

Bureau of Assisted Living

Online License and Certification Continuations via e-Licensure

STATE OF WISCONSIN
Division of Quality Assurance
Bureau of Assisted Living



P-01731 (02/2017)

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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 Licensing Continuation**" 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-Licensure 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 via a 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, CBRF administrator qualifications, 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-licensure 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

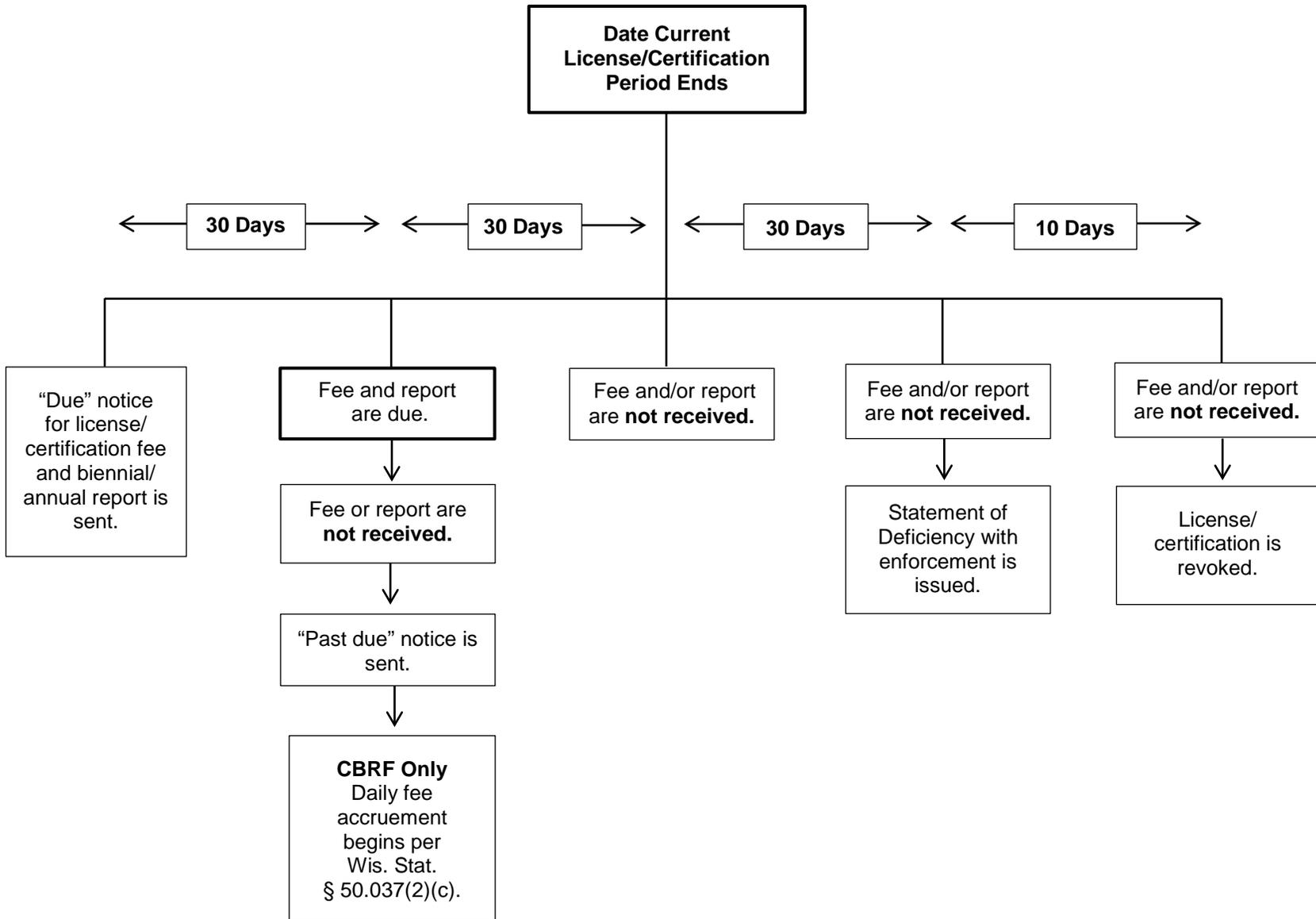
NOTE: It is the facility's responsibility to keep the Bureau of Assisted Living (BAL) informed of all changes to the official mailing contact. If registered for e-licensure, it is also the facility's responsibility to inform the BAL of any changes to the "Sign" and "Pay" roles defined within this document. 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 to the facility's mailing contact on the 25 th 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 one person 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.
	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, reviewing administrative coordinator qualifications, 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, reviewing administrative coordinator qualifications, 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.
	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, a late reminder email is sent to facility mailing contact.
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. The e-licensure process is marked “Expired” online and the online system is no longer available. The facility will need to work with the regional office to complete this license/certification continuation cycle via paper and postal service.
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-Licensure License Continuation and Assign Roles for the Facility Reporter and Facility Payer Roles

To use the BAL e-licensure 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 e-licensure 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 know or believe that you may 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. 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-licensure 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-licensure WAMS account registration

Please register the following WAMS account for use with the BAL e-licensure 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 at 608-264-9898 or email richard.betz@dhs.wisconsin.gov for assistance.

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 today via postal mail. **The mailing contact should forward the email to the appropriate personnel assigned to the roles 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-licensure 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 today via postal mail. **The mailing contact should follow-up with the appropriate personnel assigned to the roles 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-licensure system at [https://health.wisconsin.gov/apis/secure/ ALL1.html](https://health.wisconsin.gov/apis/secure/ALL1.html) 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.**

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 facility is a CBRF and the administrator is changing, an electronic copy of the administrator qualifications
- 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 \(Name, address, password etc\).](#)

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Instruction Screen

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

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/ALLI.html>. 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 "Instructions".

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/dna/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.

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Facility Selection Screen and e-Licensure Status

This screen will display any facilities associated with the WAMS account of the person logged in that have started the online e-licensure 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. 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 browser tabs include 'Facility Search' and 'Facility Renewal'. The page header features the Wisconsin Department of Health Services logo and a navigation menu with links for 'About DHS', 'Topics A - Z', 'Programs & Services', 'Partners & Providers', and 'Reference Center'. A search bar labeled 'Search DHS' is also present.

BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: **MICHIGAN HOUSE**

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:

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Changes that Require Working with Regional Office

Some changes will require that you indicate the change in the e-Licensure 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. 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.

Browser address bar: <https://uat.health.wisconsin.gov/apis/secure/RCAC.html?facilityId=0011895&status=2>

Facility Renewal

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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

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Browser address bar: <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 Wisconsin Department of Health Services website. The page title is "BAL e-license Continuation". The main heading is "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". The form contains the following questions and options:

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".

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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.
- If this is a CBRF and the administrator name is changed, you will be required to upload a document containing the administrator's qualifications.

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 main heading is "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". A message states: "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." Below this is a form with the following fields:

Name:	<input type="text" value="SHARPIE HOUSE"/>	Type:	AFH
Address:	<input type="text" value="5 SHARPIE LANE, RACINE, WI 53402"/>	Facility ID:	0009180
Administrator Last Name:	<input type="text" value="COLORS"/>	County:	RACINE
Administrator First Name:	<input type="text" value="rick"/>		
FEIN #:	<input type="text" value="098765432"/>		
Phone:	<input type="text" value="(414)444-5678"/>		
Fax:	<input type="text" value="(414)444-5678"/>		

At the bottom of the form, there are three buttons: "Continue", "Return to Previous Screen", and "Exit". The footer of the page reads "Accept Version 1.05".

Licensee Information

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

The screenshot shows a web browser window displaying the Wisconsin Department of Health Services website. The page title is "BAL e-license Continuation". The main heading is "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". The licensee information is as follows:

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

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 list of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout". The Wisconsin Department of Health Services logo and tagline "Protecting and promoting the health and safety of the people of Wisconsin" are also present.

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.”

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/ALL5.html?facilityId=0009180>. The page title is "BAL e-license Continuation" and the sub-header is "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". The form fields are as follows:

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

Buttons: Continue, Return to Previous Screen, Exit

Accept Version 1.05

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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 Wisconsin Department of Health Services (DHS) website. The page title is "BAL e-license Continuation". The facility name is "SHARPIE HOUSE". 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" (highlighted in blue), "Return to Previous Screen", and "Exit".

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License/Certification Details

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

Facility Search Facility Renewal

APIS Prod DQA Provider Search Email Search Dell Archive... HCBS Project Meeting Ro... HCBS Training Medicaid... Southern Professional Pri... STAR Suggested Sites UAT APIS Home UAT APIS Payer View WCCEAL

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

License Details

Resident Gender: <input type="text" value="Mixed"/>	Ownership: LIMITED LIABILITY COMPANY
Profit/Non-Profit: <input type="text" value="Profit"/>	Resident Capacity: 4
	Client Groups Served: DEVELOPMENTALLY DISABLED PUBLIC FUNDING

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https://uat.health.wisconsin.gov/apis/secure/ALL7.html 100%

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 displaying the Wisconsin Department of Health Services website. The page title is "BAL e-license Continuation". The facility name is "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.

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Public Funding

Does the facility have a contract with any agency to serve individuals eligible for public funding? Yes

If Yes, you must copy and upload the relevant pages from your contract(s) prior to completing your license continuation.

If Yes, what agencies? ContinuUs

Continue Return to Previous Screen Exit

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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 displaying the Wisconsin Department of Health Services website. The page title is "BAL e-license Continuation". The facility name is "SHARPIE HOUSE". The form includes sections for "Facility Expenses" and "Monthly Operating Expenses".

Facility Expenses	
Minimum Monthly Rate	5,400.00
Maximum Monthly Rate	6,100.00

Monthly Operating Expenses	
Salary Expenses	1,600.00
Lease or Mortgage Expenses	2,100.00
All Other Expenses	3,200.00
Total Expenses	6,900.00

Buttons: Continue, Return to Previous Screen, Exit

Accept Version 1.05

Links: Back to top | Contact us | Disclaimer | Employment | Privacy notice | Site feedback | 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 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 "Search DHS" and a "GO" button. The main content area contains the following text and form elements:

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

Navigation buttons:

Footer: Accept Version 1.05
[Back to top](#) | [Contact us](#) | [Disclaimer](#) | [Employment](#) | [Privacy notice](#) | [Site feedback](#) | [Logout](#)

A context menu is visible on the right side of the form, showing options: Free-form Snip, Rectangular Snip (selected), Window Snip, and Full-screen Snip.

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 with the URL <https://uat.health.wisconsin.gov/apis/secure/CbrAFH12.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 text:

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.

At the bottom of the form, there are four buttons: "Continue", "Add Non Client Resident", "Return to Previous Screen", and "Exit".

Below the form, the text "Accept Version 1.05" is displayed, followed by a list of links: [Back to top](#), [Contact us](#), [Disclaimer](#), [Employment](#), [Privacy notice](#), [Site feedback](#), and [Logout](#). The footer contains 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".

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

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/CbrAFH12.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 text:

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.

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 of the page 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". Below the links is the slogan "Protecting and promoting the health and safety of the people of Wisconsin" and the text "The Official Internet site of the Wisconsin Department of Health Services".

Enter the requested information for the non-client resident, and select “Add Non-Client Resident.”

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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:

First Name:

Middle Name:

Relationship to Licensee:

Date of Birth:

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https://uat.health.wisconsin.gov/apis/secure/CbrAFH13.html

The non-client resident just added will be displayed. To add additional non-client residents, select “Add Non-Client Residents” again. When finished, select “Continue.”

The screenshot shows a web browser window with the URL <https://uat.health.wisconsin.gov/apis/secure/CbrAFH12.html?facilityId=0009180>. The page title is "BAL e-license Continuation". The facility name is "SHARPIE HOUSE". Below the facility name, it states: "Listed below are the names of all persons, age 10 or older, who live in the facility and are non-client residents." A table with the following data is displayed:

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

At the bottom of the table area, there are four buttons: "Continue", "Add Non Client Resident", "Return to Previous Screen", and "Exit". The footer of the page 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 main slogan is "Protecting and promoting the health and safety of the people of Wisconsin" with the subtitle "The Official Internet site of the Wisconsin Department of Health Services".

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 website. The page title is "BAL e-license Continuation". The main heading is "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". Below this, there is a section for listing days and hours when residents are not in the facility. A checkbox is checked, indicating that residents are in the facility 24 hours a day, 7 days a week. There are also 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 of the form, there are buttons for "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 Wisconsin Department of Health Services 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.

The screenshot shows a web browser window with the URL <https://ust.health.wisconsin.gov/apis/secure/CbrfAFH14.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 asks to list days and hours when residents are not in the facility. There are checkboxes for "24 hours a day, 7 days a week" and a section for specifying days and times. The "Begin Day of the Week" is set to "Monday" and the "End Day of the Week" is set to "Friday". The "Begin Time(HH:MM)" is set to "10:00" and the "End Time(HH:MM)" is set to "14:00". A dropdown menu for the "Begin Time" is open, showing options from 1 to 12. At the bottom, there are buttons for "Continue", "Return to Previous Screen", and "Exit". The footer includes "Accept Version 1.05" and various links like "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout". The Wisconsin Department of Health Services logo and tagline "Protecting and promoting the health and safety of the people of Wisconsin" are also present.

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 displaying the Wisconsin Department of Health Services (DHS) portal. The page title is "BAL e-license Continuation". The main heading is "Community Based Residential Facility Biennial Report". The facility name is "FOX VALLEY GROUP HOME". The 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" 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.

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

Facility - 0009211 - FOX VALLE... Facility Renewal

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BAL e-license Continuation

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.

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

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https://uat.health.wisconsin.gov/apis/secure/CBRF15.html 100%

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.

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BAL e-license Continuation

Adult Family Home Biennial Report

Facility Name: SHARPIE HOUSE

Uploaded Documents

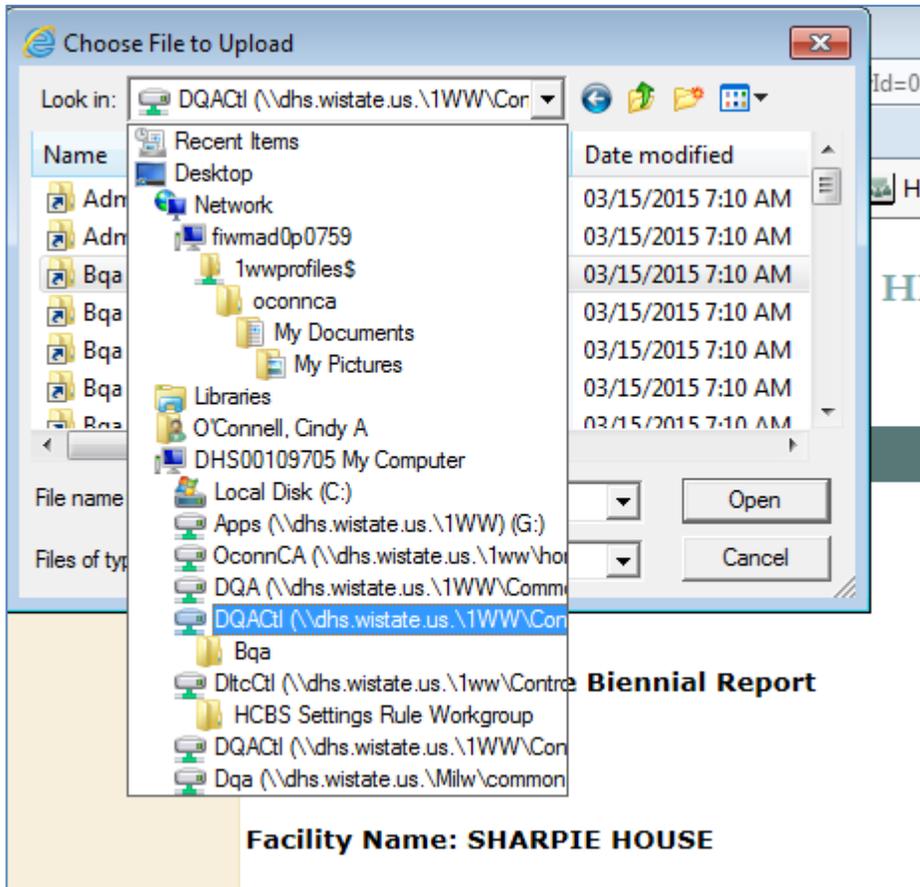
Program Statement Upload	<input type="text"/>	Browse...
Public Funding Documents	<input type="text"/>	Browse...
Administrator Qualification Document(s)	<input type="text"/>	Browse...
Other Document(s)	<input type="text"/>	Browse...

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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.”

The screenshot shows a Windows-style dialog box titled "Choose File to Upload". The "Look in:" field shows "Upload Document Examples". A table lists several files, with "New Program Statement 07-31-16" selected. The "File name:" field contains "New Program Statement 07-31-16" and the "Files of type:" field is set to "All Files (*.*)". The "Open" button is circled in red. Below the dialog box, the text "Adult Family Home Biennial Report" and "Facility Name: SHARPIE HOUSE" is displayed.

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

File name: New Program Statement 07-31-16

Files of type: All Files (*.*)

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.

The screenshot displays the 'BAL e-license Continuation' page for facility 'SHARPIE HOUSE'. The page is structured as follows:

- Header:** Wisconsin Department of Health Services logo and search bar.
- Navigation:** About DHS, Topics A - Z, Programs & Services, Partners & Providers, Reference Center.
- Section: Adult Family Home Biennial Report**
- Facility Name:** SHARPIE HOUSE
- Section: Uploaded Documents**
 - Program Statement Upload: L:\Bqa\Assisted Living S Browse...
 - Public Funding Documents: Browse...
 - Administrator Qualification Document(s): Browse...
 - Other Document(s): Browse...
- Buttons:** Upload, Continue, Return to Previous Screen, Exit.
- Footer:** Accept Version 1.05, Back to top | Contact us | Disclaimer | Employment | Privacy notice | Site feedback | Logout. Slogan: Protecting and promoting the health and safety of the people of Wisconsin. The Official Internet site of the Wisconsin Department of Health Services.

When you have located and saved all files to be uploaded, select “Upload” below the list of documents.

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BAL e-license Continuation

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...

Upload

Continue Return to Previous Screen Exit

Accept Version 1.05

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https://uat.health.wisconsin.gov/apis/secure/ALL16.html

Note the individual document names are now listed on the screen. Select “Continue.”

The screenshot shows a web browser window displaying the Wisconsin Department of Health Services website. The page title is "BAL e-license Continuation". The facility name is "SHARPIE HOUSE". Under the "Uploaded Documents" section, there is a table with two columns: "Document Type" and "Document Name".

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

Below the table, there are four rows for uploading additional documents, each with a "Browse..." button:

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

At the bottom of the page, there are three buttons: "Continue" (highlighted in blue), "Return to Previous Screen", and "Exit".

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 displaying the Wisconsin Department of Health Services website. The page title is "E-license continuation" and the sub-section is "Adult Family Home Biennial Report". The facility name is "SHARPIE HOUSE". 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 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 Wisconsin Department of Health Services logo and tagline "Protecting and promoting the health and safety of the people of Wisconsin" are also visible.

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

Facility - 0009180 - SHARPIE H... Facility Renewal

APIS Prod DQA Provider Search Email Search Dell Archive... HCBS Project Meeting Ro... HCBS Training Medicaid... Southern Professional Pri... STAR Suggested Sites UAT APIS Home UAT APIS Payer View WCCEAL

WISCONSIN DEPARTMENT OF HEALTH SERVICES Search DHS

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

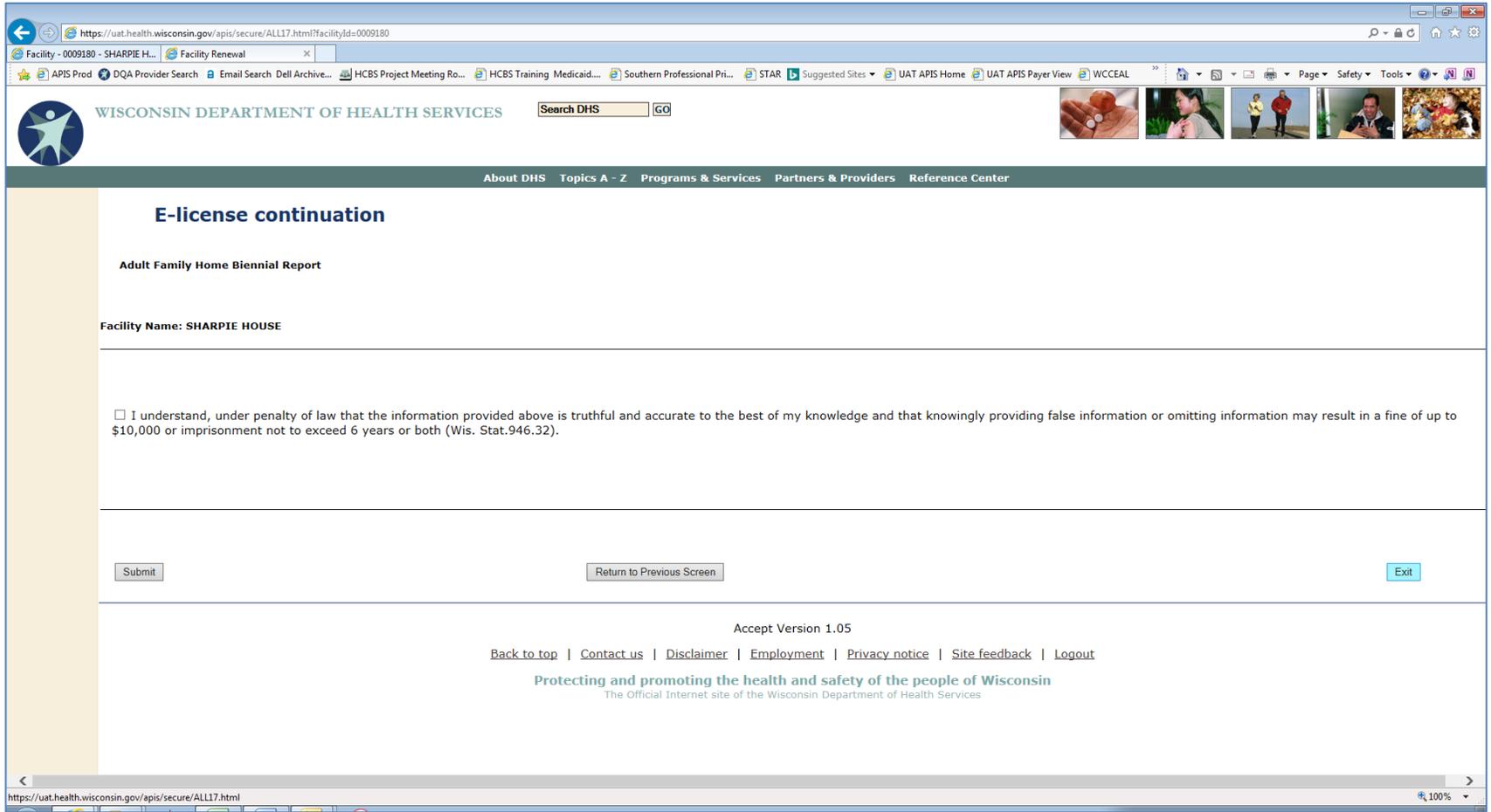
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https://uat.health.wisconsin.gov/apis/secure/ALL17.html 100%

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.



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.

The screenshot shows a web browser window displaying the Wisconsin Department of Health Services (DHS) website. The browser's address bar shows the URL: <https://uat.health.wisconsin.gov/apis/secure/ALL17.html?facilityId=0009180>. The page title is "E-license continuation".

The page content includes:

- Header: WISCONSIN DEPARTMENT OF HEALTH SERVICES with a search bar labeled "Search DHS" and a "GO" button.
- Navigation: A menu bar with links for "About DHS", "Topics A - Z", "Programs & Services", "Partners & Providers", and "Reference Center".
- Section: "E-license continuation" with a sub-section "Adult Family Home Biennial Report".
- Facility Information: "Facility Name: SHARPIE HOUSE".
- Attestation Statement: A checkbox is checked next to the text: "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)."
- Buttons: "Submit", "Return to Previous Screen", and "Exit".
- Footer: "Accept Version 1.05" and a list of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", "Logout". Below this is the DHS logo and tagline: "Protecting and promoting the health and safety of the people of Wisconsin" and "The Official Internet site of the Wisconsin Department of Health Services".

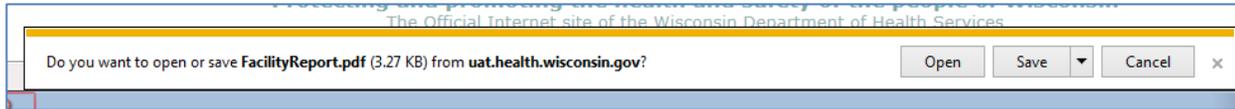
The browser's status bar at the bottom shows the URL <https://uat.health.wisconsin.gov/apis/secure/ALL17.html> and a zoom level of 100%.

Completed Report – View, Save, and Print

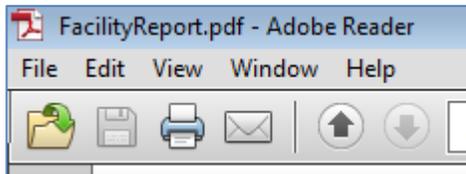
Note that the “e-Licensure Status” now indicates the report for that facility is completed.

○	0009180	SHARPIE HOUSE	2017-01-01	REPORT COMPLETED	View Report
○	0000786	EMMAY HOUSE	2017-01-01	NOT STARTED	

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, 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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
- Purchase Contract
- Outside Employment
- Line of Credit
- Contract agreement with non-profit agency
- Loan
- Other

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-Licensure 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.

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.](#)

[Back to top](#) | [Contact us](#) | [Disclaimer](#) | [Employment](#) | [Privacy notice](#) | [Site feedback](#)

Protecting and promoting the health and safety of the people of Wisconsin

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 Wisconsin Department of Health Services website. The URL is <https://uat.health.wisconsin.gov/apis/secure/ALL1.html>. The page title is "BAL e-license Continuation". The main heading is "Instructions". The content includes several paragraphs of text providing instructions for the license continuation process, such as document requirements, regional office contact information, and payment details. At the bottom of the instructions, there are two buttons: "Continue" 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 Wisconsin Department of Health Services logo and tagline "Protecting and promoting the health and safety of the people of Wisconsin" are also visible.

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Search DHS

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

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](#)

Accept Version 1.05

[Back to top](#) | [Contact us](#) | [Disclaimer](#) | [Employment](#) | [Privacy notice](#) | [Site feedback](#) | [Logout](#)

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Facility Selection Screen and e-Licensure Status

Users assigned only the “PAY” role in the e-Licensure 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-Licensure 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
<input checked="" type="radio"/>	0014986	DANE SUPPORTIVE ADULT FAMILY HOME	2016-05-31	PAID	View Report
<input type="radio"/>	0009211	FOX VALLEY GROUP HOME	2017-01-01	REPORT COMPLETED	View Report
<input checked="" type="radio"/>	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 by credit card.

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 main heading is "Adult Family Home Biennial Report". Below this, 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
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.

At the bottom of the page, there are three buttons: "Submit and Pay", "Print Application/Report", and "Exit".

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 starting with https://epayment.epymtservice.com. A prominent red banner at the top reads "THIS IS A TEST SITE" and "Your Payment Will NOT be processed". Below this is a "Make a Payment" section with a "My Payment" sub-header. The form is divided into three sections: "Bureau of Assisted Living E-Licensure", "Payment Information", and "Contact Information".

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:

The screenshot shows a web browser window with a payment form. The browser's address bar contains the URL: https://epayment.epymtservice.com/main/makePayment/paymentDetails?execution=e1s1&_id=20-0-A87FD71CFD633A849FF39ECFA37DAE3. The browser's tabs include "Facility - 0009180 - SHARPIE H...", "State of Wisconsin - DHS - ...", "APIS Prod", "DQA Provider Search", "Email Search", "Dell Archive...", "HCBS Project Meeting Ro...", "HCBS Training Medicaid...", "Southern Professional Pri...", "STAR", "Suggested Sites", "UAT APIS Home", "UAT APIS Payer View", and "WCCEAL".

The form is titled "Contact Information" and "Payment Method".

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: 4144445678
Email Address: cindy.oconnell@wi.gov

Payment Method

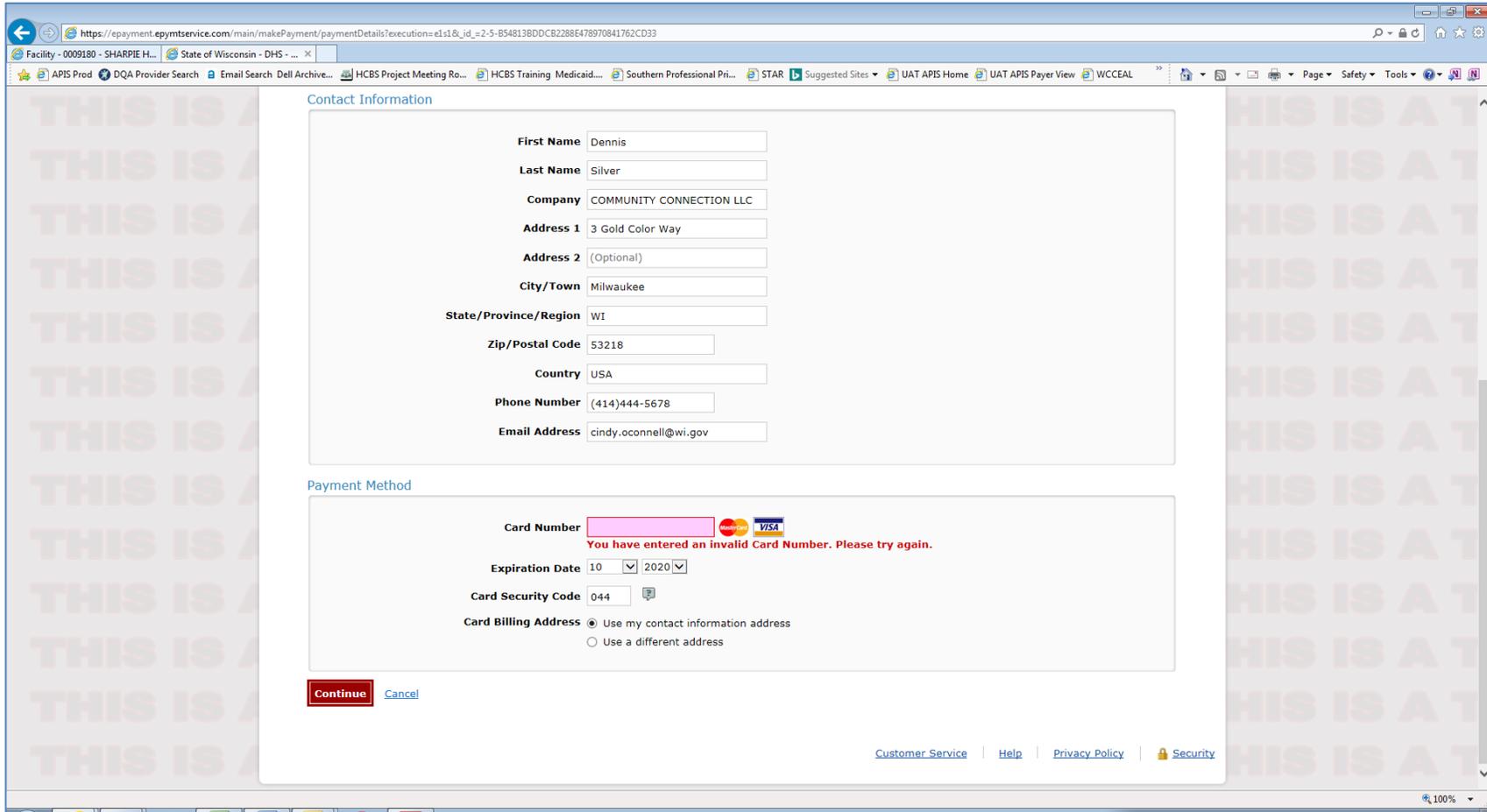
Card Number: 4127123412341234 
Expiration Date: 10 / 2020
Card Security Code: 044 
Card Billing Address: Use my contact information address
 Use a different address

Buttons: [Continue](#) [Cancel](#)

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

Browser status bar: <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 the URL https://epayment.epymtservice.com/main/makePayment/paymentDetails?execution=e1s1&_id_=2-5-8548138DDC82288E478970841762CD33. The browser tabs include "Facility - 0009180 - SHARPIE H...", "State of Wisconsin - DHS - ...", "APIS Prod", "DQA Provider Search", "Email Search - Dell Archive...", "HCBS Project Meeting Ro...", "HCBS Training - Medicaid...", "Southern Professional Pri...", "STAR", "Suggested Sites", "UAT APIS Home", "UAT APIS Payer View", and "WCCEAL".

The page content is divided into two main sections:

- Contact Information:** A form with the following fields:
 - 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:** A form with the following fields:
 - Card Number: [Redacted] (highlighted in pink with error message: "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

At the bottom of the form, there are two buttons: "Continue" (highlighted in red) and "Cancel".

At the bottom of the page, there are links for "Customer Service", "Help", "Privacy Policy", and "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.

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

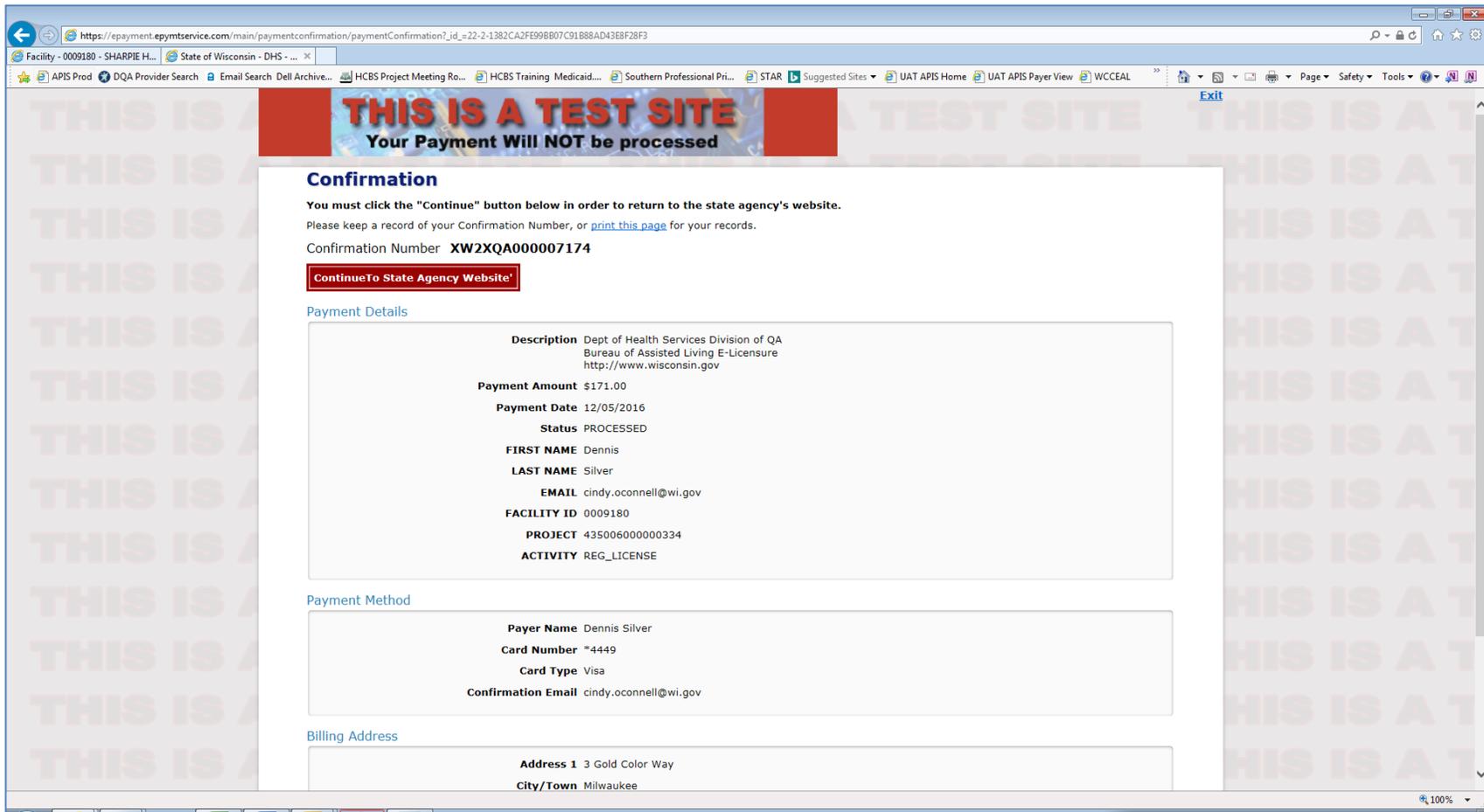
First Name Dennis
Last Name Silver
Company Community Connection LLC
Address 1 3 Gold Color Way
City/Town Milwaukee
State/Province/Region WI
Zip/Postal Code 53218
Country USA
Phone Number 4144445678
Email Address cindy.oconnell@wi.gov

[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-Licensure 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.