PROVIDER'S NAME	DATE

HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA)

Intensive Habilitation Services for Children Certification Evaluation

PROVIDER'S NAME	CONTRACT NUMBER AND END DATE (FOR CONTRACTED IHS PROVIDERS ONLY)

MAILING ADDRESS

SITE ADDRESS

PROVIDER EMAIL ADDRESS	PROVIDER PHONE NUMBER (INCLUDE AREA CODE)
CERTIFICATION LENGTH RECOMMENDATION BY PROVIDER QUALITY ASSURANCE SPECIALIST (24 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY HCLA QUALITY ASSURANCE OFFICE (SIGNATURE)
CERTIFICATION EVALUATION PERIOD	NEXT REVIEW DATE (FILLED OUT BY HCLA QUALITY ASSURANCE OFFICE)

EVALUATOR VISIT DATES

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

EVALUATOR'S SIGNATURE	DATE	PRINTED NAME

Participants

IHS PROGRAM ADMINISTRATOR'S NAME	**IHS PROGRAM MANAGER'S** NAME	**CHILDREN'S RESIDENTIAL QUALITY ASSURANCE PROGRAM MANAGER'S** NAME
PROVIDER QUALITY ASSURANCE SPECIALIST 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**

☐ State Operated IHS provider

☐ Contracted IHS provider

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. Background checks:	YES	NO	P	N/A
a. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;	☐	☐	☐	☐
b. As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;	☐	☐	☐	☐
c. 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;	☐	☐	☐	☐
d. Are renewed at least every three years;	☐	☐	☐	☐
e. Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;	☐	☐	☐	☐
f. Persons who have resided fewer than three continuous years in Washington State must have a fingerprint-based background check; and	☐	☐	☐	☐
g. Persons who live out of state have a current FBI fingerprint-based background check. DDA Policy 5.01	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
2. The provider and their employees meet these training requirements:	YES	NO	P	N/A
a. 75 hours certificate or exempt from this requirement; WAC 388-829-0015	☐	☐	☐	☐
b. 12 hours of Continuing Education per year; WAC 388-829-0085	☐	☐	☐	☐
c. CPR and First Aid training completed in person within first 60 days of hire and kept current; WAC 388-829-0040	☐	☐	☐	☐
d. Blood-borne pathogens training within first 60 days of hire and kept current. WAC 388-829-0050 / 296-823-12005	☐	☐	☐	☐
e. Food worker card is current; and	☐	☐	☐	☐
f. Nurse delegation training if the DSP will be performing tasks requiring delegation under WAC 246-840-930. WAC 388-833-0024 / WAC 388-829-0050 / 296-823-12005	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
3. Provider must provide the following for clients:	YES	NO	P	N/A
a. Three meals per day plus snacks;	☐	☐	☐	☐
b. Toiletries and personal care items;	☐	☐	☐	☐
c. Bedding and towels;	☐	☐	☐	☐
d. Access to laundry facilities;	☐	☐	☐	☐

	YES	NO	P	N/A
e. Access to a telephone;	☐	☐	☐	☐
f. Opportunities for accessing the community; and	☐	☐	☐	☐
g. Transportation to necessary appointments or services. WAC 388-833-0010	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
4. 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;	☐	☐	☐	☐
b. Documentation of nurse delegation visits including validation of nursing assistance registrations or certifications;	☐	☐	☐	☐
c. Verification of nurse delegation credentials for delegated staff;	☐	☐	☐	☐
d. A consent is in place, signed by the client or legal representatives; and	☐	☐	☐	☐
e. Verification of nurse delegation training for staff. DDA Policy 6.15	☐	☐	☐	☐
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 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 ACTION PLAN / TIMELINES				
6. The provider maintains a client rights policy. RCW 71A.26	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
7. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department. RCW 71A.26	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				

Section B. Physical and Safety Requirements				
Standards	**Program Compliance**			
	YES	NO	P	N/A
1. What safety requirements must the provider meet **(state-operated only)**?				
a. The provider must be located in an area with public fire protection.	☐	☐	☐	☐
b. The provider must have working smoke and carbon monoxide detectors installed. Each smoke and carbon monoxide detector must address the needs of clients who are deaf or hard of hearing.	☐	☐	☐	☐
c. Smoke detectors must:				
i. Be in operating condition both inside and outside of all sleeping areas.	☐	☐	☐	☐
ii. Be installed on each story of the facility, in all play areas, and in the basement.	☐	☐	☐	☐
iii. Be installed and maintained according to the manufacturer's specification.	☐	☐	☐	☐
iv. If mounted on a wall, be 12 inches from the ceiling and a corner.	☐	☐	☐	☐
v. Be tested twice a year to ensure they are in working order. The provider must document the date and time of the test.	☐	☐	☐	☐
d. Carbon monoxide detectors must be located in or near each client's bedroom and on every floor of the facility.	☐	☐	☐	☐
e. The provider must have at least one approved 2A10BC-rated five pound or larger all-purpose (ABC) fire extinguisher 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. The provider must maintain and service fire extinguishers according to manufacturer's specifications.	☐	☐	☐	☐
g. An approved fire extinguisher must be located in the area of the normal path of exiting. The maximum travel distance to an extinguisher from any place on the premises must not exceed 75 feet. When the travel distance exceeds 75 feet, additional extinguisher(s) are required.	☐	☐	☐	☐
h. Fire extinguishers must:				
ii. Be 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	☐	☐	☐	☐
iii. Receive an annual maintenance certification by a licensed firm specializing in this work, based on the manufacturer's recommended schedule. Maintenance means a thorough check of the extinguisher for:				
(1) Mechanical parts;	☐	☐	☐	☐
(2) Extinguishing agent; and	☐	☐	☐	☐
(3) Expelling means.	☐	☐	☐	☐
i. The provider must have at least one fire extinguisher on each floor of a multi-level facility.	☐	☐	☐	☐
j. New fire extinguishers do not need to receive an additional certification test during the first year.	☐	☐	☐	☐
k. The department may require that additional fire extinguishers be available on the premises in consultation with the local fire authority or Washington State Patrol's Fire protection Bureau.	☐	☐	☐	☐
l. The provider must regulate the facility's water temperature no higher than 120°F.	☐	☐	☐	☐
m. The provider must complete and document monthly water temperature checks.	☐	☐	☐	☐
WAC 388-833-0037, WAC 388-833-0036				

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES				

	YES	NO	P	N/A
2. The provider secures cleaning supplies and other potentially hazardous substances:				
a. The provider must safely secure cleaning supplies, flammables and other combustible materials, toxic or poisonous substances, and aerosols.	☐	☐	☐	☐
b. If a container is filled with a toxic substance from a bulk supply, the provider must clearly label the container.	☐	☐	☐	☐
WAC 388-833-0038				

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES

	YES	NO	P	N/A
3. The provider implements the following control practices:				
a. Has written policies and procedures about the control of infections;	☐	☐	☐	☐
b. Promotes personal hygiene to help prevent the spread of germs;	☐	☐	☐	☐
c. Provides staff with the supplies necessary for limiting the spread of infections; and	☐	☐	☐	☐
d. Staff with a communicable disease or a notifiable disease condition in an infectious stage, as defined by the department of health in chapter 246-101 WAC, must not be on duty until they have a healthcare professional's approval for returning to work.	☐	☐	☐	☐
WAC 388-833-0031				

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES

	YES	NO	P	N/A
4. Provider prepares for emergencies by:				
a. Developing an emergency response plan.	☐	☐	☐	☐
e. Completing a fire drill with clients at least once per month and document completion of the drill.	☐	☐	☐	☐
WAC 388-833-0035				

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES

Section C. Client Services

Standards	Program Compliance			
	YES	NO	P	N/A
1. For each client, the provider:				
a. Creates and implements a habitation plan, which includes the youths top two or three goals.	☐	☐	☐	☐
b. Provides opportunities for the client's family, legal representative, natural supports, and community providers to participate in individualized team meetings, discuss effective environmental strategies, collaborate on techniques for implementing the client's habilitative plan;	☐	☐	☐	☐
c. Provides medication administration and medication assistance as needed;	☐	☐	☐	☐
d. Develops a behavior intervention plan;	☐	☐	☐	☐
e. Partners and consults with youth behavior support provider, as appropriate; and	☐	☐	☐	☐

	YES	NO	P	N/A
f. Partners with the responsible school district to meet the client's educational support needs while receiving services. DDA Policy 4.07, WAC 388-833-0010	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
2. The provider completes the following if medications need to be disposed:	YES	NO	P	N/A
a. Dispose of all client medications that are discontinued, expired, or replaced by another medication in consultation with a pharmacist or other health professional.	☐	☐	☐	☐
b. When disposing a client's medication, the provider must list the:				
i. Client's name;	☐	☐	☐	☐
ii. Medication name;	☐	☐	☐	☐
iii. Amount disposed; and	☐	☐	☐	☐
iv. Date of disposal.	☐	☐	☐	☐
c. Two people must verify the disposal by signature. WAC 388-833-0034				
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
3. If a client refuses a prescribed medication, the provider must do the following:	YES	NO	P	N/A
a. Document the refusal, including the time, date, and medication refused;	☐	☐	☐	☐
b. Inform the client of the benefit of the medication;	☐	☐	☐	☐
c. Consult a pharmacist or licensed medial provider with prescription authority to determine if the medication refusal could significantly harm the client;	☐	☐	☐	☐
d. If recommended, continue to offer the medication; and	☐	☐	☐	☐
e. Inform the client's parent or legal representative of the refusal and any reasons for the refusal if shared by the client. WAC 388-833-0033	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
4. For each client, the IHS provider, in consultation with the individualized team, must:	YES	NO	P	N/A
a. Use DSHS 10-682, Children's Stabilization Habilitation Plan, to work with the consultant or psychology associate before the client's admission to develop a habilitation plan that focuses on the family's top two or three goals. Staff must be trained on how to implement the client's habilitation plan before the client's admission. The provider or consultant must review and update the client's plan as needed during the client's individualized team meetings.	☐	☐	☐	☐
b. Use DSHS 15-595, Children's Stabilization Behavior Intervention Plan, to develop a behavior intervention plan and train staff on the implementation of the plan before the client's admission. DDA Policy4.07	☐	☐	☐	☐

EVALUATOR COMMENTS
CORRECTIVE ACTION PLAN / TIMELINES

	YES	NO	P	N/A
5. Before a client is discharged, the provider gives the family or legal representative:				
a. The habilitation plan and data related to the client's progress towards the habilitative goals;	☐	☐	☐	☐
b. A copy of the Medication Administration Record (MAR);	☐	☐	☐	☐
c. Recommendations of effective environmental strategies, if applicable;	☐	☐	☐	☐
d. The client's personal property inventory; and	☐	☐	☐	☐
e. An Intensive Habilitation Services (IHS) discharge report. DDA Policy 4.07	☐	☐	☐	☐

EVALUATOR COMMENTS
CORRECTIVE ACTION PLAN / TIMELINES

Section D. 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 immediately to the Department of Children, Youth, and Families when the client is under 21. DDA Policy 6.12	☐	☐	☐	☐

EVALUATOR COMMENTS
CORRECTIVE ACTION PLAN / TIMELINES

	YES	NO	P	N/A
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 or RCW 26.44. DDA Policy 6.12	☐	☐	☐	☐

EVALUATOR COMMENTS
CORRECTIVE ACTION PLAN / TIMELINES

	YES	NO	P	N/A
3. Provider reported all incidents to DDCS and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Even Report to DDA. DDA Policy 6.12	☐	☐	☐	☐

EVALUATOR COMMENTS
CORRECTIVE ACTION PLAN / TIMELINES

Section E. Records and Reports

Standards	Program Compliance

1. The provider maintains the following records for each client and has available for an evaluation: a. Referral packet contents; b. Service notes; c. The client's Children's Stabilization Habilitation Plan; and d. The client's Children's Stabilization Behavior Intervention Plan, if applicable. WAC 388-833-0041	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
2. Provider maintains records of each client's property: a. The provider must maintain a property record for each client. b. The property records must include a descriptive list of the items the client possessed upon admission and discharge. WAC 388-833-0040	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				

Section F. 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. DDA Policy 5.14, 5.19, 5.20	YES ☐ NO ☐ P ☐ N/A ☐
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
2. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDCS. DDA Policy 5.20	YES ☐ NO ☐ P ☐ N/A ☐
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
3. Staff are trained in positive behavior support and de-escalation techniques and work directly with the client in identifying and addressing target behaviors. DDA Policy 5.20	YES ☐ NO ☐ P ☐ N/A ☐
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	

4. Provider staff have taken physical intervention training prior to being authorized to use physical intervention techniques. DDA Policy 5.20	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				

Section G. Quality Review

Standards	Program Compliance			
1. The clients have adequate privacy in their bedrooms and sufficient space for personal belongings. If a client is unable to have a lock on their door due to documented history of safety concerns, a modification has been requested.	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
2. The provider is knowledgeable and takes into account the clients' preferences regarding the care provided, staffing, housemates, visitors, and preferred community activities.	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
3. The clients' individual privacy is respected.	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
4. The provider shows respect for the clients (e.g. addressing individuals in the first person using their name when addressing them).	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
5. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).	YES ☐	NO ☐	P ☐	N/A ☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
6. The client has access to balanced, nutritional food choices that reflect their personal preference.	YES ☐	NO ☐	P ☐	N/A ☐

EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	

	YES	NO	P	N/A
7. There is a posting for Child Protective Services contact information to report suspected abuse / neglect / exploitation.	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
8. Feedback from client satisfaction surveys is generally positive.	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
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. WAC 388-825A-0080	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
10. The provider completed any outstanding corrective action plans from the previous certification period.	☐	☐	☐	☐
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				

Additional comments regarding evaluation: