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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-00262 (09/2024) | | | | | | **STATE OF WISCONSIN**  Wis. Admin. Code ch. DHS 105.17/107.112  Page 1 of 3 | | | |
| **PERSONAL CARE AGENCY APPLICATION MATERIALS CHECKLIST** | | | | | | | | | |
| Submission of these application materials is necessary to meet the requirements of Wis. Admin. Code [DHS 105.17](https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/17) to be certified as a Personal Care Agency (PCA) in Wisconsin. See DHS [F-00262A](https://www.dhs.wisconsin.gov/library/f-00262a.htm) for more detailed information and instructions. Submit this completed form with everything listed below **in the order given** to:  Department of Health Services – DQA/BHS  Attn: PCA Certification  PO Box 2969  Madison WI  53701-2969 | | | | | | | | | |
| Name – PCA Applicant | | | | | Email Address | | Phone Number | | |
|  | | | | |  | |  | | |
| In the last column, enter the page where the topic is located in your policies and procedures. | | | | | | | | | |
| **I-Tags** | | | **Wis. Admin. Code** | **Topic** | | | | | **Page No.** |
| 1. **Licensing and Certification (LCCS) Materials** | | | | | | | | | |
|  |  | |  | PCA Application form [F-00119](https://www.dhs.wisconsin.gov/forms/index.htm?search=F-00119&division=All) and non-refundable application fee. | | | | |  |
|  |  | | DHS § 105.17(1e)(c) | Plan of Operation | | | | |  |
|  |  | |  | Ownership documents including Articles of Incorporation or LLC. | | | | |  |
|  |  | | DHS Chapter 12 | Entity Background Checks — Verify completed | | | | |  |
|  |  | |  | Documentation of adequate resources/cash flow | | | | |  |
|  | I-032 | | DHS § 105.17(1e)(g) | Statement of Services | | | | |  |
|  | I-058 | | DHS § 105.17(1k)(a) | Qualifications of Administrator — Provide a resume and school transcript | | | | |  |
|  | I-161 - I-164 | | DHS § 105.17(2)(a) | Qualification of Registered Nurse (RN) supervisor — Provide RN license and resume. | | | | |  |
| 1. **Policies, Procedure, and Other Materials** | | | | | | | | | |
|  | I-040 | | DHS § 105.17(1e)(k) | Policy includes instructions to notify DQA of Administrator changes | | | | |  |
|  | I-042 | | DHS § 105.17(1e)(L) | Policy includes instruction to notify DQA of Location Changes | | | | |  |
|  | I-049 | | DHS § 105.17(1g)(c) | Record keeping policies and process on maintaining of records | | | | |  |
|  | I-101 | | DHS § 105.17(1n)(a)1 | Policy for frequency and content of employee evaluations | | | | |  |
|  | I-102 | | DHS § 105.17(1n)(a)2 | Orientation: Training prior to and as needed | | | | |  |
|  | I-103 | | DHS § 105.17(1n)(a)2.a | Orientation: Policies and objectives of agency | | | | |  |
|  | I-104 | | DHS § 105.17(1n)(a)2.b | Orientation: Training job duties; demonstration of skill before service provision | | | | |  |
|  | I-105 | | DHS § 105.17(1n)(a)2.c | Orientation: Functions of personnel – interrelations and communications | | | | |  |
|  | I-106 | | DHS § 105.17(1n)(a)2.d | Orientation: Home environment health and safety procedures | | | | |  |
|  | I-107 | | DHS § 105.17(1n)(a)2.e | Orientation: Infection control measures; disease transmission and causes | | | | |  |
|  | I-108 | | DHS § 105.17(1n)(a)2.f | Orientation: Responding to medical and non-medical emergencies | | | | |  |
|  | I-109 | | DHS § 105.17(1n)(a)2.g | Orientation: Ethics, confidentiality of client information, client rights | | | | |  |
|  | I-110 | | DHS § 105.17(1n)(a)3 | Caregiver Background Checks | | | | |  |
|  | I-117 | | DHS § 105.17(1r) | Infection control and prevention measures for direct care providers | | | | |  |
|  | I-118 | | DHS § 105.17(1r)(b)1 | Infection control – TB and communicable disease screening | | | | |  |
|  | I-120 | | DHS § 105.17(1r) (c) | Infection control – Standards of Practice | | | | |  |
|  | I-121 | | DHS § 105.17(1r)(d) | Infection Control – Equipment/Supplies | | | | |  |
|  | I-122 | | DHS § 105.17(1w)(b)2 | Client Services – Information Rules | | | | |  |
|  | I-123 | | DHS § 105.17(1w)(b)1 | Client responsibilities statement in English and in client’s primary language | | | | |  |
|  | I-124 | | DHS § 105.17(1w)(b)2 | Client complaint procedures in English and in client’s primary language | | | | |  |
|  | I-125- 138 | | DHS § 105.17(1w)(b)3.a-L | Client rights statement in English and in client’s primary language | | | | |  |
|  | I-139 | | DHS § 105.17(1w)(c) | Service agreement in English and in client’s primary language | | | | |  |
|  | I-140 | | DHS § 105.17(1w)(d)1 | Client Records | | | | |  |
|  | I-141 | | DHS § 105.17(1w)(d)2 | Client Records – PCW Visits | | | | |  |
|  | I-142 | | DHS § 105.17(1w)(d)3 | Client Records - Acknowledgement | | | | |  |
|  | I-143 | | DHS § 105.17(1w)(d)4-5 | Client Records – Discharge Summary/Medical | | | | |  |
|  | I-145–159 | | DHS § 105.17(1w)(f)1-7f | Discharge policies | | | | |  |
|  | I-160 | | DHS § 105.17(1w)(h) | Complaint – Client Grievances | | | | |  |
|  | I-174 | | DHS § 105.17(2)(b)3m | RN supervisor to notify physician of change in condition | | | | |  |
|  | I-220  I-240 | | DHS § 105.17(6) | Quality Assessment and Assurance Committee Policy | | | | |  |
| **III. Forms (Submit copies.)** | | | | | | | | | |
|  | **Form** | | DHS §105.17(1n)(a)2 | Employee Evaluation/Performance Assessment | | | | |  |
|  | **Form** | | DHS § 105.17(1n)(a)2.a | Orientation Checklist (to include I-102 to I-109 listed above) | | | | |  |
|  | **Form** | | DHS § 107.112 | Personal Care Worker Daily Assignment Sheet - Record/Time/Tasks  Electronic Verification Visit (EVV) documentation is Mandatory | | | | |  |
|  | **Form** | | DHS § 105.17(2)(b) | Personal Care Worker Plan of Care | | | | |  |
|  | **Form** | | DHS § 107.112(3)(b)1-4 and (c) | RN Supervisor: Physician Prescription-Plan of care | | | | |  |
|  | **Form** | | DHS § 105.17(2)(b)3 | RN Supervisor 60 Day Supervisory Visit | | | | |  |
|  | **Form** | | DHS § 105.17(1w)(f)2 | Discharge Notice | | | | |  |
|  | **Form** | | DHS § 105.17(1w)(c) | Service Agreement (includes client signature) | | | | |  |
|  | **Form** | | DHS § 105.17(1w)(d)(3) | Rights and Responsibilities (includes client signature) | | | | |  |
|  | **Form** | | DHS § 105.17(1w)(h) | Client Complaint Procedure (Includes client signature) | | | | |  |
| 1. **Job Descriptions** (Submit copies.) | | | | | | | | | |
|  | I-165- I-173 | | DHS § 105.17(2)(b)1-3 | RN Supervisor Duties | | | | |  |
| or | I-174 | | DHS § 105.17(2)(b)3m | RN Supervisor Duties – Notification of changes | | | | |  |
|  | I-175-  I-177 | | DHS § 105.17(2)(b) 4-6 | RN Supervisor Shall: | | | | |  |
|  | I-178—I-187 | | DHS § 105.17(3)(a) 1-5 | Personal Care Worker - Qualifications | | | | |  |
|  | I-188- I-192 | | DHS § 105.17(3)(b)1-5 | Personal Care Worker - Duties | | | | |  |
|  |  | | DHS § 107.112(1)(b)1-13 | Covered Personal Care Services | | | | |  |
|  | I-058 | | DHS § 105.17(1k)(a)5-6 | Administrator | | | | |  |
| **STATE AGENCY RECOMMENDATION** | | | | | | | | | |
|  | Surveyor Recommendation: | | | | | | | | |
|  |  | Approval of Policy and Procedures | | | | | | | |
|  |  | Denial of Policy and Procedures | | | | | | | |
| Signature – Surveyor | | | | | | | | Date Signed (MM/dd/yyyy) | |