



R A Mears, M.A.

Residential Services Consultant

Prime Part B 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 *Prime Part B 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 call 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?

- ARF-DD       ARF-MD       RCFE       RCFE-DD  
Adult Residential Facility      Adult Residential Facility      Residential Care Facility      DD Elders or DD/Elderly Mix  
Developmentally Disabled      Mentally Disabled      for the Elderly

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

- Sole       Partnership       Limited       Corporation  
Proprietor      Liability  
Company

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, President, etc. and percent ownership for each person.

<i>Name</i>	<i>Title</i>	<i>Percent Ownership</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 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 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 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.

- I am opening an RCFE and understand that I *must* purchase liability insurance before being licensed.\*
- I am opening an ARF and I *will* purchase liability insurance *before* submitting my application
- I am opening an ARF and I *will* purchase liability insurance *after* I'm licensed
- I *will not* purchase liability insurance

11. Do you have healthcare providers in mind for the facility, or shall we use samples?

- Use samples
- Use those indicated below

<i>Name</i>	<i>Profession</i>
	Physician
	Dentist
	Psychiatrist
	Pharmacy
	Other ( <i>specify</i> )
	Other ( <i>specify</i> )

12. What capacity will you request?

- 1
- 2
- 3
- 4
- 5
- 6
- Other (*specify*) \_\_\_\_\_

13. Which gender(s) will you accept?

- Male
- Female
- Both

14. Which ambulatory status will you accept? How many of each?

- Ambulatory \_\_\_\_\_  
How many?
- Non-Ambulatory \_\_\_\_\_  
How many?
- Bedridden \_\_\_\_\_  
How many?

15. For a *non*-Regional Center facility, how much will you charge per month for Basic Services?

- Private pay \$ \_\_\_\_\_
- OR
- SSI/SSA Rate

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. Using the menus below, please choose up to 3 exception/waiver requests, or plans of operation to add to your ARF or RCFE application.

#### **Adult Residential Facilities (ARF's)**

- Restricted Health Conditions     Incontinence Plan     "Total Care" Plan     Bedridden

If one of your choices is a Restricted Health Conditions, please use the menu below to choose up to 3 conditions.

- |   |   |
|---|---|
| <input type="radio"/> Use of inhalation-assistive devices             | <input type="radio"/> Colostomy/ileostomy |
| <input type="radio"/> Fecal impaction removal, enemas, suppositories  | <input type="radio"/> Catheters           |
| <input type="radio"/> Staph or other serious, communicable infections | <input type="radio"/> Wounds              |
| <input type="radio"/> Insulin-dependent diabetes                      | <input type="radio"/> Gastrostomies       |
| <input type="radio"/> Stage 1 and 2 dermal ulcers                     | <input type="radio"/> Tracheostomies      |

#### **Residential Care Facilities for the Elderly (RCFE's)**

- Restricted Health Conditions     Hospice Waiver     Dementia Plan     Bedridden

If one of your choices is a Restricted Health Conditions, please use the menu below to choose up to 3 conditions.

- |  |   |
|--|---|
| <input type="radio"/> Administration of oxygen                         | <input type="radio"/> Colostomy/ileostomy |
| <input type="radio"/> Fecal impaction removal, enemas, suppositories   | <input type="radio"/> Catheters           |
| <input type="radio"/> Incontinence of bowel and/or bladder             | <input type="radio"/> Contractures        |
| <input type="radio"/> Stage 1 and 2 dermal ulcers                      | <input type="radio"/> Diabetes            |
| <input type="radio"/> Intermittent Positive Pressure Breathing Machine | <input type="radio"/> Injections          |
|  | <input type="radio"/> Wound care          |

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*