Provider's Name	Date

DSHS WASHINGTON STATE Department of Social and Health Services

Developmental Disabilities Administration (DDA)

Companion Home Certification Evaluation

Provider's Name	Contract Number and End Date
Mailing Address	
Site Address	
Phone Number (include Area Code)	Email Address
Certification monitoring Length Recommended by Resource Manager (24 months maximum)	Certification Monitoring Length Approved by DDA Quality Assurance Office (QAS) (Signature)
Certification Evaluation Period	Next Review Date (filled out by DDA QAS)
Evaluator Visit Dates	

The Evaluator confirms, by signing below, that they do not have any interest or obligation in the above stated Companion Home.

Signature	Date
Printed Name	

Participants		
Client's Name	Legal Representative's Name	CH Provider's Name
Resource Manager's Name	Case Manager's Name	Other's name and Role
Other's name and Role	Other's name and Role	Other's name and Role

Section A. Initial Certification Qualifications

Standards	Program Compliance			
☐ N/A – Not initial certification	Yes	No	P	N/A
1. The provider meets each of the following minimum qualifications:				
a. Is 21 years of age or older; WAC 388-829C-040	☐	☐	☐	☐
b. Has earned a high school diploma or GED; WAC 388-829C-040	☐	☐	☐	☐
c. Meets the training requirements under WAC 388-829; WAC 388-829C-110	☐	☐	☐	☐
d. No more than 120 days after the date of hire, the provider completed 18 hours of population-specific or client-specific training under Chapter 388-829 WAC; and	☐	☐	☐	☐

WAC 388-829C-110				
e. For Companion Home providers initially contracted after January 1, 2016 or who have not resided in Washington State for three continuous years, there must be an FBI fingerprint-based background check on file at time of initial contracting and retained. WAC 388-829C-070, RCW 43.20A	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section B. Provider Qualifications and Responsibilities				
Standards	**Program Compliance**			
1. The Provider has a current signed contract. WAC 388-829C-042	Yes ☐	No ☐	P ☐	N/A ☐
Evaluator Comments:				
Corrective Actions:				

2. The provider meets each of the following minimum qualifications:	Yes	No	P	N/A
a. Has current certification for First Aid / CPR; WAC 388-829-0040, WAC 388-829C-110	☐	☐	☐	☐
b. Maintains current Blood Borne Pathogens training; WAC 296-823-12005, WAC 388-829C-110	☐	☐	☐	☐
c. Has an active Washington State business license as an independent contractor; WAC 388-829C-040	☐	☐	☐	☐
d. Has a current non-disqualifying background check results conducted by DSHS' BCCU (valid for three years) with Character, Competence, and Suitability Review approved by DDA if results required review; and WAC 388-829C-040	☐	☐	☐	☐
e. All people, except the client, have a current non-disqualifying background check if they are 16 or older, and live in, routinely stay overnight in, or may have unsupervised access to the client in the companion home (every three years). WAC 388-829C-070	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

3. The provider meets the following training requirements each calendar year, except in the calendar year they complete one-time basic training:	Yes	No	P	N/A
a. Complete at least 12 hours of continuing education on topics that directly benefit the client served; for Department of Health certified providers, the continuing education must be completed by their birth date; and WAC 388-829-0085, WAC 388-829C-110	☐	☐	☐	☐
b. Maintain training documentation and submit a copy to DDA. (DDA may confirm training requirements have been met.) WAC 388-829C-345, Policy 4.12	☐	☐	☐	☐
Evaluator Comments:				

Corrective Actions:	
4. The provider has proof of current automobile liability insurance as required by law and a valid State of Washington driver's license. WAC 388-829C-250 **Evaluator Comments:** **Corrective Actions:**	Yes ☐ No ☐ P ☐ N/A ☐
5. The provider maintains a grievance policy that includes timelines, remedies, and information about how to submit unresolved grievances to the department. WAC 388-823-1095 **Evaluator Comments:** **Corrective Actions:**	Yes ☐ No ☐ P ☐ N/A ☐
6. 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). DDA Policy 6.12, WAC 388-829C-345 Evaluator Comments: Corrective Actions:	Yes ☐ No ☐ P ☐ N/A ☐
7. The provider maintains a provider profile that contains: a. The name and age of any person living in the home besides the provider; b. The number and type of pets living in the home; c. Other obligations the provider has (e.g., employment, volunteer work, caring for a dependent) that may impact the client's choice of provider. WAC 388-829C-085 8. The provider must send the provider profile to DDA at the time of the application and any time a change occurs. WAC 388-829C-085 Evaluator Comments: Corrective Actions:	Yes No P N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Section C. Nurse Delegation Services	
Standards	**Program Compliance**
1. For clients requiring nurse delegation services, the provider meets the following requirements.	Yes No P N/A

☐ N/A – Client does not require nurse delegation services at this time. WAC 246-840-910 through 246-840-970				
a. The provider performs delegated nursing tasks and medication administration under WAC 246-840-910 through 246-840-970 if necessary. WAC 388-829C-180	☐	☐	☐	☐
b. The provider ensures no one in the home administers medications unless delegated per Nurse Delegation requirements or unless they are a licensed health care professional. DDA Policy 6.19	☐	☐	☐	☐
c. The provider maintains current nurse delegation records which include:				
i. A signed consent for nurse delegation;	☐	☐	☐	☐
ii. Written instructions from the delegating nurse for performing each delegated nursing task;	☐	☐	☐	☐
iii. A log of each delegated nursing task performed in the last six months; and	☐	☐	☐	☐
iv. Nurse delegation training if the client needs delegation and criteria are met under WAC 246-840-930. WAC 388-829C-340, WAC 388-829C-345, WAC 388-829C-110	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section D. Physical and Safety Requirements				
Standards	**Program Compliance**			
1. The provider ensures physical and safety requirements are met.	Yes	No	P	N/A
a. Is accessible to the client;	☐	☐	☐	☐
b. Provides the client direct, unrestricted access to all common areas of the home;	☐	☐	☐	☐
c. There is adequate space for mobility aids, such as a wheelchair, walker, or lifting device if the client uses mobility aids;	☐	☐	☐	☐
d. All entrances and exits are unblocked;	☐	☐	☐	☐
e. The home is maintained, inside and outside in a safe and healthy manner free from hazards;	☐	☐	☐	☐
f. Flammable and combustible materials are safely stored;	☐	☐	☐	☐
g. There are working smoke and carbon monoxide detectors on each floor of the home, located close to the client's bedroom that meets the client's specialized needs, including any vision or hearing loss;	☐	☐	☐	☐
h. There are five-pound 2A: 10B-C fire extinguishers in the kitchen and at least one on every floor of the home;	☐	☐	☐	☐
i. There is a first aid kit;	☐	☐	☐	☐
j. Provides the client access to a working telephone;	☐	☐	☐	☐
k. Provides the client access to a working flashlight or alternative light source;	☐	☐	☐	☐
l. Displays emergency contact information in a manner accessible to the client;	☐	☐	☐	☐
m. Has the contact information for the developmental disabilities ombuds available and accessible in the home;	☐	☐	☐	☐
n. Has a safety plan in place for any body of water more than 24 inches deep at the home;	☐	☐	☐	☐
o. Has an audible alarm on any gate or door that directly leads to a body of water;	☐	☐	☐	☐
p. Displays an evacuation plan which must be practiced monthly with the client;	☐	☐	☐	☐
q. Has an emergency food and water supply;	☐	☐	☐	☐
r. Has a railing for any patio, deck, porch, or balcony when required by local building codes;	☐	☐	☐	☐

s. Has a railing for any patio, deck, porch, or balcony more than 12 inches off the ground when identified as a safety need in the client's person-centered service plan.	☐	☐	☐	☐
t. Has a private bedroom for the client with a door that locks from the inside, unless the client's Person-Centered Service Plan indicates that it is unsafe for the client to have a locking door;	☐	☐	☐	☐
u. Has an exit that does not rely solely on a window, ladder, folding stairs, or trap door;	☐	☐	☐	☐
v. Meets integrated settings requirements under WAC 388-823-1096; and	☐	☐	☐	☐
w. Has a backup power source if the provider supports a client who uses life sustaining medical equipment.	☐	☐	☐	☐
WAC 388-829C-320, WAC 388-829C-043				
Evaluator Comments:				
Corrective Actions:				

2. The provider regulates the water temperature at the residence.	Yes	No	P	N/A
a. The water temperature is no higher than 120 degrees Fahrenheit; and	☐	☐	☐	☐
b. The provider checks the water temperature when the client moves into the household and monthly thereafter and documents compliance with this requirement.	☐	☐	☐	☐
WAC 388-829C-330; WAC 388-829C-345				
Evaluator Comments:				
Corrective Actions:				

Section E. Emergency Planning				
Standards	**Program Compliance**			
1. Provider has developed an emergency response plan which addresses:	Yes	No	P	N/A
a. Client medical emergencies; and	☐	☐	☐	☐
b. Provider illness or other unexpected events in the provider's life that prevents the provider from supporting the client.	☐	☐	☐	☐
Policy 4.12, WAC 388-829C-410; WAC 388-829C-345; WAC 388-829C-320				
Evaluator Comments:				
Corrective Actions:				

2. An evacuation plan is in place and practiced monthly with the client. A client practice record is maintained by the provider.	Yes	No	P	N/A
	☐	☐	☐	☐
Policy 4.12, WAC 388-829C-410; WAC 388-829C-345; WAC 388-829C-320;				
Evaluator Comments:				
Corrective Actions:				

Section F. Incident and Mandatory Reporting	
Standards	**Program Compliance**

	Yes	No	P	N/A
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation to DSHS' Adult Protective Services. DDA Policy 6.12 **Evaluator Comments:** **Corrective Actions:**	☐	☐	☐	☐
2. The provider has reported any allegations of sexual or physical assault to law enforcement, as required per RCW 74.34. DDA Policy 6.12 **Evaluator Comments:** **Corrective Actions:**	☐	☐	☐	☐
3. The provider has reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting an incident report to DDA. DDA Policy 6.12, WAC 388-829C-410 **Evaluator Comments:** **Corrective Actions:**	☐	☐	☐	☐

Section G. Records and Reports				
Standards	**Program Compliance**			
1. Provider's client records contain:	Yes	No	P	N/A
a. The client's name, address, and Social Security number;	☐	☐	☐	☐
b. The name, address, and telephone number of the client's legal representative, if the client has one, and any of the client's relatives that the client chooses to include;	☐	☐	☐	☐
c. Appropriate documents establishing the legal representative's legal authority to act on behalf of the client, if applicable;	☐	☐	☐	☐
d. Signed authorization for release of information; and	☐	☐	☐	☐
e. Health care information including:				
i. The name, address, and telephone number of the client's health care providers;	☐	☐	☐	☐
ii. Instructions protocols, or therapy plans the provider receives from the client's health care providers, if the provider administers or assists the client with the instructions, protocols, or therapy plan;	☐	☐	☐	☐
iii. The client's health care appointment dates;	☐	☐	☐	☐
iv. The client's known major health events;	☐	☐	☐	☐
v. The client's medication, health, and surgery records;	☐	☐	☐	☐
vi. The client's medication administration record if the provider administers client medication;	☐	☐	☐	☐
vii. Drug information sheet obtained from the prescriber or dispensing pharmacy for any prescribed medication, if the provider administers or assists the client with the medication;	☐	☐	☐	☐

	Yes	No	P	N/A
viii. Written documentation that instructions from the client's health care providers have been followed;	☐	☐	☐	☐
ix. A copy of the client's medical insurance card; and	☐	☐	☐	☐
x. A record of all medications administered to, assisted with, monitored, or declined by the client under WAC 388-829C-371.	☐	☐	☐	☐
WAC 388-829C-340, WAC 388-829C-370				
Evaluator Comments:				
Corrective Actions:				

2. If the client is prescribed psychotropic medications to treat a behavioral health condition, the provider documents in the client record:	Yes	No	P	N/A
☐ N/A – No psychotropic meds prescribed for purposes described above.				
a. Dates the client meets with the prescriber, if known;	☐	☐	☐	☐
b. Who accompanied the client to their appointment, if known;	☐	☐	☐	☐
c. Medical or behavioral information provided to the prescriber;	☐	☐	☐	☐
d. Whether the client attended the appointment independently, with the provider, or with a third party;	☐	☐	☐	☐
e. The provider monitors the client to help determine if the medication is effective based on the prescriber's instructions. If the medication does not appear to have the desired effects, the provider must communicate this to the prescribing professional; and	☐	☐	☐	☐
f. The provider requests the prescribing professional see the client every three months unless the prescribing professional recommends a different schedule. The provider documents the visitation schedule in the client's record.	☐	☐	☐	☐
DDA Policy 5.16				
Evaluator Comments:				
Corrective Actions:				

3. The provider maintains an information sheet for each psychotropic medication used by each client which contains:	Yes	No	P	N/A
a. A description of potential side effects and potential adverse drug interactions associated with the use of the medication;	☐	☐	☐	☐
b. If possible, the information sheet provided by the dispensing pharmacy;	☐	☐	☐	☐
c. Electronic and hard copies for staff and client; and	☐	☐	☐	☐
d. A drug information sheet for the medication obtained from the prescriber, pharmacy, or a nationally recognized source for prescription drug information.	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

4. When the client's legal representative requests copies of the drug information sheets, the provider must document the dates the sheets were sent.	Yes	No	P	N/A
	☐	☐	☐	☐
DDA Policy 5.16				
Evaluator Comments:				

Corrective Actions:

	Yes	No	P	N/A
5. Provider's client records contain copies of current service and support plans, including:				
a. Person-centered service plan;	☐	☐	☐	☐
b. Individual education plan, if the client is in school;	☐	☐	☐	☐
c. Individual employment plan, if the client has one;	☐	☐	☐	☐
d. Positive behavior support plan, if the client has one; and	☐	☐	☐	☐
e. Cross-systems crisis plan, if the client has one.	☐	☐	☐	☐

WAC 388-829C-340

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
6. The provider submits reports to the DDA case manager at least quarterly, describing instruction and support activities performed as identified in the Person-Centered Service Plan. (The Companion Home Quarterly Report form, DSHS 15-516, must be used to meet WAC requirements.) DDA may confirm reports have been received.	☐	☐	☐	☐

WAC 388-829C-350, WAC 388-829C-345

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
7. All record entries are:				
a. Made at the time of or immediately following the event;	☐	☐	☐	☐
b. Made electronically or written legibly in ink;	☐	☐	☐	☐
c. Signed and dated by the person making the entry;	☐	☐	☐	☐
d. Stored securely;	☐	☐	☐	☐
e. Kept confidential; and	☐	☐	☐	☐
f. Any errors corrected in a record entry are struck through in a way that the underlying text remains legible.	☐	☐	☐	☐

WAC 388-829C-360

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
8. The provider documents when a client declines to participate in the following, including a description of events, information given to the client about the benefits and risks, the providers efforts, a description of alternatives, health or safety risks posed by the client declining, reviews at least every 6 months with client/legal rep, client/legal rep signature, documented in quarterly review, and notification to the case manager:				
a. Monthly evacuation drills under WAC 388-829C-320;				
b. Health care support under WAC 388-829C-150; and	☐	☐	☐	☐

c. Tasks assigned to the provider in the client's person-centered service plan, including medication support. WAC 388-829C-370	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

9. Client property records are maintained as described in WAC 388-829C-380 and contain:	Yes	No	P	N/A
a. A descriptive list of items with an original purchase price of $25 or more that the client has acquired while living in the companion home if provider is initially contracted after December 7, 2018, or that client owns beginning December 7, 2018;	☐	☐	☐	☐
b. A date, explanation, and review by the client's legal representative if the client has one, for any items with an original purchase price of $25 or more that is removed from the client's property record; and	☐	☐	☐	☐
c. For any item originally purchased for $75 or more, the companion home provider must record the item's serial number in the client's property record if the item has one. WAC 388-829C-380	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section H. Instructions and Support				
Standards	**Program Compliance**			
1. The provider provides residential habilitation services which include but are not limited to the following:	Yes	No	P	N/A
a. Protecting the safety and well-being of the client;	☐	☐	☐	☐
b. Providing the client with access to balanced, nutritional food choices that reflect the client's cultural and personal preference;	☐	☐	☐	☐
c. Support in a typical home setting;	☐	☐	☐	☐
d. Ensuring the client receives prompt and adequate medical and dental care;	☐	☐	☐	☐
e. Assisting the client to prevent injury to self and others;	☐	☐	☐	☐
f. Assisting the client in daily routine activities;	☐	☐	☐	☐
g. Supporting the client to work with a vocational provider to obtain employment in the community if they are interested;	☐	☐	☐	☐
h. Assisting the client to remain in the least restrictive environment;	☐	☐	☐	☐
i. Providing or arranging client transportation to health care appointments and other community resources designated in the client's Person Centered Service Plan;	☐	☐	☐	☐
j. Supporting the client to make their own schedule and choose their own activities; and	☐	☐	☐	☐
k. Promoting opportunities for positive relationships, including having visitors of their choosing. 42 CFR Section 441.301(c) (4), RCW 71A.26	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
2. The provider demonstrates the DDA Guiding Values of inclusion, status and contribution, relationships, power and choice, health and safety, and competence when implementing the Person-Centered Service Plan.	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section I. Health Services				
Standards	**Program Compliance**			
1. The provider provides the following health services and supports to the client:	Yes	No	P	N/A
a. Ensures the client receives an annual physical and dental examination, unless the client has a written exemption from a physician or dentist;	☐	☐	☐	☐
b. Schedules or assists the client in scheduling appointments and any follow-up appointments for dental, mental health, and physical health services;	☐	☐	☐	☐
c. Acts in the client's best interest in the event of an emergency or a change in the client's health; and	☐	☐	☐	☐
d. Assists the client to access health care benefits available through Medicare, Medicaid, private health insurance, and other resources while acting in the client's financial best interest and supporting client choice.	☐	☐	☐	☐
WAC 388-829C-160				
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
2. If the provider provides medication assistance:				
☐ N/A – Client does not require medication assistance at this time.				
a. The provider maintains a record in the client's residence, either electronically or in hardcopy, of the following:				
i. Medications orders from a prescribing professional provided under self-administration, administer with assistance, medication administration, and medication refusals by the client for the current month medications are being administered, including:	☐	☐	☐	☐
ii. What the medication is prescribed for; and	☐	☐	☐	☐
iii. For a PRN medication, the provider's observation of the client following medication use.	☐	☐	☐	☐
b. The provider communicates with the client's prescribing professional when the medication does not appear to have the prescribers intended effects and any observable changes in the client's behavior or health occur that might be an adverse side effect of the medication:	☐	☐	☐	☐
c. The provider has a system to account for and verify all medications for which they are responsible;	☐	☐	☐	☐
d. Storage of medications:				
i. Provider keeps client medications, so they are not readily available to others. Medications stored in a client's room must have provision for adequate segregation and security.	☐	☐	☐	☐
ii. Medication is stored under proper conditions for sanitation, temperature, moisture, and ventilation, and separate from food or toxic chemicals.	☐	☐	☐	☐

iii. Medication is stored in the original medication containers with pharmacist prepared or manufacturer's label, or in medication organizers clearly labeled with the: name of the person for whom the medication is prescribed, medications included, dosage, time, and route. ☐ ☐ ☐ ☐

e. The provider properly disposed of all medications that are discontinued, superseded by another, or are beyond what the pharmacist states as the expiration date. The provider must list the name of each medication, amount disposed, and date of disposal. ☐ ☐ ☐ ☐

DDA Policy 6.19

Evaluator Comments:

Corrective Actions:

Section J. Positive Behavior Support Plan and Restrictive Procedures

Standards	Program Compliance
1. A Positive Behavior Support Plan and Functional Assessment are in place if: ☐ Section not applicable	Yes No P N/A
a. The client is prescribed a psychotropic medication on a PRN basis to manage or alter the client's targeted behavior, per DDA Policy 5.16; or	☐ ☐ ☐ ☐
b. Restrictive procedures are used per DDA Policy 5.15.	☐ ☐ ☐ ☐
c. A physical restraint is used on an emergency basis three times in six months.	☐ ☐ ☐ ☐
DDA Policy 5.15, DDA Policy 5.16, DDA Policy 5.21	
Evaluator Comments:	
Corrective Actions:	
2. The provider:	Yes No P N/A
a. Collects data on the target behavior identified in the behavior support plan and replacement behavior. Including frequency, intensity, duration, and impact;	☐ ☐ ☐ ☐
b. Analyzes collected data at least every six months; and	☐ ☐ ☐ ☐
c. Revises the behavior support plan if the data indicates target behavior is not decreasing in frequency, intensity, duration, or impact; or documenting the reason revising the support plan is not indicated.	☐ ☐ ☐ ☐
WAC 388-829C-135	
Evaluator Comments:	
Corrective Actions:	
3. Only the least restrictive procedures needed to adequately protect the client, others, or property are used. Restrictive procedures are terminated as soon as the need for protection is no longer necessary.	Yes No P N/A ☐ ☐ ☐ ☐
DDA Policy 5.15	
Evaluator Comments:	
Corrective Actions:	

	Yes	No	P	N/A
4. Prior to implementation of restrictive procedures, the proposed Positive Behavior Support Plan must be approved as follows (the client's approval should be sought to the extent they understand what is being proposed):				
a. PBSPs that involve physical or mechanical restraints have written consent from the client or the client's legal representative.	☐	☐	☐	☐
b. PBSPs that require an ETP for a restrictive procedure include written consent from the client or their legal representative on DSHS 15-385, Request and Consent for Use of Restrictive Procedures Requiring an ETP. The provider lists the risks of the target behavior and the risks of the restrictive procedure, explains why less restrictive procedures are not recommended, and includes alternatives to the recommendation. DDA Policy 5.15	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
5. Providers using restrictive physical restraint may be approved at the regional administrator level if used as part of an approved physical intervention system or curricula (see DDA Policy 5.17) DDA Policy 5.17, DDA Policy 5.15	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section K. Financial

Standards	Program Compliance			
☐ Section not applicable – provider does not manage client funds.	Yes	No	P	N/A
1. The companion home provider develops and implements an Individual Financial Plan if:	☐	☐	☐	☐
a. The client's Person-Centered Service Plan identifies that the client needs support to manage their funds; and				
b. The companion home provider manages any portion of the client's funds. WAC 388-829C-275	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
2. The provider maintains a current Individual Financial Plan which:				
a. Lists all of the client's income sources, such as wages, social security benefits, supplemental security disability income, retirement income, and the projected monthly amount of the income;	☐	☐	☐	☐
b. Identifies all known client accounts and who manages each account, such as a checking account, savings account, and cash account;	☐	☐	☐	☐
c. Includes a budget and describe how the client's funds will be spent during a typical month;	☐	☐	☐	☐
d. Identifies all known client assets and who manages each asset, such as a burial plan, retirement funds, stocks, trusts, and vehicles;	☐	☐	☐	☐

	Yes	No	P	N/A
e. Is updated any time the client's income, expenses, or assets change, or if there is a change in who manages an asset; and	☐	☐	☐	☐
f. Includes a plan for maintaining resources under WAC 182-513-1350,	☐	☐	☐	☐
WAC 388-829C-275				
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
3. The provider reviews the IFP with the client and the client's legal representative if the client has one:				
a. At least every 12 months; and	☐	☐	☐	☐
b. If the client's income, expenses, or assets change, or if there is a change in who manages an asset.	☐	☐	☐	☐
WAC 388-829C-275				
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
4. The provider, the client, and the client's legal representative, if the client has one, signs the IFP when it is developed and each time it is revised.	☐	☐	☐	☐
WAC 388-829C-275				
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
5. Every twelve months, or more often if the plan has been revised, the companion home provider provides a copy of the IFP to the client, the client's legal representative if the client has one and the client's case manager.	☐	☐	☐	☐
WAC 388-829C-275				
Evaluator Comments:				
Corrective Actions:				

	Yes	No	P	N/A
6. The provider:				
a. Maintains written consent from the client, or the client's legal representative if applicable; or the companion home provider is the payee;	☐	☐	☐	☐
WAC 388-829C-270				
b. Protects the client's financial interests;	☐	☐	☐	☐
c. Includes the client to the highest degree possible in decision making about how their funds are spent;	☐	☐	☐	☐
d. Maintains a detailed ledger with a running balance for each account managed by the provider, including: cash received from writing checks over the purchase amount; and a list of where the money was spent or gift card funds were used;	☐	☐	☐	☐

e. Deposits any client funds into the client's bank account within one week of receiving client funds;	☐	☐	☐	☐
f. Reconciles the client's accounts, including cash, gift card, and Electronic Benefits Transfer accounts, on a monthly basis;	☐	☐	☐	☐
g. Retains receipts, bills, and invoices for purchases made with client funds;	☐	☐	☐	☐
h. Notifies DDA if the client's resources reach $1,700;	☐	☐	☐	☐
i. Assists the client with writing checks, if needed; and WAC 388-829C-280, WAC 388-829C-345	☐	☐	☐	☐
j. Documents any money management and instruction provided to the client. WAC 388-829C-340	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

7. When managing a client's funds, the provider has followed the requirements under WAC 388-829C-280, and has not:	Yes	No	P	N/A
a. Commingled the client's funds with the provider's funds;	☐	☐	☐	☐
b. Asked the client to sign a blank check unless stated otherwise in the client's Individual Financial Plan;	☐	☐	☐	☐
c. Let the client's bank account be overdrawn; or	☐	☐	☐	☐
d. Let the client's cash funds exceed $75, unless stated otherwise in the client's Individual Financial Plan. WAC 388-829C-280	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

8. The companion home provider has reimbursed the client when the provider is responsible for mismanagement of client funds. Mismanagement of client funds includes: interest charges, late payment fees, overdraft and non-sufficient funds fees, a violation of the room and board agreement, any stolen, missing, or misplaced funds, expenditures over $25 without documentation, or past-due financial obligations. WAC 388-829C-290	Yes ☐	No ☐	P ☐	N/A ☐
Evaluator Comments:				
Corrective Actions:				

Section L. Room and Board Agreement

Standards	Program Compliance			
1. The monthly room and board the client pays to the provider is specified in a room and board agreement that includes:	Yes	No	P	N/A
a. Rent;	☐	☐	☐	☐
b. Utilities, which includes access to a telephone;	☐	☐	☐	☐
c. Food costs, which means at least three meals a day and snacks;	☐	☐	☐	☐
d. The date the provider collects the room and board payment each month; and	☐	☐	☐	☐

e. Eviction protections, processes, and appeals comparable to those provided under applicable landlord-tenant law. WAC 388-829C-310	☐	☐	☐	☐
Evaluator Comments:					
Corrective Actions:					

	Yes	No	P	N/A
2. The room and board agreement is:				
a. Developed by the provider, the client, or the client's legal representative if the client has one;	☐	☐	☐	☐
b. Developed before the client moves into the home;	☐	☐	☐	☐
c. Signed by the client or the client's legal representative if the client has one;	☐	☐	☐	☐
d. Signed by the provider and submitted to DDA for review;	☐	☐	☐	☐
e. Submitted to DDA for review before implementing any changes to the agreement; and	☐	☐	☐	☐
f. Reviewed and updated before the client and provider move to a new address. WAC 388-829C-310, 42 CFR Section 441.301(c) (4)	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section M. Teleservice

Standards	Program Compliance			
☐ Section not applicable - Provider does not receive teleservice.	Yes	No	P	N/A
1. If providing teleservices, the provider:				
a. The provider documents when the waiver service was provided through teleservice delivery. Policy 4.27	☐	☐	☐	☐
b. The provider only delivers teleservices when selected by the client and documented in the PCSP. Policy 6.17	☐	☐	☐	☐
Evaluator Comments:				
Corrective Action:				

Section N. Quality Review

Standards	Program Compliance			
1. There is evidence of individuality in the decoration of the client's room. The client has adequate privacy in their bedroom and bathroom and has sufficient space for personal belongings.	Yes	No	P	N/A
	☐	☐	☐	☐
2. The provider communicates with the client in the client's preferred language. WAC 388-829C-080	☐	☐	☐	☐
3. The provider knows the resources in the community the client prefers to use and assists the client to use their preferred community resources. WAC 388-829C-080	☐	☐	☐	☐

4. The provider assists the client to see their friends and family and encourages the client to exert personal power and choice in this regard. WAC 388-829C-080	☐	☐	☐	☐
5. The client's activities and schedule are similar to other people of the same age, or as preferred by the client. RCW 71A.26	☐	☐	☐	☐
6. The provider shows respect for the client (e.g., addressing the individual in first person, using their name when addressing them). WAC 388-829C-100	☐	☐	☐	☐
7. The client chooses their clothes and hairstyle.	☐	☐	☐	☐
8. The client is included in household decisions (i.e., schedules, outings, menu, activities, spending money and buying clothes).	☐	☐	☐	☐
9. The client has choices over the use of their spending money.	☐	☐	☐	☐
10. The provider supports the client's expression of culture and religion (i.e. diet, language, and programming, opportunities to attend church and celebrate religious and cultural holidays). WAC 388-829C-100	☐	☐	☐	☐
11. The provider participated in the certification evaluation process in a timely and responsive manner including 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. WAC 388-825A-0080	☐	☐	☐	☐
12. The provider completed any outstanding corrective action plans from the previous certification period.	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				
Additional comments regarding evaluation:				