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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-02110 (04/2021) | **STATE OF WISCONSIN**Wis. Admin. Code ch. DHS 89Page 1 of 4 |
| **RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)** **APPLICANT COMPLIANCE STATEMENT** |
| Completion of this form is required by Wis. Admin. Code § DHS 89.53(1)(c). Prior to a surveyor coming to the facility to inspect the RCAC, the applicant must ensure that each item identified below is in compliance with the requirements of Wis. Admin. Code ch. DHS 89.**Disclaimer:** The statements in this document paraphrase the cited administrative rules. Refer to the language of the Wisconsin Administrative Code for the exact wording of the cited rules. This list should not be considered all-inclusive. The applicant is responsible for knowing and meeting all requirements.By submitting this signed and completed form, the applicant is attesting that this facility is in substantial compliance and ready for an onsite review of regulatory compliance. Applicants who are unsure as to the compliance status of their facility are encouraged to consult an experienced professional to assist with the completion of this form. Failure to demonstrate substantial compliance within 48 hours of the initial, onsite visit may result in a denial of certification or registration. **The onsite certification or registration visit will not be scheduled until this signed and completed compliance document is received.**Mail this fully completed form to: **Division of Quality Assurance** **Attention: Licensing Associates** **200 North Jefferson Street, Suite 501** **Green Bay, WI 54301**If you have questions regarding the completion of this form, call **608-266-8482** or email dhsdqaballicensing@dhs.wisconsin.gov. |
| **FACILITY INFORMATION**  |
| *Provide the actual physical location of the facility.* |
| Name – Facility      |
| Street Address – Facility      | City      | State   | Zip Code      | County      |
| **DESIGNATED CONTACT** |
| *The individual named below is authorized to schedule an onsite visit for the facility.* |
| Name – Designated Contact      | Title      |
| Telephone No.(s)      | Email Address      |
| **COMPLIANCE STATUS**  |
| *Check each statement below when compliance is met.* |
| **[ ]**  | 1. Each independent apartment has an individual lockable entrance and exit. A single door may serve as both entrance and exit. Tenants are supplied with the keys to the door(s) of their apartment. *[Wis. Admin. Code § DHS 89.22(2)(b)1.]* |
| **[ ]**  | 2. The kitchen in each independent apartment is a visually and functionally distinct area within the apartment. *[Wis. Admin. Code § DHS 89.22(2)(b)2.]* |
| **[ ]**  | 3. The kitchen in each independent apartment is equipped with a refrigerator that has a freezer compartment; a sink with hot and cold running water; and a stove that can be disconnected, if necessary, for tenant safety. “Stove” means a cooking appliance that is a microwave oven of at least 1000 watts or that consists of burners and an oven. *[Wis. Admin. Code § DHS 89.22(2)(b)2.]* |
| **[ ]**  | 4. The bathroom in each apartment is not shared with or accessible from any other living unit. *[Wis. Admin. Code § DHS 89.22(2)(b)3.]* |
| **[ ]**  | 5. The sleeping and living areas in each apartment are visually and functionally distinct areas and contain sufficient space so that the tenant does not have to either sleep in the living area or use the sleeping area for eating, socializing, or other general living uses. *[Wis. Admin. Code § DHS 89.22(2)(b)4.]* |
| **[ ]**  | 6. Each apartment has a minimum of 250 sq. ft. of interior floor space, excluding closets. *[Wis. Admin. Code § DHS 89.22(2)(c)1.]* |
| **[ ]**  | 7. Multiple occupancy of any independent apartment is limited to a spouse or a roommate chosen at the initiative of the tenant. *[Wis. Admin. Code § DHS 89.22(2)(d)]* |
| **[ ]**  | 8. All public and common use areas of the facility are accessible to and useable by tenants who use a wheelchair or other mobility aid consistent with the accessibility standards contained in Wis. Admin. Code ch. SPS 362. All areas for tenant use within the facility are accessible from indoors. *[Wis. Admin. Code § DHS 89.22(3)]* |
| **[ ]**  | 9. The facility is both physically and programmatically distinct from any nursing home, community-based residential facility, or hospital to which it is attached or of which it is a part. *[Wis. Admin. Code § DHS 89.22(4)(a)]* |
| **[ ]**  | 10. If the facility is attached to a health care facility or CBRF, tenants are not required to first enter or pass through dedicated portions of those facilities in order to enter the RCAC. Similarly, people shall not be required to pass through the RCAC in order to enter a health care facility or CBRF. *[Wis. Admin. Code § DHS 89.22(4)(b)]* |
| **[ ]**  | 11. The facility provides or contracts for services that are sufficient and qualified to meet the care needs identified in the tenant service agreements, to meet unscheduled care needs of its tenants, and to make emergency assistance available 24 hours a day. “Unscheduled care need” means any need for supportive, personal, or nursing services, the timing of which cannot be predicted, such as incontinence care. *[Wis. Admin. Code § DHS 89.23(1)]* |
| **[ ]**  | 12. The facility provides directly, or contracts to provide, supportive services — meals, housekeeping in tenants’ apartments, laundry service, and arranging access to medical services. In this subparagraph, “access” means arranging for medical services and transportation to medical services. *[Wis. Admin. Code § DHS 89.23(2)(a)2.a.]* |
| **[ ]**  | 13. The facility provides directly, or contracts to provide, personal services — daily assistance with all activities of daily living which include dressing, eating, bathing, grooming, toileting, transferring, and ambulation or mobility. *[Wis. Admin. Code § DHS 89.23(2)(a)2.b.]* |
| **[ ]**  | 14. The facility provides directly, or contracts to provide, nursing services — health monitoring, medication administration, and medication management. *[Wis. Admin. Code § DHS 89.23(2)(a)2.c.]* |
| **[ ]**  | 15. The facility has a written emergency plan which describes staff responsibilities and procedures to be followed in the event of fire, sudden serious illness, accident, severe weather, or other emergency and is developed in cooperation with local fire and emergency services. *[Wis. Admin. Code § DHS 89.23(2)(c)]* |
| **[ ]**  | 16. Services are provided by staff trained in the services that they provide and are capable of doing their assigned work. Any service provider employed by or under contract to a RCAC meets applicable federal or state standards for that service or profession. *[Wis. Admin. Code § DHS 89.23(4)(a)1.]* |
| **[ ]**  | 17. Nursing services and supervision of delegated nursing services are provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management are performed by or as a delegated task under the supervision of a nurse or pharmacist. *[Wis. Admin. Code § DHS 89.23(4)(a)2.]* |
| **[ ]**  | 18. The facility has a designated service manager who is responsible for day−to−day operations, including ensuring that the services provided are sufficient to meet tenant needs and are provided by qualified persons; staff are appropriately trained and supervised; facility policies and procedures are followed; and, the health, safety and autonomy of the tenants are protected. The service manager is capable of managing a multi−disciplinary staff to provide services specified in the service agreements. *[Wis. Admin. Code § DHS 89.23(4)(b)1.]* |
| **[ ]**  | 19. All facility staff have training in safety procedures, including fire safety, first aid, universal precautions and the facility’s emergency plan, and in the facility’s policies and procedures relating to tenant rights. *[Wis. Admin. Code § DHS 89.23(4)(d)1.]* |
| **[ ]**  | 20. The facility maintains documentation that all requirements for provider qualifications have been met. [*Wis. Admin. Code § DHS 89.23(5)]* |
| **[ ]**  | 21. The facility maintains an up−to−date, written staffing plan which describes how the facility is staffed to provide services that are sufficient to meet tenant needs and that are provided by qualified staff. *[Wis. Admin. Code § DHS 89.23(6)]* |
| **[ ]**  | 22. The facility has a procedure for computing the hours of service provided to an individual tenant, when necessary, for the purpose of determining whether the 28 hour per week limit on services has been reached and for making related decisions about the appropriateness of continued residency in the facility. *[Wis. Admin. Code § DHS 89.24(3)(a)]* |
| **[ ]**  | 23. Persons performing the comprehensive assessment of tenants have expertise in areas related to the tenant’s health and service needs. Portions of the comprehensive assessment relating to physical health, medications, and ability to self−administer medications are performed by a physician or a registered nurse. *[Wis. Admin. Code § DHS 89.26(3)(b)]* |
| **[ ]**  | 24. A registered RCAC informs all tenants that the department does not routinely inspect facilities or verify compliance with the requirements for residential care apartment complexes and does not enforce contractual obligations under the service or risk agreements. *[Wis. Admin. Code § DHS 89.43(4)]* |

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| **ELIGIBILITY FOR MEDICAID WAIVER FUNDING** |
| **Compliance with the following criteria** **is required before providing services to individuals who receive Medicaid waiver funding (such as county, IRIS, or Family Care contracts.** |
| Eligibility criteria have been established by:**The Centers for Medicare & Medicaid Services (CMS)****Home and Community-Based Services Requirements (HCBS)****42 CFR *§* 441.301(c)(4) and *§* 441.710**In 2014, CMS released new federal requirements for home and community-based settings. Under the new requirements, the Wisconsin Department of Health Services (DHS) must ensure that residential providers meet the HCBS setting requirements. Beginning July 1, 2017, facilities seeking eligibility to serve individuals receiving Medicaid funding must demonstrate compliance with CMS and HCBS settings rule during the onsite survey. For additional information regarding this requirement, visit the following website: <https://www.dhs.wisconsin.gov/regulations/assisted-living/hcbs.htm>**Failure to be identified as HCBS-compliant during the initial onsite certification visit may significantly delay the facility’s ability to admit individuals receiving Medicaid waiver funding.****Being identified as HCBS compliant does not guarantee a contract to provide services for individuals receiving Medicaid funding.** |
| The federal rule assumes that certain settings are not home and community-based. These include:* Settings in a publicly or privately owned facility providing inpatient treatment (including hospitals and skilled nursing facilities)
* Settings on the grounds of, or adjacent to, a public institution (A public institution is owned and operated by a county, state, municipality, or other unit of government.)
* Settings with the effect of isolating individuals from the broader community; e.g., an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

If a setting meets one of the above criteria, it will require additional review to overcome the assumption that it is not home and community-based. For example, if the facility is located on the grounds or adjacent to a hospital or skilled nursing facility, it will not be considered home and community-based unless an additional review determines otherwise. **To be eligible to receive Medicaid waiver funding, review and submit a completed** [**DQA Form F-02138, *Home and Community-Based Services (HCBS) Compliance Review Request***](https://www.dhs.wisconsin.gov/library/f-02138.htm) **with the application*.*** |
| **ATTESTATION** |
| The signatory of this document is duly authorized by the applicant / certificate holder / registrant to sign this agreement on its behalf. The applicant / certificate holder / registrant hereby accepts responsibility for knowing and ensuring compliance with all certification / registration and operational requirements for this facility. |
| *I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge.**I understand that any misrepresentation of the facts may result in denial of licensure, a fine of up to $10,000 or imprisonment not to exceed 6 years, or both [Wis. Stat. § 946.32].* |
| **SIGNATURE** (In full) – Applicant or Designee | Date Signed      |
| Name – Applicant or Designee *(Print or type.)*      | Title / Position *(must be owner or board member)*      |