

## PERSONAL CARE AGENCY CERTIFICATION APPLICATION CHECKLIST

This form is designed to assist applicants who want to open a personal care agency (PCA) in the State of Wisconsin by providing information about the application process and regulatory guidance for the development of agency policies, procedures, and forms. Regulations for PCAs are found at Wis. Admin. Code ch. [DHS 105.17](#).

**Use the following guidance to submit application materials to certified as a PCA in Wisconsin.**

Completed	Topic
<b>I. PERSONAL CARE AGENCY (PCA) APPLICATION REQUIREMENTS</b>	
<input type="checkbox"/>	PCA Application Form <a href="#">F-00119</a> and non-refundable application fee.
<input type="checkbox"/>	<b>DHS § 105.17(1e)(c) — Plan of Operation</b> Provide a written plan of operation describing the entire process from referral through delivery of services and follow-up.
<input type="checkbox"/>	<b>DHS § 105.17(1e)(e)(1-8) — Fit and Qualified</b> An applicant and all principals must meet all fit and qualified requirements as stated in the regulations. A “principal” is defined as an administrator, substitute administrator, a person with management responsibility for the applicant, an officer or person owning directly or indirectly 5% or more of the shares or other ownership in the PCA. Section III. E. of the PCA application indicate the fit and qualified requirements. <b>Guidance</b> <i>If an applicant or principal has current or previous convictions, adverse actions, financial failures (for example bankruptcies), etc. documentation such as bankruptcy discharge papers, court documents, etc. must be provided.</i>
<input type="checkbox"/>	<b>Ownership:</b> Provide a copy of the following: <ul style="list-style-type: none"> <li>• Articles of Incorporation or LLC document.</li> <li>• Internal Revenue Service (IRS) document with federal employer identification number.</li> <li>• If a foreign corporation, evidence of authority to do business in Wisconsin.</li> </ul>
<input type="checkbox"/>	<b>Care-Giver Background Checks Wisconsin Admin. Code ch. <a href="#">DHS 12</a> — Entity Background Check (EBC)</b> An EBC must be completed for each owner, administrator, and substitute administrator. EBC’s are completed with the Office of Caregiver Quality through the following link: <a href="https://www.dhs.wisconsin.gov/caregiver/entity.htm">https://www.dhs.wisconsin.gov/caregiver/entity.htm</a>
<input type="checkbox"/>	<b>DHS § 105.17(1g)(a) — Cash Flow</b> Document adequate resources to maintain a cash flow sufficient to cover operating expenses for 60 days. <b>Guidance</b> <i>Provide documentation that the agency has sufficient financial resources to cover operating expenses for at least 60 days.</i>
I-030 <input type="checkbox"/>	<b>DHS § 105.17(1e)(f) — Policies and Procedures</b> PCA has written policies, procedures and documents that outline agency operations. <b>Guidance</b> <i>See Section II of this checklist for policies that should be included with the PCA application.</i>
I-032 <input type="checkbox"/>	<b>DHS § 105.17(1e)(g) — Statement of Services</b> PCA has a statement detailing the services to be provided. <b>Guidance</b> <i>Provide a statement with the PCA application detailing the services that will be provided by the PCA.</i>
I-036 I-058 <input type="checkbox"/>	<b>DHS § 105.17(1e)(i) — Administrator</b> PCA provider will appoint an administrator. <b>DHS § 105.17(1k)(a)</b> The administrator of the PCA will: <ul style="list-style-type: none"> <li>• Be at least 21 years of age.</li> <li>• Have the ability to fulfill the job requirements, respond to the needs of the clients, and manage the PCA.</li> <li>• Have an associate degree or higher in a health care-related field from an accredited college, or a bachelor’s degree in a field other than in health care from an accredited college and one-year experience working in a health care-related field.</li> <li>• Have training and experience in health care administration and at least one year of supervisory or administrative experience in home health care or personal care, or a related health program.</li> <li>• Be knowledgeable about s. DHS 105.17 and s. DHS 107.112, and take all reasonable steps to ensure that the PCA complies with regulatory requirements.</li> </ul>

	<ul style="list-style-type: none"> <li>• Be responsible for the overall provision of training and competency of all employees.</li> </ul> <p><b>Guidance</b> Provide a resume for the proposed administrator that details the qualifications required in this section including experience in a health care field. Provide a diploma or school transcript that indicates completion of the required education.</p>
<p>I-038 <input type="checkbox"/></p>	<p><b>DHS § 105.17(1e)(j) — Substitute Administrator</b> PCA provider will appoint a substitute administrator to act in the absence of the administrator. If it is necessary replace an administrator, PCA will employ a qualified replacement <b>within 90 days</b> of the vacancy.</p>
<p>I-162 I-163 I-164 <input type="checkbox"/></p>	<p><b>DHS § 105.17(2)(a) — Registered Nurse (RN) Supervisor</b> A PCA shall employ or contract with an RN supervisor who shall have all of the following qualifications:</p> <ul style="list-style-type: none"> <li>• Current licensure as a Registered Nurse under Wis. Stat. § 441.06.</li> <li>• Training and experience in the provision of personal care services or in a related program.</li> <li>• At least one year of supervisory or administrative experience in personal care services or in a related program.</li> </ul> <p><b>Guidance</b> Provide a copy of the Wisconsin RN licensure. Provide documentation of training and experience in the provision of personal care services including at least one year supervisory or administrative experience in personal care services or a related program.</p>

**II. AGENCY POLICIES AND PROCEDURES**

*Use the following guidance in the development of your agency policies and procedures.*

**Records and Required Notifications (I-040 to I-049)**

<p>I-040 I-042 <input type="checkbox"/></p>	<p><b>DHS § 105.17(1e)(k) — Notify of Administrator Change</b> PCA will notify the department in writing <b>within 10 days</b> of any appointment or change of the administrator or substitute administrator.</p> <p><b>DHS § 105.17(1e)(L) — Notify of Location Change</b> PCA will notify the department in writing <b>within 10 days</b> of a change in location or contact information.</p> <p><b>Guidance</b> Your policy should include required notifications. Notify DQA of changes within 10 days to:</p> <p style="padding-left: 40px;">By E-mail: <a href="mailto:DHSDQALCCS@dhs.wisconsin.gov">DHSDQALCCS@dhs.wisconsin.gov</a></p> <p style="padding-left: 40px;">-or-</p> <p style="padding-left: 40px;">Department of Health Services – DQA/BHS Attn: PCA Certification PO Box 2969 Madison WI 53701-2969</p>
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<p>I-049 <input type="checkbox"/></p>	<p><b>DHS § 105.17(1g)I</b> The PCA must have policies and maintain a process for record keeping and must maintain the following records:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written personnel policies.</li> <li><input type="checkbox"/> Written job descriptions.</li> <li><input type="checkbox"/> A written plan of operations indicating the entire process from making referrals through delivery of services and follow-up.</li> <li><input type="checkbox"/> A written statement defining the scope of personal care services provided, including the population being served, service needs and service priorities.</li> <li><input type="checkbox"/> A written record of personal care workers' training.</li> <li><input type="checkbox"/> Workers' time sheets.</li> <li><input type="checkbox"/> Contracts with workers and other agencies.</li> <li><input type="checkbox"/> Records of supervisory visits.</li> </ul> <p><b>Guidance</b> A checkmark by each of these items indicates that you have developed a record-keeping system to maintain these records.</p> <p><b>Contracts:</b> If applicable, provide copies of any contracts with individuals, agencies, and institutions the PCA will have a contractual agreement with to provide patient care services.</p>
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<b>Personnel Management (I-102 to I-110)</b>	
I-101 <input type="checkbox"/>	<p><b>DHS § 105.17(1n)(a)1 — Employee Evaluations</b></p> <p>The PCA provider evaluates every personal care worker and RN supervisor employed by or under contract with the PCA periodically according to the provider's policy for quality of performance and adherence to the provider's policies and applicable regulations.</p> <p>Evaluations shall be followed up with appropriate action.</p> <p><b>Guidance</b></p> <p><i>Your agency's policy needs to specify how frequently employees will be evaluated (i.e. annually) and should indicate what quality and performance measures will be evaluated. It should also include a plan for how the agency will address below average performance with training, coaching, improvement plan, and/or progressive discipline as needed.</i></p>
I-102 <input type="checkbox"/>	<p><b>DHS § 105.17(1n)(a)2 —The personnel management system includes:</b></p> <p>Provide orientation and ongoing<sup>1</sup> instruction for registered nurse (RN) supervisors and personal care workers (PCW).</p> <p>PCWs shall receive orientation before<sup>2</sup> providing services to a client.</p> <p>The titles<sup>3</sup> of those responsible for conducting orientation and training shall be specified in the plan. The plan shall include a system for providing instruction when an evaluation of the RN or PCW performance or competency indicates additional instruction may be needed. (The RN must oversee PCW supervision and the RN may delegate training to other personnel<sup>4</sup>).</p> <p><b>Guidance</b></p> <p><i>1-Orientation takes place upon hire and throughout employment. 2-Keep a document that proves PCW orientation took place before seeing a client and document ongoing training. 3-Policy must provide the title of person(s) responsible for training. 4-Policy must include orientation program method of recognizing when added training is needed.</i></p>
I-103 <input type="checkbox"/>	<p><b>DHS § 105.17(1n)(a)2.a — Orientation shall include:</b></p> <p>Policies and objectives of the provider.</p>
I-104 <input type="checkbox"/>	<p><b>DHS § 105.17(1n)(a)2.b — Orientation shall include:</b></p> <p>Information concerning specific job duties. Training shall be provided for each skill the personal care worker is assigned and shall include a successful demonstration<sup>1</sup> of each skill by the PCW to the qualified trainer under the supervision of the RN supervisor prior to providing the service to a client independently<sup>2</sup>.</p> <p><b>Guidance</b></p> <p><i>1-Return demonstration of skills must be addressed in policy and procedures. 2-All training must take place before the PCW performs the skill by himself/herself.</i></p>
I-105 <input type="checkbox"/>	<p><b>DHS § 105.17(1n)(a)2.c — Orientation shall include:</b></p> <p>The functions of personnel employed by the provider and how they interrelate and communicate with each other in providing services.</p> <p><b>Guidance</b></p> <p><i>Your agency's policy must provide an employee orientation which provides information on (1) the roles of all staff members; (2) the sharing of information, after hours reporting, cell phone use; and (3) interrelationships among employees and office staff, for example, receptionist, intake manager, PCW, RN supervisor, administrator, human resources, office manager, etc. as you utilize them.</i></p>
I-106 <input type="checkbox"/>	<p><b>DHS § 105.17(1n)(a)2.d — Orientation shall include:</b></p> <p>Health and safety procedures for working in a home environment.</p> <p><b>Guidance</b></p> <p><i>This rule is asking that the PCW receive instruction on in-home health and safety procedures in terms of safety issues arising in the home environment, interpersonal relationships, identifying and reporting these.</i></p>
I-107 <input type="checkbox"/>	<p><b>DHS § 105.17(1n)(a)2.e — Orientation shall include:</b></p> <p>Epidemiology, modes of transmission and prevention of infections, and the need for routine use of current infection control measures as recommended by the US Centers for Disease Control and Prevention.</p>

	<p><b>Guidance</b>  <i>Your agency’s policy needs to include an orientation program that explains how disease is spread, how to prevent the spread of disease, directions on use of alcohol-based or other approved waterless hand-washing products, and when to use gloves. Refer to “CDC Hand Hygiene in Health Care Settings” at: <a href="http://www.cdc.gov/handhygiene/">http://www.cdc.gov/handhygiene/</a></i></p>
<p>I-108  <input type="checkbox"/></p>	<p><b>DHS § 105.17(1n)(a)2.f — Orientation shall include:</b>                  Responding to medical<sup>1</sup> and non-medical<sup>2</sup> emergencies.</p> <p><b>Guidance</b>  <i>1-Your agency’s policy needs to include the personal care worker’s responsibilities within the home setting in case of medical emergencies (illness, injury, etc.).                  2-Non-medical emergencies (weather, disaster, etc.)</i></p>
<p>I-109  <input type="checkbox"/></p>	<p><b>DHS § 105.17(1n)(a)2.g — Orientation shall include:</b>                  Ethics, confidentiality of client information, and client rights.</p>
<p>I-110  <input type="checkbox"/></p>	<p><b>DHS § 105.17(1n)(a)3 — Caregiver Background Checks</b></p> <p>The provider shall comply with the caregiver background check requirements under Wis. Stats § 50.065, and Wis. Admin. Code ch. DHS 12, including disclosure requirements under Wis. Stat. § 50.065(2m), and Wisconsin Admin. Code §. DHS 12.115. The provider shall also comply with the caregiver misconduct reporting and investigation requirements under Wisconsin Admin. Code ch. DHS 13.</p> <p><b>Guidance</b>  <i>Include the following wording in the policy:</i></p> <p><i>“A complete ‘caregiver background check’ consists of the following documents (to be completed every four years).</i></p> <ul style="list-style-type: none"> <li>• <i>A completed DHS form F-82064, Background Information Disclosure (BID)</i></li> <li>• <i>A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request, either a ‘no record found’ response or a criminal record transcript (Wisconsin Identification Data)</i></li> <li>• <i>A ‘Response to Caregiver Background Check’ (IBIS) letter from the Department of Health Services (DHS) that reports the person’s administrative finding or licensing restriction status</i></li> </ul> <p><b><i>These three items are to be retained with the employee’s records and to be made available when requested by DQA staff for survey purposes. Other documentation must be obtained by the entity when information is needed to complete the background check, such as other state’s conviction records, military discharge papers, arrest and conviction disposition information from local clerks of courts or tribal courts, etc.”</i></b></p> <p><i>For information on completing the background check process, see DQA webpage <a href="https://www.dhs.wisconsin.gov/caregiver/employee.htm">https://www.dhs.wisconsin.gov/caregiver/employee.htm</a> and click on “Employees/Contractors Background Check Process.”</i></p> <p><i>You may request the background check online at <a href="http://wi-recordcheck.org/">http://wi-recordcheck.org/</a> and receive the results in a matter of minutes.</i></p> <p><i>For more information regarding the completion of caregiver background checks, offenses affecting caregiver eligibility, substantially related decisions, and the Caregiver Misconduct Registry, see DQA publication, P-00038, The Wisconsin Caregiver Program Manual, at <a href="https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf">https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf</a>.</i></p>

**Infection Control (I-117 to I-118)**

<p>I-117  <input type="checkbox"/></p>	<p><b>DHS § 105.17(1r)(a)</b></p> <p>A personal care agency shall develop and implement written policies for control of communicable diseases that take into consideration control procedures incorporated by reference in Wisconsin Admin. Code ch. DHS 145 and that ensure that employees with symptoms or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician or physician assistant or advanced practice nurse before being permitted to go to work.</p> <p><b>Guidance</b>  <i>Explain what actions the agency will follow and who in the agency will be responsible to ensure that employees who appear to have an infection that can spread to others, or infected skin areas, must get permission in writing from a physician, physician assistant, or advanced practice nurse before being permitted to go to work.</i></p> <p><i>Policies should include review and incorporation of current standards of practice in infection control such as the guidelines provided by the Centers for Disease Control and Prevention (CDC) at <a href="https://www.cdc.gov/infectioncontrol/index.html">https://www.cdc.gov/infectioncontrol/index.html</a>.</i></p>
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<p>I-118 <input type="checkbox"/></p>	<p><b>DHS § 105.17(1r)(b)1</b></p> <p>The personal care provider shall ensure that each new employee, before having direct contact with clients, is certified in writing by a physician, physician assistant, or registered nurse as having been screened<sup>1</sup> for tuberculosis and clinically apparent communicable disease that may be transmitted to a client during the normal performance of the employee’s duties. The screening shall occur within 90 days before the employee has direct client contact.</p> <p>The personal care provider shall ensure that each continuing employee having direct contact with clients is periodically<sup>2</sup> screened for clinically apparent communicable disease<sup>3</sup> by a physician, physician assistant, or registered nurse based on the likelihood of their exposure to a communicable disease, including tuberculosis. The exposure to a communicable disease may have occurred in the community or in another location.</p> <p><b>Guidance</b></p> <p>1-The process of screening may be a questionnaire ruling out transmissible disease, and/or TB skin or TB blood test results that have been completed within 90 days before client contact. The screening results will be reviewed by an RN, physician, or physician assistant to confirm an employee has no symptoms of an illness that is contagious. Define what the screening activities will include; name the position responsible for confirming the employee is fit to work. The screening is to take place BEFORE direct contact with clients (within the 90 days prior to client contact).</p> <p>2-Describe a frequency the agency will implement for periodic screening, e.g., every six months, annually, etc. If you are in a geographic or demographic area with a higher likelihood of exposure to communicable disease, you must screen more frequently to satisfy public health policy.</p> <p>3-This includes TB and other communicable diseases. The agency shall have records on hand proving that employee screening was completed.</p>
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**Client Services Acceptance (I-122 to I-124)**

<p>I-122 <input type="checkbox"/></p>	<p><b>DHS § 105.17(1w)(a)</b></p> <p>The personal care provider shall assess prospective client’s appropriateness to be served by the provider without delay, unless the reason for the delay is justifiable and documented, and accept a client only if there is reasonable expectation that the client’s needs can be met by the provider. If the provider accepts the applicant as a client, the provider shall promptly provide services to the individual. If the provider does not accept an applicant as a client, the provider shall inform the applicant of other personal care service providers in the area or how to obtain a list of those providers.*</p> <p><b>Guidance</b></p> <p>Include this as a policy and as part of the service agreement.</p>
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<p>I-123 <input type="checkbox"/></p>	<p><b>DHS § 105.17(1w)(b)1</b></p> <p>The provider shall provide, in writing, prior to or at the time of accepting the person as a client, each client or the client’s legal representative all of the following:</p> <p>The provider’s rules and the client’s responsibilities under the provider’s rules.</p> <p><b>Guidance</b></p> <p>You may include these on the document of client rights.</p>
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<p>I-124 <input type="checkbox"/></p>	<p><b>DHS § 105.17(1w)(b)2</b></p> <p>The provider shall provide, in writing, prior to or at the time of accepting the person as a client, each client or the client’s legal representative all of the following:</p> <p>The procedures indicating the complaint or grievance process which shall include a statement on how the client can make a complaint to the department.</p> <p><b>Guidance</b></p> <p>Your agency’s policy needs to include the following information:</p> <p><b>Division of Quality Assurance / Bureau of Health Services</b>  <b>P.O. Box 2969</b>  <b>Madison, WI 53701-2969</b>  <b>608-266-8481</b>  <b>800-642-6552</b></p> <p>To file an on-line complaint: <a href="http://www.dhs.wisconsin.gov/bqaconsumer/healthcarecomplaints.htm">http://www.dhs.wisconsin.gov/bqaconsumer/healthcarecomplaints.htm</a></p> <p>Optional: Provide the client with DQA form F-62069A, <i>Personal Care Agency Complaint Report</i>, accessible at: <a href="https://www.dhs.wisconsin.gov/forms1/f6/f62069a.docx">https://www.dhs.wisconsin.gov/forms1/f6/f62069a.docx</a>. The complainant should be instructed to provide the PCA</p>
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full name and address when filing the complaint. Your complaint policy should ensure that the complainant is provided this information.

### Client Rights (I-125 to I-138)

Include all 14 "rights" listed below in a separate section entitled "Client Rights." Do not add any rights, omit any rights, or reword any rights. If you want to expand on these rights, do so as part of I-123 in a statement of client responsibilities and provider rules.

I-125 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3</b></p> <p>The provider shall provide, in writing, prior to or at the time of accepting the person as a client, each client or the client's legal representative all of the following:          A statement of client's rights.</p>
I-126 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.a</b></p> <p>The statement of client rights shall include:          To be fully informed of these rights and of all the provider's rules governing client responsibilities.</p>
I-127 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.b</b></p> <p>The statement of client rights shall include:          To be fully informed of services available from the provider.</p>
I-128 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.c</b></p> <p>The statement of client rights shall include:          To be informed of all changes in services and charges as they occur.</p>
I-129 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.d</b></p> <p>The statement of client rights shall include:          To participate in the planning of services, including referral to a health care institution or other provider and to refuse to participate in experimental research.</p>
I-130 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.e</b></p> <p>The statement of client rights shall include:          To have access to information about the client's health condition to the extent required by law.</p>
I-131 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.f</b></p> <p>The statement of client rights shall include:          To refuse service and to be informed of the consequences of that refusal.</p>
I-132 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.g</b></p> <p>The statement of client rights shall include:          To confidential treatment of personal and medical records and to approve or refuse their release to any individual outside the provider, except in the case of transfer to another provider or health facility, or as otherwise permitted by law.</p>
I-133 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.h</b></p> <p>The statement of client rights shall include:          To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs.</p>
I-134 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.h</b></p> <p>statement of client rights shall include:          To be taught the service required so that the client can, to the extent possible, help himself or herself.</p>

I-135 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.i</b></p> <p>The statement of client rights shall include: To have a person designated by the client taught the service required so that, to the extent possible, the person designated can understand and help the client.</p>
I-136 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.j</b></p> <p>The statement of client rights shall include: To have one's property treated with respect.</p>
I-137 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.k</b></p> <p>The statement of client rights shall include: To complain about the care that was provided or not provided, and to seek resolution of the complaint without fear of recrimination.</p>
I-138 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(b)3.l</b></p> <p>The statement of client rights shall include: To have the client's family or legal representative exercise the client's rights when the legal representative is legally authorized to do so.</p>
<b>Service Agreement (I-139)</b>	
I-139 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(c)</b></p> <p>Before services are provided<sup>4</sup>, the personal care provider shall inform the client, orally and in writing, of the extent to which payment may be expected from other sources<sup>1</sup>, the charges for services that will not be covered by other sources<sup>2</sup>, and charges that the individual may have to pay<sup>3</sup>.</p> <p><b>Guidance</b></p> <p><i>The expectation is that policy and practices shall reflect that the agency will, <b>before</b> services begin, discuss with and provide a written document which:</i></p> <p><i>States <b>the dollar amount other sources pay</b> for the agency's services (for example medical assistance, VA or private insurance reimbursement)</i></p> <p><i>2-States <b>the dollar amount charged to the client</b> for services not covered by other sources</i></p> <p><i>3-States <b>the dollar amount the individual client may have to pay</b> (Usually the amount is \$0.00.)</i></p>
<b>Client Records (I-140 to I-143)</b>	
I-140 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(d)1</b></p> <p>Maintain all of the following records, if required in this section or Wisconsin Admin. Code § DHS 107.112, for each client: The nursing assessment, physician prescription, plan of care, personal care worker's assignment and record of all assignments, and record of registered nurse supervisory visits.</p>
I-141 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(d)2</b></p> <p>The record of all visits by the personal care worker, including observations and assigned activities completed and not completed.</p> <p><b>Guidance</b></p> <p><i>The agency's policy and PCW daily visit forms shall reflect the above.</i></p>
I-142 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(d)3</b></p> <p>Written acknowledgement of receipt by the client of the client's rights and responsibilities, provider rules and policies, and the department statement on how to register a complaint.</p> <p><b>Guidance</b></p> <p><i>The agency's policy and PCW daily visit forms shall reflect the above.</i></p>
I-143 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(d)4-5</b></p> <p>The provider shall maintain a copy of the discharge summary and all of the information required under Wisconsin Admin. Code § <a href="#">DHS 106.02(9)</a>, for each of its clients. Records should be retained for a period of not less than 5 years.</p>

<b>Discharge of a Client (I-145 to I-159)</b>	
I-145 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)1 and 2</b></p> <p>A personal care provider may discharge a client only for one or more of the reasons listed in subds. 2, 3, or 6, <b>and only after discussing</b> the reasons for the discharge with the client or the client's legal representative and the client's attending physician, when the physician has ordered personal care services, and <b>providing written notice</b> to the client or client's legal representative within the timelines specified in this paragraph.</p>
I-146 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)2.a</b></p> <p>The personal care provider shall provide written notice to the client or the client's legal representative at least ten calendar days in advance of the discharge if the reason for the discharge is either of the following: The provider is unable to provide the personal care services required by the client due to either a change in the client's conditions that is not an emergency or the provider's documented inability to staff the case.</p>
I-147 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)2.b</b></p> <p>The personal care provider shall provide written notice to the client or the client's legal representative at least ten calendar days in advance of the discharge if the reason for the discharge is either of the following: Non-payment for services.</p>
I-148 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)3.a</b></p> <p>The personal care provider shall provide written notice to the client or the client's legal representative at the time of discharge if the reason for service termination is the result of any of the following: The safety of the personal care worker or nurse supervisor is compromised, as documented by provider staff.</p>
I-149 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)3.b</b></p> <p>The personal care provider shall provide written notice to the client or the client's legal representative at the time of discharge if the reason for service termination is the result of any of the following: The attending physician orders the discharge of the client for emergency medical reasons.</p>
I-150 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)3.c</b></p> <p>The personal care provider shall provide written notice to the client or the client's legal representative at the time of discharge if the reason for service termination is the result of any of the following: The client no longer needs personal care services as determined by the attending physician.</p>
I-151 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)3.d</b></p> <p>The personal care provider shall provide written notice to the client or the client's legal representative at the time of discharge if the reason for service termination is the result of any of the following: The client is abusing or misusing the personal care benefit as determined by the department or county agency under Wisconsin Admin. Code § DHS 104.02(5).</p>
I-152 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)4</b></p> <p>The personal care provider shall provide written notice to the client or the client's legal representative at the time of discharge if the reason for service termination is the result of any of the following: A copy of the written notice of discharge shall be placed in the client's medical record.</p>
I-153 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)5(a-c)</b></p> <p>The personal care provider shall include all of the following in the written notice of discharge required under this paragraph:</p> <ol style="list-style-type: none"> <li>a. The reason the provider is discharging the client.</li> <li>b. The assistance the personal care provider is able to provide in arranging for continuity of all necessary personal careservices.</li> <li>c. A notice of the client's right to file a complaint with the department if the client believes the discharge does not comply with any of the provisions of this section and the department's toll-free complaint telephone number and the address and telephone number of the department's division of quality assurance.</li> </ol> <p><b>Guidance</b> <i>No written notification is necessary for discharge for any of the following reasons:</i></p> <ul style="list-style-type: none"> <li>• <i>The client dies.</i></li> <li>• <i>The client changes place of residence to a location in an area not served by the provider.</i></li> <li>• <i>The client or the client's legal representative notifies the provider in writing to terminate services.</i></li> </ul>
I-159 <input type="checkbox"/>	<p><b>DHS § 105.17(1w)(f)7</b></p>



	Provider shall complete a written discharge summary within 30 calendar days following discharge of client or voluntary termination of services by client or client's legal representative. The discharge summary shall include a description of care provided and reason for discharge. The provider shall place a copy of the discharge summary in the former client's medical record. Upon request, the provider shall provide a copy of the discharge summary to former client, client's legal representative, attending physician, or advance practice nurse prescriber.
<b>Complain and Grievance Procedure</b>	
I-160 <input type="checkbox"/>	<b>DHS § 105.17(1w)(h)</b> The provider shall provide and document a grievance mechanism to resolve clients' complaints about personal careservices, including a personal care provider's decision not to hire a client's choice of a personal care worker. The procedure shall set forth a procedure for clients to register complaints with the department.
<b>Quality Assessment and Assurance</b>	
I-220 <input type="checkbox"/>	<b>DHS § 105.17(6)(a)</b> A personal care agency shall establish a quality assessment and assurance committee for the purpose of identifying and addressing quality of care issues. The committee shall include all of the following members: 1. The administrator. 2. The substitute administrator. 3. The registered nurse supervisor. 4. At least one other member of the agency's staff.
I-240 <input type="checkbox"/>	<b>DHS § 105.17(6)(b)</b> The quality assessment and assurance committee shall do all of the following: 1. Meet at least quarterly to identify quality of care issues that require quality assessment and assurance activities. 2. Develop and implement appropriate plans of action to correct identified quality of care issues.
<b>Policy and Job Description: Duties – RN Supervisor</b>	
I-165 I-166 I-167 I-168 I-173 <input type="checkbox"/>	<b>DHS § 105.17(2)(b)1-3 — Duties</b> The RN Supervisor shall: 1. Assess and evaluate the need for services and make referrals to other services as appropriate. 2. Secure written orders from the client's physician. These orders are to be renewed once every three months unless the physician specifies that orders covering a period of time up to one year are appropriate or when the client's needs change, whichever occurs first. 3. Develop a plan of care for the client, giving full consideration to the client's preferences for service arrangements and choice of personal care workers, interpret the plan to the personal care worker, include a copy of the plan in the client's health record, and review the plan at least every 60 days and update it as necessary. 4. Ensure services are performed according to a written plan of care. The plan shall be based on the registered nurse's visit to the recipient's home and shall include: a. Review and interpretation of the physician's orders; b. Frequency and anticipated duration of service; c. Evaluation of the recipient's needs and preferences; and d. Assessment of the recipient's social and physical environment, including family involvement, living conditions, the recipient's level of functioning and any pertinent cultural factors such as language. 5. Review the plan of care, evaluate the recipient's condition and supervise the personal care worker at least every sixty (60) days. The review shall include a visit to the recipient's home, review of the personal care worker's daily written record and discussion with the physician of any necessary changes in the plan of care.
I-174 <input type="checkbox"/>	<b>DHS § 105.17(2)(b)3m</b> Promptly notify a client's physician or other appropriate medical personnel and legal representative, if any, of any significant changes observed or reported in the client's condition.
I-175 I-176 i-177 <input type="checkbox"/>	<b>DHS § 105.17(2)(b)4-6</b> The RN Supervisor shall: • Develop appropriate time and service reporting mechanisms for personal care workers and instruct the workers on their use. • Give the personal care worker written instructions about the services to be performed and demonstrate to the personal care worker how to perform the services.

	<ul style="list-style-type: none"> <li>Evaluate the competency of the personal care worker to perform the services.</li> </ul>
<b>Policy and Job Description: Qualifications and Duties – Personal Care Workers (PCW)</b>	
<p>I-178 I-179 I-185 I-186 I-187 <input type="checkbox"/></p>	<p><b>The agency’s policy AND job description for the PCW must include:</b></p> <p><b>DHS § 105.17(3)(a)1-5 — Qualifications</b></p> <p>A personal care worker shall have the following qualifications:</p> <ol style="list-style-type: none"> <li>Shall be trained in the provision of personal care services, and in each skill that the personal care worker is assigned.</li> <li>Shall provide documentation of required training to the personal care provider for the provider's records.</li> <li>Shall be a person who is not a legally responsible relative of the client.</li> <li>Shall have the skills, education, experience and ability to fulfill the employee's job requirements.</li> <li>Shall be at least 16 years old.</li> </ol>
<p>I-188 I-189 I-190 I-191 I-192 <input type="checkbox"/></p>	<p><b>DHS § 105.17(3)(b)1-5 — Duties</b></p> <p>Personal care worker shall perform all of the following duties:</p> <ol style="list-style-type: none"> <li>Perform tasks assigned by the RN supervisor</li> <li>Report in writing to the RN supervisor on each assignment.</li> <li>Promptly report any significant changes observed or reported in the client’s condition to the RN supervisor.</li> <li>Confer as required with the RN supervisor regarding the client's progress.</li> <li>Practice infection control measures as recommended by the U.S. Centers for Disease Control and Prevention (CDC).</li> </ol>
<p><input type="checkbox"/></p>	<p>See also <b>§ DHS 107.112(1)(B)1-13</b></p> <p>The personal care worker shall be assigned by the supervising registered nurse to specific recipients to do specific tasks for those recipients for which the personal care worker has been trained. The personal care worker’s training for these specific tasks shall be assured by the supervising registered nurse. The personal care worker is limited to performing only those tasks and services as assigned for each recipient and for which he or she has been specifically trained.</p> <p>Covered personal care services include:</p> <ul style="list-style-type: none"> <li>Assistance with bathing</li> <li>Assistance with getting in and out of bed</li> <li>Teeth, mouth, denture, and hair care</li> <li>Assistance with mobility and ambulation including use of walker, cane, or crutches</li> <li>Changing the recipient’s bed and laundering the bed linens and the recipient’s personal clothing</li> <li>Skin care, excluding wound care</li> <li>Care of eyeglasses and hearing aids</li> <li>Assistance with dressing and undressing</li> <li>Toileting, including use and care of bedpan, urinal, commode, or toilet</li> <li>Light cleaning in essential areas of the home used during personal care service activities</li> <li>Meal preparation, food purchasing, and meal serving</li> <li>Simple transfers, including bed to chair or wheelchair and reverse <i>(continued)</i></li> <li>Accompanying the recipient to obtain medical diagnosis and treatment</li> <li>Services – prior authorization</li> <li>Delegated tasks by RN</li> </ul>

**III. AGENCY FORMS**

**Use the following information and directions in the development of your agency forms.**

**1. Form: Employee Evaluation / Performance Assessment**

The PCA provider evaluates every Personal Care Worker and RN supervisor employed by or under contract with the PCA periodically according to the provider's policy.

The Agency Evaluation Form should include:

- Date of evaluation
- Name and title of employee being evaluated
- Name and title of evaluator
- Quality of performance measures being evaluated
- Adherence to provider’s policies evaluated

- Area to address action plans for employees with below average performance (which could include training, coaching, improvement plan, and/or progressive discipline as needed.)

**2. Form: Employee Orientation Checklist**

See requirements identified in I-101 through I-109.

**3. Form: PCW Daily Assignment Record**

The agency's form must include the following:

- PCW reporting of significant condition changes to RN and how communication will occur
- The member and PCW signatures and dates of signatures are required on all records of care
- Signature verifying that RN supervisor reviewed completed assignment sheet
- **Actual** start time and end time of personal care each day
- **Actual** time spent providing Medicaid-covered tasks
- **For each task, the record must show one of the three following methods:**
  - Placing a checkmark next to each task completed
  - Recording the number of minutes spent on each task
  - Recording the time each task was started and ended

**4. Form: Plan of Care**

The plan of care is an instruction sheet for the PCW. It is **NOT** the same as the daily assignment record or the plan of care used to direct skilled nursing activities. A copy of the plan of care should be kept in the home, so that the client and PCW can use it as a reference.

The agency's plan of care must be:

- Written to include the same services as found in physician orders, the personal care screening tool (PCST), and the daily assignment sheet
- Dated and initialed when first developed, for example, effective date
- Updated and initialed by the RN every 60 days and as needed
- Written as instructions addressed to PCW as to PCW care duties
- Kept in the home so that PCW and family can use it for reference
- A restatement of physician orders
- **Written in narrative form to include:**
  - Frequency, duration of services
  - Cares described unique to client; not a generic on-size-fits-all checklist
  - Functional limitations explaining why the client needs help with brushing dentures, washing face, going to the bathroom, etc.
  - Demographics
    - Address, directions to home
    - Supports from family
    - Language, ability to write
    - Emergency contacts
    - Physician phone, clinic
    - Social/cultural
    - List of significant chronic health problems
  - Client signature
  - PCW signature

**5. Form: RN Supervisory Visit**

The agency's RN supervisory visit form must include documentation that:

- Supervisory visit took place in the home.
- PCW is demonstrating provisions of care.
- RN is evaluating PCW's competency to provide cares.
- RN evaluated the need for additional or fewer PCW services, to include statement that client needs have or have not changed.
- RN completed focused assessment of current problems.
- Referral was made to additional disciplines or services so that client health needs can be met.
- PCW, client and RN signed and dated form.

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 **6. Form: Notice of Client Discharge from Services**

The agency's discharge notice form must include:

- Name of client
- Date of client discharge
- Date agency notified the client of discharge; date notified physician of discharge
- Indicate, with date and name of agency personnel:
  - That, prior to discharge, agency discussed with client or client's legal representative, the reason(s) for discharge
  - That, prior to discharge, agency discussed the reason(s) for discharge with the physician and obtained a physician's order
- Reason(s) for discharge which describe any one of the following instances:
  - Two instances of written notice 10 calendar days prior to discharge
  - Four instances of written notice at the time of discharge
  - Other
- **Description of continuity of care** (Describe how the PCA was able to provide the client assistance in arranging for continuity of all necessary personal care services.)
- **Information about filing a complaint** (Provide client with Division of Quality Assurance's name, address, and toll free phone number should client wish to file a complaint with the department regarding disagreement with circumstances of the discharge.)

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 **7. Form: Service Agreement**

**The agency must indicate on their service agreement form that the following occurred BEFORE services were provided.**

That, **orally and in writing**, the client was informed of the following:

- Name of the payment source that funds personal care services
- Extent to which payment may be expected from other sources
- Charges for services that will not be covered by other funding sources
- Charges that the individual may have to pay (The form must include "none" or "\$0.00," if that is the case.)

The client should keep a signed copy of this agreement and a copy must be placed in the clinical record.

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 **8. Form: Rights and Responsibilities**

The agency's rights and responsibilities form must include the client's signature attesting that the agency informed them of their rights and responsibilities and the telephone and address of the State's complaint agency.

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 **9. Form: Employee Screening for TB and Communicable Disease**

The agency must develop a questionnaire or a "screening tool" which contains questions that will provide information that will help determine whether or not the employee is symptom-free of communicable diseases. (See Wisconsin Admin. Code ch. DHS 145) The form shall be reviewed, signed, and dated by the RN supervisor, RN, physician assistant, nurse practitioner, or physician. The form may or may not include TB test results.

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