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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-00262 (09/2024) | **STATE OF WISCONSIN**Wis. Admin. Code ch. DHS 105.17/107.112Page 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/BHSAttn: PCA CertificationPO Box 2969Madison 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**
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| [ ]  | 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-220I-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/TasksElectronic 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)      |