

Licensure/Certification Crosswalk for Assisted Living Providers

	Residential Care Apartment Complexes (RCAC)	Community-Based Residential Facilities (CBRF)	Licensed Adult Family Homes (AFH) 3-4 Beds	Certified Adult Family Homes (AFH) 1-2 Beds
Licensed or certified and oversight entities	Certified or registered and overseen by the Division of Quality Assurance (DQA)	Licensed and overseen by DQA	Licensed and overseen by DQA	Certified by an MCO, county human service agency, or the IRIS program and overseen by the Division of Medicaid Services (DMS)
State laws and standards that governs the facility type	Wis. Stat. § 50, Subchapter I Wisconsin Admin. Code Ch. DHS 89	Wis. Stat. § 50, Subchapter I Wisconsin Admin. Code Ch. DHS 83	Wis. Stat. § 50, Subchapter I Wisconsin Admin. Code Ch. DHS 88	Wisconsin Admin. Code Ch. DHS 82 Wisconsin Medicaid Standards (P-00638)
Description	<ul style="list-style-type: none"> Places where five or more adults reside that consists of independent apartments with specific criteria: <ul style="list-style-type: none"> Individual lockable entrance and exit Kitchen, including a stove Individual bathroom Sleeping area Living area Facility provides tenants with no more than 28 hours per week of 	<ul style="list-style-type: none"> Places where five or more unrelated people live together in a community setting. Services offered include room and board, supervision, support services. Up to three hours of nursing care can be given per week. These adults do not require care above intermediate-level nursing care. 	<ul style="list-style-type: none"> Places where three or four adults who aren't related to the operator reside. Individuals receive care, treatment, or services that are above the level of room and board. It may include up to seven hours per week of nursing care per resident. Wis. Stat. § 50.01(1)(b)	<ul style="list-style-type: none"> Places where one or two adults who aren't related to the operator reside. Individuals receive care, treatment, or services that are above the level of room and board. Wisconsin Medicaid Standards (P-00638)

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	<p>supportive, personal, and nursing services.</p> <ul style="list-style-type: none"> • In most cases, cannot admit tenants that are not competent. <p>Wis. Stat. § 50.01(6d)</p>	<p>Wisconsin Stat. § 50.01(1g)</p>		
Services provided above room and board	Yes	Yes	Yes	Yes
Waivers, approvals, variances, and exceptions	<p>Only variances permitted by rule may be approved. Variances of building requirements may be requested.</p> <p>See the Waivers, Approvals, Variances, and Exceptions: Assisted Living webpage</p>	<p>Providers may request a waiver, variance, or approval of a Wisconsin administrative code.</p> <p>See the Waivers, Approvals, Variances, and Exceptions: Assisted Living webpage</p>	<p>Providers may request an exception of a Wisconsin administrative code.</p> <p>See the Waivers, Approvals, Variances, and Exceptions: Assisted Living webpage</p>	<p>Providers may request an exception of a Wisconsin Medicaid Standard.</p> <p>See Article XI in the Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes</p>
Home- and Community-Based Services (HCBS) Settings Rule Requirements <i>Federal requirements that define the</i>	<ul style="list-style-type: none"> • Must ensure HCBS settings rule rights of residents who get HCBS in those settings. • Must meet these rules to be considered compliant. Only then can they provide services under the following Medicaid waiver programs: <ul style="list-style-type: none"> ○ Family Care 	<ul style="list-style-type: none"> • Must ensure HCBS settings rule rights of residents who get HCBS in those settings. • Must meet these rules to be considered compliant. Only then can they provide services under the following Medicaid waiver programs: <ul style="list-style-type: none"> ○ Family Care ○ Family Care Partnership 	<ul style="list-style-type: none"> • Must ensure HCBS settings rule rights of residents who get HCBS in those settings. • Must meet these rules to be considered compliant. Only then can they provide services under the following Medicaid waiver programs: <ul style="list-style-type: none"> ○ Family Care ○ Family Care Partnership 	<ul style="list-style-type: none"> • Must ensure HCBS settings rule rights of residents who get HCBS in those settings. • Must meet these rules to be considered compliant. Only then can they provide services under the following Medicaid waiver programs: <ul style="list-style-type: none"> ○ Family Care ○ Family Care Partnership

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<p><i>qualities of settings eligible for reimbursement for Medicaid home and community-based services.</i></p> <p><i>For more information on the HCBS settings rule, visit the HCBS webpage.</i></p>	<ul style="list-style-type: none"> Family Care Partnership IRIS (Include, Respect, I Self-Direct) Children's Long-Term Support Waiver An HCBS setting rule compliance determination does not guarantee a contract to provide long-term care services. 	<ul style="list-style-type: none"> IRIS (Include, Respect, I Self-Direct) Children's Long-Term Support Waiver An HCBS setting rule compliance determination does not guarantee a contract to provide long-term care services. 	<ul style="list-style-type: none"> IRIS (Include, Respect, I Self-Direct) Children's Long-Term Support Waiver An HCBS setting rule compliance determination does not guarantee a contract to provide long-term care services. 	<ul style="list-style-type: none"> IRIS (Include, Respect, I Self-Direct) Children's Long-Term Support Waiver Federal HCBS settings rule requirements can be found in Article IX of the Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes, P-00638 (PDF).
Building plan approval	<ul style="list-style-type: none"> If freestanding, DHS does not review and approve the plans. If attached to a CBRF, DHS 75 facility, nursing home, hospital, or hospice, then DHS must review and approve the plans. <p>Review and comply with Wisconsin Department of Safety and Professional Services (DSPS) State</p>	<p>DHS must review and approve the plans before construction.</p> <p>Review and comply with DHS 83.63 requirements and DSPS State building codes SPS 361 and SPS 366.</p>	<p>DHS does not need to review and approve the plans.</p> <p>Review and comply with DSPS State building codes SPS 361 and SPS 366.</p>	<p>DHS does not need to review and approve the plans.</p> <p>Review and comply with DSPS State building codes SPS 361 and SPS 366.</p>

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	building codes SPS 361 and SPS 366 .			
Allowable setting for Family Care or Family Care Partnership?	Yes. MCOs are not required to approve a placement in a specific setting, as those decisions are driven by a member's desired outcomes and care plan, the MCO's provider network, and other factors.	Yes. MCOs are not required to approve a placement in a specific setting, as those decisions are driven by a member's desired outcomes and care plan, the MCO's provider network, and other factors.	Yes. MCOs are not required to approve a placement in a specific setting, as those decisions are driven by a member's desired outcomes and care plan, the MCO's provider network, and other factors.	Yes. MCOs are not required to approve a placement in a specific setting, as those decisions are driven by a member's desired outcomes and care plan, the MCO's provider network, and other factors.
Allowable setting for IRIS?	Yes. The services provided IRIS participants are based on the long-term needs and goals of the individual self-directing their services, meaning there is no guarantee or requirement an individual will choose a specific living situation. The services and supports selected by the IRIS participant must fit within funding parameters of the IRIS funding model.	No	Yes. The services provided IRIS participants are based on the long-term needs and goals of the individual self-directing their services, meaning there is no guarantee or requirement an individual will choose a specific living situation. The services and supports selected by the IRIS participant must fit within funding parameters of the IRIS funding model.	Yes. The services provided IRIS participants are based on the long-term needs and goals of the individual self-directing their services, meaning there is no guarantee or requirement an individual will choose a specific living situation. The services and supports selected by the IRIS participant must fit within funding parameters of the IRIS funding model.