

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 the 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) | <input type="checkbox"/> |
| CDT.1 | Scope of Practice | Description of all services provided by the agency. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| NA | *List of Active Skilled Patients | Include: SOC, DX, Services provided. Non-skilled only patient list provided separately. | <input type="checkbox"/> |
| NA | *List of Discharged Patients | Discharged within the last 60 days Include: SOC, DX, Services provided; non-skilled only patient list provided separately. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| NA | CMS Form 1572 (provided by site visitor) | To be returned within 1 hour. | <input type="checkbox"/> |
| PCC.8 | *Sample Admission Packet | Include: Packet that is given to patients on admission. Language-specific documents. | <input type="checkbox"/> |
| PCC.1&2 | Patient Bill of Rights | Include the Bill of Rights provided to the patients. | <input type="checkbox"/> |
| Quality Documents | | | |
| PCC.9 | Complaint logs | Include a record of the complaint, investigation, response, and resolution. | <input type="checkbox"/> |
| PCC.7 | On-call logs | Record of calls from patients and their caregivers after regular hours. | <input type="checkbox"/> |
| PCC.9&10 | Suspected Abuse/Neglect/Exploitation Reports | Include logs and documents that record reports of suspected abuse and state reporting as applicable. | <input type="checkbox"/> |
| CQI.4,5,&8 | Quality Assessment/Performance Improvement (QAPI) Program Activities | <input type="checkbox"/> All iQIES HHQRP Reports; <input type="checkbox"/> OASIS Submission Error Report (Prior 12 mo.) <input type="checkbox"/> *Outcome/Process Measures | <input type="checkbox"/> |

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| CQI.8 IM.13 CQI.1&2 CQI.5 CQI.7&8 | | <input type="checkbox"/> *Potentially Avoidable Events <input type="checkbox"/> *Adverse Events <input type="checkbox"/> <u>All Agency QAPI Reports:</u> <input type="checkbox"/> Infection Control Surveillance Documentation <input type="checkbox"/> Incident/Occurrence Reports <input type="checkbox"/> QAPI Program and Activities <input type="checkbox"/> Identified Performance Improvement Projects <input type="checkbox"/> Clinical Record Reviews <input type="checkbox"/> PEPPER/Other Data Reports (if available) | |
| CQI.7 | QAPI Meeting Minutes (QAPI Documentation) | Include all PI projects and the reasons selected with progress. | <input type="checkbox"/> |
| NA | Most Recent Survey Results | Local, State, and/or Federal agency | <input type="checkbox"/> |
| Policies and Procedures | | | |
| IPC.6&8 APC.12 HRM.19&20 LG.13 APC.19&20 CDT.5 IM.1 | Recommended Policies To Have Available At Time Of Site Visit. 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"/> *Policy and Procedure Index <input type="checkbox"/> *Hand washing <input type="checkbox"/> *Bag technique policy <input type="checkbox"/> Personnel record requirements <input type="checkbox"/> Performance Evaluation Policy <input type="checkbox"/> Supervision Policy <input type="checkbox"/> Acceptance-to-Service Policies <input type="checkbox"/> Transfer and discharge policies <input type="checkbox"/> Physician orders/management <input type="checkbox"/> Information Management policies address collection/protection/sharing/retention of information Note: Additional policies as requested | <input type="checkbox"/> |
| Governance and Financial Documents | | | |
| LG.3 | *Service or Business License(s)/CMS approvals | As applicable per State and Federal requirements. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| LG.6 | 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 the administrator. | <input type="checkbox"/> |
| LG.4 | CLIA Certificates or Waiver | As applicable if conducting point of care lab testing or copies of CLIA certificates for laboratories used. | <input type="checkbox"/> |
| FS.1&3 | Operational Budget | | <input type="checkbox"/> |

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| FS.4&5 | Capital Expenditure Plan | | <input type="checkbox"/> |
| LG.14 | Contracts/written agreements | Service agreements as applicable for service delivery and staffing; include list of contracted staff and interpretive services. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| EP.7, HRM.1 | Orientation Program | As applicable per state requirements and agency policy. | <input type="checkbox"/> |
| HRM.9&11 | Training and Competency Program | Service specific; as applicable per State/Federal requirements and agency policy. | <input type="checkbox"/> |
| HRM.11 | Clinical Competency Documentation | Per discipline and applicable state regs/agency policy; including contractors. | <input type="checkbox"/> |
| APC.1, LG.9 | Clinical Manager and Administrator job description | Clinical Manager and Administrator that meet the required elements of the standard. | <input type="checkbox"/> |
| HRM.8 &15, IPC.1&13 | In-service Education Documentation | As applicable per state requirements per discipline and agency policy. | <input type="checkbox"/> |
| EP.1-10 | Emergency Preparedness Plan | <u>All</u> elements of the standards including: Plan, policies and procedures, communication, training and testing, implementation. | <input type="checkbox"/> |
| CP.1-8 | 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.