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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02110D (08/2022) | | | **STATE OF WISCONSIN**  Wis. Admin. Code ch. DHS 89  Page1 of 2 | | | |
| **RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)**  **NEW PROVIDER CERTIFICATION OR REGISTRATION APPLICATION CHECKLIST** | | | | | | |
| Name – Facility | | | | | | Date *(mm/dd/yyyy)* |
|  | | | | | |  |
| Street Address | | City | | Zip Code | County | Reviewer |
|  | |  | |  |  |  |
| **A completed application includes submission of all items in sections A, B, and D, as well as a review of the items found on the Initial Survey Checklist by an assisted living surveyor to ensure compliance with applicable regulations.** | | | | | | |
| 1. **PLAN REVIEW – DOES NOT APPLY TO A CHANGE OF OWNERSHIP** | | | | | | |
| All new RCACs attached to a nursing home shall have a plan submittal (1) prepared by a design professional, (2) submitted to the Department of Health Services (DHS), and (3) reviewed prior to construction. If an existing RCAC is being considered for purchase, it is important to note that there is no transfer of certification or registration. You can access more information regarding plan review at the DHS website: <https://www.dhs.wisconsin.gov/regulations/plan-review/index.htm>. | | | | | | |
|  | 1. Plans have been prepared by a design professional to substantiate compliance with DHS administrative codes, Wisconsin Commercial Building Code, Wisconsin Uniform Dwelling Code, and/or any applicable local municipal zoning codes. | | | | | |
|  | 1. Plans have been submitted to DHS, allowing 45 working days for completion of the review. | | | | | |
|  | 1. Plans accurately identify all exits, congregate dining and living square footage areas, and exterior window opening sizes. | | | | | |
|  | 1. Facility has been inspected by DHS, Department of Safety and Professional Services (DSPS), and/or local municipality. | | | | | |
|  | 1. Owner or facility designated representative has resolved all plan review conditions and inspection concerns. | | | | | |
|  | 1. Documentation of plan reviews, inspections, and permits are available for the licensing specialist. | | | | | |
| 1. REQUIRED APPLICATION MATERIALS | | | | | | |
|  | 1. Background check completed by Office of Caregiver Quality for the certificate holder or registrant. Background checks must be completed within the same calendar year as the application. | | | | | |
|  | 1. Floor plan (no larger than 11” x 17”) with overall measurements of the apartment complex, showing floors, exits, and use of each space *[Wis. Admin. Code § DHS* *89.22]* | | | | | |
|  | 1. Diagram for each apartment configuration, showing measurements, exits, and use *[Wis. Admin. Code § DHS* *89.22(2)(b)]* | | | | | |
|  | 1. Comprehensive assessment form and procedures *[Wis. Admin. Code § DHS 89.26(1)]* | | | | | |
|  | 1. Service agreement (services, fees, policies, procedures related to admission, retention and termination *[DHS 89.27]* | | | | | |
|  | 1. Risk agreement *[Wis. Admin. Code § DHS 89.28]* | | | | | |
| ***OR*** | 1. Fire and safety inspections, as applicable *[Wis. Admin. Code § DHS 89.55(2)]*   ***For new construction or initial certification***   * Fire/safety inspections, as required by state or local authority * Occupancy permit and/or local building inspection * Final inspection by the Department of Safety and Professional Services (DSPS) or a Department of Health Services (DHS) final inspection (if attached to a CBRF, nursing home, or hospital)   ***For change of ownership or certification of existing RCAC***  Evidence of current fire inspection by state or local authority | | | | | |
|  | 1. If the facility is currently certified or registered, a letter of intent to sell by the current certificate holder or registrant/owner/operator | | | | | |
|  | 1. If applicable, documentation showing the type of business entity designated as certificate holder or registrant:  * Corporation – Articles of Incorporation and Bylaws * Limited Liability Corporation (LLC) - Articles of Organization and Operation * Limited Liability Partnership (LLP) - Partnership Agreement | | | | | |
| 1. **INITIAL SURVEY VISIT** | | | | | | |
| **Refer to the** [Residential Care Apartment Complex (RCAC) Initial Survey Checklist, F-02634C](https://www.dhs.wisconsin.gov/forms/f02634c.docx) **for a list of items to be reviewed during the initial certification survey.** **Applicant is responsible for knowing and meeting all certification requirements.** | | | | | | |
| 1. HOME AND COMMUNITY-BASED SERVICES CERTIFICATION REQUIREMENTS – ELIGIBILITY FOR MEDICAID WAIVER FUNDING | | | | | | |
| **Home and Community-Based Services Rule 42 CFR 441.301(c)4 and 441.710**  To be eligible to receive Medicaid waiver funding, please complete the [Home and Community-Based Services (HCBS) Compliance Review Request Form, F-02138](https://www.dhs.wisconsin.gov/library/f-02138.htm)  Certified RCACs may serve private pay tenants and tenants who receive public funding. Registered RCACs may serve only private pay tenants. Any RCAC wishing to establish eligibility for Medicaid waiver reimbursement must be certified.  For additional information regarding this requirement, visit the following:  <https://www.dhs.wisconsin.gov/regulations/assisted-living/hcbs.htm> | | | | | | |