

CHAP: Document Request 2013

NOTE: This is a Guideline. Additional Information may be requested based on scope and complexity of service(s) provided by the organization

| ✓ | Items Requested | ✓ |
|-----------|---|----------|
| Requested | General Request for All Service Lines | Received |
| | Policy and Procedures Manual | |
| | Sample Admission Packet | |
| | List of Unduplicated Admissions (New Patients) for Past 12 Months ○ Include Diagnosis and Start of Care Date | |
| | List of Personnel from Past 12 Months ○ Include Title and Date of Hire | |
| | List of Governing Body Membership (aprox. Pg A-22, A-24, A-25) ○ Include Positions on board ○ Annual Conflict of Interest Statements (Signed in employee file annually) ○ Minutes of Governing Body | |
| | By-Laws (aprox. Pg H-1, Policy Manual), Cosporation Black Book | |
| | Mission Statement Including Date of Last Review (aprox. Pg A-14, Policy Manual, MINUTE annual) | |
| | Most Recent Strategic Plan (www.homecareoffice.com) | |
| | Most recent Annual Evaluation conducted for the organization (www.homecareoffice.com) | |
| | List of Contracts, eval (www.homecareoffice.com) | |
| | Operating Budget (Budget 3 years) | |
| | Capital Expenditure Plan (Page F-12) | |
| | <i>Insurance Coverage and Surety Bond</i> | |
| | Most Recent Annual External Review of Financial Statement (Accountant letter, reports) | |
| | Performance Improvement Plan (www.homecareoffice.com) | |
| | Copy of the following for past 12 months ○ Clinical Record Audit Results and trends (www.homecareoffice.com) ○ Adverse Events Incidents and Complaint Trends (homecareoffice.com, Page D-94, J-62-64) ○ Patient Satisfaction Survey Results and Trends (www.homecareoffice.com) ○ Any additional Performance Improvement Indicators and/or action plans | |
| | Service Specific Information | |
| | Copy of Visit Schedule of Home Visits for the next 2 days ○ Patients names, discipline visiting patient, and diagnosis | |
| | PAC Minutes and Membership for past 12 months, as applicable (Pg A30-A32, Minutes) | |
| | OBQI Outcome Report for Past 12 Months (CASPER Reports) | |
| | OBQI Case Mix Report for Past 12 Months (CASPER REPORT) | |

Request # _____

**COMMUNITY HEALTH ACCREDITATION PROGRAM
DOCUMENTATION REQUEST & Other Information**

Control Copy
 Organization Copy

Organization's Name: _____

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The following items checked are requested by _____ on _____ unless stated otherwise
(Time) (Date)

- Policy and Procedure Manual(s) with date of last review (**Signed by Adm/DON every year**)
- Selection of home visits for each program being surveyed
 - List of all home visits for today and for the next two days
 - Include patient name, payer source, disciplines providing care, diagnoses, skills required (personal care, IV, wound, therapy, etc.), patient location (home or facility) and driving distance.
- Preparation for home visits Patient Notification of home visits and signed consents (**AGREEMENT**)
 - Request visit staff to wait outside to meet with site visitor prior to patient visit
 - Transportation arrangements for Home Visits
- List of **ALL CURRENT** active patients; and also all discharge patients from the last 30 days including :
 - SCO Date, Diagnoses, Payor Source, and Disciplines providing services:
- Clinical Records for all home visits, record reviews, and others as requested - including a copy:
 - **Home Health** - Copies needed (Current 485 and prior 485 if the current one does not have at least 3 weeks of care, the **ADL/IADL** section of the initial **OASIS** and also the most current **OASIS**; and the Aide's assignment/**POC**)
- Copy of the Hand Washing and Bag Technique policy(s) (Page K-145) before the first home visit.
(**Infection Manual book**) HAandwashing: **Policy A-169, A-171**
- Sample Admission Packet. **RECORD Retention** Policy: A-98
- OBQI Reports - "State Report/Error Summary"** Report by **HHA** for most recent 6 months; Adverse Event Outcome Report for most recent quarter; **OBQI** Outcome Report for most recent 12-months period; and **OBQI** Case Mix Report for most recent 12-month period.
- Medicare Certification and/or State License visit finding and corrective action (as applicable)
- Copy of any "Complaint" Survey in the last two years (Grievance Procedure (S/U pack), Policy J-6)
- List of **ALL** Employees and Contracted personnel including date of hire and positions held
Recruiting Policy: B-36
- Unduplicated Admission by Program for the past year used by the agency (Fiscal Year, Calendar Year or Past 12 months)

DOCUMENTATION REQUEST & Other Information

- Date and times of all meetings scheduled for this week (**MINUTES Book**)
- Client Bill of Rights and Responsibilities (Sign Up). Policy E-4
- Mission Statement including last review date (**aprox. Pg A-14, Policy Manual, MINUTE annual**)
- Organization's documentation of Legal Authority to Act (**aprox. Pg A-4, A-8, Policy Manual**)
- Governing Body Membership List including credentials and affiliation (**aprox. Pg A-22, A-24, Policy Manual, LIST: SELF STUDY and page A-25, ORIENTATION/Conf. in file**)
- By-laws and articles of incorporation with last review date (**aprox. Pg H-1, Policy Manual**), **CORPORATION BLACK BOOK**
- Minutes of Governing Body, Ethics, CQI, Clinical Record Review, and PAC Meetings for the last twelve months (as applicable) (**MINUTES Book**)
- Annual Conflict of Interest Disclosure Statements for all Governing Body members (**aprox. Pg A-82, Policy Manual FORM, page A-39 Policy, page A-80, A-81, annual signed by owners/officials**)
- Strategic Plan. **Medical Device: Manual & Plicy C-29, C-30**
- CQI Plan and Risk Management** reports including trended incidents, complaints, and grievances. **CQI** results including quarterly reviews, patients satisfaction surveys, outcome studies. These will be discussed at the time of the interview of person responsible for **CQI. (QA Manual, Risk Mgm Plan, LOGS, QA Reviews/Def Log, Surveys) Policy: J-65**
- Most recent Annual Programs provided during the last year and those planned for the future (**Annual Eval, projection**)
- Examples of any staff promotion and/or progression, recruitment activities (**Policy Manual Page B-33, B-34, B-35, A-79**)
- List of **Contracts/Agreement** with staffing agencies, with outside providers and with educational institutions (**Annual Eval**)
- CLIA Certificate(s)
- Financial Documents
 - Current operating budget (**Budget 3 years**)
 - Current operating capital expenditure plan (**Page B-70**)
 - Insurance coverage
 - Balance Sheet
 - Cash flows statement
 - Annual external review

DOCUMENTATION REQUEST & Other Information

INTERVIEWS (potential)

- CEO
 - CFO
 - Advisor Committee Chair or community representative
 - Manager/supervisory
 - Staff at the time of the home visits
 - Hospice IDT meeting if planned for the week
 - Chairman of the Board of Directors
 - _____
 - _____
- Medical Director for Hospice
 - Human Resource Director
 - Hospice Volunteer Coordinator
 - Hospice Bereavement Coordinator
 - Hospice Spiritual Counselor
 - CQI