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Residential Services Consultant

Bundled License Application Questionnaire

We recommend the following steps when completing this questionnaire.

- Copy the questionnaire to your hard drive.
- Ensure you have a current version of Adobe Reader installed on your laptop or desktop computer. When completing the questionnaire on a tablet device, we recommend you install the Adobe Reader app on that device. You will be able to save your work at any time.
- If you prefer, you can print the questionnaire and hand write your answers.
- Having trouble? Please let us know. We will schedule a phone call and complete the form for you via phone interview.

Answer the following questions so that we can start your *Bundled License Application*. Let us know at any time if you have questions or need clarification on anything.

Once you have completed the questionnaire, email, fax, text or mail it to us using the contact information in the footer of this form. We will contact you to discuss your project shortly thereafter. Please provide the name and number of the person you want us to contact below.

Contact name

Contact phone number ()

Questions

1. What type of facility will be licensed?

- | | | | |
|--|---|--|--|
| <input type="radio"/> ARF-DD
Adult Residential Facility
Developmentally Disabled | <input type="radio"/> ARF-MD
Adult Residential Facility
Mentally Disabled | <input type="radio"/> RCFE
Residential Care Facility
for the Elderly | <input type="radio"/> RCFE-DD
DD Elders or DD/Elderly Mix |
|--|---|--|--|

2. Will you apply for a license as a sole proprietor, Partnership, Limited Liability Company, or corporation?

- | | | | |
|--|-----------------------------------|---|-----------------------------------|
| <input type="radio"/> Sole
Proprietor | <input type="radio"/> Partnership | <input type="radio"/> Limited
Liability
Company | <input type="radio"/> Corporation |
|--|-----------------------------------|---|-----------------------------------|

2b. What is the exact name of that sole proprietorship, Partnership, Limited Liability Company, or corporation?

- 2c. If Partnership, Limited Liability Company, or corporation, what are the names of the members of that entity as they appear on the Partnership Agreement/Articles of Incorporation/Organization or Bylaws? Please also include titles, such as Managing Member, CEO, etc., percent ownership and DOB for each person.

<i>Name</i>	<i>Title</i>	<i>% Ownership</i>	<i>DOB</i>

3. What will the name of your facility be?

You can search a database of the names of currently licensed facilities by clicking the link below.

[Search all licensed facilities in California](#)

4. What is the facility address?

Street Address _____
 City _____
 Zip Code _____

5. Are you aware that you cannot license some facility types if they are within 300 feet of an existing licensed facility? These include ARF-DD and ARF-MD, but RCFE's are exempt. Have you completed a search near your proposed facility? Instructions can be found on our website by clicking on the link below.

[Searching for overconcentration](#)

Note: Per Health and Safety Code 1520.5(e), as long as the location doesn't change, overconcentration does not apply when you purchase an existing, licensed facility.

- ☐ I am opening an RCFE and am therefore exempt from this law
 ☐ I have completed a search and have no concerns
 ☐ I will complete a search
 ☐ I am purchasing an existing, licensed facility

6. Who owns the house?

- ☐ Individual ☐ Married Couple ☐ Trust ☐ Other (*specify*) _____

What is the name, address, and phone number of the owner(s) of the house? If the house owned by a Trust or other entity, please indicate the exact name of that Trust or entity.

6b. Owner Name(s) _____
 Street Address _____
 City/State _____
 Zip Code _____
 Phone Number _____

7. What is the facility phone number? You can use a personal phone for now, but you will likely be required to install a landline in the facility before you receive your license.

- ☐ The facility phone number is () ☐ Use the following number for now ()

7b. Please provide a brief description of the house below, including the number of private and shared bedrooms, bathrooms, whether single story or multiple floors, and any other features you'd like to include.

7c. Source of water for human consumption? ☐ Public (e.g., city) ☐ Private (e.g., well)

8. What is the name of the Administrator as you would like it to appear in the application?

8b. Please write a few lines below regarding the Administrator's background, education, etc.

8c. Does the Administrator have a current ARF or RCFE Administrator certificate?

- ☐ Yes ☐ No ☐ In the process
of renewing

8d. For ARF's and RCFE's, does the Administrator have a current First Aid certification? A LVN, RN, or higher license will satisfy this requirement.

- ☐ Yes ☐ No ☐ LVN ☐ RN ☐ Other (*specify*) _____

8e. For RCFE's, we recommend the Administrator have CPR *and* First Aid (or LVN, RN, or higher license). Do you have CPR?

<i>CPR</i>		<i>I am an</i>
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> LVN, RN, or higher

9. Will you have a Surety Bond? You must specify *Yes* or *No* in the application. A Surety Bond is not required unless you plan to safeguard resident cash and/or valuables in excess of \$50 per person.

We recommend *Yes* for a Regional Center facility. Surety Bonds are inexpensive and you will often be required to safeguard cash and/or valuables with the developmentally disabled population. A \$1,000 bond is sufficient to start.

- ☐ I *will* have
a Surety
Bond ☐ I *will not*
have a
Surety Bond

10. Will you have liability insurance? Per AB-1523, by 7/1/2015, all RCFE's in California *must* carry liability insurance as a condition of licensure (with minimum limits of \$1 million/\$3 million). *The current policy of the CCLD Centralized Applications Unit is that you must obtain liability insurance within 10 days of being licensed.

For other facility types, we recommend *No* for now. It is not a condition of licensure and liability insurance must be renewed annually. Since it can take 6-10 months to obtain a license, it is more cost-effective to wait until you are ready to admit residents.

Note: Regional Center facilities will need to obtain liability insurance when applying for vendorization, but not until then.

15b. For **Regional Center** facilities, what level will you vendor?

- ☐ 2O ☐ 2S ☐ 3O ☐ 3S
☐ 4A ☐ 4B ☐ 4C ☐ 4D ☐ 4E ☐ 4F ☐ 4G ☐ 4H ☐ 4I

Note: O = Owner Operated and S = Staff Operated. Staff operated rates are slightly higher.

[See current Regional Center rates](#)

16. You may use the menus below to choose your plans of operation for your ARF or RCFE Bundled Application.

Adult Residential Facilities (ARF's) Bundled Add-Ons

You may choose up to 2 (optional). The discounted price is shown in red.

↓ Restricted Health Conditions Plan of Operation (*choose conditions*)

Use of inhalation-assistive devices

- ☐ Fecal impaction removal, enemas, suppositories
☐ Staph or other serious, communicable infections
☐ Insulin-dependent diabetes
 Stage 1 and 2 dermal ulcers
☐ Colostomy/ileostomy
☒ Catheters
☐ Wounds
☐ Gastrostomies
☐ Tracheostomies

“Total Care” Plan of Operation **\$156**

Bedridden Plan of Operation **\$156**

Incontinence Plan of Operation **\$48**

\$58 per condition

Residential Care Facilities for the Elderly (RCFE's) Bundled Add-Ons

1st - Choose your 2 bundled plans of operation

2nd (optional) - You may choose 2 bundled add-ons at 20% off.

↓ Restricted Health Conditions Plan of Operation (*choose conditions*)

- ☐ Administration of oxygen
☐ Fecal impaction removal, enemas, suppositories
☐ Incontinence of bowel and/or bladder
☐ Stage 1 and 2 dermal ulcers
☐ Intermittent Positive Pressure Breathing Machine
☐ Colostomy/ileostomy
☐ Catheters
☐ Contractures
☐ Diabetes
☐ Injections
☐ Wound care

- ☐ Administration of oxygen
☐ Fecal impaction removal, enemas, suppositories
☐ Incontinence of bowel and/or bladder
☐ Stage 1 and 2 dermal ulcers
☐ Intermittent Positive Pressure Breathing Machine
☐ Colostomy/ileostomy
☐ Catheters
☐ Contractures
☐ Diabetes
☐ Injections
☐ Wound care

\$48 per condition

- ☐ Hospice Waiver Request **\$100**
☐ Dementia Plan of Operation **\$220**
☐ Bedridden Plan of Operation **\$156**

Please write any comments or questions below.

Note: There is a fee to apply for a license, which is renewable annually.

[See current Community Care Licensing Division fees](#)

A Prime Part B application includes everything you'll need to obtain a license, and a generous selection of add-on products. If you want to add additional products, you will receive a one-time 25% discount on any other CCLD product we provide. Please inquire if you're interested. More detail is available on the "Products" page of our website.

[RA Mears Consulting Products](#)

Thank you

RAMears, MA