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| DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSINDivision of Quality AssuranceF-02109D (08/2022) | STATE OF WISCONSIN Wis. Admin. Code ch. DHS 83Page 1 of 2 |
| **COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)NEW PROVIDER LICENSURE APPLICATION CHECKLIST** |
| Name – Facility | Capacity | Date *(mm/dd/yyyy)* |
|       |       |       |
| Street Address | City | Zip Code | County | Reviewer |
|       |       |       |       |       |
| **A completed application includes submission of all the items in Section A, B, and D, as well as review of the items found on the Initial Survey Checklist by an assisted living surveyor to ensure compliance with applicable regulations.** |
| 1. **PLAN REVIEW *(THIS SECTION DOES NOT APPLY TO CHANGE OF OWNERSHIP)***
 |
| Regardless of size, all community-based residential facilities (CBRFs) shall have a plan submittal that is (1) prepared by a design professional, (2) submitted to the Department of Health Services (DHS), and (3) reviewed prior to construction. Existing structures seeking CBRF licensure shall also have completed the plan review process prior to licensure. If an existing CBRF is being considered for purchase, it is important to note that there is no transfer of licensure. Additional information regarding plan review is available on the DHS website at: <https://www.dhs.wisconsin.gov/regulations/plan-review/index.htm>. |
| [ ]  | 1. Plans have been prepared by a design professional to substantiate compliance with DHS 83, Wisconsin Commercial Building Code, Wisconsin Uniform Dwelling Code, or any applicable local municipal zoning codes
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| [ ]  | 1. Plans have been submitted to DHS, allowing 45 working days for completion of the review
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| [ ]  | 1. Plans accurately identify all exits, congregate dining and living square footage areas, and exterior window opening sizes
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| [ ]  | 1. Detection plans accurately identify all smoke and heat locations per DHS 83.
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| [ ]  | 1. Sprinkler plans, specifications, and hydraulic calculations comply with DHS 83
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| [ ]  | 1. Facility has been inspected either by DHS, Department of Safety and Professional Services (DSPS), or local municipality
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| [ ]  | 1. Owner or facility designated representative has resolved all plan review conditions and inspection concerns
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| [ ]  | 1. Documentation of plan reviews, inspections, and permits are available for the licensing specialist
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| 1. REQUIRED APPLICATION MATERIALS
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| [ ]  | 1. Background check completed by Office of Caregiver Quality on the licensee, and all non-residents age 10 and older. All required background checks must be completed within the same calendar year as the current facility application. New applicants for licensure must submit a Background Information Disclosure (BID) form and a BID Appendix form for each individual as described above, following the [Caregiver Background Check Process](https://www.dhs.wisconsin.gov/misconduct/backgroundchecks.htm).
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| [ ]  | 1. Floor plan (no larger than 11” x 17”) with room measurements, showing exits and use of the rooms *[DHS 83.05(2)(b)]*
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| [ ]  | 1. Completed DQA form F-62674A, *Assisted Living Facility Model Balance Sheet,* or equivalent *[DHS 83.05(2)(e)] and supporting documentation*
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| [ ]  | 1. Evidence of financial ability to operate for 60 days *[DHS 83.05(2)(f)] and supporting documentation*
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| [ ]  | 1. Program statement *[DHS 83.06(1)(a-h)]*
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| [ ]  | 1. Fire inspection *[DHS 83.05(2)(c)]*
 |
| [ ]  | 1. Community Advisory Committee documentation *[DHS 83.05(3) and Wis. Stat. § 50.03(4)(g)]*
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| [ ]  | 1. Admission/service agreement *[DHS 83.29(2)(a-h)]*
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| [ ]  | 1. Well water test results, if applicable *[DHS 83.46(3)]*
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| [ ]  | 1. Furnace and chimney inspection results *[DHS 83.46(1)(c)]*
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| [ ]  | 1. Documentation of building plan approval by DHS and/or Department of Safety and Professional Services (DSPS)
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| [ ]  | 1. Documentation of sprinkler plan approval for new construction of documentation of sprinkler system inspection for existing buildings
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| [ ]  | 1. Documentation of smoke and heat detection system compliance
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| [ ]  | 1. If the home is currently licensed, a letter of intent to sell by the current owner/operator/licensee
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| [ ]  | 1. If this is a leased property, provide a copy of the lease associated with this property along with a statement from the landlord (unless included in the lease) that (s)he is aware of your intention to use the property for business use. If a mortgage expense, please provide proof of ownership.
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| [ ]  | 1. The Department (DHS) has received a response to the hazard request from the municipality or thirty (30) days have elapsed since DHS sent the hazard request to the municipality
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| [ ]  | 1. If applicable, documentation showing the type of business entity designated as Licensee *[Wis. Stat. § 50.03(3)(b)]*
* Corporation – Articles of Incorporation and Bylaws
* Limited Liability Corporation (LLC) – Articles of Organization and Operation
* Limited Liability Partnership (LLP) – Partnership Agreement
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| 1. **INITIAL SURVEY VISIT**
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| **Refer to the** [Community-Based Residential Facility (CBRF) Initial Survey Checklist, F-02634B](https://www.dhs.wisconsin.gov/forms/f02634b.docx) **for a list of items to be reviewed during the initial survey. Applicant is responsible for knowing and meeting all regulation requirements.** |
| 1. HOME AND COMMUNITY-BASED SERVICES (HCBS) CERTIFICATION REQUIREMENTS ELIGIBILITY FOR MEDICAID WAIVER FUNDING
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| **Home and Community-Based Services Rule 42 CFR 441.301(c)4 and 441.710**To be eligible to receive Medicaid waiver funding, please complete the [Home and Community-Based Services (HCBS) Compliance Review Request Form, F-02138](https://www.dhs.wisconsin.gov/library/f-02138.htm)For additional information regarding this requirement, visit: <https://www.dhs.wisconsin.gov/regulations/assisted-living/hcbs.htm> |