Wyoming Department of Health
Office of Healthcare Licensing and Surveys
Hospice Facility

Paperwork Requirements for State Licensure

Facility Name: ____________________________________  City: ______________________

_____  1. A completed license application form and appropriate fee.

_____  2. Proof of a fidelity bond of no less than $2500 augmented in relation to the number of employees.

_____  3. Verification of Department of Family Services central registry check on self and/or manager, and all employees hired.

_____  4. Copy of organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down to the patient care level.

_____  5. Copy of written grievance procedure.

_____  6. Copy of policy and procedure indicating there shall be one person designated responsible for maintaining the confidentiality of personnel records.

_____  7. Copy of policy and procedure on employee health, including communicable disease information.

_____  8. Copy of policy and procedures on advance directives.

_____  9. Copy of policy and procedures patient rights.

_____ 10. Copy of policy and procedures on admission criteria.

_____ 11. Copy of policy and procedure on the quality improvement program.

_____ 12. Copy of policy and procedure on Hospice Day Care Services, if provided.

_____ 13. Copy of policy and procedure on disaster and emergency preparedness.

(Rev. 10/17/08)