



Bureau of Assisted Living

Adult Family Homes Initial Licensing
February 8, 2016
1:00 p.m.





Regulations

- DHS 88 – Adult Family Home:
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88
- Chapter 50 Wisconsin Statutes:
<http://www.legis.state.wi.us/statutes/Stat0050.pdf>
- DHS 12 – Caregiver Background Checks:
http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12
- DHS 13 – Reporting and Investigation of Caregiver Misconduct:
http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/13



What is an Adult Family Home (AFH)

- A place where 3 or 4 adults not related to the operator reside and receive care, treatment or services above the level of room and board.
- Residents cannot receive more than 7 hours of nursing care per week.
- Authority for the licensing of Adult Family Homes is based in Chapter 50, Wisconsin Statutes.
- Standards for the operation of an Adult Family Home are found in Wisconsin Administrative Code Chapter DHS 88.



Client Groups DHS 88.02(34)

- Developmentally Disabled
- Advanced Age
- Alcohol/Drug Dependent
- Physically Disabled
- Persons with Traumatic Brain Injury
- Terminally Ill
- Correctional Clients
- Pregnant Women Who Need Counseling
- Persons with AIDs

Note: If you intend to serve more than one client group you will need to state in the program statement how they are compatible with each other and how their diverse needs will be met.



Wisconsin AFH Licensing Process

- Starting an AFH
 - <https://www.dhs.wisconsin.gov/regulations/afh/openingfacility.htm>



AFH Initial Licensing Checklist

https://www.dhs.wisconsin.gov/forms1/f6/f62671.pdf

Street Address City County Reviewer

A completed application includes submission of all the items in Section A, as well as review of the items by an assisted living surveyor to ensure compliance with applicable regulations.

A. A completed application contains the following:

<input type="checkbox"/>	1. Completed DQA form F-60945, <i>AFH Initial License Application</i> . Verify that the licensee is 21 years old.
<input type="checkbox"/>	2. Background check completed by Office of Caregiver Quality on the licensee and all non-residents age 10 and older
<input type="checkbox"/>	3. Floor plan with room measurements and showing the use of the rooms (no larger than 11 x 17')
<input type="checkbox"/>	4. License fee of \$171.00
<input type="checkbox"/>	5. Evidence of financial ability to operate for 60 days [DHS 88.04(3)]
<input type="checkbox"/>	6. Completed DQA form F-62674A, <i>Assisted Living Facility Model Balance Sheet</i> [DHS 88.03]
<input type="checkbox"/>	7. Copy of vehicle and home owner or renter insurance coverage [DHS 88.04(4)]
<input type="checkbox"/>	8. Copy of an program statement [DHS 88.03(2)(b)2]
<input type="checkbox"/>	9. Certificate of Completion for viewing "Starting an Adult Family Home" webcast, if you are a new provider
<input type="checkbox"/>	10. Fire evacuation plan with meeting place [DHS 88.05(4)(d)1]
<input type="checkbox"/>	11. Resident rights policy [DHS 88.10(2)]
<input type="checkbox"/>	12. Admission/service agreement [DHS 88.06(2)(c)1 – 8]
<input type="checkbox"/>	13. House rules and responsibilities
<input type="checkbox"/>	14. Resident grievance procedure [DHS 88.10(2)]
<input type="checkbox"/>	15. Well water test results, if applicable [DHS 88.05(3)(d)]
<input type="checkbox"/>	16. Furnace and chimney inspection results [DHS 88.05(3)(e)]
<input type="checkbox"/>	17. Pet vaccinations, if applicable [DHS 88.05(6)]

Done



Background Check

- Any individual applicant
 - Submit a Background Information Disclosure (BID) form and Background Information Disclosure Appendix (BID Appendix)
- Any principal officers or board members of a corporation applying for licensure who has regular, direct contact with residents
 - Submit a BID and BID Appendix
- Any non-client resident (individuals age 10 and older who are not residents but live at the facility)
 - Submit a BID and BID Appendix

Information, forms, and mailing address for the BID and BID Appendix can be found at:

<https://www.dhs.wisconsin.gov/caregiver/enity.htm>



AFH Application Form

- AFH Initial License Application:
<https://www.dhs.wisconsin.gov/forms/f0/f60945.doc>
- Licensee or designee signature is required
- A licensing fee of **\$171.00** is charged every two years. The fee is submitted with the application and made payable to "DQA."
- **LICENSING FEES ARE NOT REFUNDABLE**
- Incomplete applications are not accepted



AFH Application Form

Initial applications or Change of Ownership applications, supporting documentation and fees should be submitted to:

- Division of Quality Assurance
Attn: Licensing Associates
P.O. Box 7940
Madison, WI 53707-7940



AFH Application

Microsoft Word interface showing a document titled "60945 [Read-Only] [Compatibility Mode] - Microsoft Word".

DEPARTMENT OF HEALTH SERVICES
 Division of Quality Assurance
 F-60945 (07/2015)

STATE OF WISCONSIN
 Wis. Stat. § 50.033(2m)
 Page 1 of 4

ADULT FAMILY HOME INITIAL LICENSE APPLICATION

- Completion of this form is required by Wis. Stat. § 50.033(2m) and Wis. Admin. Code § DHS 88.03(2)(a), (b) and (4)(b). Failure to complete this form accurately may result in licensure denial and/or delay in processing.

NOTE: The licensee is responsible for notifying the Division of Quality Assurance in writing of any change in the information provided on this application.

- The following items must be submitted with this application:**
 - Program statement
 - Floor plan (w/room dimensions, exits, usage)
 - Verification of completion of AFH webcast, if a new provider
 - Fire evacuation plan
 - Proof of vehicle and home owners/renters insurance
 - Admission/service agreement
 - House rules and responsibilities
 - Resident grievance procedure
 - Assisted Living Facility Model Balance Sheet (F-62674A)
 - Resident rights policy
 - Documentation of 60-day operating funds
 - License fee (**non-refundable**); check payable to **Division of Quality Assurance**
- If you have questions regarding the completion of this form, contact the Bureau of Assisted Licensing Associates at:
dhsdqaballicensing@dhs.wisconsin.gov
 608-266-8482
- Send the completed form with required attachments to:
DHS / Division of Quality Assurance
Bureau of Assisted Living
ATTN: Licensing Associates
P.O. Box 7940
Madison, WI 53707-7940

Yes No Did you submit online or via email forms F-82064 (BID) and form F-82069 (BID Appendix), with the required fee, to the Office of Caregiver Quality? (Refer to <https://dhs.wisconsin.gov/caregiver/entity.htm>)

Yes No Does the licensee currently hold another type of license or certification?

FACILITY INFORMATION

Name – Facility				FEIN	
Street Address – Facility				City	State
			Zip Code	County	
Telephone No. – Facility		Fax No. – Facility		Email Address – Facility	

Page: 1 of 4 Words: 1,308



AFH Application

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RESIDENT INFORMATION

Total Resident Capacity All Female Ambulatory Does the adult family home have a contract with a county agency or managed care organization to serve publicly funded individuals?
 Three Four All Male Non-Ambulatory Yes No
 Both

F-60945 (07/2015) Page 2 of 4

Check the box indicating the **primary client group(s)** you are requesting to serve.

AA – Advanced age PD – Physically disabled
 ALZ – Irreversible dementia/Alzheimer's PWC – Pregnant women who need counseling
 DD – Developmentally disabled CC – Correctional clients
 MH – Emotionally disturbed / mental illness TI – Terminally ill
 ADA – Alcohol / drug dependent TBI – Traumatic brain injury

Days When Residents are NOT in the Facility (List) Hours When Residents are NOT in the Facility (List.)

LICENSEE INFORMATION (Check only one box.)

Governmental	Proprietary	Voluntary Non-Profit
<input type="checkbox"/> City	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> County	<input type="checkbox"/> Partnership	<input type="checkbox"/> Church
<input type="checkbox"/> State	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.
<input type="checkbox"/> Tribal	<input type="checkbox"/> Limited Liability Co.	

Name – Licensee [Individual or Corporation (legal entity)] Birth Date – Licensee (MM/dd/yyyy) Name – Owner or President

Mailing Address – Licensee City State Zip Code

Telephone No. – Licensee Email Address – Licensee

If the licensee currently holds another type of license or certification, identify the type of license or certification from the following list.

License Type	Certification Type	Registration Type
<input type="checkbox"/> Foster Home (children)	<input type="checkbox"/> Alcohol and Other Drug Abuse Program	<input type="checkbox"/> Residential Care Apartment Complex
<input type="checkbox"/> Group Foster Home (children)	<input type="checkbox"/> Mental Health Program	
<input type="checkbox"/> Residential Care Center for Children and Youth	<input type="checkbox"/> Adult Day Care	
<input type="checkbox"/> State Care (children)	<input type="checkbox"/> Certified Residential Care Apartment Complex	

Page: 1 of 4 Words: 1,308



AFH Application

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MONTHLY FEES

Enter the minimum and maximum **monthly fees** charged for resident care in the spaces below. Include fees paid from all sources including government, private agencies, residents, and/or resident's family.

Minimum \$ per month Maximum \$ per month

MONTHLY OPERATING EXPENSES

A current balance sheet must be submitted with this application. (See DQA form F-62674A, Assisted Living Facility Model Balance Sheet.)

Submit copies of financial documents verifying your ability to operate the facility for 60 days. This amount must be equal to or more than twice your monthly operating expenses.

All Salaries (licensee, caregivers, contract providers, etc.)	\$	<input type="text"/>
Lease or Mortgage	\$	<input type="text"/>
All Other (food, supplies, utilities, insurance, taxes, etc.)	\$	<input type="text"/>
TOTAL Monthly Expenses	\$	<input type="text"/>

If income from residents would not be adequate to pay your 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 a 60-day period.

Check all other sources of income.

Savings or other financial reserves Line of credit
 Purchase contract (county department or managed care organization) Loan
 Outside employment
 Other (Specify)

LICENSEE OWNERSHIP

The licensee owns the: Building Land Operation

NON RESIDENT INFORMATION

List below the names of all persons, age 10 and older, who live in the facility and are not a resident.

Name			Relationship to Licensee	Date of Birth (MM/dd/yyyy)
Last Name	First Name	MI		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Page: 3 of 4 Words: 1,308 100%



AFH Program Statement

DHS 88.03 (2)b(2)

- A home's program statement shall describe the **number and types of individuals** the **applicant is willing to accept into the home** and **whether the home is accessible to individuals with mobility problems**. It shall also **provide a brief description of the home, its location, the services available, who provides them and community resources available** to residents who live within the home



Fit/Qualified DHS 88.03(2)c

An applicant requesting a license shall provide any additional information requested by the licensing agency that may assist the agency in evaluating the applicant or licensee's character or qualifications. In assessing character and qualifications, the licensing agency may consider evidence of abuse or fraud, substantial or repeated violations of applicable or related statutes and rules in the licensee's operation of or employment in any service or facility serving adults or children or in the licensee's care of dependent persons, or a conviction or a pending criminal charge for a crime substantially related to caring for a dependent population or the funds or property of adults or minors or activities of the adult family home.



Fit/Qualified DHS 88

- 88.03(3)b7 Prior to issuing an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member.
- DHS 88.04(3) A licensee or license applicant, on request of the licensing agency, shall produce evidence of financial stability to permit operation of the home for at least 60 days



Balance Sheet

Browser address bar: <https://www.dhs.wisconsin.gov/forms1/f6/f62674a.pdf>

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DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
F62674A-0001 (07/08)

STATE OF WISCONSIN
Chapter SR 002(4), Vols. 08th
Page 1 of 2

MODEL BALANCE SHEET

- This form may be used when submitting a license application for an Adult Family Home (AFH), a Community Based Residential Facility (CBRF) or a Home Health Agency (HHA).
- Read instructions on page 2 before completing this form.

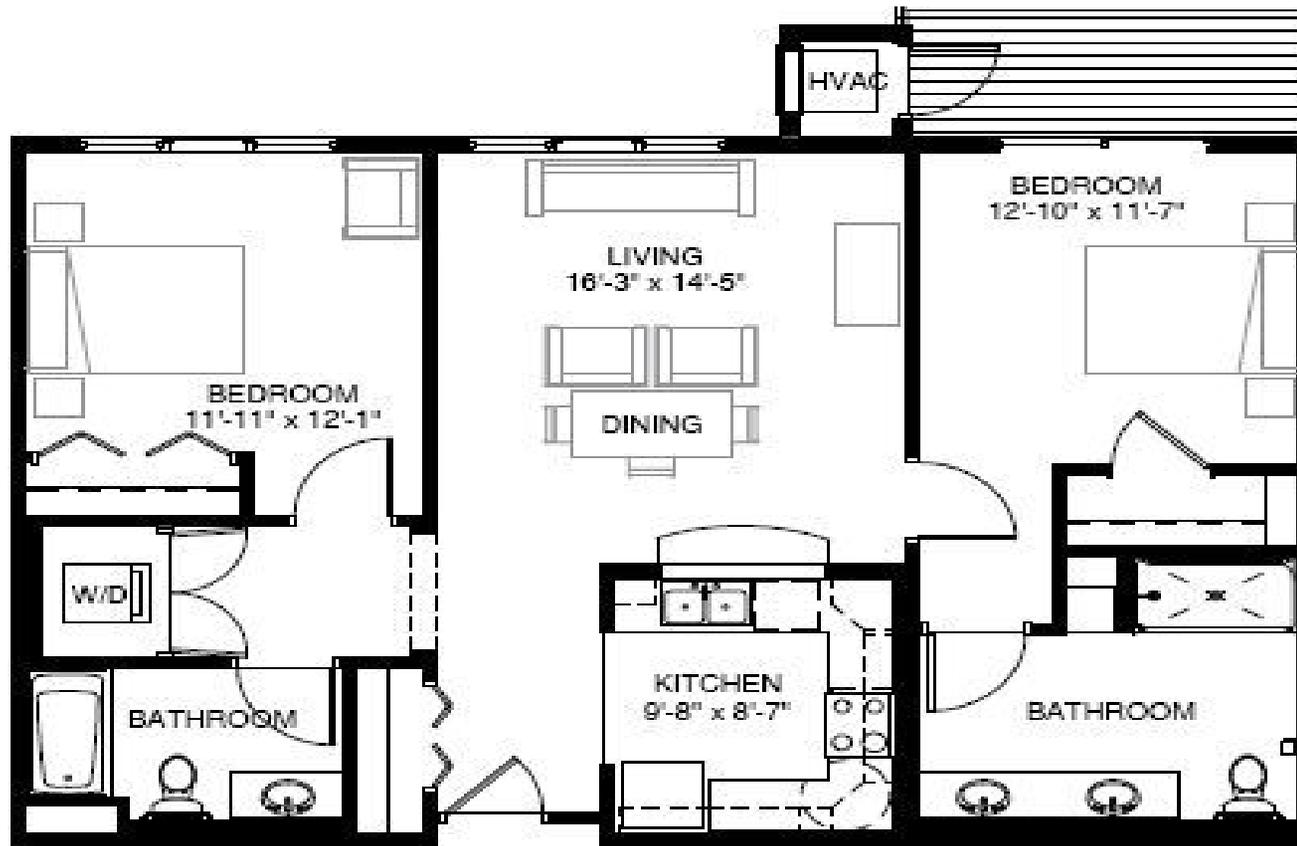
Name - Agency: _____ Date Completed: _____

Address: _____

ASSETS		LIABILITIES	
Current Assets		Current Liabilities	
Cash in Bank		Accounts Payable	
Other Short Term Investments (e.g. money market, stocks, CDs)		Loans Payable (due within 12 months)	
Prepaid Expenses		Accrued Payroll / Withholding	
Receivables		Taxes Payable	
Other (Specify)		Current Portion of Long Term Debt	
		Other (Specify)	
Total Assets (Current)		Total Liabilities (Current)	
Fixed Assets		Long Term Liabilities	
Vehicles		Loans Payable (due after 12 months) (e.g. bond, mortgage, vehicle, bank loans, etc.)	
Furniture and Equipment		Other (Specify)	
Leasehold Improvements			
Real Estate / Buildings			
Other (Specify)			
Total Assets (Fixed)		Total Liabilities (Long Term)	
TOTAL ASSETS (Current plus Fixed)		TOTAL LIABILITIES (Current plus Long Term)	
Total Assets must equal the sum total of owner's total liability and owner's equity (net worth)			
OWNER'S EQUITY (NET WORTH)		TOTAL ASSETS	
TOTAL ASSETS		TOTAL LIABILITIES	
TOTAL LIABILITIES		OWNER'S EQUITY	
OWNER'S EQUITY		TOTAL ASSETS	



AFH Floor Plan





Bedroom Sizes DHS

88.05(3)(h)5

- A resident bedroom may accommodate no more than 2 persons. A resident bedroom shall have a floor area of at least 60 square feet per resident in shared bedrooms and 80 square feet in single occupancy rooms. For a person requiring a wheelchair, the bedroom space shall be 100 square feet for that resident



Common Dining/Living Space

DHS 88.05(3)h

- The home shall have space to accommodate all household activities and members comfortably as follows:
- DHS 88.05(3)(h)1. 1. There shall be large enough common areas with sufficient furnishings so that all occupants of the home can comfortably share the space at the same time.
- DHS 88.05(3)(h)2. 2. There shall be sufficient space and equipment in the kitchen for the sanitary preparation and storage of food.
- DHS 88.05(3)(h)3. 3. The dining room or other dining area shall be large enough so that all household members may dine together.
- DHS 88.05(3)(h)4. 4. There shall be at least one bathroom with at least one sink, stool and shower or tub for every 8 household members and towel racks with sufficient space for each household member



Exiting DHS 88.05(4)c

- The first floor of the home shall have at least 2 means of exiting which provide unobstructed access to the outside.
- Exits shall be doors.



Accessibility DHS 88.05(2)

- DHS 88.05(2)(a) (a) If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:
- DHS 88.05(2)(a)1. 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.
- DHS 88.05(2)(a)2. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.



Accessibility DHS 88.05(2)

- DHS 88.05(2)(a)3. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.
- DHS 88.05(2)(b) (b) Grab bars shall be provided for toilet and bath fixtures in those bathing and toilet facilities used by residents not able to walk at all or only with difficulty, or by other residents with physical limitations that make transferring difficult.
- DHS 88.05(2)(c) (c) If any resident has either manual strength or dexterity limitations, the home shall have levered handles on all doors, bathroom water fixtures and other devices normally used by that resident if these can be replaced and if replacement is readily achievable.
- DHS 88.05(2)(d) (d) Any resident who is unable to easily negotiate stairs without assistance shall have his or her bedroom, toilet and bathing facilities and all common living areas on the first floor



Homelike DHS 88.05(1)

- **LOCATION AND ACCESS TO THE COMMUNITY.** An adult family home shall be located so that residents can easily get to community activities and supportive services by walking or by means of convenient private or public transportation, or the licensee shall ensure that residents receive the assistance necessary to enable them to get to those activities and services. The home shall be located in a residential area which is typical of residential areas in that community



Fire Safety DHS 88.05(4)

- Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by an authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.



Fire Safety DHS 88.05(4)

- DHS 88.05(4)(b)1.1. Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.
- DHS 88.05(4)(b)2. 2. The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.



Fire Safety Evacuation Plan

DHS 88.05(4)d

- DHS 88.05(4)(d)2.a.a. The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.
- DHS 88.05(4)(d)2.b. b. Each resident shall be evaluated annually for evacuation time, using the department's form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.
- DHS 88.05(4)(d)2.c. c. The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and evacuation time for each drill maintained by the home.



Admission Agreement

DHS 88.06(2)c

- Shall include the names of the parties to the agreement.
- DHS 88.06(2)(c)2. 2. The services that will be provided and a description of each.
- DHS 88.06(2)(c)3. 3. Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any.
- DHS 88.06(2)(c)4. 4. The frequency, amount, source and method of payment.
- DHS 88.06(2)(c)5. 5. The policy on refunds.
- DHS 88.06(2)(c)6. 6. How personal funds will be handled.
- DHS 88.06(2)(c)7. 7. Conditions for transfer or discharge and the assistance a licensee will provide in relocating a resident.
- DHS 88.06(2)(c)8. 8. A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any.



Grievance Procedure

DHS 88.10(5)

The grievance procedure of the adult family home shall be established in accordance with ch. [DHS 94](#). If a resident is placed or funded by a county agency, the county grievance procedure under s. [DHS 94.29](#) shall be used.



Rights of Residents

- Rights of residents living in AFHs are specified in:
 - DHS 88.10
 - DHS 94
 - Chapter 51.61, Wisconsin Statutes
 - Chapter 54, 55, 155 and 304, Wisconsin Statutes



Licensee Qualifications

- Must be at least 21 years old
- Must be physically, emotionally and mentally capable of providing care for residents
- Must be responsible, mature and of reputable character
- Must have the capacity to successfully provide care for adult residents as identified in the program statement (i.e., training, education or experience in the provision of care for vulnerable adults)



Licensee Responsibilities

- The licensee shall ensure the home and its operation comply with Chapter DHS 88 and all other laws governing the home and its operation.
- If any resident is in need of continuous care, the licensee or a service provider must be present and awake at all times.
- A copy of Chapter DHS 88 shall be in the home at all times and available for review.
- The licensee may not permit the existence of a condition in the home which places the health, safety or welfare of a resident at risk or harm.



Service Provider Qualifications

- Must be responsible, mature and of reputable character.
- Must be at least 18 years old.
- Must have the capacity to successfully provide care for residents as identified in the program statement (i.e., training, education or experience in the provision of care for vulnerable adults)

NOTE: “Service Provider” is defined in DHS 88 as a person who provides direct care or supervision of a resident of the AFH, either as an employee of the licensee or as a volunteer.



Licensee & Service Provider Required Training

- The licensee and all staff shall complete 15 hours of training related to health, safety and welfare of residents, resident rights and treatment, fire safety and first aid. This training must be completed prior to or within 6 months after employment.
- The licensee and all staff shall complete 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year.
- Training requirements for adult family home service providers and licensees and sources of training acceptable to the Department (DQA Memo 12-014):

<https://www.dhs.wisconsin.gov/dqa/memos/12-014.pdf>



Resident Assessment & Planning

- The licensee shall obtain information from a prospective resident to determine whether the person's needs can be met.
- The pre-admission assessment shall include an evaluation of the person's needs and abilities in the areas of Activities of Daily Living (ADLs), medications, health, level of supervision required and recreational and social interests.

NOTE: Activities of Daily Living include dressing, eating, bathing, grooming, toileting, mobility, ambulation and social activities.



AFH Licensing Process

- Review of application materials plus fees
- Background check completed on applicant
- Licensing visit scheduled and completed

*Notification of approval or denial of licensure will be issued within 70 days of receipt of a complete application and the onsite visit.

DENIED

APPROVED



Assisted Living Resources

- Division of Quality Assurance (DQA) Consultant List
<https://www.dhs.wisconsin.gov/regulations/consultantlist.pdf>
- Assisted Living Public Directories
<https://www.dhs.wisconsin.gov/guide/assisted-living.htm>
- DQA Numbered Memorandums
<https://www.dhs.wisconsin.gov/dqa/memos/index.htm>
- Family Care (General Information) and link to Managed Care Organizations (MCOs)
<https://www.dhs.wisconsin.gov/familycare/background.htm>
- Wisconsin Economic Development Corporation (WEDC) – Starting a Business in Wisconsin
<http://inwisconsin.com/>