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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceDQA-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%3A%5C1-DQA%5CADMIN%5CCAREGIVER%5CEligibility%20Verification%20Database)  |
| **[ ]**  | **Enter EOBC Information** in EOBC Tracker located in the [Corporate Guardianship L-Drive](file:///L%3A%5C1-DQA%5CEDUCATION%20TECHNOLOGY%5CESS%5CCorporate%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%282%29) and [DHS 85.06(3)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2085.06%283%29). | **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%282%29) and [DHS 85.06(3)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2085.06%283%29). |
| **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%281%29%28b%29) - 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%285%29%28a%291.). – 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%282%29%28b%29) – 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**  |
|       |