Home and Community Living Administration

Children's Residential Habilitation Services Certification Evaluation

Date

Provider Name		
Mailing Address		
Site Address		
Contract Number and End Date (if applicable)		
☐ Check this box if the provider is a Children's State-Operated Living Provider.		
Provider Email Address		Provider Phone Number
Certification Length Recommendation by HCLA / DDCS Representative (24-month maximum)	**Certification Monitoring Length Approved by HCLA Quality Assurance Office**	
Certification Evaluation Period	**Next Review Date (filled out by HCLA Quality Assurance Office)**	
Evaluator Visit Date(s)		
The evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated Children's Residential Habilitation program.		
Evaluator's Signature Date		Printed Name

Participants		
Residential Services Unit Manager Name	Children's Residential Quality Assurance Program Manager Name	Children's Residential Services Resource Manager Name
OHS Program Manager Name	Children's Specialized Residential Habilitation Program Manager Name	Other Name and Role
Other Name and Role	Other Name and Role	Other Name and Role

Provider supported the following client types during evaluation review period:

☐ Enhanced Out-of-home Services
☐ Out-of-home Services
☐ Residential Habilitation for Dependent Youth

Sample:

- Client sample (total):
- Client initials from sample (no names):
- Staff sample:
- Staff initials from sample (no names):

Prior to evaluation:

☐ Evaluator checked in with Children's Resource Manager to see if there have been any reported concerns or DCYF investigations regarding the provider.

Section A. Provider Qualifications and Responsibilities

Standards	Program Compliance			
	Yes	No	P	N/A
1. Background checks:				
a. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;	☐	☐	☐	☐
b. All paid staff complete a FBI fingerprint check and a child abuse and neglect history check of every state in which the individual has lived in the preceding five years prior to conduction the background check;	☐	☐	☐	☐
c. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a DCYF issued background clearance authorization before working in a facility (with or without clients);	☐	☐	☐	☐
d. **Children's SOLA provider only:** A character, competence, and suitability review is completed before allowing unsupervised access to clients, when background check results reveal non-disqualifying crimes or negative actions;	☐	☐	☐	☐
e. Are renewed at least every three years;	☐	☐	☐	☐
f. A person who has resided fewer than three continuous years in Washington State must have fingerprint-based background check; and	☐	☐	☐	☐
g. Persons who live out of state have a current FBI fingerprint-based background check.	☐	☐	☐	☐
Policy 5.01, WAC 388-825-605, WAC 388-825-610, WAC 388-825-620, WAC 388-825-645; WAC 110-145-1325				
Evaluator Comments:				
Corrective Actions:				
2. The provider and their employees meet these training requirements as evidenced by DDCS certificates for:	Yes	No	P	N/A
a. 75 hours certificate within 120 days of hire which includes				
i. 40 hour core training;	☐	☐	☐	☐
ii. Five (5) hour Safety and Orientation (required prior to working with children); and	☐	☐	☐	☐
iii. 30-hour DDCS approved population specific training.	☐	☐	☐	☐
b. DDCS approved 12 hours of Continuing Education per year;	☐	☐	☐	☐

	Yes	No	P	N/A
c. CPR and First Aid training completed and kept current (not included in continuing education);	☐	☐	☐	☐
d. Current blood-borne pathogens training (not included in continuing education);	☐	☐	☐	☐
e. Client-specific training based on the individual instruction and support plan, documented by staff sign-off;	☐	☐	☐	☐
f. 30 minutes of training to direct care staff on new or updated Positive Behavior Support Plans, documented by staff sign-off; and Policy 5.19	☐	☐	☐	☐
g. **Children's SOLA provider only:** Current food worker card.	☐	☐	☐	☐
OHS WAC 388-826-0360, OHS WAC 388-826-0380, RHDY WAC: 388-842-0045, RHDY WAC 388-842-0040, 388-829 WAC				
Evaluator Comments:				
Corrective Actions:				

3. The Provider has a current signed copy of: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, (form DSHS 10-403), on reporting requirements (required upon hire and annually) for each administrator, owner, operator, employee contractor, and volunteer. DDA Policy 6.12	Yes ☐	No ☐	P ☐	N/A ☐
Evaluator Comments:				
Corrective Actions:				

4. The provider maintains:	Yes	No	P	N/A
a. A client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievance to the department; and	☐	☐	☐	☐
b. A client rights policy in accordance with chapter 71A.26 RCW. RCW 71A.26	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

5. Provider maintains the following when participating in nurse delegation:	Yes	No	P	N/A
a. Written instructions for performing the delegated task from the delegating RN; WAC 246-840-930	☐	☐	☐	☐
b. Documentation of nurse delegation 90-day visits;	☐	☐	☐	☐
c. A consent is in place, signed by the client or legal representatives;	☐	☐	☐	☐
d. Verification of nurse delegation training for staff; and	☐	☐	☐	☐
e. Delegable staff have a current Nursing Assistant-Registered (NA-R), Nursing Assistant-Certified (NA-C), or Home Care Aid – Certified (HCA-C).	☐	☐	☐	☐
OHS WAC 388-826-0590, RHDY WAC 388-842-0180, Policy 6.15 Nurse Delegation Services				

Evaluator Comments:				
Corrective Actions:				

6. Specialized training **(Enhanced Out of Home Services Only)**	Yes	No	P	N/A
Provider completes three trainings by month three, the next two trainings by month six, and completion of all eight trainings within 12 months of employment including:				
a. De-escalation;	☐	☐	☐	☐
b. Basics of Mental Health and Youth with Intellectual Disabilities;	☐	☐	☐	☐
c. Autism;	☐	☐	☐	☐
d. Crisis Prevention Intervention;	☐	☐	☐	☐
e. Behavior Support;	☐	☐	☐	☐
f. Challenging Behaviors;	☐	☐	☐	☐
g. Trauma Informed Care and how it applies to Youth; and	☐	☐	☐	☐
h. Familiarity with evidence-based practices with youth, i.e., Restorative Based Practices, Dialectical Behavior Therapy.	☐	☐	☐	☐
CONTRACT				
Evaluator Comments:				
Corrective Actions:				

7. All staff working with clients have taken physical intervention training prior to working unsupervised.	Yes	No	P	N/A
	☐	☐	☐	☐
DDA Policy 5.20				
Evaluator Comments:				
Corrective Actions:				

Section B. Physical and Safety Requirements				
Standards	**Program Compliance**			
1. The provider maintains compliance with the following safety requirements:	Yes	No	P	N/A
a. The common areas of the home are unrestricted;	☐	☐	☐	☐
b. All entrances and exits are unblocked;	☐	☐	☐	☐
c. The home is maintained in a safe and healthy manner;	☐	☐	☐	☐
d. The home has a storage area for flammable and combustible;	☐	☐	☐	☐
e. The home has a stocked first-aid kit;	☐	☐	☐	☐
f. The home has a working and accessible telephone;	☐	☐	☐	☐
g. The home has a working and accessible flashlight or alternative light source;	☐	☐	☐	☐
h. Emergency contact information is available and accessible in the home (e.g., 911, poison control, nonemergency 911, Adult Protective Services, Child Protective Services);	☐	☐	☐	☐

	Yes	No	P	N/A
i. The contact information in for the Developmental Disabilities Ombuds is available and accessible in the home;	☐	☐	☐	☐
j. The water temperature in the home is 120° F or less and documented monthly;	☐	☐	☐	☐
k. There is a safety plan for any body of water more than 24 inches deep at the home;	☐	☐	☐	☐
l. The home has emergency food and water supply; and	☐	☐	☐	☐
m. The home has a backup power source (e.g., generator, battery pack) if the provider supports a client who uses life sustaining medical equipment.	☐	☐	☐	☐

OHS: WAC 388-826-0350, RHDY: WAC 388-842-0060

Evaluator Comments:

Corrective Actions:

2. The provider has infection control practices in place, including:	Yes	No	P	N/A
a. Written policies and procedures about the control of infections. These must include, but are not limited to:				
i. Isolation of sick individuals;	☐	☐	☐	☐
ii. Germ control procedures;	☐	☐	☐	☐
iii. Hygiene, including hand-washing, toileting, and laundering;	☐	☐	☐	☐
iv. Prevention of the transmission of communicable diseases including management and reporting;	☐	☐	☐	☐
v. First Aid;	☐	☐	☐	☐
vi. Care of minor illness;	☐	☐	☐	☐
vii. Actions to be taken for medical emergencies; and	☐	☐	☐	☐
viii. General health practices.	☐	☐	☐	☐
b. Promoting personal hygiene to help prevent the spread of germs;	☐	☐	☐	☐
c. Providing staff with the necessary supplies for limiting the spread of infections; and	☐	☐	☐	☐
d. Not allowing staff to be on duty if they have a reportable communicable disease until they have a health care professionals approval before returning to work.	☐	☐	☐	☐

OHS: WAC 388-826-0400, RHDY: WAC 388-842-0065

Evaluator Comments:

Corrective Actions:

3. The provider meets fire drill requirements including:	Yes	No	P	N/A
a. Conducting a fire drill at least once each month at varying times of the day and night so that staff on all shifts practice the procedures with the clients they support;	☐	☐	☐	☐
b. Maintaining a written record on the premises that indicates the date and time each fire drill is completed; and	☐	☐	☐	☐
c. Consulting with and following the Washington State Patrol / Fire Protection Bureau (WSP / FPB) protocol for simulated fire drills, if the provider supports a non-ambulatory client.	☐	☐	☐	☐

OHS: WAC 388-826-0410, RHDY: WAC 388-842-0070

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
4. The provider meets fire safety requirements including:				
a. The home is located in an area with public fire protection;	☐	☐	☐	☐
b. Having working smoke and carbon monoxide detectors installed on every floor of the home. Each Smoke and carbon monoxide detector addresses the needs of clients who are deaf or hard of hearing;	☐	☐	☐	☐
c. Smoke detectors are:				
i. In operating condition both inside and outside of all sleeping areas;	☐	☐	☐	☐
ii. Installed on each story of the facility, in all play areas, and in the basement;	☐	☐	☐	☐
iii. Installed and maintained according to the manufacturer's specifications;	☐	☐	☐	☐
iv. If mounted on a wall, are 12 inches from the ceiling and a corner; and	☐	☐	☐	☐
v. Tested twice a year to ensure they are in working order. The provider documents the dates and times of the tests.	☐	☐	☐	☐
d. Carbon monoxide detectors are located in or near each client's bedroom and on every floor of the facility;	☐	☐	☐	☐
e. At least one approved 2A10BC-rated five pound or larger all-purpose (ABC) fire extinguisher is readily available at all times. *"Approved 2A10BC-rated" means a fire extinguisher with an underwriters laboratory label on the nameplate classifying the extinguisher as 2A10BC-rated or larger;*	☐	☐	☐	☐
f. Maintains and services fire extinguishers according to manufacturer's specifications;	☐	☐	☐	☐
g. Approved fire extinguishers are located in the area of the normal path of exiting. The maximum travel distance to an extinguisher from any place on the premises does not exceed 75 feet. When the travel distance exceeds 75 feet, additional extinguisher(s) are in place;	☐	☐	☐	☐
h. At least one fire extinguisher is located on each floor of multilevel facilities;	☐	☐	☐	☐
i. A fire extinguisher located in the kitchen;	☐	☐	☐	☐
j. Fire extinguishers are:				
i. Mounted in a bracket or in a fire extinguisher cabinet so that the top of the extinguisher is no more than five feet above the floor; and	☐	☐	☐	☐
ii. Annually maintained and certified by a licensed firm specializing in this work, based on the manufacturer's recommended schedule.	☐	☐	☐	☐
OHS: WAC 388-826-0470, OHS WAC 388-826-0350, RHDY: WAC 388-842-0110, RHDY WAC 388-842-0060				
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
5. Provider meets emergency evacuation plan requirements including:				
a. Displaying an emergency evacuation plan in the common area on every floor of the home which includes:				
i. A floor plan of the home with clearly marked exits;	☐	☐	☐	☐
ii. Emergency evacuation routes;	☐	☐	☐	☐
iii. The location for the clients to meet outside of the home; and	☐	☐	☐	☐
iv. A description of the type of assistance that will be provided if, a client requires assistance during an evacuation.	☐	☐	☐	☐
b. Ability to evacuate all clients to a safe location outside the home.	☐	☐	☐	☐
OHS: WAC 388-826-0420, RHDY WAC 388-842-0075				

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
6. Provider maintains requirements for storing chemicals and other substances:				
a. Safely secures cleaning supplies, flammables, and other combustible materials, toxic or poisonous substances, and aerosols; and	☐	☐	☐	☐
c. Clearly labels the container if a container is filled with a toxic substances from a bulk supply.	☐	☐	☐	☐
OHS: WAC 388-826-0430, RHDY WAC 388-842-0080				

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
7. Provider maintains requirements for storing medication:				
a. In a locked container, such as a lockbox;	☐	☐	☐	☐
b. Separate from food and toxic chemicals;	☐	☐	☐	☐
c. Under proper conditions for sanitation, temperature, and ventilation;	☐	☐	☐	☐
d. In the original medication container with the pharmacist-prepared or manufacturer's label, which includes the:				
i. Name of the client for whom the medication is prescribed;	☐	☐	☐	☐
ii. Name of the medication;	☐	☐	☐	☐
iii. Dosage and frequency; and	☐	☐	☐	☐
iv. **Applies to RHDY only:** Route each medication is to be administered.	☐	☐	☐	☐
e. In a medication organizer if the medication organizer was prepared by a pharmacist or registered nurse; and	☐	☐	☐	☐
f. Life-saving medications must be accessible in an emergency.	☐	☐	☐	☐
WAC 388-826-0440, RHDY WAC: 388-842-0085				

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
8. Provider follows the Food and Drug Administration's guidelines on proper disposal of medication:				
a. When disposing of a client's medication, the provider lists:				
i. Client's name;	☐	☐	☐	☐
ii. Medication name;	☐	☐	☐	☐
iii. Amount disposed; and	☐	☐	☐	☐
iv. Date of disposal.	☐	☐	☐	☐
b. Two people verify the disposal by signature.	☐	☐	☐	☐
WAC 388-826-0450, RHDY: WAC 388-842-0090, Policy 6.19				

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
9. Provider responsibilities if a client refuses prescribed medication:				
a. Document the refusal, including the time, date, and medication refused;	☐	☐	☐	☐
b. Inform the client of the benefits of the medication;	☐	☐	☐	☐
c. Consult a pharmacist or licensed medical provider with prescription authority to determine if medication refusal could significantly harm the client;	☐	☐	☐	☐
d. If recommended, continue to offer the medication following consultation; and	☐	☐	☐	☐
e. Inform the client's parent or legal representative of the refusal and any reasons for the refusal if shared by the client.	☐	☐	☐	☐

OHS: WAC 388-826-0460, RHDY: WAC 388-842-0095

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
10. Provider meets facility requirements including:				
a. Maintenance of buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and in good repair;	☐	☐	☐	☐
b. Installing handrails for steps, stairways, and ramps if identified as a safety need;	☐	☐	☐	☐
c. Appropriate furnishings, based on the age and activities of the client supported;	☐	☐	☐	☐
d. Washable, water-resistant floors in bathrooms, kitchens, and other rooms exposed to moisture. (Washable short-pile carpeting may be approved in kitchen areas if kept clean and sanitary.);	☐	☐	☐	☐
e. Tamper-proof or tamper-resistant electrical outlets or blank covers installed in areas accessible to clients who might be endangered by access to them;	☐	☐	☐	☐
f. Easy access to the outdoors and rooms occupied by children in case an emergency arises;	☐	☐	☐	☐
g. Non-breakable light fixture covers or shatter-resistant light bulbs or tubes in food preparation and dining areas;	☐	☐	☐	☐
h. Adequate indoor and outdoor space, ventilation, light, and heat to ensure the health and comfort of all members of the household;	☐	☐	☐	☐
i. The bathroom facilities have:				
i. Toilets, urinals, and handwashing sinks appropriate to the height for the clients supported, or have a safe and easily cleaned step stool or platform that is water-resistant; and	☐	☐	☐	☐
ii. Soap and clean towels, disposable towels, or other approved hand-drying devices.	☐	☐	☐	☐
j. The cleanliness and care of the premises meets generally accepted health standards for the storage and preparation of food;	☐	☐	☐	☐
k. Reasonable attempts to keep the premises free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods;	☐	☐	☐	☐
l. Has an immediate plan to address hazardous conditions on the property or in the facility;	☐	☐	☐	☐
m. Accessibility to emergency vehicles and the address is clearly visible on the facility or mailbox so that first responders can easily find the facility;	☐	☐	☐	☐
n. Being located on a well-drained site, free from hazardous conditions;	☐	☐	☐	☐
o. Utility rooms with mop sinks that do not have windows opening to the outside are ventilated with a mechanical exhaust fan to the outside of the building; and	☐	☐	☐	☐

p. The use of window blinds or other window coverings with pull cords capable of forming a loop and posing a risk of strangulation to children are prohibited under RCW 43.216.380. WAC 388-826-0480, RHDY: WAC 388-842-0115	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section C. Client Services				
Standards	**Program Compliance**			
1. Provider responsibilities:	Yes	No	P	N/A
a. Ensure the health and safety of the client;	☐	☐	☐	☐
b. Provide adequate staff to meet the needs of clients as identified in the rate assessment;	☐	☐	☐	☐
c. Support the client in regular school attendance, including following the school's reporting requirements when the client is absent or has an appointment during the school day;	☐	☐	☐	☐
d. Maintain regular communication with school representatives and attend school-related meetings;	☐	☐	☐	☐
e. Participate in the client's Individualized Education Program and collaborate with the school and parent or legal representative to ensure timely and continuous access to a free and appropriate public education in the least restrictive environment;	☐	☐	☐	☐
f. Maintain regular communication with the client's parent or legal representative;	☐	☐	☐	☐
g. Develop and practice evacuation plans in case of fire, natural disaster, or other emergencies in accordance with WAC 388-826-0420;	☐	☐	☐	☐
h. Request an assessment for nurse delegation if the client needs medication administration;	☐	☐	☐	☐
i. If the provider is paid a group care facility for medically fragile children from DDA, they must document and keep track of these funds;	☐	☐	☐	☐
j. If provider receives funding for community inclusion activities for the client, the provider must:				
i. Discuss and schedule community inclusion activity options with the client; and	☐	☐	☐	☐
ii. Track, and make available to DDCS upon request, the client's participation in community inclusion activities, including:				
(1) Date of each activity;	☐	☐	☐	☐
(2) Cost of each activity;	☐	☐	☐	☐
(3) A running balance of the client's community inclusion activities funds.	☐	☐	☐	☐
k. **Applies to RHDY only:** Support and assist client with requested or needed DCYF case-specific communications. OHS WAC: 388-826-0590, RHDY WAC: 388-842-0180	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				
2. Provider maintains:	Yes	No	P	N/A
a. Business automobile insurance policy on service provider owned vehicles used to transport clients;	☐	☐	☐	☐

b. Non-owned vehicle insurance coverage for vehicles not owned by the service provider but used to transport clients; and c. Record of valid drivers licenses for service providers, employees, subcontractors, and volunteers who transport clients. WAC 388-101D-0165 **Evaluator Comments:**	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Corrective Actions:	

Section D. Incidents and Mandatory Reporting				
Standards	**Program Compliance**			
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to the Division of Children, Youth, and Families. DDA Policy 6.12 **Evaluator Comments:**	Yes ☐	No ☐	P ☐	N/A ☐
Corrective Actions:				
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 and RCW 26.44. **Evaluator Comments:**	Yes ☐	No ☐	P ☐	N/A ☐
Corrective Actions:				
3. The provider reported all incidents to DDCS and the client's legal representative, in accordance with HCLA Policy 6.12. This includes submitting the General Event Report to DDCS. HCLA Policy 6.12 **Evaluator Comments:**	Yes ☐	No ☐	P ☐	N/A ☐
Corrective Actions:				

Section E. Records and Reports				
Standards	**Program Compliance**			
1. The provider has a current services acknowledgement on file for each client that: a. Has been signed by each client's parent, or legal representative and the provider designee (can be signed by client if they are 18 or older)	Yes ☐	No ☐	P ☐	N/A ☐
b. Includes:				
i. Integrated setting requirements;	☐	☐	☐	☐
ii. The rights and responsibilities of the parent or legal representative	☐	☐	☐	☐
iii. If DSHS and DDCS are offering services through Medicaid or Roads to Community Living;	☐	☐	☐	☐

iv. Services provided are voluntary and can be terminated at any time and include termination requirements for the provider under RCW 71A.26.030; and	☐	☐	☐	☐
v. Provider will assist in accessing non-DDCS related services including but not limited to education and medically necessary treatments. This includes participation in individual team meetings and development of an individualized education program.	☐	☐	☐	☐
OHS WAC: 388-826-0550, RHDY WAC 388-842-0165				
Evaluator Comments:				
Corrective Actions:				

2. An Individual Instructions and Support Plan (IISP) is in place for each client, which:	Yes	No	P	N/A
a. Describes habilitation goals that the provider and client will work on together while the provider supports the client;	☐	☐	☐	☐
b. Lists the instruction and support activities the provider will provide to the client and explain how those activities meet the assessed needs identified in the client's Person-centered Service Plan;	☐	☐	☐	☐
c. Describes other relevant support and service information;	☐	☐	☐	☐
d. Includes a plan for promoting independent living skills, including financial readiness education, for clients over age 16;	☐	☐	☐	☐
e. Is developed and implemented no more than 30 days after the client begins receiving services; and	☐	☐	☐	☐
f. Is revised as goals are achieved or assessed needs change, at least semiannually and if requested by the client or the client's parent or legal representative.	☐	☐	☐	☐
DDA Policy 5.08, OHS WAC 388-829-0500, OHS WAC 388-826-0490, RHDY WAC: 388-842-0120, RHDY WAC: 388-842-0125				
Evaluator Comments:				
Corrective Actions:				

3. The provider maintains in the client record:	Yes	No	P	N/A
a. Referral packet contents;	☐	☐	☐	☐
b. Service notes;	☐	☐	☐	☐
c. The most current and signed Child and Family Engagement Plan or Planning for Youth Aged 18 – 21 form;	☐	☐	☐	☐
d. Medication records;	☐	☐	☐	☐
e. Incident reports; and	☐	☐	☐	☐
f. **Applies to RHDY only:** The most current and signed RHDY Engagement Plan.	☐	☐	☐	☐
OHS WAC: 388-826-0540, OHS WAC: 388-826-0560, RHDY WAC: 388-842-0150, RHDY WAC: 388-842-0170 Child and Family Engagement Plan (DSHS 10-244) Planning for Youth Aged 18-21 (DSHS 10-423) RHDY Engagement Plan (DSHS 10-707)				
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
4. Provider submits quarterly reports to DDCS and the client's parent or legal representative no more than 10 business days after the end of each quarter. Residential Quarterly Report for Children's Residential Services (DSHS 15-564) OHS WAC: 388-826-0520, RHDY WAC: 388-842-0140	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				
5. Provider maintains current written property records for each client: a. A list of personal possessions with a value of at least $25 that the client owns when moving into the program;	☐	☐	☐	☐
b. A list of personal possessions with a value of $75 or more per item after the client moves into the program; and	☐	☐	☐	☐
c. Description and identifying numbers, if any, of the property.	☐	☐	☐	☐
OHS WAC: 388-826-0530, RHDY WAC: 388-842-0145				
Evaluator Comments:				
Corrective Actions:				

Section F. Restrictive Procedures				
Standards	**Program Compliance**			
	Yes	No	P	N/A
1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary. DDA Policy 5.14, 5.19, 5.20	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				
2. A Functional Assessment and Positive Behavior Support Plan are in place if one of the following applies: a. A client's Person-centered Service Plan requires extensive supports to prevent emotional outburst, suicide attempts, sexual aggression, self-injury, property destruction, or assaults or injuries to others;	☐	☐	☐	☐
b. The client and family team determines that a modification to an integrated setting requirement is necessary;	☐	☐	☐	☐
c. A client is taking psychotropic medications, including PRN medications, to address target behaviors;	☐	☐	☐	☐
d. The use of certain restrictive procedures are planned or used;	☐	☐	☐	☐
e. The client transitions from an Evaluation and Treatment Facility, a psychiatric hospitalization, or a residential treatment facility	☐	☐	☐	☐
f. The client has had three or more emergency room visits or hospital admissions in a six-month period due to mental health or behavioral needs;	☐	☐	☐	☐

	Yes	No	P	N/A
g. The client is at risk of losing their residential provider due to target behaviors;	☐	☐	☐	☐
h. Door or window alarms are used to monitor a client who presents a risk to themselves or others (e.g., lacks traffic skills, elopes, is physically or sexually assaultive);	☐	☐	☐	☐
i. The client has a history of making threats or inflicting harm with items that need to be taken away or secured for safety due to being used as weapons (e.g., knives, matches, lighters); or	☐	☐	☐	☐
j. It is necessary to remove the client's property because it is being used to inflict injury on the client, others, or cause property damage. This includes restricting access to the client's personal belongings due to history of destructive behavior (e.g., storing clothing or art supplies outside a client's room). The PBSP must include a timeline and directions for when the property will be returned to the client.	☐	☐	☐	☐
DDA Policy 5.19				
Evaluator Comments:				
Corrective Actions:				
3. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDCS.	☐	☐	☐	☐
DDA Policy 5.20				
Evaluator Comments:				
Corrective Actions:				

Section G. Teleservice

Standards	Yes	No	P	N/A
☐ Section not applicable. Provider does not provide teleservice.				
1. If providing teleservices, the provider:				
a. Has a signed DDCS contract for each service they plan to provide that includes the teleservice subcode language and follows all contractual obligations; and	☐	☐	☐	☐
b. Before agreeing to provide a service through teleservice delivery, the contracted waiver service provider must confirm that the client is able and willing to use the platform utilized by that provider.	☐	☐	☐	☐
Policy 4.27				
Evaluator Comments:				
Corrective Actions:				

Section H. Qualify Review

Standards	Yes	No	P	N/A
1. Clients have adequate privacy in their bedrooms and sufficient space for personal belongings.	☐	☐	☐	☐

2. If a client is unable to have a lock on their door due to documented history of safety concerns, a modification has been requested, documented, and approved.	☐	☐	☐	☐
3. The provider is knowledgeable about clients' preferences regarding the care provided.	☐	☐	☐	☐
4. Clients' individual privacy is respected.	☐	☐	☐	☐
5. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).	☐	☐	☐	☐
6. There is adequate security (i.e., locks, asking for identification before opening the door).	☐	☐	☐	☐
7. Clients have access to balanced, nutritional food choices that reflect their personal preference.	☐	☐	☐	☐
8. Staff can identify the client's challenging behaviors and intervention strategies based upon behavior support plan?	☐	☐	☐	☐
9. The provider participated in the certification evaluation process in a timely and responsive manner including:				
a. Participating in scheduled and unscheduled visits, cooperating in scheduling visits, providing information and documentation as requested, responding to questions or issues identified, participating in an exit meeting, and implementing a corrective action plan.	☐	☐	☐	☐
10. The provider completed all corrective actions from the previous certification period.	☐	☐	☐	☐

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Evaluator Comments:

Corrective Actions:

Additional comments regarding evaluation: