

Applicants applying for [iCare 1-2 Bed AFH Certification](#)

Confirm you are able to adhere to the 1-2 Bed Adult Family Home standards **prior to applying**. [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Home \(P-00638\)](#)

Submit experience/resume for client Target Groups for which you are applying

Send non-refundable **\$425 certification fee per location**

- Indicate company name and 1-2 Bed AFH address on each check or money order
- Make check or money order payable to “Independent Care Health Plan”
- Send check or money order to the following address:

Attn: Network Development
Independent Care Health Plan
1555 N RiverCenter Drive, Suite 206
Milwaukee, WI 53212

Submit financial documentation such as, bank statement, savings, investments, etc., that reflect funds or income that may be used to continue the operation of the facility for 30 days based on the total operating costs for a 1-2 Bed AFH.

If you are renting the 1-2 Bed AFH location, submit a copy of the rental agreement reflecting the landlord’s approval to operate a business from the address you are seeking Certification.

Applicants **may not** reapply for certification in Wisconsin within two (2) years after the effective date under any of the following circumstances:

- Previously denied certification or licensure for cause
- A revoked certificate or license
- Voluntarily surrendered license or certification for any type of residential provider while facing active denial
- A decertification or revocation action

Contracted participation in the Independent Care Health Plan network does not guarantee utilization or exclusivity.

The annual recertification fee is \$350 per location.