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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  DQA-2002 (02/2025) | | | | **STATE OF WISCONSIN**  Page 1 of 2 | | |
| **CORPORATE GUARDIANSHIP**  **APPLICATION PROCESSING CHECKLIST** | | | | | | |
| Use the following checklist to aid in the processing of application materials during approval / denial determination for a corporate guardianship applicant. | | | | | | |
| **NAME OF GUARDIANSHIP:** | | | | | | |
| **APPLICATION REQUIREMENTS** | | | | | | |
|  | **Application** | | | | Date Received: | |
|  | **TEAMS Directory:** Create new entry with application information | | | | | |
|  |  | Attach [Provider Agreement (F-03189)](https://www.dhs.wisconsin.gov/forms/f03189.pdf) | | | | |
|  | **TEAMS Application:**   * Create new entry connected to directory * Assign CG ### | | | | | |
| **VERIFY DFI STATUS** | | | | | | |
|  | **Verify DFI Status** at: [WI Corporate Records Search (wdfi.org)](https://wdfi.org/apps/corpSearch/Search.aspx). *Select status from choices below.*  181  187  188  184 (UA)  Incorrect Entity Type | | | | | |
|  | Screen Snip DFI Status and save to application folder | | | | | |
| **VERIFY ENTITY OPERATOR BACKGROUND CHECK (EOBC)** | | | | | | |
|  | **Verify EOBC** via search in [MS Access EBC Results Database](file:///L:\1-DQA\ADMIN\CAREGIVER\Eligibility%20Verification%20Database) | | | | | |
|  | **Enter EOBC Information** in EOBC Tracker located in the [Corporate Guardianship L-Drive](file:///L:\1-DQA\EDUCATION%20TECHNOLOGY\ESS\Corporate%20Guardianship) | | | | | |
|  | **Individual Qualifications Verification:** | | | | | |
|  | **Owner** (or Designated Principal Officer)  EOBC  Review [circuit court public records](https://wcca.wicourts.gov/) per Wis. Admin. Code §§ [DHS 85.06(2)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2085.06(2)) and [DHS 85.06(3)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2085.06(3)). | | **Program Manager (PM)**  Resume *(If PM is the same as Owner, they must submit resume)*  Complete below only if Program Manager is **not** the Owner:  EOBC  Review [circuit court public records](https://wcca.wicourts.gov/) per Wis. Admin. Code §§ [DHS 85.06(2)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2085.06(2)) and [DHS 85.06(3)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2085.06(3)). | | | |
| **ASPEN ENTRIES** | | | | | | |
|  | **ACO – New Facility:** Enter information from application and pending status as date of application | | | | | |
|  | **ALIS:** Add counties | | | | | |
| **GRIEVANCE PROCEDURE** | | | | | | |
|  | **Retaliation Prohibition** [Wisconsin Admin. Code § DHS 85.13(1)(h)](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/85/iv/13/1/h) | | | | | |
|  | **Guardianship contact information** (CG name, mail address, email, phone number) | | | | | |
|  | **Wis. Admin Code** [**§ DHS 85.10(1)(c)**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/85/iii/10/1/c)required compliance with Wis. Admin Code ch. [DHS 94](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94) grievance procedures (subchapter III). | | | | | |
|  |  | Wis. Admin. Code § [DHS 94.41(1)(b)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2094.41(1)(b)) - grievances can be made orally, in writing, or by any alternative method through which the client or other person ordinarily communicates. | | | | |
|  |  | Wis. Admin. Code § [DHS 94.41(5)(a)1](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2094.41(5)(a)1.). – must allow 45 days minimum from alleged event to submission | | | | |
|  |  | Wis. Admin Code § [DHS 94.41(2)(b)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2094.41(2)(b)) – staff assist putting grievance into writing | | | | |
|  | **Included 3rd Party Advocate Contact Information** ([Disability Rights Wisconsin](https://disabilityrightswi.org/program/protection-and-advocacy/) and [ADRC](https://www.dhs.wisconsin.gov/adrc/consumer/index.htm)) | | | | | |
|  | **DQA Complaint Information Included** | | | | | |
|  | | | | | | |
| **GRIEVANCE FORM / TEMPLATE** | | | | | | |
|  | **Select from areas below** *(All areas are suggested / not required)* | | | | | |
|  | Complainant Name | | | | Resolution | |
| Ward Name | | | | Communication to Complainant | |
| Date | | | | Date of Communication to Complainant | |
| Staff Intake / Investigation | | | | Satisfied / Unsatisfied | |
| Investigation Summary | | | |  | |
| **BUSINESS PLAN** | | | | | | |
|  | **Executive Summary** | | | | | |
|  | **Business Description and Vision** | | | | | |
|  | **Market Analysis** | | | | | |
|  | **Program Operations** | | | | | |
|  |  | Off Hours Response | | | | |
|  |  | Area Resources | | | | |
|  | **Organization and Management** | | | | | |
|  |  | Avoiding Conflict of Interest | | | | |
|  |  | Management of Personnel / Personnel Files | | | | |
|  |  | Ward Records | | | | |
|  |  | Org Chart / Board of Directors Listing *(if applicable)* | | | | |
|  | **Financial Management and Staffing Projections** | | | | | |
|  | **Staff Development** | | | | | |
| **DETERMINATION** | | | | | | |
|  | **RETURNED FOR REVISION** | | | | | |
|  | **Returned for Revision – Letter 1** | | | | Date 1st Letter Sent: | |
|  |  | Review missing checkboxes above. Detail in CGP Returned for Revisions Letter | | | | |
|  |  | **Send CGP Returned for Revisions Letter** | | | | |
|  | **Returned for Revision – Letter 2** | | | | | Date 2nd Letter Sent: |
|  |  | Review missing checkboxes above. Detail in CGP Returned for Revisions Letter | | | | |
|  |  | **Send CGP Returned for Revisions Letter** | | | | |
|  | **Returned for Revision – Letter 3** | | | | | Date 3rd Letter Sent: |
|  |  | Review missing checkboxes above. Detail in CGP Returned for Revisions Letter | | | | |
|  |  | **Send CGP Returned for Revisions Letter** | | | | |
|  | **APPROVED** | | | | Date Letter Sent: | |
|  | **ACO –** Change status from Pending to Active. Enter date of approval | | | | | |
|  | **ACO –** Right click on beds – enter 20 and date of approval | | | | | |
|  | **TEAMS –** Change directory status from Applicant to Active | | | | | |
|  | **TEAMS –** Change application status to approved | | | | | |
|  | **Send CGP Approval Letter** | | | | | |
| **NOTES** | | | | | | |
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