

1555 North RiverCenter Drive
Suite 206
Milwaukee, Wisconsin 53212

Main: 414-223-4847
Toll-free: 1-800-777-4376
www.iCareHealthPlan.org



APPLICANT COMPLIANCE STATEMENT

Prior to a surveyor coming to the adult family home to inspect the home, the applicant must ensure each item identified below is in compliance with each requirement. The applicant is responsible for knowing and meeting all requirements.

By submitting this signed and completed form, the applicant is attesting that this facility is in substantial compliance and ready for an onsite review of regulatory compliance. Applicants who are unsure as to the compliance status of their facility are encouraged to consult an experienced professional to assist with the completion of this form. Failure to demonstrate substantial compliance with the initial, onsite visit may result in a denial of certification.

The onsite visit will not be scheduled until this signed and completed compliance document is received.

FACILITY INFORMATION

Provide the actual physical location of the facility.

Name – Facility

Street Address – Facility

City

State

Zip Code

County

DESIGNATED CONTACT

The individual named below is authorized to schedule an onsite visit for the facility.

Name – Designated Contact

Title

Telephone Number/s

Email Address

COMPLIANCE STATUS

Check that compliance with each statement below has been met.

1. Ambulatory **OR**
2. Nonambulatory - **The AFH shall be physically accessible to all individuals residing there.**
 - There are at least two exits from the home that are ramped to grade with a hard-surfaced pathway and handrails.
 - All entrance, exit, and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all have a clear opening of at least 32 inches.
 - Toilet and bathing facilities used by a resident not able to walk at all have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.
 - Grab bars are provided for toilet and bath fixtures in those bathing and toilet facilities used by residents.
 - Any resident who is not able to easily negotiate stairs without assistance from staff or an assistive device will have his or her bedroom, toilet and bathing facilities, and all common living areas on the first floor.

	<p>3. Home is safe, clean, and well-maintained, and provides a homelike environment.</p>
	<p>4. Each clothes dryer is vented with rigid metal exhaust duct.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Compliant</p> </div> <div style="text-align: center;">  <p>Non-Compliant</p> </div> </div>
	<p>5. Water temperature at all fixtures accessible to the residents is at 120 degrees F or less.</p>
	<p>6. The home is free from hazards and kept uncluttered and free of dangerous substances, insects, and rodents.</p>
	<p>7. The home has heating; hot and cold water; and electrical, plumbing, sewerage, and lighting systems that meet local building codes.</p>
	<p>Water Source (<i>Check only one of the two following boxes.</i>)</p> <p>8. The home is served by a public water utility. OR</p> <p>9. Water samples have been taken from the private well and tested, as required. A copy of the test results has been submitted to the Department.</p>
	<p>10. The facility's heating system shall be inspected as follows; with written documentation of the inspections maintained in the home.</p> <p style="padding-left: 40px;">An oil furnace shall be inspected and serviced every two (2) years by a heating contractor.</p> <p style="padding-left: 40px;">A gas furnace shall be inspected and serviced every three (3) years by a heating contract or local utility company.</p> <p style="padding-left: 40px;">The chimney shall be visually inspected by an inspector at least every three (3) years.</p>
	<p>11. There are large enough common areas with sufficient furnishings so that all occupants of the home care comfortably share the space at the same time.</p>
	<p>12. There is sufficient space and equipment in the kitchen for the sanitary preparation and storage of food.</p>
	<p>13. The dining room or other dining area is large enough so that all household members may dine together.</p>
	<p>14. There is a least one bathroom with at least one sink, stool, and show or tub for every eight household members, and towel racks with sufficient space for each household member.</p>
	<p>15. The door of each bathroom has a lock which can be opened from the outside in an emergency.</p>
	<p>16. Each resident bedroom does not accommodate more than two persons and each resident bedroom has floor area of at least 60 sq. ft. per resident in shared bedrooms, and 80 sq. ft. in single occupancy rooms. For a person requiring a wheelchair, the bedroom space is 100 sq. ft. for that resident.</p>
	<p>17. There is individual storage space in the resident's bedroom sufficient for hanging clothes and for storing clothing, toilet articles, towels, and other personal belongings.</p>
	<p>18. A resident's bedroom will not be used by anyone else to get to any other part of the home.</p>
	<p>19. Each resident's bedroom provides comfort and privacy, is enclosed by full height walls, and has a rigid door that the resident can open and close.</p>
	<p>20. All resident bedrooms, kitchens, hallways, bathroom, and corridors must have a ceiling height of seven (7) or more feet over at least 50% of the floor space within that area.</p>

	<p>21. No resident may regularly sleep in a basement bedroom or in a bedroom above the second floor of a single-family dwelling unless there are two (2) exits to the grade from that floor level i.e., an egress window.</p>
	<p>22. Resident bedrooms must be provided with natural light by means of glazed window openings equal to at least 8% of the room's net floor space within that area.</p>
	<p>23. The home has clean, functioning, and safe household items and furnishings, including the following;</p> <p style="padding-left: 40px;">A separate bed for each resident, unless a couple chooses to share a bed. The bed shall be clean, in good condition, and of proper size and height for the comfort of the resident.</p> <p style="padding-left: 40px;">Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover.</p>
	<p>24. The home will not be used for any business purpose that regularly brings customers to the home in a way that adversely affects resident's privacy.</p>
	<p>25. Fire extinguishers: There is a fire extinguisher on each floor of the adult family home.</p> <p style="padding-left: 40px;">Each fire extinguisher has a minimum 2A, 10-B-C-rating.</p> <p style="padding-left: 40px;">All fire extinguishers are mounted.</p> <p style="padding-left: 40px;">A fire extinguisher is located 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.</p>
	<p>26. Smoke detectors: Every smoke detector in the Adult Family Home is a single station, battery operated, electrically interconnected, or radio signal emitting smoke detector.</p> <p style="padding-left: 40px;">Each smoke detector is in working condition.</p> <p style="padding-left: 40px;">There is a smoke detector located in each habitable room except the kitchen and bathroom and, specifically, in the following locations;</p> <ul style="list-style-type: none"> 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 In each office and non-resident working or living quarters
	<p>27. The first floor of the home has at least two (2) exit doors which provide unobstructed access to the outside.</p> <p style="padding-left: 40px;">Door hardware that prevents exiting from the inside while locked, is considered an obstruction. (Obstructions include dead bolts, keyed locks, chain locks, security bars, sliding bolts, hook and eye, and door locksets that must be turned before turning the door handle will open the door.)</p> <p style="padding-left: 40px;">Overhead garage doors may not be used as exit doors to the outside.</p> <p style="padding-left: 40px;">Provide lockable key entry doors on all resident rooms and individual keys to all residents.</p>
	<p>28. Fire Safety Evacuation Plan: A written plan for the immediate and safe evacuation to include a diagram of the evacuation plan posted by each exit is readily available in the home. The plan identifies an external meeting place in the event of an emergency evacuation.</p>

	<p>Pets (<i>Check only one.</i>)</p> <p>29. At the present time, there will not be any pets allowed on the premises that require a rabies vaccination. OR</p> <p>30. There is currently a cat, dog, and/or other pet vulnerable to rabies that will be allowed on the premises. The pet(s) has been vaccinated as required under local ordinance and documentation of the vaccination record for each pet is maintained onsite.</p>
	<p>31. If House Rules are used to identify expectations and household responsibilities, these are readily available to all occupants of the home.</p>
	<p>32. The medication storage area is locked.</p>
	<p>33. Resident record-keeping system(s) are in place, and a sample resident record is onsite and ready for review.</p>
	<p>34. Employee record-keeping system(s) are in place, and a sample employee record is onsite and ready for review.</p>
	<p>35. A copy of Resident's Rights in an adult family home is onsite and readily available to any individual being admitted and that person's family members or representatives.</p>
	<p>36. A copy of the adult family home's Grievance Procedure is onsite and readily available to any individual being admitted and that person's family members or representatives.</p>

ELIGIBILITY FOR PUBLIC FUNDING

Compliance with the following criteria is required before providing services to individuals who receive public funding (such as county, IRIS, or Family Care contracts).

Eligibility criteria have been established by: The Centers for Medicare & Medicaid Services (CMS) Home and Community-Based Services Requirements (HCBS) 42 CFR § 441.301© and § 441.710

In 2014, CMS released new federal requirements for home and community-based settings. Under the new requirements, the Wisconsin Department of Health Services (DHS) must ensure that residential providers meet the HCBS setting requirements.

Beginning July 1, 2017, facilities seeking eligibility to serve individuals receiving Medicare funding must demonstrate compliance with CMS and HCBS settings rule during the onsite survey. For additional information regarding this requirement, visit the following websites: <https://www.dhs.wisconsin.gov/hcbs/fag.htm> and <https://www.medicaid.gov/medicaid/hcbs/>.

Failure to be identified as HCBS-compliant during the initial onsite licensing visit may significantly delay the facility's ability to admit individuals receiving Medicaid waiver funding.

Being identified as HCBS compliant does not guarantee a contract to provide services for individuals receiving Medicaid funding.

HCBS COMPLIANCE – MUST MEET ALL SETTING REQUIREMENTS

Check the statements below showing that HCBS compliance is met

This facility is integrated into, and supports full access to, the greater community. The facility's program statement, admission procedures, resident's rights policy, house rules, grievance procedures, and all other policies and practices support HCBS requirements, including the following:

- All residents are provided with a signed lease or other legally enforceable admission or service agreement that provides protection from eviction.
- Regardless of position, all facility employees have documented initial and ongoing training in resident rights.
- All residents have privacy in their unit (bedroom or apartment), including:
 - Lockable bedroom doors
 - Choice of room
 - Freedom to furnish or decorate their space

- All residents are afforded autonomy, including independent choices related to:
 - Daily schedule of activities
 - Visitors
 - Access to food and/or food preparation
 - Access to laundry facilities, as appropriate
 - Access to personal belongings and funds, as requested
- Any modification to these requirements is supported by a specific, assessed need and justified in the member of person-centered service plan.

ATTESTATION

The signatory of this document is duly authorized by the applicant/licensee to sign this agreement on its behalf. The applicant / licensee hereby accepts responsibility for knowing and ensuring compliance with all licensing and operational requirements for this facility.

*I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge.
I understand that any misrepresentation of the facts may result in denial of certification or licensure.*

Signature (in full) – Applicant or Designee	Date Signed
Name – Applicant or Designee (Print or type)	Title/Position (must be Owner or Board member)

1555 North RiverCenter Drive
 Suite 206
 Milwaukee, Wisconsin 53212



**FIT AND QUALIFIED
 CERTIFICATION REQUEST OF
 1-2 BED AFH**

Main: 414-223-4847
 Toll-free: 1-800-777-4376
 www.iCareHealthPlan.org

Name – Facility		Name – Sponsor/Operator	
Street Address			
City	State	Zip Code	
<ul style="list-style-type: none"> • Completion of this form is required. • Failure to complete this form completely and accurately may result in certification denial and/or delay in processing. • Email or Fax this completed form with the items listed below to: NetDev@iCareHealthPlan.org or 414-272-5618. • If you have questions regarding the completion of this form, please contact the Network Development Contract Specialist that you are assigned. 			
<ul style="list-style-type: none"> • THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION FORM: <ul style="list-style-type: none"> ○ Model Balance Sheet, or equivalent. ○ Copy of lease with acknowledgement of business operation, if applicable. 			
I. OWNERSHIP			
1. The sponsor/operator owns the Building:		Yes	No
2. W-9 Type (check one) Individual/Sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate Limited liability company Other – <i>Specify</i> :			
3. If someone other than the sponsor/operator has ownership in the building, complete questions 4, 5 & 6 below in section I. If not, move to II. CREDITORS/1.			
4. Owner of Building: Name – Address – City, State, Zip -			

5. Owner Type (check **one**. Do not Check "Government – State" unless facility will be owned and operated by a State Agency.)

Church

Government – County

Government – State

Tribal

Other – *Specify:*

6. Copy of Lease with acknowledgement of business operation. Yes No

II. CREDITORS

1. List the names, principal business addresses, telephone numbers, and type and extent of obligation, in dollars, for all Creditors hold a security interest in the premises, whether the land or building. Include any Mortgage, Note, Deed or Trust, or other obligation secured in whole or in part by the land on which, or building in which, the facility is located. Attach additional pages if necessary.

a.	Name – Individual, Partnership, Corporation, etc.			
	Address – Street/PO Box	City	State	Zip Code
	Telephone number	Type of Obligation	Extent of Obligation	

b.	Name – Individual, Partnership, Corporation, etc.			
	Address – Street/PO Box	City	State	Zip Code
	Telephone number	Type of Obligation	Extent of Obligation	

III. FIT AND QUALIFIED

The following information will be used to determine if the applicant meets the Fit and Qualified requirements under Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes (AFH).

1. Do you presently have or intend to apply for another type of license, certification, or registration at this location?
 Current Future No *If "Current" or "Future," check below all that apply.*

License or Certification Type

Adult family home (3-4 Bed)

Community-based residential facility

Other – *Specify:*

IV. FINANCIAL INFORMATION

1. Has the sponsor/operator ever been adjudicated bankrupt? Yes No
If "Yes," provide full details on a separate page, including dates, court, and the disposition of each matter.

2. Are there any unsatisfied judgments against the sponsor/operator? <i>If "Yes" list all judgements on a separate page, listing names and addresses of creditors, amounts, and reasons for non-payment.</i>	Yes	No
3. Does the sponsor/operator owe any debts that are 90-days or more past due? <i>If "Yes," list all debts 90-days past due on a separate page, listing the names and addresses of creditors, amounts, and reasons for non-payment.</i>	Yes	No
4. Are any liens filed against the sponsor/operator or the sponsor/operator's property? <i>If "Yes," indicate on a separate page who filed the lien(s), where filed, when filed, and amount of lien.</i>	Yes	No
5. Operating Expenses – Complete the "Model Balance Sheet," or equivalent and return a copy with this form.		
6. Evidence of 30-Days Projected Operating Funds in Reserve.		
Total Monthly Expenses	\$	
Total Value of Monthly Public Contracts	\$	
TOTAL Operating Funds Needed in Reserve	\$	
Submit copies of financial documents from other sources of funds or income that may be used to continue the operation of the facility for 30-days based on the above value. If using income from another individual, provide proof of income with certified documentation from the individual indicating permission to use in operating this facility.		
NOTE: Child support may not be used as income to operate a facility.		
Check all sources of funds or income that apply Savings or Other Financial Reserve Line of Credit Loan Outside Employment Other – <i>Specify:</i>		
I attest to having a minimum of 30-days operating funds for each individual facility under this legal entity. Has available sufficient financial reserves to operate the home and meet the needs of all residents and household members for whom the sponsor is financially responsible for a period of at least 30-days. Yes No		
7. Balance Sheet a. Calculate "current ratio" as a measure of financial strength based on values from your balance sheet. A generally acceptable ratio is 2: 1. The minimum acceptable ratio is 1: 1 Your Current Ratio (Total Current Assets + Total Current Liabilities = Current Ratio): _____ b. Submit Model Balance Sheet or DQA form F-62674A, Assisted Living Model Balance Sheet.		
THE SPONSOR/OPERATOR IS RESPONSIBLE FOR NOTIFYING iCARE, IN WRITING, OF ANY CHANGES IN THE INFORMATION PROVIDED ON THIS APPLICATION.		
SIGNATURE (in full) – Sponsor/Operator or Designee		Date Signed
Name – Sponsor/Operator or Designee (Print or Type)		Title/Position

MODEL BALANCE SHEET

This Balance Sheet is used when submitting a Certification Application for a 1-2 Bed AFH. The Model Balance Sheet is suggested form; however, **the same basic information is required** when using another format. Other Balance Sheet formats containing the required information will be accepted.

A. What is a balance sheet? What is it used for?

A **balance sheet** is a financial "snapshot" of you and your business at a given date in time. The balance sheet provides information on what you or your business own (**assets**), what you or your business owe (**liabilities**), and your net worth or value of the business (**equity**). The term "Balance sheet" is derived from the fact that these accounts must always be in balance. Assets must always equal the sum of liabilities and equity. By analyzing your balance sheet, one can assess your financial status and examine the following:

- Can you or your business meet short term obligations?
- Can you or your business pay all current and long term debts as they come due?
- Are you or your business overly indebted, i.e., do our liabilities exceed your assets?

B. Terms

1. **Current Assets** are assets that are usually converted to cash within one year. They include, but are not limited to:
 - Cash - on hand and/or on deposit and is available.
 - Short Term Investments - Generally converted easily into cash, e.g., money market funds, U.S. Government securities.
 - Receivables - Money that customers owe to you or your business
 - Prepaid Expenses - items like insurance premiums or rentals which you have already paid but have not yet been "used."
2. **Fixed Assets** are tangible assets with a useful life greater than one (1) year.
 - Vehicles
 - Furniture and Equipment
 - Leasehold Improvements - improvements on a lease asset that increase the value of the asset.
 - Land
 - Buildings
3. **Total Assets** is the sum total dollar value of current and fixed assets.
4. **Current Liabilities** are those obligations that are usually paid within twelve (12) months. They include, but are not limited to:
 - Accounts Payable
 - Taxes Payable
 - Loans Payable (due within one (1) year)
 - Current Portion of Long Term Debt
 - Accrued Payroll and Withholding (includes any wages or withholdings owed to or for employees that have not yet been paid)
5. **Long Term Liabilities** are any debts owed that are due more than one (1) year out from the current date, including loans payable, e.g., mortgage, vehicle loan, bank loan.
6. **Total Liabilities** is the sum total dollar value of current and long term liabilities.
7. **Owner's Equity** is the amount left when you subtract total liabilities from total assets.

Examples:

Total Assets	\$100,000		Total Assets	\$60,000
Total Liabilities	<u>(\$50,000)</u>	OR	Total Liabilities	<u>(\$75,000)</u>
Owner's Equity	50,000 (+)		Owner's Equity	15,000 (-)

C. Total Assets must equal the sum total of owners' total liabilities and owner's equity (net worth). Examples:

Total Liabilities	\$50,000		Total Liabilities	\$75,000
Owner's Equity	<u>\$50,000</u>	OR	Owner's Equity	<u>(\$15,000)</u>
Owner's Equity	\$100,000		Owner's Equity	\$60,000