HOME AND COMMUNITY-BASED SERVICES

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

WDH HCF Portal Site Inspection Guidance Manual

Created 03.21.2024
Updated 04.24.2024

Table of Contents

To Begin

This document assumes a user has been registered and has the appropriate permissions

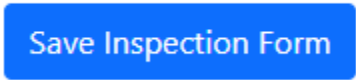### Requirements for Site Inspections

Any service address location that is owned, leased, operated or controlled by the provider must undergo an initial inspection by the provider, and annual inspections by the provider thereafter.

At Application

After a service location is first marked as being owned, leased, operated or controlled by the provider, a site inspection task will be created when you click 'save and continue'.

Site Inspection Requirements Page

All fields of the site inspection must be completed. At any time, you can save your work on the current page by going to the bottom of the page and selecting the 'Save inspection Form'

Save Inspection Form

Part I Basic Information

Self Inspection Requirements

Per Chapter 45 of the Department of Health's Medicaid Rules, providers who offer services in a Provider Operated Setting (defined as a setting that is owned, leased, operated, or controlled by a provider) shall complete an inspection of the setting annually. Please conduct an inspection of each Provider Operated Setting, and complete the following checklist for each location. Please be aware that, as a business, the provider is responsible for meeting other city, county, and insurance requirements outside of those established in Chapter 45.

Date

mm/dd/yyyy

Provider Name

DD test September 20 2023

Building Address

890 15th st CHEYENNE, WY 82001

Property Owner, if different from Provider

Is provider listed on the home mortgage, deed, or lease?   Yes ○   No ○

- Date - Date the site inspection was completed

- Provider Name - This is automatically filled in

- Building Address – This is automatically filled in

- Property Owner, if different from Provider – If the location is not owned by the provider, enter the person or entity listed on the deed to the property

- Is provide listed on the home mortgage, deed, or lease? - Mark yes if the provider is listed on the deed or lease. Mark no if the provider is not listed on the deed or lease

Part II Fire Department Information

Fire Protection

Local Fire Department Name	Address

City

ACME

State

Wyoming

Zip

Distance from nearest fire department

Property Insurance carrier for this property

Insurance Agent Name	Insurance Agent Phone

- Local Fire Department Name - the name of the closest fire department to the property

- Address, City, State, and Zip - information of said fire department

- Distance from the nearest fire department - how far, in miles, is said fire department from the property

- Property insurance carrier for this property - the name of the insurance carrier covering the property

- Insurance Agent Name - the name of the agent who is the provider's representative for the insurance carrier

- Insurance Agent Phone – the phone number where the insurance agent can be reached

Part III Inspection Questions

The inspection questions are broken out in different sections and a date field

- Date Completed – Date the inspection was completed

- Sections

o   General
o   Kitchen
o   Bathroom
o   Bedroom

Each section will have a specific number of questions related to that area of the property.

● Yes/No/NA - Choose yes, no, or NA as it pertains to the question. Default is yes. Only change the response if the question is not applicable to the property (NA) or there are some problems with the area of the property (No)

● Description of Problem – describe the problem with the area. Enter as much detail as appropriate

Part IV Beds, Recommendations/Deficiencies

Number of beds/participants

Please list any recommendations/deficiencies found during the inspection

Add Recommendation/Deficiency

No recommendations found

Upload Documents (if applicable) :   Choose File   No file chosen   Upload

No documents have been uploaded for this form.

Save Inspection Form

Previous   Save and Continue

● Number of beds/participants – enter the total number of persons that may reside at the property. If the property is a location that provides any daily services, enter the maximum number of persons that may be in the building at one time.

● Please list any recommendations/deficiencies found during the inspection – enter any deficiencies or recommendations the inspection revealed that need to be remediated before the property can be certified

● Upload Documents – upload any documents that made provide additional guidance for state staff during their review

When the form is completed (all fields are required), click the 'Save Inspection Form' to save your work, then click the 'Previous' button or the 'Save and Continue' button to move to the previous(demographics) or next page (services).

At Site Inspection Renewal

There will be two 2 tasks that will appear on the task list

- Annual self-inspection – annual review of service location (re-review and submission of the self-inspection task that was originally submitted)
- Bi-annual outside inspection – inspection by a qualified inspector or inspectors to validate meeting city, county, and insurance requirements outside of those established in Chapter 45.

Annual self-inspection

Annually, providers must inspect their service locations. The task will be due 365 days after the last due date. 120 days prior to the due date a task will be put on the provider's task list. There will be a separate task for each location. Review the 'Site Inspection Requirements Page' for details to complete and submit the task.

Outside Inspection

Every other year, providers must have outside entities go through their service locations and make sure each location meets city, county, and insurance requirements. The task will be due 730 days after the last due date. 120 days prior to the due date a task will be put on the provider's task list. There will be a separate task for each location.

Part I Basic Information

Self-Inspection Requirements

Per Chapter 45 of the Department of Health's Medicaid Rules, providers who offer services in a Provider Operated Setting (defined as a setting that is owned, leased, operated, or controlled by a provider) shall complete an inspection of the setting annually. Please conduct an inspection of each Provider Operated Setting, and complete the following checklist for each location. Please be aware that, as a business, the provider is responsible for meeting other city, county, and insurance requirements outside of those established in Chapter 45.

Date

mm/dd/yyyy

Provider Name

DD test September 20 2023

Building Address

890 15th st CHEYENNE, WY 82001

Property Owner, if different from Provider

Is provider listed on the home mortgage, deed, or lease?   Yes ○   No ○

- Date - Date the site inspection was completed

- Provider Name - This is automatically filled in

- Building Address – This is automatically filled in

- Property Owner, if different from Provider – If the location is not owned by the provider, enter the person or entity listed on the deed to the property

- Is provide listed on the home mortgage, deed, or lease? - Mark yes if the provider is listed on the deed or lease. Mark no if the provider is not listed on the deed or lease

Part II Fire Department Information

- Add Recommendation/Deficiency – enter any recommendations or deficiencies the inspectors found during their inspection

  - Recommendation or deficiency - describe any deficiencies found
  - Person Responsible for Corrective Action – name of person that will make sure the recommendation or deficiency is corrected
  - Date Completed – date the corrective action has been/will be remediated

- Upload Documents (if applicable) – upload any documentation pertinent

Status History

Current Status: Pending Initial Entry

Form Status	Status Username	Status Date	Notes
Pending Provider Initial Entry	ImprovScheduler	1/1/2024 12:00:43 AM	

Status Notes

[   ]

Submit

When the form is completed (all fields are required), click the 'Save Form' to save your work. Enter any status notes then click the 'Submit' button.