

## Site Visit Readiness Requirements by Service Line for agencies seeking Initial Accreditation | STEP 2

Service Line	Required Documents	Required Census	Deemed Status Requirements
<b>Home Health</b>	<ul style="list-style-type: none"> <li>• Copy of state license(s), if required by state</li> </ul>	<ul style="list-style-type: none"> <li>• 10 served</li> <li>• 7 active at time of survey</li> </ul>	Copy of approved 855A letter and OASIS test transmission with final validation report
<b>Hospice</b>	<ul style="list-style-type: none"> <li>• Copy of state license(s), if required by state</li> </ul>	<ul style="list-style-type: none"> <li>• 5 served</li> <li>• 3 active at time of survey</li> </ul>	Copy of approved 855A letter
<b>Home Medical Equipment (HME/DMEPOS)</b>	<ul style="list-style-type: none"> <li>• Copy of state license(s), if required by state</li> </ul>	<ul style="list-style-type: none"> <li>• 5 served (sale or rental)</li> <li>• No active patients required at time of survey</li> </ul>	
<b>Private Duty</b>	<ul style="list-style-type: none"> <li>• Copy of state license(s), if required by state</li> </ul>	<ul style="list-style-type: none"> <li>• 5 served</li> <li>• 3 active at time of survey</li> </ul>	
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>• Copy of state license(s), if required by state</li> </ul>	<ul style="list-style-type: none"> <li>• 5 served (sale or rental)</li> <li>• No active patients required at time of survey</li> </ul>	
<b>Infusion Therapy Nursing</b>	<ul style="list-style-type: none"> <li>• Copy of state license(s), if required by state</li> </ul>	<ul style="list-style-type: none"> <li>• 5 served</li> <li>• 3 active at time of survey</li> </ul>	
<b>Palliative Care</b>	<ul style="list-style-type: none"> <li>• Copy of state license(s), if required by state</li> </ul>	<ul style="list-style-type: none"> <li>• 5 served</li> <li>• 3 active at time of visit</li> </ul>	