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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-02109D (08/2022) | **STATE OF WISCONSIN**Wis. Admin. Code ch. DHS 88 |
| **ADULT FAMILY HOME (AFH)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 and C 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. **A COMPLETED APPLICATION CONTAINS THE FOLLOWING**
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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. Completed DQA form F-62674A, *Assisted Living Facility Model Balance Sheet*, or equivalent *[DHS 88.03] and supporting documentation*
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| [ ]  | 1. Evidence of financial ability to operate for 60 days *[DHS 88.04(3)] and supporting documentation*
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| [ ]  | 1. Floor plan (no larger than 11” x 17”) with room measurements, showing exits and use of the rooms *[DHS 88.05]*
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| [ ]  | 1. Program statement *[DHS 88.03(2)(b)2]*
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| [ ]  | 1. Admission/service agreement *[DHS 88.06(2)(c)1 – 8]*
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| [ ]  | 1. Well water test results, if applicable *[DHS 88.05(3)(d)]*
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| [ ]  | 1. Furnace and chimney inspection results *[DHS 88.05(3)(e)]*
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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. If applicable, documentation showing the type of business entity designated as Licensee:
* Corporation – Articles of Incorporation and Bylaws
* Limited Liability Company (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** [Adult Family Home (AFH) Initial Survey Checklist, F-02634A](https://www.dhs.wisconsin.gov/forms/f02634a.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 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)(hyper-link here).For additional information regarding this requirement, visit <https://www.dhs.wisconsin.gov/regulations/assisted-living/hcbs.htm>. |