

Wisconsin

	Phone
Agency Department of Health Services, Division of Quality Assurance, Bureau of Assisted Living	(608) 266-8598
Contact Alfred C. Johnson	(608) 266-8598
E-mail Alfred.Johnson@dhs.wisconsin.gov	
Web Site https://www.dhs.wisconsin.gov/regulations/health-residential.htm	

Licensure Term Community-based Residential Facilities, Residential Care Apartment Complexes, and Adult Family Homes

Opening Statement Wisconsin has three types of regulated residential assisted living providers: community-based residential facilities (CBRF), residential care apartment complexes (RCAC), and adult family homes (AFH). Assisted living facilities are designed to provide residential environments that enhance independence to the extent possible and are the least restrictive of each resident's freedom. Regulatory oversight is provided by the Bureau of Assisted Living, within the Division of Quality Assurance.

Legislative and Regulatory Update Updates were made to the governing statutes and regulations in 2011 and 2012. There are no recent legislative or regulatory updates affecting assisted living. The state revised the initial licensing and certification process for state-regulated assisted living providers in July of 2017.

Definition CBRF: Provides care, treatment, and other services to five or more unrelated adults who need supportive or protective services or supervision because they cannot or do not wish to live independently yet do not need the services of a nursing home or a hospital. CBRFs are limited to those who do not require care above intermediate nursing care or more than three hours of nursing care per week, unless there is a waiver approved by the department. CBRFs provide a living environment that is as homelike as possible and is the least restrictive of each person's freedom and is compatible with the person's need for care and services. Residents are encouraged to move toward functional independence in daily living or to continue functioning independently to the extent possible.

CBRF licensing categories are based on the number of residents, the residents' level of ambulation and ability to evacuate based on level of ambulation and mental capability to respond to a fire alarm.

RCAC: Provides each tenant with an independent apartment in a setting that is homelike and residential in character; makes available personal, supportive, and nursing services that are appropriate to the needs, abilities, and preferences of individual tenants; and operates in a manner that protects tenants' rights, respects tenant privacy, enhances tenant self-reliance, and supports tenant autonomy in decision-making, including the right to accept risk. RCACs consist of five or more independent apartments, each of which has an individual, lockable entrance and exit; a kitchen, including a stove or microwave oven; and individual bathroom, sleeping, and living areas. RCACs may provide residents up to a combined 28 hours per week of personal, supportive, and nursing services. RCACs cannot admit individuals who are under a guardianship, have an active power of attorney for health care, or have been found to be incapable of recognizing danger, summoning assistance, expressing need or making care decisions, unless the person being admitted shares an apartment with a competent spouse or other persons who has legal responsibility for the individual.

RCACs are not licensed, and are either certified or registered. Certified RCACs are able to accept public funding and are inspected every two years in addition to complaints being investigated. Registered RCACs may only accept private pay tenants and are not inspected, but complaints are investigated.

AFH: Private residence in which care and maintenance above the level of room and board, but not including nursing care, are provided primarily to physically or developmentally disabled adults. AFHs that have three or four adults not related to the licensee are regulated by the Department of Health Services Division of Quality Assurance, while one- and two-bed AFHs are regulated by individual county Human Services Departments. Residents at AFHs receive care, treatment, or services above the level of room and board. No more than seven hours per week of nursing care may be provided. Residents are defined as adults unrelated to the licensee who live and sleep in the home and receive care, treatment, or services in addition to room and board.

Disclosure Items

CBRF: Requires a Program Statement that discloses to each person seeking placement or to the person's legal representative—among other items—facility contact; employee availability, including 24-hour staffing patterns and the availability of a licensed nurse, if any; resident capacity; client group served; a complete description of the program goals and services consistent with the needs of residents;

and limitations of services, including the criteria for determining who may reside in an CBRF. The program statement must be available to employees, residents, and any other person upon request.

RCAC: Requires a services agreement that discloses to each of its tenants the services provided, the fees, and the facility policy and procedures.

AFH: Requires a Program Statement that discloses to the licensing agency the number and type of individuals that the applicant is willing to accept and whether the home is accessible to individuals with mobility problems. It will also provide a brief description of the home, its location, services available and who provides them, and community resources available. A service agreement is required to disclose to each person to be admitted to the home, except a person being admitted for respite care. The service agreement must specify, among other things: services that will be provided; charges for room, board, services, other applicable expenses and the security deposit, if any; and conditions for transfer or discharge.

Facility Scope of Care

CBRF: Provides general services, client-specific services, and medication administration and assistance. General services include supervision, information and referral, leisure time activities, transportation, and health monitoring. Client-group-specific services include personal care, activity programming for persons with dementia, independent living skills, communication skills, and up to three hours of nursing care per week (unless hospice is involved).

RCAC: Provides services that are sufficient and qualified to meet the care needs identified in the tenant service agreements, meets unscheduled care needs of its tenants, and makes emergency services available 24 hours per day. Facilities may provide: (1) supportive services, including meals, housekeeping, and access to medical services; (2) personal services, including assistance with all activities of daily living (ADLs); and (3) nursing services, including health monitoring and medication administration.

AFH: Provides supportive and personal care services to individuals who are defined as having one or more of the following disabilities, conditions, or statuses: a functional impairment that commonly accompanies advanced age or irreversible dementia such as Alzheimer's disease; a developmental disability; an emotional disturbance or mental illness; alcoholism; a physical disability; pregnant women who need counseling services; a diagnosis of terminal illness; or AIDS.

Third Party Scope of Care

CBRF: May provide or contract for services. Residents may enter into contracts with outside providers as long as the contract agency complies with facility policies and procedures.

RCAC: May contract for the services it is required to provide. Residents may contract for additional services not included in the service agreement, as long as the tenant informs the facility, complies with applicable facility policies and procedures, and agrees to have the arrangement reflected in the risk agreement.

AFH: A resident may contract with outside agencies to provide services to meet needs that are identified in the assessment and individual service plan.

Admission and Retention Policy

CBRF: Must ensure that residents of different ages, development levels, or behavior patterns, as identified in their assessment and individual service plans, are compatible and meet the license classification of the facility. Facilities may not admit persons who are: (1) confined to bed; (2) destructive to property or self; (3) are physically or mentally abusive to others, unless the facility has sufficient resources to care for such an individual and is able to protect the resident and others; (4) have physical, mental, psychiatric, or social needs that are not compatible with the CBRF client group or with the care, treatment, or services offered by the CBRF; and (5) present an imminent risk of serious harm to the health or safety of the resident, other residents, or employees, as documented in the resident's record. Persons requiring more than three hours of nursing care per week or restraints may be admitted only if the licensing authority is satisfied that granting a waiver will meet the best interests of the resident or potential resident. Residents may not be involuntarily discharged without 30 days' notice and have appeal rights.

RCAC: Unless residents are admitted to share an apartment with a competent spouse or other person who has legal responsibility, facilities may not admit persons who: (1) have a court determination of incompetence and are subject to guardianship; (2) have an activated power of attorney for health care; or (3) have been found by a physician or psychologist to be incapable of recognizing danger, summoning assistance, expressing need, or making care decisions. Facilities may discharge residents for the following reasons, among others: (1) their needs cannot be met at the facility's level of services; (2) the time required to provide services to the tenant exceeds 28 hours per week; (3) their condition requires the immediate availability of a nurse 24 hours per day; (4) their behavior poses an immediate threat to the health or safety of self or others;

(5) they refuse to cooperate in a physical examination; fees have not been paid; or (6) they refuse to enter into a negotiated risk agreement.

AFH: New residents must have a health screening within 90 days prior to admission or within seven days after admission. The facility is required to have a service agreement with each resident that specifies, among other things; the names of the parties to the agreement; services that will be provided and a description of each; charges for room and board and services and any other fees; a method for paying fees; and conditions for transfer or discharge and how the facility will assist in the relocation. A facility may terminate a resident's placement upon 30-day notice to the resident, the resident's guardian, if any, the service coordinator, and the placing agency. The 30-day notification is not required for an emergency termination necessary to prevent harm to the resident or other household members.

Resident Assessment

CBRF: Prior to admission, each person is assessed to identify needs and abilities. Based on the assessment, an individualized service plan is developed.

RCAC: A comprehensive assessment is performed with the active participation of the prospective resident prior to admission. Regulations identify components of the assessment but do not specify the format for the assessment.

AFH: Within 30 days of admission a written assessment and individual service plan are completed for each resident. The assessment identifies the person's needs and abilities. Although the assessment is required, the format is developed by each facility.

Medication Management

CBRF: Medication administration and management are performed by licensed nurses or pharmacists unless medications are packaged by unit dose. All direct-care staff and administrative personnel must complete an eight-hour approved medication administration and management course.

RCAC: Medication administration and management must be performed by a nurse or a pharmacist or as a delegated task under the supervision of a nurse or pharmacist.

AFH: All prescription medications must be securely stored in the original container. Before a licensee or service provider dispenses or administers medication to a resident, the licensee must obtain a written order from the prescribing physician. The order must specify

who by name or position is permitted to administer the medication and under what circumstances the medication is to be administered.

Square Feet Requirements

CBRF: Minimum sleeping room size is 60 to 100 square feet depending on the license classification (ambulatory, semi-ambulatory or non-ambulatory), existing vs. new construction, and single vs. private occupancy.

RCAC: All resident units must be independent with lockable entrances/exits and provide a minimum of 250 square feet of interior floor space, excluding closets. They must meet building codes required for multi-family dwellings.

AFH: There must be at least 60 square feet per person in a shared bedroom and 80 square feet in a single occupancy room. For a person in a wheelchair, the bedroom space is 100 square feet.

Residents Allowed Per Room

CBRF: Resident bedrooms in a CBRF shall accommodate no more than two residents.

RCAC: A maximum of two residents is allowed per unit (limited to a spouse or a roommate chosen at the initiative of the tenant).

AFH: A maximum of two residents is allowed per room.

Bathroom Requirements

CBRF: Each CBRF must have at least one toilet, sink, and tub or shower for 10 residents.

RCAC: Each apartment must have a bathroom that has floor-to-ceiling walls, a door, a toilet, a sink, and a bathtub or shower.

AFH: There must be at least one bathroom with at least one sink, toilet, shower or tub for every eight household members and towel racks with sufficient space for each household member. The door of each bathroom shall have a lock that can be opened from outside in an emergency. Toilet and bathing facilities used by a resident not able to walk must have enough space to provide a turning radius for a wheelchair. Grab bars must be provided for toilet and bath facilities. If any resident has limited manual dexterity, the home shall have levered handles on all doors.

Life Safety

CBRF: Must determine the evacuation ability of each resident, develop an emergency plan, be inspected by the local fire authority, maintain a minimum of two exits, maintain a fire extinguisher on each floor, and have an interconnected smoke and heat detection system. Based on the type of residents the facility serves and the residents' ability to evacuate the facility, other fire safety

requirements may be required. The additional requirements include: an externally monitored smoke detection system, vertical smoke separation between floors, a sprinkler system, and 24-hour awake staff.

RCAC: Must comply with Wisconsin Department of Safety and Professional Services codes for multifamily dwellings and with local fire and building codes.

AFH: Must be equipped with one or more fire extinguisher and one or more single station smoke detector on each floor. Smoke detectors are required in each habitable room except kitchens and bathrooms and are also required in other specific locations. The first floor of the home must have at least two means of exiting. The licensee must have a written evacuation plan and conduct semi-annual fire drills.

**Unit and Staffing
Requirements for
Serving Persons
with Dementia**

CBRF: Must identify the client group(s) it can serve. Two categories of client groups are persons with functional impairments that commonly accompany advanced age and persons with irreversible dementia such as Alzheimer's. A full description of residents' special needs and how those needs will be met are provided as part of the licensing process. Structured activity programming must be integrated into the daily routines of residents with irreversible dementia.

If a facility serves persons with dementia, staff must receive training within 90 days of employment. This training is specific to the client groups served by the CBRF and includes, but is not limited to: the characteristics of the client group served by the facility such as group members' physical, social, and mental health needs; specific medications or treatments needed by the residents; program services needed by the residents; meeting the needs of persons with a dual diagnosis; and maintaining or increasing social participation, self-direction, self-care, and vocational abilities.

RCAC: None specified.

AFH: Must identify the types of individuals it is willing to serve. Two categories of types of individuals are persons with functional impairments that commonly accompany advanced age and persons with irreversible dementia such as Alzheimer's disease. As part of the licensing process, the proposed AFH must develop a program statement that describes the number and types of individuals the applicant is willing to accept and how the entity will meet the needs of the residents.

Staffing Requirements

CBRF: The ratio of staff to residents must be adequate to meet the needs of residents as defined in their assessments and individual service plans. At least one qualified resident care staff person shall be in the facility when one or more residents are in the facility. Staffing ratios vary based on the residents' ability to evacuate during an emergency and their care needs. There must be awake staff at night in facilities with one or more residents requiring continuous care.

RCAC: Staffing must be adequate to provide all services identified in the residents' service agreements. A designated service manager must be available on short notice.

AFH: The licensee or service provider must have a sufficient number of staff to meet the needs of the residents. Additionally, the licensee or service provider must be present and awake at all times if any resident is in need of continuous care. Residents have the right to prompt and adequate treatment.

**Administrator
Education/Training**

CBRF: The administrator of a CBRF shall be at least 21 years of age and exhibit the capacity to respond to the needs of the residents and manage the complexity of the CBRF. The administrator shall have any one of the following qualifications:

- (1) An associate degree or higher from an accredited college in a health care related field;
- (2) A bachelor's degree in a field other than in health care from an accredited college and one year of experience working in a health care related field having direct contact with one or more of the client groups identified under s. DHS 83.02 (16);
- (3) A bachelor's degree in a field other than in health care from an accredited college and have successfully completed a department-approved assisted living administrator's training course;
- (4) At least two years of experience working in a health care related field having direct contact with one or more of the client groups identified under s. DHS 83.02 (16) and have successfully completed a department-approved assisted living administrator's training course; or
- (5) A valid nursing home administrator's license issued by the department of regulation and licensing.

RCAC: Service managers must be capable of managing a multi-

disciplinary staff.

AFH: Licensee must be at least 21 years of age and be physically, emotionally, and mentally capable of providing care for residents. The licensee shall ensure that the home and its operation comply with all applicable rules, regulations, and statutes. The licensee is responsible for ensuring that staffing meets the needs of all residents. The licensee must have a clean criminal background check.

Staff Education/Training

CBRF: Employees need to have orientation training before they can perform any job duty. Minimum initial training consists of department-approved training in medication management, standard precautions, fire safety, and first aid and choking. In addition, all staff must have training in resident rights, the client group, and challenging behaviors. Resident care staff involved in certain tasks must have training in needs assessment of prospective residents; development of service plans; provision of personal care; and in dietary needs, menu planning, food preparation, and sanitation. Administrator and resident care staff receive 15 hours annually of relevant continuing education.

RCAC: Resident care staff must have documented training or experience in: (1) the needs and techniques for assisting with ADLs; (2) the physical, functional, and psychological characteristics associated with aging; and (3) the purpose and philosophy of assisted living, including respect for tenant privacy, autonomy, and independence. All staff are required to have training in fire safety, first aid, standard precautions, and the facility's policies and procedures relating to tenant rights. No continuing education requirements are specified.

AFH: Service providers must be at least 18 years of age; responsible, mature, and of reputable character; and exercise and display the capacity to successfully provide care for three or four unrelated adult residents. The licensee and each service provider must complete 15 hours of training related to the health, safety, and welfare of residents, resident rights, and treatment appropriate to residents including fire safety and first aid. They must have a clean criminal background check. The licensee and each service provider must complete eight hours of training annually related to the health, safety, welfare, rights, and treatment of residents.

Entity Approving CE Program

None specified.

Medicaid Policy and Reimbursement

CBRF: Wisconsin's Family Care program, the Medicaid managed care waiver program, is the primary public funding for CBRF residents. While Family Care serves most of the state's counties, several pockets of the state have yet to transition to Family Care. For those non-covered counties, the legacy waiver programs, primarily the Community Option Program (COP) and COP-Waiver may be available, depending on eligibility and waiting lists.

RCAC: Certification is required for a facility to receive Medicaid waiver reimbursement. Family Care is the primary waiver program impacting RCACs, while COP and COP-waiver funds may be available, depending on eligibility and waiting lists.

AFH: Family Care is the primary source for waiver funding, although COP and COP-waiver funds may be available, depending on eligibility and waiting lists.

Citations

Wisconsin Statutes, Chapter 50, Subchapter 1: Care and Service Residential Facilities. [January 1, 2015]
<http://docs.legis.wisconsin.gov/statutes/statutes/50.pdf>

Wisconsin Administrative Code, Chapter DHS 83: Community-Based Residential Facilities. [December 2011]
http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83.pdf

Wisconsin Administrative Code, Chapter DHS 89: Residential Care Apartment Complexes. [February 2015]
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89.pdf

Wisconsin Administrative Code, Chapter DHS 88: Licensed Adult Family Homes. [May 2011]
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88.pdf

Wisconsin Division of Quality Assurance, Revised Licensing, Certification, and Registration Process for Assisted Living Facilities. [July 2017]
<https://www.dhs.wisconsin.gov/publications/p01854.pdf>

Wisconsin Department of Health Services, Medicaid for the Elderly, Blind, or Disabled.
<https://www.dhs.wisconsin.gov/medicaid/index.htm>

Wisconsin Department of Health Services, Family Care.
<https://www.dhs.wisconsin.gov/familycare/index.htm>

Wisconsin Department of Health Services, Division of Quality

Assurance, Bureau of Assisted Living
(608) 266-8598