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| DEPARTMENT OF HEALTH SERVICES  Division of Quality Assurance  F-02106B (12/2021) | | | | | **STATE OF WISCONSIN**  Adult Day Care Center Certification | | | | |
| **ADULT DAY CARE CENTER (ADCC)**  **CERTIFICATION APPLICATION CHECKLIST** | | | | | | | | | |
| Name — Program | | | | | | | | Capacity | Date *(mm/dd/yyyy)* |
| Street Address | | | | City | | Zip Code | County | | Reviewer |
| **A completed application includes submission of all the items in section A, as well as review of the items by an assisted living surveyor to ensure compliance with applicable regulations.**  If you have questions regarding the completion of this form, call **608-266-8482** or email [dhsdqaballicensing@dhs.wisconsin.gov](mailto:dhsdqaballicensing@dhs.wisconsin.gov). | | | | | | | | | |
| **A. A completed application contains the following:** | | | | | | | | | |
|  | | 1. | Completed DQA form F-02106A, *Adult Day Care Center Certification Application* *[Wis. Admin. Code § DHS 105.14(3)(a)1.]* | | | | | | |
|  | | 2. | Background check completed by Office of Caregiver Quality on the owner and all non-residents age 10and older | | | | | | |
|  | | 3. | Non-refundable certification fee of $127.00 | | | | | | |
|  | | 4. | Fully completed DQA form F-02111, Fit and Qualified Application | | | | | | |
|  | | 5. | Program description *[Wis. Admin. Code § DHS 105.14(2)(b)1.a.-k.]* | | | | | | |
|  | | 6. | DQA form F-26274A, *Assisted Living Facility Model Balance Sheet*, or equivalent *[Wis. Admin. Code § DHS 105.14(2)(a)2.e.]* | | | | | | |
|  | | 7. | Evidence of financial ability to operate for 60 days *[Wis. Admin. Code § DHS 105.14(2)(a)2.f.]* | | | | | | |
|  | | 8. | Proof of transportation liability insurance, if applicable *[Wis. Admin. Code § DHS 105.14(2)(a)2.g.]* | | | | | | |
|  | | 9. | Well water test results, if applicable *[Wis. Admin. Code § DHS 105.14(8)(b)2.]* | | | | | | |
|  | | 10. | Fire inspection report *[Wis. Admin. Code § DHS 105.14(9)(b)]* | | | | | | |
|  | | 11. | Floor plan showing dimensions, exits and room usage *[Wis. Admin. Code § DHS 105.14(8)(a)2.]* | | | | | | |
|  | | 12. | Program evaluation plan *[Wis. Admin. Code § DHS 105.14(2)(a)2.i.]* | | | | | | |
| **B. Initial survey visit:**  **Refer to the Adult Day Care Center Initial Survey Checklist, F-02634 for a list of items to be reviewed during the initial survey (hyper-link here). Applicant is responsible for knowing and meeting all certification requirements.** | | | | | | | | | |
| C. Home and Community Based Services Certification Requirements — Eligibility for Medicaid Waiver Funding | | | | | | | | |
| **To be eligible to receive Medicaid waiver funding, facilities must demonstrate compliance with The Centers for Medicare & Medicaid Services (CMS) Home and Community-Based Services (HCBS) settings rule. Review the HCBS Settings Rule: Compliance for Nonresidential Services Providers (**[www.dhs.wisconsin.gov/hcbs/nonresidential.htm](http://www.dhs.wisconsin.gov/hcbs/nonresidential.htm)**) for more information.** | | | | | | | | |