



Bundled Part A & B License Application Questionnaire

We recommend the following steps when completing this questionnaire.

- Save the questionnaire to your desktop.
- Use a current version of [Adobe Reader](#) on your laptop, desktop, or tablet device. **Using any other PDF program can cause errors.** You will be able to save your work at any time.
- If you prefer, you can print the questionnaire and hand write your answers.
- Don't leave any questions blank.
- **Do not use ALL CAPS.** Some of the fields don't have space for that and your words will be cut short.
- 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 *Bundled* Part A & B 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, or take a picture and text it to us using the contact information in the footer of this form.

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"/> SFH
Small Family Home |
| | | <input type="radio"/> RCFE-DD | <input type="radio"/> SFH-DD |

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 individuals in that entity? Please also include titles, such as Member, Managing Member, CEO, President, etc.

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

3. What will the name of your facility be? (It can be different than your LLC or corporation name. We recommend you consider something simple, without LLC or Inc in it.). [Tips for choosing a facility name.](#)

4. What is the facility address?

5. What is the facility phone number?

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

6. You cannot license some facility types if they are within 300 feet of an existing licensed facility. These include ARF-DD, ARF-MD, and SFH's, but RCFE's are exempt. Have you completed a search near your proposed facility? **This is an important step that we recommend you complete asap.** 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

7. Who owns the house?

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

7b. 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 _____

7c. 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.

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

8. What is the name of the Administrator? **If you are opening a Small Family Home, you can leave this field blank.**

Please write a few lines below regarding the Administrator's background, education, etc. **If opening a Small Family Home, please write a few lines about the Applicant's background.**

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8b. Does the Administrator have a current ARF or RCFE Administrator certificate?
If you are opening a Small Family Home, you may skip this question.

- ☐ Yes ☐ No ☐ In the process
of renewing

- 8c. 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.

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

- 8d. For **Small Family Homes**, does the Applicant have a current First Aid certification *and* CPR? A LVN, RN, or higher license will satisfy this requirement.

<i>First Aid</i>	<i>CPR</i>	<i>I am an</i>
<input type="radio"/> Yes <input type="radio"/> No	<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.

- ☐ 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). **You will need to purchase liability insurance within 10 days of obtaining your license.**

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 about 4 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.

- | | | | |
|--|---|---|--|
| <input type="radio"/> I am opening an RCFE and understand that I <i>must</i> purchase liability insurance as soon as I am licensed | <input type="radio"/> I am opening an ARF or SFH and I <i>will</i> purchase liability insurance <i>before</i> submitting my application | <input type="radio"/> I am opening an ARF or SFH and I <i>will</i> purchase liability insurance <i>after</i> I'm licensed | <input type="radio"/> I <i>will not</i> purchase liability insurance |
|--|---|---|--|

11. Do you have healthcare providers in mind for the facility, or shall we use samples? These are samples only and don't commit you to using any particular provider in the future.

☐ Use samples ☐ Use those indicated below

<i>Name (First and Last)</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 ☐ Non-Ambulatory ☐ Bedridden

_____ _____ _____

How many? How many? How many?

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

☐ 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](#)

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

Private pay \$ _____ ☐ SSI/SSA Rate

ARF Bundled add-ons *One (1) bundled add-on is included for ARF's.*

16. Using the menus below, you may choose 1 plan of operation to add to your application **at no additional charge**. You may choose any of the other four at the discounted prices listed. The full prices are seen first, with the 20% discounted prices in parentheses. **Discounted prices are only available for your initial application.** If you choose to add them after you're licensed, the full price will apply.

#1	Bedridden Plan of Operation (Reg. \$200 - 20% = \$160)	#2	Camera Monitoring Plan (Reg. \$150 - 20% = \$120)	#3	Hospice Waiver Request (Reg. \$150 - 20% = \$120)
#4	Incontinence Plan of Operation (Reg. \$75 - 20% = \$60)	#5	"Total Care" Plan of Operation (Reg. \$200 - 20% = \$160)	Note: "Total Care" = Clients Who Rely Upon Others To Perform All Activities of Daily Living.	

RCFE Bundled add-ons *Two (2) bundled add-ons are included for RCFE's.*

- 16b. Using the menus below, you may choose 2 plans of operation to add to your application **at no additional charge**. You may choose either or both of the other two at the discounted prices listed. The full prices are seen first, with the 20% discounted prices in parentheses. **Discounted prices are only available for your initial application.** If you choose to add them after you're licensed, the full price will apply.

#1	Bedridden Plan of Operation (Reg. \$200 - 20% = \$160)	#2	Camera Monitoring Plan (Reg. \$150 - 20% = \$120)
#3	Dementia Plan of Operation (Reg. \$275 - 20% = \$220)	#4	Hospice Waiver Request (Reg. \$150 - 20% = \$120)

Please write any comments or questions in the box below.

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

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

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