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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-03044 (06/2022) | | | | **STATE OF WISCONSIN**  Wis. Admin Code ch. 12.06  Page 1 of 3 | | | |
| **WISCONSIN 1-2 BED ADULT FAMILY HOME (AFH) CHANGE REPORTING** | | | | | | | |
| **INSTRUCTIONS:**  Prior approval by the certifying agency is required for all program changes. If an AFH seeks to make any change in its program, the sponsor shall revise the program statement. When making a change in program, the sponsor shall first notify all current residents and their guardians, if any, 60 days prior to the intended change(s). The proposed changes and revised program statement shall be submitted to the certifying agency for approval 30 days prior to implementing the proposed change. A change in the program that adversely impacts one or more residents in a significant way or poses a threat to any resident’s health, safety, or welfare may be grounds for a placing agency to terminate placement. **(Page 18 – Wisconsin 1-2 Bed AFH Standards. Article IV. B. 6.)**.  Provide the following information, checking only the boxes for your proposed changes. You must also complete a new Wisconsin 1-2 Bed AFH Application ([F-02601](https://www.dhs.wisconsin.gov/forms/f02601.docx)) to reflect any proposed changes and submit the application with this form and any supporting documentation via email to [DHSIRISAFH@dhs.wisconsin.gov](mailto:DHSIRISAFH@dhs.wisconsin.gov).  Personally identifiable information on this form is collected to verify the application is complete and accurate and will be used only for this purpose. | | | | | | | |
| **DEMOGRAPHICS** | | | | | | | |
| **Applicant 1** | | | | | | | |
| Name: |  | | Owner: | |  | |
| Street Address: |  | | City, Zip Code: | |  | |
| County: |  | | Email: | |  | |
| Traditional AFH | Community Care Home | | 1-Bed AFH | | 2-Bed AFH | | |
| Number of IRIS Participants | | 1  2 | Does the home provide respite care? | | | Yes  No |

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| **SERVICE-SPECIFIC INFORMATION** | | |
| **Proposed Change** | **Will change adversely affect resident(s) or other household members in need of support, or diminish ability of AFH to adequately supervise resident(s) or other household members needing support? Yes or No** | **Action Required** |
| Household Members Not Including Residents | Yes  No | Submit updated list of household members to DHS and include background check information for new member(s) 18 years or older. |
| Employees of the AFH | Yes  No | Submit updated list of employees, including background checks for new employees. DHS may request copies of training records at their discretion. |
| Target Group Served | Yes  No | Include all current target groups served (as identified on current certificate), as well as target groups to be added or removed from those identified. |
| Community integration policy, procedure, or practice | Yes  No | Attach a copy of revised policy, procedure, or practice highlighting the proposed changes. Include rationale for proposed changes and description of how AFH will ensure IRIS members are not adversely affected by this change. DHS may request copies of person-centered plans to reflect such changes. |
| Resident autonomy and independence | Yes  No | Include changes in resident rights document and submit document to DHS for approval with written explanation of how AFH will ensure IRIS members are not adversely affected by this change. DHS may request copies of person-centered plans to reflect such changes. |
| Eviction Protection | Yes  No | Include proposed change in revised lease or service agreement and submit to DHS with explanation of how setting will ensure IRIS members are not adversely affected by this change. Proposed changes must comply with local, state, and federal law (whichever provides resident with highest level of protection). |
| Description of the Home | Yes  No | Proposed changes must be outlined in revised program statement and submitted to DHS with written explanation of how AFH will ensure IRIS members are not adversely affected by this change. |
| Type or Amount of Services | Yes  No | Proposed changes must be included in revised program statement, service agreement, and/or person-centered plans. Submit these documents to DHS with a written explanation of how AFH will ensure IRIS members are not adversely affected by this change. |
| Legal status of sponsor, operator, staff, or any household member being changed with or convicted of any crimes that are substantially related to being a caregiver as stated in Wis. Admin. Code DHS 12.06 | Yes  No | Submit updated background checks on applicable persons other than owner. If owner, DHS must be notified and will conduct applicable background checks. |
| Guardianship status of current IRIS members | Yes  No | Submit updated guardianship documentation to DHS. DHS may request submission of person-centered plan to reflect changes in decision making authority. |
| Initial and/or annual training plan | Yes  No | Submit proposed changes with rationale for proposed changes to DHS. Proposed training plan must meet the requirements as set forth in Wisconsin 1-2 Bed AFH Standards, Article VI. 8. (Page 35-36). |
| Other Changes (please specify): |  | Rationale for other changes must be submitted in writing with rationale for proposed change and explanation of how AFH will ensure IRIS members will not be adversely affected by proposed change. DHS may require changes be reflected in one or more of the following documents:   * Program statement * Lease or service agreement * Resident rights * Person-centered plans |
| Other Changes (please specify): |  | Rationale for other changes must be submitted in writing with rationale for proposed change and explanation of how AFH will ensure IRIS members will not be adversely affected by proposed change. DHS may require changes be reflected in one or more of the following documents:   * Program statement * Lease or service agreement * Resident rights * Person-centered plans |

**Signatures Required:** Signature(s) below indicate all required information is provided and is true, correct, and complete to the best of our knowledge.

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| **SIGNATURE** — Owner | Signature Date |
| **SIGNATURE** — Co-Owner | Signature Date |