

# 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
<b>General Documents/ Information</b>			
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 and/or 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	<b>Include:</b> 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	<b>Include:</b> date of hire, Position/discipline, all disciplines including: Administrator/Alternate, Clinical Director/Alternate, Medical Director/Physician designee, Hospice Physicians, NPs, volunteer(s), and any contract staff.	<input type="checkbox"/>
NA	CMS Forms 417/643. (provided by Site Visitor)	<b>Note:</b> 417 to be returned within one hour.	<input type="checkbox"/>
HCPC.2.D	IDG	Schedule, location, and meeting minutes.	<input type="checkbox"/>
HPFC.2.D	*Sample Admission Packet	<b>Include:</b> 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"/>
<b>Quality Documents</b>			
HQPI.8.I, HCDT.30.I HSLG.9.I	Complaint logs	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.4.I HQPI.5.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:</u> HOPE 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 Reviews <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"/>
<b>Policies and Procedures</b>			
HPFC.9.D HIPC.1.D HIPC.3.I HIPC.4.I HCDT.36.D	<b>Recommended Policies To Have Available At Time Of Site Visit.</b> Includes Policies/Manual(s): <ul style="list-style-type: none"> <li>• Service Specific 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: <input type="checkbox"/> Advance Directive Policy <input type="checkbox"/> Use of MFT/MHC disciplines as applicable <input type="checkbox"/> Infection Control Surveillance including TB <input type="checkbox"/> Handwashing and bag technique policy <input type="checkbox"/> Discharge/Transfer Policy  <b>Note:</b> Additional policies as requested	<input type="checkbox"/>
<b>Governance and Financial Documents</b>			
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 the 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"/>
<b>Operational Documents</b>			

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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 State/Federal requirements and agency policy.	<input type="checkbox"/>
HSRM.12.I HSRM.14.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, and 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"> <li>○ Provider training program</li> <li>○ Proof of recruitment and retention activities</li> <li>○ Volunteer Cost Savings Reports (Calendar Year)</li> <li>○ Volunteer personnel records</li> </ul>	<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.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 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.