

Bureau of Assisted Living

Online License and Certification Continuations via e-Renewal

STATE OF WISCONSIN
Division of Quality Assurance
Bureau of Assisted Living



P-01731 (11/2020)

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Additional Help or Reporting Problems

Contact the **Wisconsin Help Desk** if you encounter problems or have additional questions. Use "**Assisted Living e-Licensing**" as the reason or system in your call or email. This helps route the information to the correct staff to address your call or email.

By Phone: Madison: 608-261-4400
 Toll Free: 1-866-335-2180

By Email: helpdesk@wi.gov

Overview of e-Renewal Process for Wisconsin Assisted Living License/Certification Continuation

Submitting your biennial/annual reports and license/certification continuation payments has become easier using a new online system developed by the Department of Health Services. Once registered, facilities will be able to submit their biennial/annual report online and submit an online payment. If needed, you will be able to upload supporting documentation for your facility.

System Highlights

- Facilities that have been issued a regular license or certification are able to register for the new online process.
NOTE: Facilities with Community-Based Residential Facility (CBRF) probationary licenses are not eligible.
- Each registered facility's official designated mailing contact will receive notification via email rather than postal mail.
- Ability to designate one individual to the role of submitting the biennial/annual report
- Ability to designate one individual to the role of making payment online using a credit card or electronic funds transfer/ automatic clearing house (ACH) via the US Bank secure site
- Ability to have one individual assigned both roles, the report submitter and the payer
- Ability to upload supporting documents such as contract verification with waiver agencies for public funding, revised program statements, etc.
- Ability to save your progress and return at a later time to complete and submit the biennial/annual report
- Ability to print your completed biennial/annual report after submission
- Email confirmation of the license/certification payment
- Email reminder to the facility mailing contact at due date if the report and payment have not yet been submitted
- Ability to note in the online system that facility has a change requiring approval or different fees and allowing the regional office to complete the changes and license continuation for this cycle via paper. The e-renewal system will still be available for use during the next license/certification cycle.
- Removes the "wait" time in the process for mail and Bureau of Assisted Living processing time

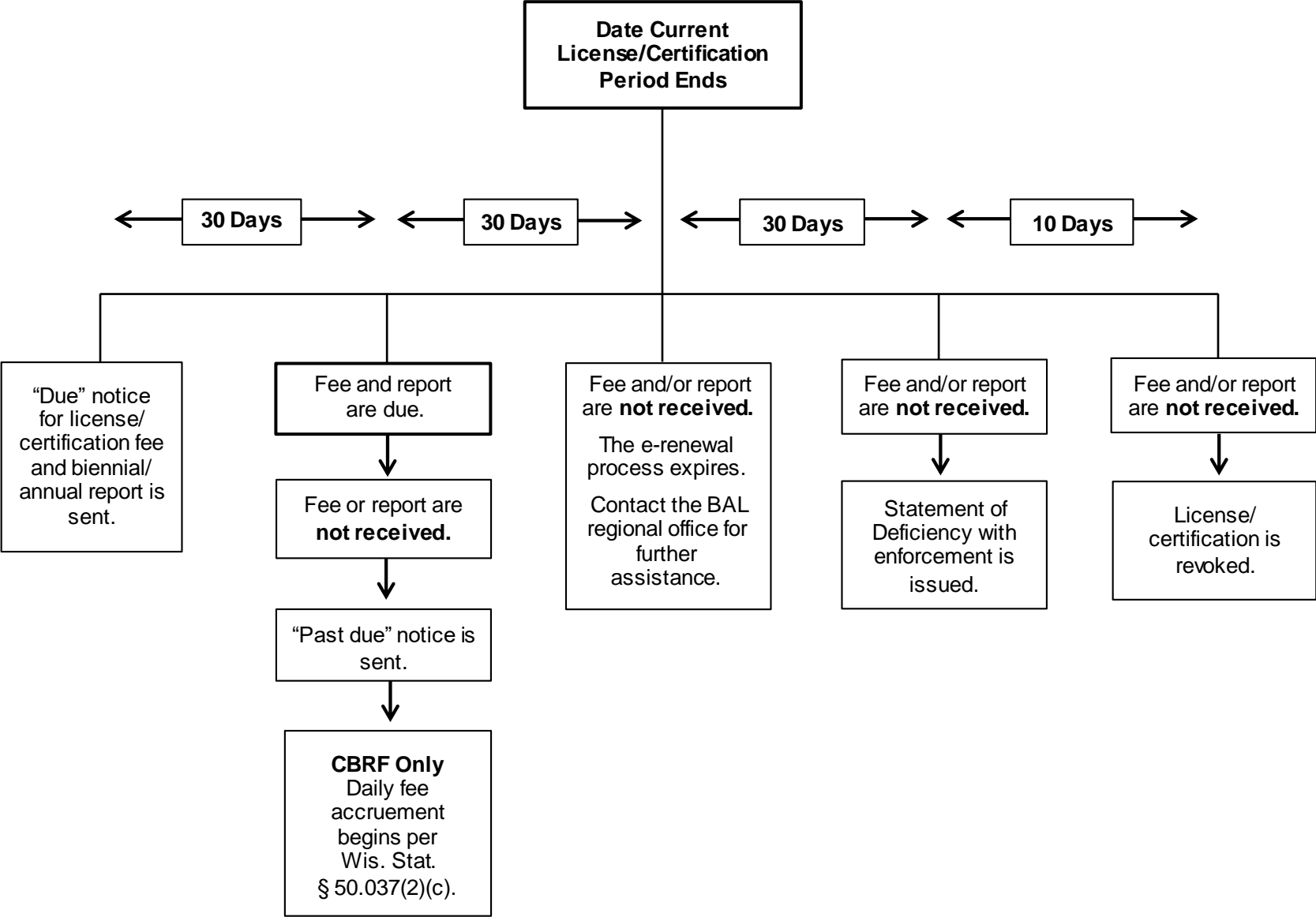
NOTE: It is the facility's responsibility to keep the Bureau of Assisted Living (BAL) informed of all changes to the official mailing contact. If registered for e-renewal, it is also the facility's responsibility to inform the BAL of any changes to the "Sign" and "Pay" roles defined within this document. Report changes to the regional office serving your facility at <https://www.dhs.wisconsin.gov/dqa/bal-regionalmap.htm>

License/Certification Continuation Process – Paper and Electronic

Time Frame	Current Paper Process	New e-Licensure Process
60 days prior to current license or certification end date	License and certification continuation letters and blank biennial/annual reports are printed and mailed to the facility's mailing contact.	Email is generated and sent to the facility mailing contact email address on the 25 th day of the second month preceding license/certification expiration with a copy of the license/certification notice letter as an attachment.
	Facility mailing contact forwards report to the individual within the facility or company approved to complete the biennial/annual report.	Facility mailing contact forwards the email and attachment to the individual(s) that are documented as (1) completing the biennial/annual report and (2) paying the license/certification fee. (These roles may be completed by the same person or two different individuals at the facility.)
	The individual approved to complete the report completes the paper report and forwards on for payment processing.	The individual approved to complete the report completes and submits the online report. The payment for the facility may now be completed online by the individual approved to complete the online payment.
	A payment in the form of check or money order is created and mailed in. Both the paper biennial/annual report and the fee must be received by Division of Quality Assurance (DQA) in order to process.	An online payment is made; all information submitted in the biennial/annual report is automatically processed. The payer will receive a confirmation email. NOTE: Facilities registered for e-renewal must submit payment online. Facilities may not complete the biennial/annual report online and the submit payment via paper check.
	BAL staff review the biennial/annual report for completeness and changes made to the BAL facility database, if needed. The current license/certification period is modified to reflect the new effective and end dates.	BAL staff follow-up as needed based on changes entered online in the biennial/annual report. This includes tasks such as reviewing a revised program statement, printing a new facility license if the facility name has changed, etc.
	BAL staff follows up, as needed, based on the type of notice created by the automated system. This includes tasks such as reviewing a revised program statement, printing a new facility license if the facility name has changed, etc.	

30 days prior to current license/certification end date	Late reminder notice is sent via mail. NOTE: This notice used to be processed on the current license/certification end date. It will now be processed and mailed soon after the current due date.	Late reminder email will be sent to facility mailing contact's email address.
	CBRF Only: If no report or fee is received, CBRF accrualment of daily penalty fee starts per Wis. Stat. § 50.037(2)(c).	CBRF Only: If no report or fee is received, CBRF accrualment of daily penalty fee starts per Wis. Stat. § 50.037(2)(c).
License/certification current end date	If appropriate fee and/or report are not received, a late reminder notice is sent via mail.	If appropriate fee and/or report are not received, the e-renewal process is marked "Expired" online and the online system is no longer available. The facility will need to contact the regional office to discuss options for completing the license/certification renewal cycle.
30 days after current license/certification end date	If no report and/or fee are received, BAL Regional Director is notified; facility will receive a statement of deficiency (SOD) with enforcement.	If no report and/or fee are received, BAL Regional Director is notified; facility will receive a statement of deficiency (SOD) with enforcement.
10 days after SOD is issued (a minimum of 40 days after the current license/certification process end date)	If no report and/or fee are received, license/certification is revoked.	If no report and/or fee are received, license/certification is revoked.

License/Certification Continuation Process Flowchart



Instructions to Sign Up for e-Renewal License Continuation and Assign Roles for the Facility Reporter and Facility Payer Roles

To use the BAL e-renewal system, you must first create an account on the **Wisconsin Web Access Management System (WAMS)**. The steps involved in creating a WAMS account are as follows:

1. Access the WAMS web site at <https://on.wisconsin.gov/WAMS/SelfRegController>.
2. Read the overview information and User Acceptance Agreement. Click the “Accept” button at the bottom of the screen.
3. Follow the self-registration instructions. When completing the self-registration information, it is not necessary to enter your “**Home Resident Address**” or your “**Home Mailing Address**,” both areas can be left blank.

NOTE: The email address you enter under “Profile Information” will be used to send the confirmation message in step 7 below. If you are creating more than one WAMS account for your facility (one for the individual who will complete the annual/biennial report and a second for the individual who will submit the license/certification payment), you must use different email addresses for the two accounts. The email addresses you supply in this step are ONLY used for the WAMS account registration process. All email correspondence the BAL sends to the e-renewal system users will go to the MAILING CONTACT EMAIL ADDRESS that BAL has on file for your facility. Your contact email address and the WAMS account email address do not need to be the same .

4. **YOUR WAMS ID MUST BE UNIQUE.** Most commonly, IDs consist of some variant of the individual’s name, such as the last name followed by the first and middle initials. However, if you attempt to create an account using an ID that has already been registered, you will be required to choose another ID. You may need to include numbers or special characters in your ID if you have a common name.

If you already have a WAMS ID, do not create another one. Many other Wisconsin government programs or agencies utilize the Web Access Management System to provide external users with access to online applications. **If you have an existing WAMS account but do not remember your ID or password, use the WAMS account recovery process to reactivate it rather than creating another account.** The account recovery process can be accessed by clicking on the “Account Recovery” link at the bottom of the WAMS main page at <https://on.wisconsin.gov/WAMS/home>.

5. After creating your WAMS ID, follow the requirements for creating a valid password.
6. Under “Account Recovery,” enter a secret question and answer. You will need to provide the answer to your secret question if you ever need to recover your account, most commonly because you’ve forgotten your password. Please note that BAL does not have a record of your password and cannot reset it for you, so it is advisable to write down your WAMS ID, the associated WAMS account email address, and your password and keep them in a secure location.
7. Upon receiving your confirmation email (at the email address you supplied in step 3 above), use the link in the email to activate your WAMS account.
8. After you have activated your WAMS account, you will need to notify the BAL so that we can register you as a user of the e-renewal system. To notify BAL, send an email to dhsdqabalregistration@dhs.wisconsin.gov listing (1) your WAMS ID, (2) the role(s)/function(s)

you will perform using the account, and the name and license number of the facility(s) whose license(s)/certification(s) continuation you will process using this account. The available roles are:

- a. SIGN – Annual/biennial report completion and attestation only;
- b. PAY – License/certification fee payment only; or
- c. SIGNPAY – Both report completion and payment.

For an illustration of the preferred email format, see below:

FROM: yourname@yourdomain.com
TO: DHSDQABALRegistration@dhs.wisconsin.gov
CC:
SUBJECT: BAL e-Renewal WAMS Account Registration

Please register the following WAMS account for use with the BAL e-renewal system:

WAMS ID: yourWAMSID

Role: SIGNPAY

Facility(s):

Facility 1 – Facility Name and License No. (example: 0012345)

Facility 2 – Facility Name and License No. (example: 0067890)

Facility 3 – Facility Name and License No. (example: 0097531)

If you have questions or encounter problems while creating your WAMS account, you may contact DQA's Information Management Section for assistance by phone or email at:

- 608-264-9898 or Richard.Betz@dhs.wisconsin.gov
- 414-227-4509 or Anthony.Luckett@dhs.wisconsin.gov

Instructions for the Facility Mailing Contact Role in License/Certification Continuations

The designated mailing contact for the facility will receive an email approximately 65 days prior to the end date of the current license/certificate. The email will have an attachment containing the same letter that is received via the paper process. **The mailing contact should forward the email to the appropriate personnel responsible for submitting the biennial/annual report and submitting payment.**

Example of Email Notification to the Facility's Designated Mailing Contact

From: DHSDQABALSROLCC@dhs.wisconsin.gov
To: **Dennis Silver <dsilver@sharpiehouse.com>**
Cc: DHS DQABALSRO LCC
Subject: Certification continuation for APPLEWOOD II NEW BERLIN (0010265)
Date: Friday, November 11, 2016 10:40 AM
Attachments: ContinuationLetter.pdf

This email was sent to **DENNIS SILVER** for **SHARPIE HOUSE**, License 0009180.

This facility has an online certification continuation fee and/or annual report due. The annual certification continuation notice is attached. The individual(s) approved to complete the annual report and/or pay the continuation fee for this facility must log in to the e-renewal system at <https://health.wisconsin.gov/apis/secure/ALL1.html> and complete the process by the date indicated on the attached notice.

If you have any questions, please contact your regional office.

Thank you,

State of Wisconsin, Department of Health Services
Division of Quality Assurance, Bureau of Assisted Living
Southern Regional Office
PO Box 7940
Madison, WI 53707-7940
608-266-8598
DHSDQABALSROLCC@dhs.wisconsin.gov

NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains.

Example of Past Due Email Notification to the Facility's Designated Mailing Contact

The designated mailing contact for the facility will receive an email when the facility has not submitted the biennial/annual report and payment on the due date. The email will have an attachment containing the same letter that is received via the paper process. **The mailing contact should follow-up with the appropriate personnel responsible for submitting the biennial/annual report and submitting payment.** If the facility is a community-based residential facility (CBRF), the daily late fee starts to accrue. The total late fee assessed will be calculated the day the online payment is made.

From: DHSDQABALSROLCC@dhs.wisconsin.gov
To: Dennis Silver <dsilver@sharpiehouse.com>
Cc: DHS DQABALSRO LCC
Subject: Non-payment continuation for APPLEWOOD II NEW BERLIN (0010265)
Date: Monday, January 2, 2017 10:40 AM
Attachments: ContinuationLetter.pdf

This email was sent to **DENNIS SILVER** for **SHARPIE HOUSE**, License 0009180.

This facility has a past due license continuation fee and/or biennial report. Attached is a warning notice outlining the potential impact of the past due continuation fee and/or report. The individual(s) approved to complete the biennial report and/or pay the license continuation fee for this facility must log in to the e-renewal system at <https://health.wisconsin.gov/apis/secure/> and complete the process.

If you have any questions, please contact your regional office.

Thank you,

State of Wisconsin, Department of Health Services
Division of Quality Assurance, Bureau of Assisted Living
Southern Regional Office
PO Box 7940
Madison, WI 53707-7940
608-266-8598
DHSDQABALSROLCC@dhs.wisconsin.gov

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Instructions for the Facility “Sign” Role in License/Certification Continuations

The facility mailing contact receives the email notification of the license/certification continuation process starting for a facility. The mailing contact is responsible to notify the individuals assigned the role of “Sign” and “Pay” for the facility. This person with the role of “Sign” prepares and submits the biennial/annual report. The biennial/annual report contains the same information that was requested on the paper version of the report. The person with the role of “Pay” submits the electronic payment for the license/certification continuation fee.

The online report will show the information that the BAL currently has on the facility. The report submitter will review, verify, and change any information prior to submitting the report. **The license/certificate continuation fee may not be paid until the online report is submitted.**

NOTE: Facilities registered for e-renewal must submit payment online. Facilities may **not** complete the biennial/annual report online and then submit payment via paper check.

Information to Prepare for the Biennial/Annual Report

The reporting process will be completed very quickly if the following information is ready for each facility:

- Current contact information for the facility, the administrator, the licensee, and the designated mailing contact
- If changing the facility name, an electronic copy of the new program statement for the facility
- If the licensee is a company name, the Federal Employer Identification Number (FEIN)
- Other types of licenses/certificates the licensee has in addition to this facility
- If accepting public pay residents or participants, an electronic copy of the public funding agency contracts that include the agency name, term, and signatures
- Minimum and maximum monthly rates if the facility is an adult family home (AFH), community-based residential facility (CBRF), or residential care apartment complex (RCAC)
- Monthly expenses for salaries, lease/mortgage, and a total for all other expenses if AFH, CBRF, or adult day care (ADC)
- Other sources of income if the facility is an AFH or CBRF
- If the facility is an AFH or CBRF, information on all non-client residents 10 years of age or older that live at the facility, including first, middle, and last name; relationship to the licensee; and date of birth
- If the facility is an AFH or CBRF, hours residents are **not** at the facility
- If the facility is an ADC, hours residents are at the facility
- If the facility is a CBRF and reporting a resident rights complaint, an electronic copy of the completed DQA form F-62430, *Community-Based Residential Facility Residents’ Rights Complaint Report*

Logging In

Click on the link provided in the license/certification email: <https://health.wisconsin.gov/apis/secure/ALL1.html>. Enter your Wisconsin Access Management System (WAMS) ID and password. Please note that your screen will not have the “Acceptance Environment” title that may appear on the screen shots in this document.

WISCONSIN DEPARTMENT OF HEALTH SERVICES

*** ACCEPTANCE Environment ***

Please Log In

Please Enter Your Username and Password

Username:

Password:

[Forgot your password or account locked?](#)

Help Desk Contact Information

Local Madison Number :
608-261-4400

Long Distance to Madison :
1-866-335-2180 (Toll Free)

TTY/Textnet :
1-888-845-4160

[Send an e-mail to the help desk](#)

You are about to access a State of Wisconsin computer system. This is a restricted computer system for authorized users only. All equipment, systems, services, and software connected to this system are intended only for official business use of the State of Wisconsin, and may contain U.S. Government information. All data contained on this system is owned by the State of Wisconsin. The State of Wisconsin reserves the right to audit, monitor, record and/or disclose all transactions and data sent over this system in a manner consistent with State and federal law. Use of this system by any user, authorized or unauthorized, constitutes consent to monitoring, recording, reading, copying, or capturing and disclosure of data and transactions by authorized personnel. Only software and/or hardware approved, scanned, and licensed for State of Wisconsin use is permitted on this system. Any illegal, unauthorized use or modification of the State of Wisconsin data, equipment, systems, services, or software by any person(s) is prohibited and may be subject to civil or criminal prosecution under state and/or federal laws.

[I need to change my account info \(Name, address, password etc\).](#)

[I do not have an account and would like to register for one.](#)

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The Official Internet site of the Wisconsin Department of Health Services

Instruction Screen

Review the instructions on the next screen and select “Continue.”

The screenshot shows a web browser window displaying the "BAL e-license Continuation" instructions page. The browser's address bar shows the URL <https://uat.health.wisconsin.gov/apis/secure/ALL1.html>. The page header includes the Wisconsin Department of Health Services logo and a navigation menu with links: About DHS, Topics A - Z, Programs & Services, Partners & Providers, and Reference Center. The main content area is titled "BAL e-license Continuation" and "Instructions". It contains several paragraphs of text explaining the license continuation process, including requirements for document uploads, regional office review, and payment. At the bottom of the instructions section, there are two buttons: "Continue" and "Exit". The footer of the page includes the text "Accept Version 1.05", a list of links (Back to top, Contact us, Disclaimer, Employment, Privacy notice, Site feedback, Logout), and the Wisconsin Department of Health Services logo with the tagline "Protecting and promoting the health and safety of the people of Wisconsin".

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Facility Selection Screen and e-Renewal Status

This screen will display any facilities associated with the WAMS account of the person logged in that has started the online e-renewal process, provided that person has either the “SIGN” or “SIGNPAY” role. Individuals with only a “SIGN” role will not see facilities listed once the license/certification fee is paid. Individuals with only the “PAY” role will not see a facility listed until the annual/biennial report has been submitted. Each facility will have one of the following statuses displayed:

- **NOT STARTED** – The biennial/annual report has not been started.
- **IN PROCESS** – The biennial/annual report has been started, but not submitted.
- **REPORT COMPLETED** – The biennial/annual report has been submitted. No further changes may be made. (The individual who is assigned to pay the license continuation fee is now able to select the facility for payment from their facility list.)
- **PAID** – The biennial/annual license continuation fee has been paid and the process is now completed for this license/certificate period. Please note that individuals with only the “SIGN” role will **not** see facilities on the list that have a status of “PAID.”
- **OFFLINE** – A facility closure or change was indicated that could not be processed online. The license continuation process must be completed with the regional office for this license period, if needed.
- **EXPIRED** – The biennial/annual report was not submitted and/or the license fee payment was not made by the prescribed date. The license continuation process must be completed with the regional office for this license period.

	Facility ID	Facility	Payment Due Date	e-Licensure Status	View Report
<input type="radio"/>	0012676	BADGER ADULT DAY SERVICES	2016-05-31	EXPIRED	
<input type="radio"/>	0013645	HOLIDAY DAY CENTERS	2017-01-01	NOT STARTED	
<input type="radio"/>	0009109	MICHIGAN HOUSE	2017-01-01	OFFLINE	
<input type="radio"/>	0009180	SHARPIE HOUSE	2017-01-01	NOT STARTED	
<input type="radio"/>	0008736	FAMILY HOLIDAYS	2017-01-01	NOT STARTED	
<input type="radio"/>	0009211	FOX VALLEY GROUP HOME	2017-01-01	REPORT COMPLETED	View Report
<input type="radio"/>	0010251	FOREST GLEN APARTMENTS	2017-01-01	IN PROCESS	
<input type="radio"/>	0010265	HOME LIFE ASSISTED LIVING 2	2017-01-01	NOT STARTED	

If Facility has Closed

If the facility has closed, but the license/certification process was started, you must log in to the system, indicate that the facility closed and the reason for the closure, then select “Continue.” You will receive a message, "Please contact your regional office." Select “Return to Previous Screen.” You will not need to complete the biennial/annual report. Please follow-up with your regional office to provide information on the closure. Please note that selecting “Exit” will take you back to the facility selection screen.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/AFH3.html>. The page is titled "BAL e-license Continuation" and is for the "Adult Family Home Biennial Report" for the facility "MICHIGAN HOUSE".

The form contains the following elements:

- Facility Name:** MICHIGAN HOUSE
- Message:** Please contact your regional office.
- Is your facility closing?** ☒ Yes ☐ No. If yes, enter reason for closing.
- Do you have any of the following changes?** ☐ Yes ☒ No
- If yes, please indicate which changes you have.**
 - ☐ Facility Type Change
 - ☐ Facility Address Change
 - ☐ Facility Licensee Name Change
 - ☐ Facility Resident Capacity Change
 - ☐ Facility Client Group Served Change
 - ☐ Facility Ownership Change
- Buttons:** Continue, Return to Previous Screen, Exit
- Footer:** Accept Version 1.05

Changes that Require Working with Regional Office

Some changes will require that you indicate the change in the e-renewal system and continue the license/certification process manually with the BAL regional office. Listed below are the changes that require (1) prior approval, (2) approval and a change in fees, or (3) facility closure and new application process.

- Facility Type Change (Examples: change to non-ambulatory, change from AFH to CBRF)
- Facility Address Change
- Licensee Name Change
- Resident Capacity Change or Number of Apartments Change
- Client Group Served Change
- Ownership Change (Examples: Partnership to LLC, or Individual to Corporation)

If one or more of these changes occur, log into the system and select the facility. Check the box to the left of the change you are making, then select "Continue." You will receive a message, "Please contact your regional office." Select "Return to Previous Screen."

You will not need to complete the biennial/annual report online using the e-renewal program. Follow up with your regional office to provide information on the change you are making and to receive a paper copy of the biennial/annual report to complete and submit payment via paper check.

https://uat.health.wisconsin.gov/apis/secure/RCAC.html?facilityId=0011895&status=2

Facility Renewal

APIS Prod COOP Sign-In DQA Provider Search Email Search Dell Archive... HCBS Project Meeting Ro... HCBS Training Medicaid... Southern Professional Pri... STAR Suggested Sites UAT APIS Home

WISCONSIN DEPARTMENT OF HEALTH SERVICES

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BAL e-license Continuation

Residential Care Apartment Complex Annual Report

Facility Name: CINDY'S RESIDENCE

Is your facility closing? ☐ Yes ☒ No If yes, enter reason for closing.

Do you have any of the following changes? ☒ Yes ☐ No

If yes, please indicate which changes you have.

- ☐ Facility Class Change
- ☐ Facility Type Change
- ☐ Facility Address Change
- ☐ Facility Operator Name Change
- ☒ Facility Total Number of RCAC Apartments Change
- ☐ Facility Ownership Change

[Continue](#) [Return to Previous Screen](#) [Exit](#)

Accept Version 1.05

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https://uat.health.wisconsin.gov/apis/secure/RCAC.html 100%

Completing a Biennial or Annual Report

The online license/certification report contains the same information that is supplied on the paper copy of the report. The information that the BAL has in its database will be displayed. The online system allows you to make changes to the data displayed for many of the fields, if needed. The changes will be reflected in the database once the continuation fee is paid. If the facility is open and you have none of the changes listed on the first page, select “Continue.”

The screenshot shows a web browser window displaying the "BAL e-license Continuation" form for the facility "SHARPIE HOUSE". The form is titled "Adult Family Home Biennial Report". It includes a search bar for "DHS" and a "GO" button. The main content area contains the following text and form elements:

- Facility Name:** SHARPIE HOUSE
- Is your facility closing? ☐ Yes ☒ No If yes, enter reason for closing.
- Do you have any of the following changes? ☐ Yes ☒ No
- If yes, please indicate which changes you have.
 - ☐ Facility Type Change
 - ☐ Facility Address Change
 - ☐ Facility Licensee Name Change
 - ☐ Facility Resident Capacity Change
 - ☐ Facility Client Group Served Change
 - ☐ Facility Ownership Change

At the bottom of the form, there are three buttons: "Continue", "Return to Previous Screen", and "Exit". The footer of the page includes the text "Accept Version 1.05", a list of links (Back to top, Contact us, Disclaimer, Employment, Privacy notice, Site feedback, Logout), and the Wisconsin Department of Health Services logo and tagline: "Protecting and promoting the health and safety of the people of Wisconsin".

Facility Information

Review the facility information and make changes as needed. Be careful when entering information that the numbers and spelling are correct. Select “Continue.”

- If you make a facility name change, you will be mailed a revised license/certificate along with a request to return your old license/certificate.
- A FEIN will be required if a corporate licensee name exists.

The screenshot shows a web browser window displaying the Wisconsin Department of Health Services (DHS) website. The page title is "BAL e-license Continuation". The form is for an "Adult Family Home Biennial Report" for the facility "SHARPIE HOUSE". The form contains fields for Name, Address, Administrator Last Name, Administrator First Name, FEIN #, Phone, Fax, Type, Facility ID, and County. The "Continue" button is highlighted in blue. The "Return to Previous Screen" and "Exit" buttons are also visible. The footer indicates "Accept Version 1.05".

WISCONSIN DEPARTMENT OF HEALTH SERVICES

BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

The Department of Health Services data system reflects the following information related to the licensed facility. Please review this information for accuracy, make any necessary changes that should be made to the Department's data system, and provide the requested information.

Facility

Name:	SHARPIE HOUSE	Type:	AFH
Address:	5 SHARPIE LANE, RACINE, WI 53402	Facility ID:	0009180
Administrator Last Name:	COLORS	County:	RACINE
Administrator First Name:	rick		
FEIN #:	098765432		
Phone:	(414)444-5678		
Fax:	(414)444-5678		

[Continue](#) [Return to Previous Screen](#) [Exit](#)

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Licensee Information

Review the contact information for the license and update as needed. Select “Continue.”

https://uat.health.wisconsin.gov/apis/secure/ALL5.html?facilityId=0009180

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Email Search

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Licensee

Corporate Licensee Name :

ORIGINAL LIVING

Licensee Name:

PERMANENT, CAROL

Address:

2 COLOR WAY

City:

S MILWAUKEE

State:

Wisconsin

Zip Code:

53217

Phone Number:

(414)111-2222

Continue

Return to Previous Screen

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Pop-Up Error Messages

If you make an entry error (e.g., an invalid zip code or telephone number), a pink, highlighted, error message will appear next to the field containing the error. Correct the information as needed. Select “Continue.”

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Licensee

Corporate Licensee Name : ORIGINAL LIVING

Licensee Name: PERMANENT, CAROL

Address: 2 COLOR WAY

City: S MILWAUKEE

State: Wisconsin

Zip Code: 53217

Phone Number: (414)111-2222 Please specify a valid phone number

Continue Return to Previous Screen Exit

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Mailing Contact Information

Review the contact information for the official mailing contact assigned for the facility and update as needed. Select “Continue.”

NOTE: If you change the email address of the mailing contact, the change does not take place until the license continuation fee is paid. If a late notice email is sent, it will go to the email address originally shown on the mailing contact information screen.

The screenshot shows a web browser window displaying the "BAL e-license Continuation" form for the facility "SHARPIE HOUSE". The form is titled "Adult Family Home Biennial Report". The mailing contact information is as follows:

Corporate Mailing Name:	COMMUNITY CONNECTION LLC
Contact Last Name:	SILVER
Contact First Name:	DENNIS
Address:	3 GOLD COLOR WAY
City:	MILWAUKEE
State:	Wisconsin
Zip Code:	53218
E-mail:	cindy.oconnell@dhs.wiscons

At the bottom of the form, there are three buttons: "Continue", "Return to Previous Screen", and "Exit". The footer of the page includes the text "Accept Version 1.05", a list of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout", and the Wisconsin Department of Health Services logo with the tagline "Protecting and promoting the health and safety of the people of Wisconsin".

License/Certification Details

https://uat.health.wisconsin.gov/apis/secure/ALL7.html?facilityId=0009180

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

License Details

Resident Gender:

Mixed

Ownership:LIMITED LIABILITY COMPANY

Profit/Non-Profit:

Profit

Resident Capacity:4

Client Groups Served:DEVELOPMENTALLY DISABLEDPUBLIC FUNDING

Continue

Return to Previous Screen

Exit

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Other Licenses/Certifications

Indicate all other types of licenses and certifications that the licensee holds by checking the box to the left of each applicable license/certification type.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/ALL8.html?facilityId=0009180>. The page is titled "BAL e-license Continuation" and is for the "Adult Family Home Biennial Report" for "SHARPIE HOUSE". The form asks the user to "Add any other licenses/certifications. If the licensee does not have any other licenses/certifications, select 'Continue'." Below this, there is a list of license types with checkboxes:

- ☐ Adult Day Care
- ☐ Adult Family Home
- ☐ AODA Program
- ☐ Child Caring Institution
- ☐ Community Based Residential Facility
- ☐ Group Home (Children)
- ☐ Foster Home (Children)
- ☐ Shelter Care
- ☐ Nursing Home
- ☐ Hospital
- ☐ Residential Care Apartment Complex
- ☐ Developmental Disability Program
- ☐ Mental Health Program

At the bottom of the form, there are three buttons: "Continue", "Return to Previous Screen", and "Exit".

Public Funding

If your facility serves residents or participants receiving public funding, indicate “Yes” to this question and supply the names of the agencies with which the facility has an agreement or contract. You will be required to upload an electronic document that shows the funding agency name, the expiration date, and signature for all agreements on a subsequent screen.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/ALL9.html?facilityId=0009180>. The page header includes the Wisconsin Department of Health Services logo and a search bar. The main content area is titled "BAL e-license Continuation" and contains the following sections:

- Adult Family Home Biennial Report**
- Facility Name: SHARPIE HOUSE**
- Public Funding**

Under the "Public Funding" section, there is a question: "Does the facility have a contract with any agency to serve individuals eligible for public funding?" with a dropdown menu set to "Yes". Below this, a note states: "If Yes, you must copy and upload the relevant pages from your contract(s) prior to completing your license continuation." Another question follows: "If Yes, what agencies?" with a text input field containing "ContinuUs" and a close button (X).

At the bottom of the form, there are three buttons: "Continue", "Return to Previous Screen", and "Exit".

The footer of the page includes the text "Accept Version 1.05" and a row of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout".

Monthly Rates and Expenses

Review and revise the minimum and maximum monthly rate at your facility. This information is not required if the facility is an ADC.

If the facility is a CBRF, AFH, or ADC enter the monthly amounts for salary, lease or mortgage, and all other expenses. The total monthly expenses will be calculated automatically. The expense information is not displayed if the facility is an RCAC.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/ALL10.html?facilityId=0009180>. The page header includes the Wisconsin Department of Health Services logo and a search bar. The main content area is titled "BAL e-license Continuation" and "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". The form contains two sections for expense reporting: "Facility Expenses" and "Monthly Operating Expenses".

Facility Expenses	
Minimum Monthly Rate	<input type="text" value="5,400.00"/>
Maximum Monthly Rate	<input type="text" value="6,100.00"/>

Monthly Operating Expenses	
Salary Expenses	<input type="text" value="1,600.00"/>
Lease or Mortgage Expenses	<input type="text" value="2,100.00"/>
All Other Expenses	<input type="text" value="3,200.00"/>
Total Expenses	<input type="text" value="6,900.00"/>

At the bottom of the form, there are three buttons: "Continue", "Return to Previous Screen", and "Exit". The footer includes the text "Accept Version 1.05" and a row of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout".

Other Sources of Income

If the facility is a CBRF or AFH and there are other sources of income, check the box to the left of each applicable source. This screen will not be displayed if the facility is an RCAC or ADC.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/CbrAFH11.html?facilityId=0009180>. The page header includes the Wisconsin Department of Health Services logo and a search bar. The main heading is "BAL e-license Continuation". Below this, the section is titled "Adult Family Home Biennial Report". The facility name is listed as "SHARPIE HOUSE". A paragraph states: "If income from residents would not be adequate to pay the monthly operating expenses, you must have other sources of funds or income that may be used to continue the operation of the facility for at least 60 days." A checkbox section titled "Check all other sources of income." includes the following options: Savings, Purchase Contract, Outside Employment (checked), Line of Credit, Contract agreement with non-profit agency, Loan, and Other. A "Specify" text box is provided for the "Other" option. On the right side, a "Free-form Snip" menu is open, showing options: Rectangular Snip (selected), Window Snip, and Full-screen Snip. At the bottom, there are buttons for "Continue", "Return to Previous Screen", and "Exit". The footer includes the text "Accept Version 1.05" and a row of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout".

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

If income from residents would not be adequate to pay the monthly operating expenses, you must have other sources of funds or income that may be used to continue the operation of the facility for at least 60 days.

Check all other sources of income.

- ☐ Savings
- ☐ Purchase Contract
- ☒ Outside Employment
- ☐ Line of Credit
- ☐ Contract agreement with non-profit agency
- ☐ Loan
- ☐ Other

Specify

Free-form Snip
Rectangular Snip
Window Snip
Full-screen Snip

Continue Return to Previous Screen Exit

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Non-Client Residents

If the facility is a CBRF or AFH, this screen will be displayed. If there are individuals over 10 years of age living at the facility but they are not “resident clients” of the facility, they must be reported. BAL will verify that a criminal background check has been completed and is on file with the Office of Caregiver Quality (OCQ). If there are no non-client residents, select “Continue.”

The screenshot shows a web browser window displaying the "BAL e-license Continuation" page for the facility "SHARPIE HOUSE". The page is part of the Wisconsin Department of Health Services (DHS) portal. The URL in the address bar is <https://uat.health.wisconsin.gov/apis/secure/CbrfAFH12.html?facilityId=0009180>. The page title is "BAL e-license Continuation". Below the title, it says "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". A message states: "Listed below are the names of all persons, age 10 or older, who live in the facility and are non-client residents." Below this, it says "You do not have any non-client residents." in red text. At the bottom of the main content area, there are four buttons: "Continue", "Add Non Client Resident", "Return to Previous Screen", and "Exit". The footer includes the text "Accept Version 1.05", a list of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout", and the Wisconsin DHS logo with the tagline "Protecting and promoting the health and safety of the people of Wisconsin".

https://uat.health.wisconsin.gov/apis/secure/CbrfAFH12.html?facilityId=0009180

Facility - 0009180 - SHARPIE H... Facility Renewal

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Listed below are the names of all persons, age 10 or older, who live in the facility and are non-client residents.

You do not have any non-client residents.

Continue Add Non Client Resident Return to Previous Screen Exit

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https://uat.health.wisconsin.gov/apis/secure/CbrfAFH12.html 100%

To add names of non-client residents, select “Add Non-Client Resident.”

BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Listed below are the names of all persons, age 10 or older, who live in the facility and are non-client residents.

You do not have any non-client residents.

[Continue](#)
[Add Non Client Resident](#)
[Return to Previous Screen](#)
[Exit](#)

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https://uat.health.wisconsin.gov/apis/secure/CbrfAFH13.html?facilityId=0009180

Facility - 0009180 - SHARPIE H...

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Add all non-client residents over age 10, select continue when finished.

Last Name:	JONES
First Name:	MICHAEL
Middle Name:	ALAN
Relationship to Licensee:	SON
Date of Birth:	05/01/2000 x

Add Non Client Resident

Return to Previous Screen

Exit

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https://uat.health.wisconsin.gov/apis/secure/CbrfAFH13.html

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https://uat.health.wisconsin.gov/apis/secure/CbrfAFH12.html?facilityId=0009180

Facility - 0009180 - SHARPIE H...

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Listed below are the names of all persons, age 10 or older, who live in the facility and are non-client residents.

Name (Last, First, Initial)	Relationship to Licensee	Date of Birth
JONES, MICHAEL, ALAN	SON	2000-05-01

Continue

Add Non Client Resident

Return to Previous Screen

Exit

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https://uat.health.wisconsin.gov/apis/secure/CbrfAFH12.html

100%

When Residents are at Facility

If the facility is a CBRF or AFH and residents are usually at the facility 24 hours per day/7 days per week, select the checkbox to the left.

The screenshot shows a web browser window displaying the Wisconsin Department of Health Services (DHS) website. The URL in the address bar is <https://uat.health.wisconsin.gov/apis/secure/CbrAFH14.html?facilityId=0009180>. The page title is "BAL e-license Continuation". The form is for "Adult Family Home Biennial Report" for "SHARPIE HOUSE". It includes a checkbox for "If residents are in the facility 24 hours a day, 7 days a week, check here." which is checked. Below this are dropdown menus for "Begin Day of the Week", "End Day of the Week", "Begin Time(HH:MM)", and "End Time(HH:MM)". At the bottom, there are buttons for "Continue", "Return to Previous Screen", and "Exit". The footer contains the text "Accept Version 1.05" and a list of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout". The DHS logo and tagline "Protecting and promoting the health and safety of the people of Wisconsin" are also visible.

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

List the days and hours when residents are **not** in the facility.

☒ If residents are in the facility 24 hours a day, 7 days a week, check here.

Begin Day of the Week: -- End Day of the Week: --
Begin Time(HH:MM): -- End Time(HH:MM): --

[Continue](#) [Return to Previous Screen](#) [Exit](#)

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If the facility is a CBRF or AFH and the residents are usually NOT at the facility during certain days/hours, use the drop down menus to enter the days and times when they are absent. For example, if residents are absent Monday through Friday between the hours of 10:00 AM and 2:00 PM, you would enter Monday for the “Begin Day of the Week,” Friday for the “End Day of the Week,” 10:00 AM as the “Begin Time,” and 2:00 PM as the “End Time.” Select “Continue” when finished.

https://uat.health.wisconsin.gov/apis/secure/CbrfAFH14.html?facilityId=0009180

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

List the days and hours when residents are **not** in the facility.

☐ If residents are in the facility 24 hours a day, 7 days a week, check here.

Begin Day of the Week: Monday End Day of the Week: Friday

Begin Time(HH:MM): End Time(HH:MM):

Continue Return to Previous Screen Exit

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CBRF Only – Report Residents’ Rights Complaint

If the facility is a CBRF, this screen will be displayed. If you have a residents’ rights complaint to report, select the “Yes” checkbox. You will be required to upload an electronic copy of form DQA form F-62430, *Community-Based Residential Facility Residents’ Rights Complaint Report*, on the next screen. Select the “No” checkbox if you did not have a residents’ rights complaint. Select “Continue.”

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/CBRF15.html?facilityId=0009211>. The browser's address bar and tabs are visible at the top. The page header includes the Wisconsin Department of Health Services logo and a search bar. A navigation bar contains links: About DHS, Topics A - Z, Programs & Services, Partners & Providers, and Reference Center. The main content area is titled "BAL e-license Continuation" and "Community Based Residential Facility Biennial Report". It displays the facility name "FOX VALLEY GROUP HOME". A question asks, "In accordance with Chapter 50.09(6)(d), Wis. Stats., do you have any complaints of resident's rights to report?" with radio buttons for "Yes" and "No". The "No" option is selected. Below the question, it states, "If yes, complete form F-62430 Community Based Residential Facility Resident's Rights Complaint Report and upload it prior to completing your license continuation." At the bottom of the form, there are three buttons: "Continue", "Return to Previous Screen", and "Exit". The footer includes the text "Accept Version 1.05", a list of links (Back to top, Contact us, Disclaimer, Employment, Privacy notice, Site feedback, Logout), and the Wisconsin Department of Health Services logo with the tagline "Protecting and promoting the health and safety of the people of Wisconsin".

https://uat.health.wisconsin.gov/apis/secure/CBRF15.html?facilityId=0009211

Facility - 0009211 - FOX VALLE... Facility Renewal

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Community Based Residential Facility Biennial Report

Facility Name: FOX VALLEY GROUP HOME

In accordance with Chapter 50.09(6)(d), Wis. Stats., do you have any complaints of resident's rights to report? ☐ Yes ☒ No

If yes, complete form F-62430 Community Based Residential Facility Resident's Rights Complaint Report and upload it prior to completing your license continuation.

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Uploading Supporting Documents

You may be required to upload certain documents based on your report entries. You may also upload documents if you would like BAL to have updated copies of your facility information. Documents should be in Adobe (.pdf), Word (.doc or docx), or picture (.jpg) format. For each document type you want to upload, begin by clicking the “Browse” button to the right of the applicable document type.

The screenshot shows a web browser window displaying the "BAL e-license Continuation" page. The page header includes the Wisconsin Department of Health Services logo and a search bar. The main content area is titled "BAL e-license Continuation" and contains the following sections:

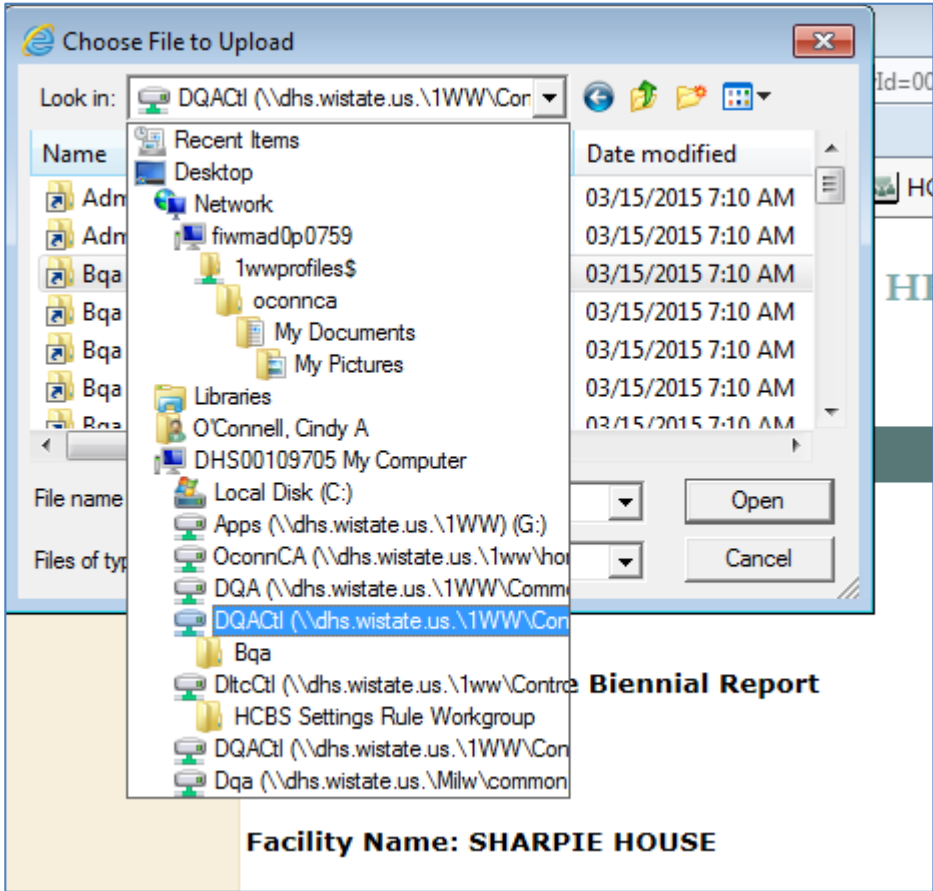
- Adult Family Home Biennial Report**
- Facility Name: SHARPIE HOUSE**
- Uploaded Documents**

Under the "Uploaded Documents" section, there are four rows of document types, each with a "Browse..." button:

Program Statement Upload	Browse...
Public Funding Documents	Browse...
Administrator Qualification Document(s)	Browse...
Other Document(s)	Browse...

Below the document upload section, there is an "Upload" button. At the bottom of the page, there are three buttons: "Continue", "Return to Previous Screen", and "Exit". The footer includes the text "Accept Version 1.05" and a list of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout". The footer also states "Protecting and promoting the health and safety of the people of Wisconsin" and "The Official Internet site of the Wisconsin Department of Health Services".

Use the drop-down arrow to select the drive where your document is stored and navigate to the appropriate folder to find the file you wish to upload.



When you find your file, highlight it and select “Open.” The file name should appear in the box labeled “File Name.”

Choose File to Upload

Look in: Upload Document Examples

Name	Date modified	Type
Admin OConnell Qualifications	09/27/2016 2:41 PM	Adm...
F62430 Resident Rights Complaint Report	09/27/2016 2:41 PM	Adm...
MCO ABC Contract Signed Pages 11-01-15	09/27/2016 2:41 PM	Adm...
New Admission Agreement 01-01-16	09/27/2016 2:41 PM	Adm...
New Program Statement 07-31-16	09/27/2016 2:41 PM	Adm...

File name: New Program Statement 07-31-16

Files of type: All Files (*.*)

Open

Cancel

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

On the Uploaded Documents screen, the file you just selected should be listed in the box immediately to the right of the applicable document type. Note that the location (drive and folder) of the file is also shown. Repeat this process until you have located and saved all the documents you need to upload.

NOTE: The documents are not yet uploaded.

https://ust.health.wisconsin.gov/apis/secure/ALL16.html?facilityId=0009180

Facility - 0009180 - SHARPIE H... Facility Renewal

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Facility Name: SHARPIE HOUSE

Uploaded Documents

Program Statement Upload	L:\Bqa\Assisted Living S Browse...
Public Funding Documents	Browse...
Administrator Qualification Document(s)	Browse...
Other Document(s)	Browse...

Upload

Continue Return to Previous Screen Exit

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Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Uploaded Documents

Program Statement Upload	L:\Bqa\Assisted Living S Browse...
Public Funding Documents	L:\Bqa\Assisted Living S Browse...
Administrator Qualification Document(s)	Browse...
Other Document(s)	Browse...

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The Official Internet site of the Wisconsin Department of Health Services

WISCONSIN DEPARTMENT OF HEALTH SERVICES

BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Uploaded Documents

Document Type	Document Name	
Program Statement Upload	New Program Statement 07-31-16.pdf	Remove
Public Funding Documents	MCO ABC Contract Signed Pages 11-01-15.pdf	Remove
Program Statement Upload	<input type="text"/>	<input type="button" value="Browse..."/>
Public Funding Documents	<input type="text"/>	<input type="button" value="Browse..."/>
Administrator Qualification Document(s)	<input type="text"/>	<input type="button" value="Browse..."/>
Other Document(s)	<input type="text"/>	<input type="button" value="Browse..."/>

Sign and Submit the Biennial or Annual Report

If you are not ready to submit your report, use “Return to Previous Screen” to go back to previous screens and review the information that was entered.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/ALL17.html?facilityId=0009180>. The page header includes the Wisconsin Department of Health Services logo, a search bar, and a navigation menu with links: About DHS, Topics A - Z, Programs & Services, Partners & Providers, and Reference Center. The main content area is titled "E-license continuation" and "Adult Family Home Biennial Report". It displays the facility name "SHARPIE HOUSE". A disclaimer states: "I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to \$10,000 or imprisonment not to exceed 6 years or both (Wis. Stat.946.32)." At the bottom of the form are three buttons: "Submit", "Return to Previous Screen", and "Exit". The footer includes the text "Accept Version 1.05", a list of links (Back to top, Contact us, Disclaimer, Employment, Privacy notice, Site feedback, Logout), and the Wisconsin Department of Health Services logo with the tagline "Protecting and promoting the health and safety of the people of Wisconsin".

Facility - 0009180 - SHARPIE H... Facility Renewal

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About DHS Topics A - Z Programs & Services Partners & Providers Reference Center

E-license continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

☐ I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to \$10,000 or imprisonment not to exceed 6 years or both (Wis. Stat.946.32).

Submit Return to Previous Screen Exit

Accept Version 1.05

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<https://uat.health.wisconsin.gov/apis/secure/ALL17.html>

Select “Exit” to return to the Facility Selection screen. If you have not submitted your report, the status will be displayed as “In Process.” Note that the continuation fee may not be paid until the report has been submitted.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/ALL17.html?facilityId=0009180>. The page header includes the Wisconsin Department of Health Services logo and a search bar. The main content area is titled "E-license continuation" and "Adult Family Home Biennial Report". It displays the facility name "SHARPIE HOUSE". Below this, there is a checkbox for a legal disclaimer: "I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to \$10,000 or imprisonment not to exceed 6 years or both (Wis. Stat.946.32)." At the bottom of the form, there are three buttons: "Submit", "Return to Previous Screen", and "Exit". The footer contains the text "Accept Version 1.05" and a list of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout". The page also features the slogan "Protecting and promoting the health and safety of the people of Wisconsin" and identifies itself as "The Official Internet site of the Wisconsin Department of Health Services".

To finish, select the facility that is “In Process.” You will need to click through each screen to confirm the information already entered and make any necessary changes.

<input type="radio"/>	0009180	SHARPIE HOUSE	2017-01-01	IN PROCESS	
-----------------------	---------	---------------	------------	------------	--

When you are ready to sign the report, select the checkbox to the left of the attestation statement. Select “Submit” to submit the report. At this point you will be unable to make any further changes to your report.

https://uat.health.wisconsin.gov/apis/secure/ALL17.html?facilityId=0009180

Facility - 0009180 - SHARPIE H... Facility Renewal

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E-license continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

☒ I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to \$10,000 or imprisonment not to exceed 6 years or both (Wis. Stat.946.32).

Submit Return to Previous Screen Exit

Accept Version 1.05

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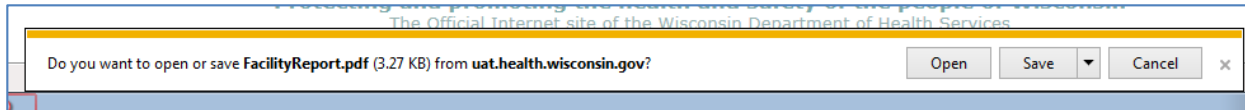
https://uat.health.wisconsin.gov/apis/secure/ALL17.html

Completed Report – View, Save, and Print

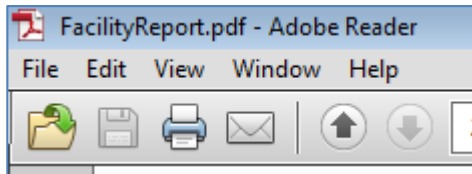
Note that the “e-Renewal Status” now indicates the report for that facility is completed.

<input type="radio"/>	0009180	SHARPIE HOUSE	2017-01-01	REPORT COMPLETED	View Report
-----------------------	---------	---------------	------------	------------------	-----------------------------

Click “View Report.” A dialog will open giving you the option to open or save your report. The report is an Adobe (.pdf) document and you may need to download a copy of the free Adobe Reader if it is not already installed on your computer.



Once the report opens, use Adobe Reader options to “Print” or “Save” your biennial/annual report.



Example: Page 1 of the Biennial/Annual Report (Note that your copy will be unique to your facility and information.)

ADULT FAMILY HOME BIENNIAL REPORT

The Department of Health Services' data system reflects the following information related to the licensed Adult Family Home. Please contact the regional office with any questions.

Type	AMBULATORY STATUS	Facility ID	County
AFH	AFH	0009180	RACINE

Facility: SHARPIES HOUSE RICK COLORS 5 SHARPIE LANE RACINE, WI 53402 (414) 444-5678	Licensee: ORIGINAL LIVING CAROL PERMANENT 2 COLOR WAY S MILWAUKEE, WI 53217 (414) 423-8394
---	--

Administrator: RICK COLORS	FEIN#: 098765432
----------------------------	------------------

Mailing: DENNIS SILVER COMMUNITY CONNECTION LLC 3 GOLD COLOR WAY MILWAUKEE WI 53218	Resident Capacity: 4 Gender: Both
--	--

Email: cindy.oconnell@dhs.wisconsin.gov

Profit/Non-Profit: Non-Profit	Ownership: LIMITED LIABILITY COMPANY
-------------------------------	--------------------------------------

Client Group Served: DEVELOPMENTALLY DISABLED PUBLIC FUNDING	Other Licenses/Certifications:
--	--------------------------------

Does the Adult Family Home have a contract with any agency to serve individuals eligible for public funding?

☒ YES ☐ NO If yes, what agency? ContinuUs.

Minimum Monthly Rate: \$5400.0	Maximum Monthly Rate: \$6100.0
--------------------------------	--------------------------------

Monthly Operating Expenses:

Salary Expenses	\$1600.0
-----------------	----------

Example: Page 2 of the Biennial/Annual Report

Lease or Mortgages Expenses \$2100.0
 All Other Expenses \$3200.0
 Total Monthly Expenses \$6900.0
Other Source of income.

☐ Savings ☐ Contract agreement with non-profit agency
☐ Purchase Contract ☐ Loan
☒ Outside Employment ☐ Other
☐ Line of Credit

Names of all persons, age 10 or older, who live in the facility and are not client residents.

Full Name	Relationship	Date of Birth
JONES MICHAEL ALAN	SON	2000-05-01
Jones Mary Ann	Daughter	2000-05-01

Days and hours when residents are not in the facility.

HOURS: 8:30 AM To 3:30 PM DAYS: Monday-Friday

O'Connell Cindy 12/05/2016

ID of person submitting this report. **Date submitted**

Instructions for the Facility “Pay” Role in License/Certification Continuations

The designated mailing contact for the facility will receive an email approximately 65 days prior to the end date of the current license/certificate. **The mailing contact is responsible for forwarding this email or otherwise notifying the appropriate personnel responsible for submitting the biennial/annual report and submitting the license/certification continuation payment.**

Once the individual fulfilling the “SIGN” role has completed the biennial/annual report submission process, the individual fulfilling the “PAY” role will be able to submit the required license/certification continuation payment. The license/certificate continuation fee may not be paid until the online report is submitted and the “e-Renewal Status” field on the facility selection screen shows a status of “REPORT COMPLETED” for the facility in question.

NOTE: The individual performing the “PAY” role will not see the facility listed on their selection screen until the biennial/annual report has been successfully submitted.

Logging In

Click on the link provided in the license/certification email. It is <https://health.wisconsin.gov/apis/secure/ALL1.html>. Enter your Wisconsin Access Management System (WAMS) ID and password. Note that your screen will not have the “Acceptance Environment” or “Test Environment” messages that appear on the screen shots in this document.

https://wamsuat.wisconsin.gov/nidp/idff/sso?id=DH590MinLogin&sid=0&option=credential&sid=0&target=https://uat.health.wisconsin.gov/apis/secure/ALL1.html

Wisconsin Web Access Ma...

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*** ACCEPTANCE Environment ***

Please Log In

Please Enter Your Username and Password

Username:

Password:

[Forgot your password or account locked?](#)

[Login](#) [Reset](#)

Help Desk Contact Information

Local Madison Number :
608-261-4400

Long Distance to Madison :
1-866-335-2180 (Toll Free)

TTY\Textnet :
1-888-845-4160

[Send an e-mail to the help desk](#)

You are about to access a State of Wisconsin computer system. This is a restricted computer system for authorized users only. All equipment, systems, services, and software connected to this system are intended only for official business use of the State of Wisconsin, and may contain U.S. Government information. All data contained on this system is owned by the State of Wisconsin. The State of Wisconsin reserves the right to audit, monitor, record and/or disclose all transactions and data sent over this system in a manner consistent with State and federal law. Use of this system by any user, authorized or unauthorized, constitutes consent to monitoring, recording, reading, copying, or capturing and disclosure of data and transactions by authorized personnel. Only software and/or hardware approved, scanned, and licensed for State of Wisconsin use is permitted on this system. Any illegal, unauthorized use or modification of the State of Wisconsin data, equipment, systems, services, or software by any person(s) is prohibited and may be subject to civil or criminal prosecution under state and/or federal laws.

[I need to change my account info \(Name, address, password etc\).](#)

[I do not have an account and would like to register for one.](#)

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https://wamsuat.wisconsin.gov/nidp/idff/sso?id=0&sid=0

7:02 PM 01/03/2017

Instruction Screen

Review the instructions on the next screen and select “Continue.”

The screenshot shows a web browser window displaying the "BAL e-license Continuation" instructions page. The browser's address bar shows the URL <https://uat.health.wisconsin.gov/apis/secure/ALL1.html>. The page header includes the Wisconsin Department of Health Services logo, a search bar, and a navigation menu with links: About DHS, Topics A - Z, Programs & Services, Partners & Providers, and Reference Center. The main content area is titled "BAL e-license Continuation" and "Instructions". It contains several paragraphs of text explaining the license continuation process, including requirements for document uploads, regional office contact, and payment. At the bottom of the instructions section, there are two buttons: "Continue" and "Exit". Below the instructions, the text "Accept Version 1.05" is displayed, followed by a row of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout". The footer of the page features the Wisconsin Department of Health Services logo and the text "Protecting and promoting the health and safety of the people of Wisconsin" and "The Official Internet site of the Wisconsin Department of Health Services". The browser's status bar at the bottom shows the URL and a zoom level of 100%.

<https://uat.health.wisconsin.gov/apis/secure/ALL1.html>

Facility Search

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BAL e-license Continuation

Instructions

Thank you for your interest in completing the assisted living facility license continuation process online. This system supports the review and completion of your required annual/biennial report and the payment of fees required for license/certification continuation.

As part of the license continuation process, you may be required to upload documents such as your Managed Care Organization (MCO) public funding contract, the facility's program statement, etc. Prepare these documents before you begin and ensure that each type of document to be uploaded consists of one and only one file. For example, if you have three separate pages of your MCO contract that will need to be uploaded, combine the three pages into a single file, not three separate files.

If you are closing your facility or making changes that require regional office review and approval (such as capacity changes or changes to client groups served), please indicate that on page 3 and follow up by contacting your regional office. For contact information, see <https://www.dhs.wisconsin.gov/dqa/bal-regionalmap.htm>. Page 3 includes a complete list of the license/certification changes that must be made by contacting your regional office.

If you are proceeding with a license continuation that does not require you to contact your regional office, your current facility information will be displayed on a series of screens. You will be asked to confirm the information as shown or revise as needed to complete your annual/biennial report. You will not be able to complete your report without uploading any required documents.

You are encouraged to complete the online license continuation process in a single session. However, your information will be saved as you progress through the screens. This allows you to suspend the process if necessary and return to complete it later. The system will display the status of your license/certification continuation (in process, ready for payment, etc.) when you return. You will also have the option to print a copy of your completed annual/biennial report at the end of the review process.

Your annual/biennial license continuation report must be completed before you will be able to pay the required license/certification fee. If different individuals are responsible for completing the annual/biennial report and paying fees, it is the facility's responsibility to contact the individual who will make payment to complete the license continuation process. For Community Based Residential Facilities, any additional fees due as a result of late payment will automatically be calculated and added to the fee due that is displayed on the payment screen.

[Continue](#) [Exit](#)

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<https://uat.health.wisconsin.gov/apis/secure/ALL1.html> 100%




Facility Selection Screen and e-Licensure Status

Users assigned only the “PAY” role in the e-renewal system will see (1) facilities listed where the individual with the “SIGN” role has submitted the monthly report and the license/certification continuation fee is ready to be paid and (2) facilities where the fee has already been paid. Facilities listed will display one of two statuses in the “e-Renewal Status” column:

REPORT COMPLETED – The biennial/annual report has been submitted. No further changes may be made to the report. The individual who is assigned to pay the license continuation fee is now able to select the facility for payment from their facility list.

PAID – The biennial/annual license continuation fee has been paid and the process is now completed for this license/certificate period. The selection button for these facilities will be “greyed out” and it will not be possible to select them. You may still view the completed biennial/annual report by clicking the “View Report” link.

NOTE: Users with the “SIGNPAY” role will see all facilities associated with their WAMS ID, regardless of status.

	Facility ID	Facility	Payment Due Date	e-Licensure Status	View Report
	0014986	DANE SUPPORTIVE ADULT FAMILY HOME	2016-05-31	PAID	View Report
	0009211	FOX VALLEY GROUP HOME	2017-01-01	REPORT COMPLETED	View Report
	0009180	SHARPIE HOUSE	2017-01-01	REPORT COMPLETED	View Report

To start the payment process, click on the selection button to the left of the facility for which you are submitting payment.

Facility Payment Confirmation Screen

The first payment screen shows the facility and the payment due. Note that you may select “Print Application/Report” to view, save, or print the biennial/annual report. Select “Submit and Pay” to be routed to the payment screen to pay online using a credit card or electronic funds transfer/Automatic Clearing House (ACH) via the US Bank secure site.

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/pay.html?facilityId=0009180>. The page header includes the Wisconsin Department of Health Services logo and a search bar. The main heading is "BAL e-license Continuation". Below this, the section "Adult Family Home Biennial Report" is displayed. A message states: "Before proceeding with your payment, please verify that the license continuation listed below is correct. Once paid, fees are not refundable." The form displays the following information: Facility: SHARPIES HOUSE, Total Fee: 171.00, and Payment method accepted: Credit Card. Below the form, there are instructions for payment. At the bottom, there are three buttons: "Submit and Pay", "Print Application/Report", and "Exit". The browser's address bar at the bottom shows the URL <https://epayment.epymtservice.com/epay.jhtml>.

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BAL e-license Continuation

Adult Family Home Biennial Report

Before proceeding with your payment, please verify that the license continuation listed below is correct. Once paid, fees are not refundable.

Facility: SHARPIES HOUSE

Total Fee: 171.00

Payment method accepted: Credit Card

Instructions:

1. Print a copy of your application/annual or biennial report by selecting Print Application/Report below. The application/annual or biennial report will open in Adobe Acrobat as a PDF file.
2. Select Submit and Pay.
 - a. A Make a Payment screen will open in a separate window. You may need to turn off your Pop-up Blocker to access the payment window.
 - b. Complete all required information then select the payment method of your choice.
 - c. Follow instructions for completing your payment.
 - d. If your payment is not accepted, select Cancel and choose an alternate payment method or mail a paper application. See instructions below)
3. A payment confirmation number is provided on the Payment Confirmation Page if your payment is accepted.
 - a. Print the payment confirmation page or record the confirmation number.
 - b. Your application cannot be processed until payment is confirmed.
 - c. You will receive a payment confirmation email from noreplydhsXXXXXXXXXX@epymtservice.com
 - d. Select EXIT to close the confirmation page.
4. Questions? Call 999-999-9999, Monday through Friday, 8:00 a.m. ? 4:30 p.m.

Submit and Pay Print Application/Report Exit

<https://epayment.epymtservice.com/epay.jhtml>

Facility Payment Screen

The US Bank e-payment screen will appear. Note that you will not see the “test site” message or background. Enter the required information to make the online payment.

Top portion of screen:

The screenshot shows a web browser window with a URL bar indicating a payment page. A large red banner at the top reads "THIS IS A TEST SITE" and "Your Payment Will NOT be processed". Below this, the "Make a Payment" section is visible, containing a "My Payment" link and a form for the "Bureau of Assisted Living E-Licensure". The form includes fields for "Amount Due" (\$171.00), "FIRST NAME" (Dennis), "LAST NAME" (Silver), "EMAIL" (cindy.oconnell@wi.gov), "FACILITY ID" (0009180), "PROJECT" (435006000000334), and "ACTIVITY" (REG_LICENSE). Below this is the "Payment Information" section with "Frequency" (One Time), "Payment Amount" (\$171.00), and "Payment Date" (Pay now). The "Contact Information" section includes fields for "First Name" (Dennis), "Last Name" (Silver), "Company" (COMMUNITY CONNECTION LLC), "Address 1" (3 Gold Color Way), "Address 2" (Optional), "City/Town" (Milwaukee), and "State/Province/Region" (WI).

THIS IS A TEST SITE
Your Payment Will NOT be processed

Make a Payment
[My Payment](#)

Bureau of Assisted Living E-Licensure

Amount Due \$171.00
FIRST NAME Dennis
LAST NAME Silver
EMAIL cindy.oconnell@wi.gov
FACILITY ID 0009180
PROJECT 435006000000334
ACTIVITY REG_LICENSE

Payment Information

Frequency One Time
Payment Amount \$171.00
Payment Date Pay now

Contact Information

First Name Dennis
Last Name Silver
Company COMMUNITY CONNECTION LLC
Address 1 3 Gold Color Way
Address 2 (Optional)
City/Town Milwaukee
State/Province/Region WI

NOTE: The email address entered in the Contact Information section will receive a payment confirmation email once the transaction is completed. This email address need not be the same as the email address associated with the WAMS account of the individual making the payment.

Bottom portion of screen:

https://epayment.epymtservice.com/main/makePayment/paymentDetails?execution=e1s1&id=20-0-A87FD71CFFD633A849FF39ECFA37DAE3

Facility - 0009180 - SHARPIE H... State of Wisconsin - DHS - ... X

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Contact Information

First Name

Last Name

Company

Address 1

Address 2

City/Town

State/Province/Region


Zip/Postal Code

Country


Phone Number

Email Address

Payment Method

Card Number 

Expiration Date

Card Security Code 

Card Billing Address ☒ Use my contact information address
☐ Use a different address

[Continue](#) [Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

https://epayment.epymtservice.com/main/makePayment/paymentDetails?execution=e1s1

100%

When finished entering the required information, select “Continue.” Note that any errors in data entry will result in an error message in red, with the field containing the error highlighted. Correct any errors and click “Continue.”

The screenshot shows a web browser window with a form titled "Contact Information" and "Payment Method". The "Contact Information" section contains fields for First Name (Dennis), Last Name (Silver), Company (COMMUNITY CONNECTION LLC), Address 1 (3 Gold Color Way), Address 2 (Optional), City/Town (Milwaukee), State/Province/Region (WI), Zip/Postal Code (53218), Country (USA), Phone Number ((414)444-5678), and Email Address (cindy.oconnell@wi.gov). The "Payment Method" section contains fields for Card Number, Expiration Date (10/2020), Card Security Code (044), and Card Billing Address (Use my contact information address). A red error message "You have entered an invalid Card Number. Please try again." is displayed below the Card Number field. The form has "Continue" and "Cancel" buttons at the bottom. The browser's address bar shows the URL "https://epayment.epymtservice.com/main/makePayment/paymentDetails?execution=e1s1&id=2-5-B54813BDDCB2288E478970841762CD33".

Contact Information

First Name: Dennis
Last Name: Silver
Company: COMMUNITY CONNECTION LLC
Address 1: 3 Gold Color Way
Address 2: (Optional)
City/Town: Milwaukee
State/Province/Region: WI
Zip/Postal Code: 53218
Country: USA
Phone Number: (414)444-5678
Email Address: cindy.oconnell@wi.gov

Payment Method

Card Number: [Redacted]
You have entered an invalid Card Number. Please try again.
Expiration Date: 10/2020
Card Security Code: 044
Card Billing Address: ☒ Use my contact information address
☐ Use a different address

[Continue](#) [Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

Confirm Payment

Review your information and select “Confirm” to complete your payment. Select “Back” if you need to return to the previous screen and make corrections.

Facility - 0009180 - SHARPIE H...State of Wisconsin - DHS - ...

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PageSafetyTools

Payment Method

Payer Name

Dennis Silver

Card Number

*4449

Expiration Date

Jul-2020

Card Type

Visa

Confirmation Email

cindy.oconnell@wi.gov

Billing Address

Address 1

3 Gold Color Way

City/Town

Milwaukee

State/Province/Region

WI

Zip/Postal Code

53218

Country

USA

Contact Information

First Name

Dennis

Last Name

Silver

Company

Community Connection LLC

Address 1

3 Gold Color Way

City/Town

Milwaukee

State/Province/Region

WI

Zip/Postal Code

53218

Country

USA

Phone Number

4144445678

Email Address

cindy.oconnell@wi.gov

Confirm

Back

Customer Service

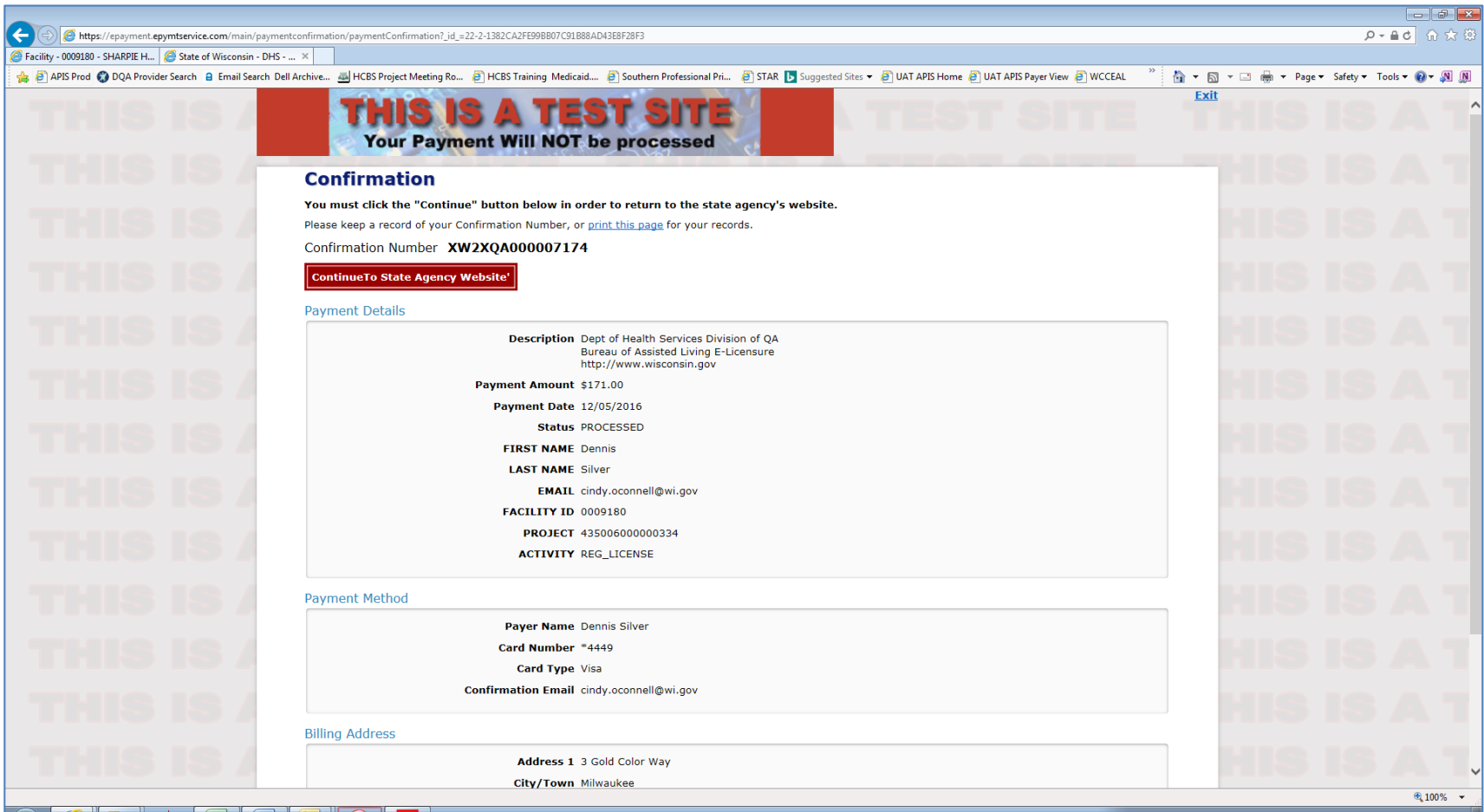
Help

Privacy Policy

Security

Payment Confirmation Screen

The confirmation screen will provide a confirmation number. Select “Continue to State Agency website” to return to the facility selection screen. You may process payments for additional facilities or log off by clicking “Exit.”



The “e-Renewal Status” on the facility selection screen now indicates “PAID.”

<input type="radio"/>	0009180	SHARPIES HOUSE	2017-01-01	PAID	View Report
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Email Payment Confirmation

A confirmation email containing the confirmation number, payment amount, facility ID, and payer information will be sent to the email address that was entered under Contact Information.

From: NoReplyDQA [<mailto:noreply@epymtservice.com>]

Sent: Monday, December 05, 2016 3:59 PM

To: O'Connell, Cindy A - DHS

Subject: Payment Confirmation for Bureau of Assisted Living E-Licensure

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***

Thank you for your payment.

This email is to confirm your payment submitted on Dec-05-2016 for Bureau of Assisted Living E-Licensure.

Confirmation Number: XW2XQA000007174

Payment Amount: \$171.00

Scheduled Payment Date: Dec-05-2016

Amount Due: \$171.00

Facility ID: 0009180

Payer Name: Dennis Silver

Credit Card Number: *4449

Credit Card Type: VISA

Approval Code: N/A

Merchant: Dept of Health Services Division of QA

Website: <http://www.wisconsin.gov>

If you have questions about this payment or need assistance, please view the payment online at N/A , or call Customer Service at (608)267-1438.

Thank you for using the Wisconsin Division of QA electronic payment system.

Instructions for How to Notify the Bureau of Assisted Living of Changes Related to e-Renewal

It is the facility's responsibility to keep the Bureau of Assisted Living (BAL) informed of all changes to the facility's official mailing contact on record.

If the facility is registered for e-renewal, it is also the facility's responsibility to inform the BAL of any changes to the "Sign" and "Pay" roles associated with the e-renewal program. This includes specifying the facilities for which individual(s) will be completing the annual/biennial reports and/or submitting payments.

SIGN – Annual/biennial report completion and attestation only

PAY – License/certification fee payment only

SIGNPAY – Both report completion and payment

Report changes via email to the BAL regional office serving your facility. Locate the appropriate regional office at <https://www.dhs.wisconsin.gov/dqa/bal-regionalmap.htm>. Include the following in your notification:

- Facility name and ID
- Updated information (new mailing contact email address, new WAMS account associated with facility, etc.)