Date: February 17, 1997

DSL-BQA-97-004
CBRF 2

To: Community-Based Residential Facilities

From: Judy Fryback, Director
Bureau of Quality Assurance

CBRF Forms/Information

In this mailing we are providing:

- A copy of the forms that must be completed by each CBRF.
- Information about the license renewal application; and
- Responses to the questions submitted during the CBRF training sessions held between October and December 1996.

FORMS

During the CBRF Provider training sessions, staff from the Bureau of Quality Assurance informed you that a copy of all provider forms would be mailed when they were final. The forms are now final and a copy of each of the following is enclosed:

DSL-2371 - INDIVIDUAL SERVICE PLAN (ISP). This is a new form and is a "model form. This form may be used to comply with components of HFS 83.32.

DSL-923 - STATEMENT OF FINANCIAL CONDITION OF A PROSPECTIVE RESIDENT OF A COMMUNITY BASED RESIDENTIAL FACILITY. Required by s.50.035(7), Wis. Stats. This form must be used for all prospective private pay residents and must be completed before a resident is initially admitted to a CBRF. Admission of a private pay resident to a CBRF is prohibited without completion of this form.

DSL-2370 - SIGNIFICANT CHANGE IN HEALTH SCREENING INSTRUMENT. This is a new form and is required by HFS 83.32(2)(a)1. Failure to complete this form could result in a finding of non-compliance.

DSL-2372 - COMMUNITY BASED RESIDENTIAL CARE FACILITY (CBRF) RESIDENT SATISFACTION EVALUATION. This is a new form and is required by HFS 83.32(2)(c)1. This form is to be completed within 30 days prior to the resident's annual evaluation.

DSL-2369 - WAIVER OF HOSPICE OR HOME HEALTH SERVICES BY A TERMINALLY ILL CBRF RESIDENT. This is a new form required by HFS 83.34(2)(a)2. Use of this form is voluntary, and is completed by the terminally ill resident or the resident's guardian or agent and the resident's designated representative.

DSL-2373 - RESIDENT EVACUATION ASSESSMENT. This is a revised form and is required by HFS 83.42(2)(a). This form is to be completed within 3 days of admission and must be retained in the resident's record. Failure to complete this form could result in a finding of non-compliance.

DSL-795 - FIRE INSPECTION COMMUNITY BASED RESIDENTIAL FACILITY (CBRF). This is a revised form and is required by HFS 83.42(6)(a) and (b). Completion of this form, as well as other forms required by the local fire authority, is required for an annual inspection to determine compliance with fire safety requirements.

The Bureau will not be providing additional forms to your facility; therefore, you may duplicate these forms as you need them. Note: The Bureau may revise these forms based on provider feedback. If you have comments or suggestions, please send them to the appropriate regional office listed below.

INFORMATION

LICENSE RENEWAL PROCESS - The process will remain the same, but the application form has changed. The BQA regional office will send you a letter with the new application attached. You will be responsible for completing the application and submitting it with the license fee. The licensee is responsible for notifying the Bureau of Quality Assurance, in writing of any changes to the information provided on the original or previous renewal license application.

MAIL SERVICE - All documents sent from the Bureau of Quality Assurance will be sent to the address that was listed as the legal mailing address on the CBRF License Application. The licensee is responsible for notifying the Bureau of Quality Assurance, in writing, of any changes in the legal mailing address.

If you have any questions concerning any of the above information, please contact your Regional Field Operations Director listed below:

Southern Regional Office 3514 Memorial Drive Madison, WI 53704 FAX: (608) 243-2389	Phyllis Tschumper, RFOD	(608) 243-2374
Southeastern Regional Office 819 N. 6th St., Rm. 875 Milwaukee, WI 53203-1606 FAX: (414) 227-4139	Tony Oberbrunner, RFOD	(414) 227-4908
Northeastern Regional Office 200 N. Jefferson St., Suite 211 Green Bay, WI 54301 FAX: (608) 243-2389	Pat Benesh, RFOD	(414) 448-52459
Northern Regional Office 1853 N. Stevens Street Rhinelander, WI 54951 FAX: (715) 836-2535	Joe Bronner, RFOD	(715) 836-3032
Western Regional Office 312 South Barstow St., Suite #1 Eau Claire, WI 54701-3667 FAX: (715) 836-2535	Charlie Kirk, RFOD	(715) 836-4753

JF/CR/jh 97004cr.jf