Provider's Name	Date

Developmental Disabilities Administration (DDA)

Overnight Planned Respite Services (OPRS) Certification Evaluation

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

The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated OPRS program.

Evaluator's Signature Date	Printed Name

Participants

OPRS Provider's Name	**Conditional and Short-Term Services Program Manager's** Name	
Other's name and Role	**Other's** name and Role	**Other's** name and Role
Other's name and Role	**Other's** name and Role	**Other's** name and Role

Sample:

Clients sample (total):

Client initials from sample (no names):

Staff sample (total):

Staff initials from sample (no names):

Section A. Provider Qualifications and Responsibilities

Standards	Program Compliance
1. The provider has a current signed contract to provide overnight planned respite. WAC 388-829R-025	Yes ☐ No ☐ P ☐ N/A ☐
Evaluator Comments	
Corrective Action Plan / Timelines	
2. Provider and their employees meet each of the following minimum qualifications: a. Have a high school diploma or GED equivalent, unless hired before September 1, 1991;	Yes ☐ No ☐ P ☐ N/A ☐

b. Is at least 18 or older; and	☐	☐	☐	☐
c. Have a clear understanding of job responsibilities, person-centered service plans, and overnight planned respite services individualized agreements. WAC 388-829R-060	☐	☐	☐	☐
Evaluator Comments				
Corrective Action Plan / Timelines				

3. Provider has followed all background check rules and procedures described in WAC 388-829R, which includes:	Yes	No	P	N/A
a. Ensuring all employees, administrators, owners, direct support professionals, volunteers, and any other employees who may have unsupervised access to a DDA client have a non-disqualifying background check at least every three years or more frequently if required by DDA; WAC 388-829R-030	☐	☐	☐	☐
b. Ensuring fingerprint based check is completed for initial hires after January 1, 2016; WAC 388-825-615	☐	☐	☐	☐
c. Ensuring no staff with a disqualifying background check works in a capacity that may involve unsupervised access to clients; WAC 388-825-650	☐	☐	☐	☐
d. Ensuring a documented character, competence, and suitability review is on file for any staff with a non-disqualifying crime or negative actions on their background check (i.e., record review result letters); and WAC 388-825-650	☐	☐	☐	☐
e. Verifying any provisional hire meets the conditions described under: WAC 388-825-675 to 690. DDA Policy 5.01	☐	☐	☐	☐
Evaluator Comments				
Corrective Action Plan / Timelines				

4. The provider and their employees meet these Community Residential Services Business training requirements:	Yes	No	P	N/A
a. 75 hours certificate or exempt from this requirements; WAC 388-829-0030 through 388-829-0045	☐	☐	☐	☐
b. 12 hours of Continuing Education per year (non-credentialed by the end of the calendar year, DOH-required CE by their date of birth); WAC 388-829-0085	☐	☐	☐	☐
c. CPR and First Aid training completed within first 60 days of hire and kept current; and WAC 388-829-0040	☐	☐	☐	☐
d. Blood-borne pathogens training within first 60 days of hire and kept current. WAC 388-829-0050	☐	☐	☐	☐
Evaluator Comments				
Corrective Action Plan / Timelines				

5. 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	Yes	No	P	N/A

	Yes	No	P	N/A
reporting requirements (required upon hire and annually) for each administrator, owner, operator, employee, contractor, and volunteer. DDA Policy 6.12, WAC 388-829R-170	☐	☐	☐	☐
Evaluator Comments				
Corrective Action Plan / Timelines				

6. The provider has the following policies and procedures in place:	Yes	No	P	N/A
a. Client rights, including a client's right to file a complaint or suggestion without interference;	☐	☐	☐	☐
b. Reporting requirements for suspected abuse, neglect, financial exploitation, and abandonment;	☐	☐	☐	☐
c. Client protections when there have been allegations of abuse, neglect, financial exploitation, or abandonment;	☐	☐	☐	☐
d. Emergent situations that may pose a danger or risk to the client or others;	☐	☐	☐	☐
e. Response to a missing person and other client emergencies;	☐	☐	☐	☐
f. Emergency response plans for natural and other disasters;	☐	☐	☐	☐
g. Client access to medical, mental health, and law enforcement resources for clients;	☐	☐	☐	☐
h. Notifications to client's primary caregiver, legal representative, or relatives in case of emergency;	☐	☐	☐	☐
i. Client grievances, including timelines, possible remedies, and information about how to submit unresolved grievances to the department;	☐	☐	☐	☐
j. Appropriate response and supports for clients who engage in aggressive or assaultive behavior as informed by the client's overnight planned respite services individualized agreement; and	☐	☐	☐	☐
k. All aspects of the medication support staff including:				
(i) Supervision of medication;	☐	☐	☐	☐
(ii) Client refusal;	☐	☐	☐	☐
(iii) Nurse Delegation under Chapter 246-840 WAC;	☐	☐	☐	☐
(iv) The monitoring of a client who self-administers medication;	☐	☐	☐	☐
(v) Medication assistance under Chapter 246-288 WAC; and	☐	☐	☐	☐
(vi) What the service provider will do in the event they become aware a client is no longer safe to take their own medications. WAC 388-829R-070	☐	☐	☐	☐
Evaluator Comments				
Corrective Action Plan / Timelines				

7. The provider:	Yes	No	P	N/A
a. Has trained employees on its policies and procedures;	☐	☐	☐	☐
b. Maintains current written policies and procedures; and	☐	☐	☐	☐
c. Makes them available upon request to all employees, clients, primary caregivers, client legal representatives, and DDA. WAC 388-829R-070	☐	☐	☐	☐
Evaluator Comments				

Corrective Action Plan / Timelines	
8. The provider has trained all direct support professionals on client's Overnight Planned Respite Services Individualized Agreement before working alone with the client as verified by a signature on the agreement. WAC 388-829R-065 Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
9. Provider or direct support professionals transporting clients have proof of automobile insurance as required by law and staff providing transportation have a valid driver's license. WAC 388-829R-090 Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	

Section B. Client Services	
Standards	**Program Compliance**
1. The provider ensures transportation needs are met during the respite stay as identified in the Overnight Planned Respite Services Individualized Agreement. WAC 388-829R-085 Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
2. Provider maintains the following when participating in nurse delegation: a. Written instructions for performing the delegated task from the delegating RN; b. Documentation of validation of nursing assistant registrations or certifications; c. Consents are in place and signed by the client or legal representatives; and d. Verification of nurse delegation training for staff. WAC 246-840-930, WAC 388-829R-115 Evaluator Comments	Yes No P N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Corrective Action Plan / Timelines	
3. The provider provides services in a residence maintained and furnished by the provider. WAC 388-829R-140 Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	

Section C. Records and Reports

Standards	Program Compliance			
1. The provider:	Yes	No	P	N/A
a. Completes an Overnight Planned Respite Services Individualized Agreement with the client's primary caregiver and legal representative (if the client has one) at least three days before the respite stay which:				
(i) Outlines supports and services that may be provided during the respite stay;	☐	☐	☐	☐
(ii) Is signed by the client, or the legal representative, if the client has one, and the client's primary caregiver before the client's start date for respite services. An email approval is acceptable if the provider is unable to obtain a signature; and	☐	☐	☐	☐
(iii) Is sent to DDA before the start date for respite services.	☐	☐	☐	☐
b. Provides supports and services as outlined in the Overnight Planned Respite Services Agreement;	☐	☐	☐	☐
c. Provides adequate staff to administer the program and meet the needs of clients; and	☐	☐	☐	☐
d. Ensures clients have access to employees or the means to contact employees at all times.	☐	☐	☐	☐
WAC 388-829R-020, WAC 388-829R-075				
Evaluator Comments				
Corrective Action Plan / Timelines				
2. All record entries:	Yes	No	P	N/A
a. Are made at the time of or immediately following the event;	☐	☐	☐	☐
b. Maintain both the original and corrected entries when an error in the record is made;	☐	☐	☐	☐
c. Legible, in ink, signed and dated; and	☐	☐	☐	☐
d. Electronic entries identify the date entry was made and the person making the entry by a unique user ID.	☐	☐	☐	☐
WAC 388-829R-150				
Evaluator Comments				
Corrective Action Plan / Timelines				
3. The provider maintains the following records for each client and has available for an evaluation:	Yes	No	P	N/A
a. Client's name and address;	☐	☐	☐	☐
b. Name, address, and telephone number of the client's primary caregiver and legal representative if they have one;	☐	☐	☐	☐
c. A copy of the most recent Person Centered Service Plan;	☐	☐	☐	☐
d. A copy of the Overnight Planned Respite Services Individualized Agreement;	☐	☐	☐	☐
e. Direct support professional time sheets specific to locations worked;	☐	☐	☐	☐
f. Payment records;	☐	☐	☐	☐
g. Direct support professional training records;	☐	☐	☐	☐
h. Progress notes;	☐	☐	☐	☐
i. Incident reports;	☐	☐	☐	☐
j. A list of personal property upon arrival and departure;	☐	☐	☐	☐

k. A record of money or gift cards managed by the respite provider on behalf of the client during the respite stay as indicated in the Overnight Planned Respite Services Individualized Agreement; and	☐	☐	☐	☐
l. Medication documentation, including a medication intake form and medication administration records, if applicable. WAC 388-829R-170	☐	☐	☐	☐
Evaluator Comments				
Corrective Action Plan / Timelines				

Section D. Incident Management				
Standards	**Program Compliance**			
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and the DDA overnight planned respite services coordinator or designee. DDA Policy 6.12, WAC 388-829R-180	Yes ☐	No ☐	P ☐	N/A ☐
Evaluator Comments				
Corrective Action Plan / Timelines				
2. The provider additionally reports any allegation of sexual or physical assault to law enforcement immediately, as required per RCW 74.34. ☐ The provider understands this requirement. DDA Policy 6.12	Yes ☐	No ☐	P ☐	N/A ☐
Evaluator Comments				
Corrective Action Plan / Timelines				
3. Provider 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 no more than one business day after the provider becomes aware of the incident. DDA Policy 6.12	Yes ☐	No ☐	P ☐	N/A ☐
Evaluator Comments				
Corrective Action Plan / Timelines				
4. In an emergency, the provider:	Yes	No	P	N/A
a. Immediately calls 911 if it is a life-threatening emergency;	☐	☐	☐	☐
b. Provides emergency services;	☐	☐	☐	☐
c. Notifies DDA;	☐	☐	☐	☐
d. Notifies the client's legal representative or backup caregiver; and	☐	☐	☐	☐
e. Submits written report to DDA. WAC 388-829R-165	☐	☐	☐	☐
Evaluator Comments				

Corrective Action Plan / Timelines

Section E. Restrictive Procedures

Standards	Program Compliance
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. ☐ The provider understands this requirement. DDA Policy 5.15 Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
2. An incident report was submitted to the DDA Case Manager for: a. An injury requiring first aid or medical care that is sustained during implementation of a restrictive procedure or intervention; b. A restrictive procedure is implemented under emergency guidelines; and c. A client's animal or pet is abused or neglected. ☐ The provider understands this requirement. DDA Policy 5.15 Evaluator Comments	Yes No P N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Corrective Action Plan / Timelines	
3. Provider follows direction described in DDA Policy 5.17 and avoids using any prohibited physical interventions. ☐ The provider understands this requirement. DDA Policy 5.17, DDA Policy 5.15 Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	

Section F. Physical and Safety Requirements

Standards	Program Compliance
1. The provider ensures the following physical and safety requirements: a. The common areas of the home are unrestricted; b. All entrances and exits are unblocked; c. The home is in good repair and maintained in a sanitary manner; d. The home has a storage area for flammable and combustible materials; e. Every floor of the home has working smoke and carbon monoxide detectors that meet the needs of specialized clients, including any vision or hearing loss; f. The home has a fire extinguisher that meets requirements for the residence type. There must be a fire extinguisher in the kitchen and at least one on every floor of the home;	Yes No P N/A ☐

g. The home has a stocked first-aid kit;	☐	☐	☐	☐
h. The home has a working and accessible telephone;	☐	☐	☐	☐
i. The home has a working and accessible flashlight or alternative light source;	☐	☐	☐	☐
j. Emergency contact information is available and accessible in the home (e.g., 911, poison control, nonemergency 911, adult protective services, child protective services);	☐	☐	☐	☐
k. The contact information for the developmental disabilities ombuds is available and accessible in the home;.	☐	☐	☐	☐
l. There is a safety plan for any body of water more than 24 inches deep at the home;	☐	☐	☐	☐
m. The home has an evacuation plan and an emergency food and water supply;	☐	☐	☐	☐
n. The home has a backup power source (e.g., generator, battery pack) if the provider supports a client who uses life sustaining medical equipment; and	☐	☐	☐	☐
o. The client has a private furnished bedroom that meets their accessibility needs.	☐	☐	☐	☐
WAC 388-829R-027				
Evaluator Comments				
Corrective Action Plan / Timelines				

2. The provider provides the following services and activities at no cost to the client:	Yes	No	P	N/A
a. A furnished home environment including a private, furnished bedroom for each respite client;	☐	☐	☐	☐
b. Access to balanced, nutritional food choices that reflect the client's personal preference;	☐	☐	☐	☐
c. Bedding and towels; and	☐	☐	☐	☐
d. Access to laundry facilities.	☐	☐	☐	☐
WAC 388-829R-080				
Evaluator Comments				
Corrective Action Plan / Timelines				

3. The provider ensures the following is identified in a client's Overnight Planned Respite Services Individualized Agreement:	Yes	No	P	N/A
a. Up to 24 hours support from a direct support professional for each day of the respite stay;	☐	☐	☐	☐
b. Medication assistance under chapter 246-945 WAC and medication administration under WAC 246-840-910 through 246-840-970 as needed, including assistance with medical treatment prescribed by a health professional that does not require registered nurse delegation or professionally licensed services;	☐	☐	☐	☐
c. Instruction and support services;	☐	☐	☐	☐
d. Transportation;	☐	☐	☐	☐
e. Supports for performing personal hygiene routines and activities of daily living; and	☐	☐	☐	☐
f. Activities within the home and community.	☐	☐	☐	☐
WAC 388-829R-080				
Evaluator Comments				

Corrective Action Plan / Timelines	
4. The provider regulates the water temperature: a. The water temperature is kept between 105 and 120 degrees Fahrenheit; b. The provider checks the water temperature at least every six months; and c. The provider documents compliance with this requirement and maintains monitoring records. WAC 388-829R-145	Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐
Evaluator Comments	
Corrective Action Plan / Timelines	

Section G. Quality Review	
Standards	**Program Compliance**
1. The client has sufficient space for personal belongings.	Yes ☐ No ☐ P ☐ N/A ☐
Evaluator Comments	
Corrective Action Plan / Timelines	
2. The provider is knowledgeable about the client's preferences regarding the care provided.	Yes ☐ No ☐ P ☐ N/A ☐
Evaluator Comments	
Corrective Action Plan / Timelines	
3. The provider supports the client to keep in touch with their family and have visitors as preferred by the client.	Yes ☐ No ☐ P ☐ N/A ☐
Evaluator Comments	
Corrective Action Plan / Timelines	
4. The client's individual privacy is respected.	Yes ☐ No ☐ P ☐ N/A ☐
Evaluator Comments	
Corrective Action Plan / Timelines	
5. The provider shows respect for the client.	Yes ☐ No ☐ P ☐ N/A ☐
Evaluator Comments	
Corrective Action Plan / Timelines	

6. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door). Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
7. There is a posting listing the APS number to report suspected abuse / neglect / exploitation. Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
8. Feedback from client and family surveys is generally positive. Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
9. 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 Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
10. The provider completed any outstanding corrective action plans from the previous certification period. Evaluator Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	

Additional comments regarding evaluation