

## PERSONAL CARE AGENCY APPLICATION MATERIALS CHECKLIST

Submission of these application materials is necessary to meet the requirements of Wis. Admin. Code [DHS 105.17](#) to be certified as a Personal Care Agency (PCA) in Wisconsin. See DHS [F-00262A](#) 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
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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.
<b>I. Licensing and Certification (LCCS) Materials</b>			
<input type="checkbox"/>		PCA Application form <a href="#">F-00119</a> and non-refundable application fee.	
<input type="checkbox"/>	DHS § 105.17(1e)(c)	Plan of Operation	
<input type="checkbox"/>		Ownership documents including Articles of Incorporation or LLC.	
<input type="checkbox"/>	DHS Chapter 12	Entity Background Checks — Verify completed	
<input type="checkbox"/>		Documentation of adequate resources / cash flow	
<input type="checkbox"/>	I-032	DHS § 105.17(1e)(g)	Statement of Services
<input type="checkbox"/>	I-058	DHS § 105.17(1k)(a)	Qualifications of Administrator — Provide a resume and school transcript
<input type="checkbox"/>	I-161 - I-164	DHS § 105.17(2)(a)	Qualification of Registered Nurse (RN) supervisor — Provide RN license and resume.
<b>II. Policies, Procedure, and Other Materials</b>			
<input type="checkbox"/>	I-040	DHS § 105.17(1e)(k)	Policy includes instructions to notify DQA of Administrator changes
<input type="checkbox"/>	I-042	DHS § 105.17(1e)(L)	Policy includes instruction to notify DQA of Location Changes
<input type="checkbox"/>	I-049	DHS § 105.17(1g)(c)	Record keeping policies and copies of contracts for service providers
<input type="checkbox"/>	I-101	DHS § 105.17(1n)(a)1	Policy for frequency and content of employee evaluations
<input type="checkbox"/>	I-102	DHS § 105.17(1n)(a)2	Orientation: Training prior to and as needed
<input type="checkbox"/>	I-103	DHS § 105.17(1n)(a)2.a	Orientation: Policies and objectives of agency
<input type="checkbox"/>	I-104	DHS § 105.17(1n)(a)2.b	Orientation: Training job duties; demonstration of skill before service provision
<input type="checkbox"/>	I-105	DHS § 105.17(1n)(a)2.c	Orientation: Functions of personnel – interrelations and communications
<input type="checkbox"/>	I-106	DHS § 105.17(1n)(a)2.d	Orientation: Home environment health and safety procedures
<input type="checkbox"/>	I-107	DHS § 105.17(1n)(a)2.e	Orientation: Infection control measures; disease transmission and causes
<input type="checkbox"/>	I-108	DHS § 105.17(1n)(a)2.f	Orientation: Responding to medical and non-medical emergencies
<input type="checkbox"/>	I-109	DHS § 105.17(1n)(a)2.g	Orientation: Ethics, confidentiality of client information, client rights
<input type="checkbox"/>	I-110	DHS § 105.17(1n)(a)3	Caregiver Background Checks
<input type="checkbox"/>	I-117	DHS § 105.17(1r)	Infection control and prevention measures for direct care providers
<input type="checkbox"/>	I-118	DHS § 105.17(1r)(b)1	Infection control – TB and communicable disease screening

<input type="checkbox"/>	I-123	DHS § 105.17(1w)(b)1	Client responsibilities statement in English and in client's primary language	
<input type="checkbox"/>	I-124	DHS § 105.17(1w)(b)2	Client complaint procedures in English and in client's primary language	
<input type="checkbox"/>	I-125-138	DHS § 105.17(1w)(b)3.a-L	Client rights statement in English and in client's primary language	
<input type="checkbox"/>	I-139	DHS § 105.17(1w)(c)	Service agreement in English and in client's primary language	
<input type="checkbox"/>	I-145–159	DHS § 105.17(1w)(f)1-7f	Discharge policies	
<input type="checkbox"/>	I-174	DHS § 105.17(2)(b)3m	RN supervisor to notify physician of change in condition	
<input type="checkbox"/>	I-112	DHS § 105.17(1n)(c)	RN supervisor written agreement, if applicable	
<input type="checkbox"/>	I-220 I-240	DHS § 105.17(6)	Quality Assessment and Assurance Committee Policy	

**III. Forms** *(Submit copies.)*

<input type="checkbox"/>		DHS §105.17(1n)(a)2	Employee Evaluation / Performance Assessment	
<input type="checkbox"/>		DHS § 105.17(1n)(a)2.a	Orientation Checklist (to include I-102 to I-109 listed above)	
<input type="checkbox"/>		DHS § 107.112	Personal Care Worker Daily Assignment Sheet	
<input type="checkbox"/>		DHS § 105.17(2)(b) and DHS § 107.112(3)(b)1-4 and (c)	Personal Care Worker Plan of Care	
<input type="checkbox"/>		DHS § 105.17(2)(b)3	RN Supervisor 60 Day Supervisory Visit	
<input type="checkbox"/>		DHS § 105.17(1w)(f)2	Discharge Notice	
<input type="checkbox"/>		DHS § 105.17(1w)(c)	Service Agreement (includes client signature)	
<input type="checkbox"/>		DHS § 105.17(1w)(d)(3)	Rights and Responsibilities (includes client signature)	
<input type="checkbox"/>		DHS § 105.17(1w)(h)	Client Complaint Procedure (Includes client signature)	
<input type="checkbox"/>		DHS § 105.17(1r)(b)1	TB and Communicable Disease Screening	

**III. Job Descriptions** *(Submit copies.)*

<input type="checkbox"/>	I-165- I-177	DHS § 105.17(2)(b)	RN Supervisor	
<input type="checkbox"/>	I-178- I-192	DHS § 105.17(3)(a) DHS § 105.17(3)(b)	Personal Care Worker	
<input type="checkbox"/>	I-058	DHS § 105.17(1k)(a)5-6	Administrator	