limited to:<br><input type="checkbox"/> *Policy and Procedure Index<br><input type="checkbox"/> Abuse/Neglect/Exploitation<br><input type="checkbox"/> Complaints<br><input type="checkbox"/> Infection Control policies – Including but<br>not limited to TB and staff infectious<br>disease screening policy; management of<br>workplace exposure.<br><input type="checkbox"/> *Hand washing<br><input type="checkbox"/> *Bag technique policy<br><input type="checkbox"/> Physician Involvement in POC/all<br>orders for professional services.<br><input type="checkbox"/> Personnel record requirements<br><input type="checkbox"/> Performance Evaluation Policy<br><input type="checkbox"/> Supervisory requirements-all services<br><input type="checkbox"/> Admission Criteria/Policies<br><input type="checkbox"/> Client Evaluation<br><input type="checkbox"/> Plan of Care/Service Plan<br><input type="checkbox"/> Staff instructions per care plan/service plan<br><input type="checkbox"/> Compliance Program Policies<br><input type="checkbox"/> Transfer and discharge/end of service<br>policies<br><input type="checkbox"/> Physician orders/management (for<br>professional services)<br><input type="checkbox"/> Information Management policies address<br>collection/protection/sharing/retention of<br>information<br><br>Note: Additional policies as requested | <input type="checkbox"/> |
| <b>Governance and Financial Documents</b>   |   |   |                          |
| HCMG.2  | *Service or Business<br>License(s)  | As applicable per State regulation and<br>local authority.  | <input type="checkbox"/> |
| HCMG.1  | List of Governing Body (GB)<br>members and positions  | GB may consist of 1 or more persons<br>depending on the size and scope of the<br>agency   | <input type="checkbox"/> |
| CP.7<br>CP.8  | Contracts/Written<br>agreements   | Service agreements as applicable for<br>service delivery and staffing-Include list of<br>contracted staff and interpretive services.  | <input type="checkbox"/> |

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| Operational Documents  |  |  |                          |
|--|--|--|--------------------------|
| HCGM.5   | *Organizational Chart                              | This document is useful in evaluating org/leadership structure and functions.  | <input type="checkbox"/> |
| HCMG.7<br>HCMG.8<br>HCPC.12<br>HCPS.13<br>HCCE.12                            | Orientation Program                                | As applicable per State requirements and Agency Policy<br>Including but not limited to: client rights, privacy, emergency management, infection control                              | <input type="checkbox"/> |
| HCMG.8<br>HCIC.2<br>HCEP.2<br>HCPC.12<br>HCPS.13                             | Staff Training Program                             | Service Specific; As applicable per State/Federal requirements and Agency policy.<br>Including but not limited to infection control, emergency management, documentation of services | <input type="checkbox"/> |
| HCPC.12<br>HCMG.8<br>HCPS.13<br>HCCE.12                                      | Clinical Competency Documentation                  | Per Discipline and Applicable State Regs/Agency Policy; Including contractors.   | <input type="checkbox"/> |
| HCPS.11<br>HCPS.12<br>HCMG.3<br>HCMG.7                                       | Clinical Manager and Administrator Job description | Clinical Manager and Administrator qualifications as required per State regulations and Agency policy  | <input type="checkbox"/> |
| CP.8<br>HCPS.5<br>HCPS.13<br>HCPC.12<br>HCIC.2<br>HCEP.2<br>HCMG.7<br>HCMG.8 | In-service Education/Training Documentation        | As applicable per State requirements per discipline and Agency policy  | <input type="checkbox"/> |
| HCEP.1   | Emergency Preparedness Plan                        | <u>All</u> elements of the standard <u>including</u> : Plan, Policies and procedures, communication, training and testing, implementation  | <input type="checkbox"/> |
| CP. 1-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 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.