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| DEPARTMENT OF HEALTH SERVICESDivision of Quality AssuranceF-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. |
| **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.**  |