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Basic Part B 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.

Please answer the following questions so that we can start your *Basic 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
Adult Residential Facility
Developmentally Disabled

○ ARF-MD
Adult Residential Facility
Mentally Disabled

○ RCFE
Residential Care Facility
for the Elderly

○ 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?

- Sole Proprietor

- Partnership

○ Limited Liability Company

○ 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, President, etc. and percent ownership.

<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 currently licensed facilities by clicking on 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*) _____

6b. 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.

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 you have a current current First Aid certification *and* CPR (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.

I 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 for now.

☐ 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). *Current CCLD Centralized Applications Unit policy 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 currently takes 6-8 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 or SFH and I *will* purchase liability insurance *before* submitting my application
 ☐ I am opening an ARF or SFH 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](#)

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 *Basic Part B Application* includes everything you'll need to obtain a license. However, it does not include any waiver or exception requests, or other plans of operation that you would need to accommodate Restricted Health Conditions, Hospice, Dementia, etc.

These documents are available for an added fee. With your purchase of a *Basic Part B Application* and/or any Part A Application, you will receive a one-time discount on select products. Please inquire if you're interested. You can view our products, prices, and discounts using the link below.

[RA Mears Consulting Products](#)

Thank you

RAMears, MA