HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA)

Certification Evaluation Checklist for Companion Homes Providers

PROVIDER	DATE

In preparation for your upcoming Companion Home certification evaluation, please have current copies of all applicable items below ready for review by the HCLA-contracted evaluator. If you have any questions or do not have copies of the documents below, please contact your DDCS Resource Manager **or** DDCS Case Manager for the person you support.

- ☐ Companion Home contract (1747XP-12)
- ☐ Verification business license is in active status from WA state Department of Revenue (choose business look up). A screen shot verifying search date, and license information is sufficient.
- ☐ Driver's license
- ☐ Auto Insurance
- ☐ Background check results letters for all who live in the home or stay overnight regularly that are 16 years or older
- ☐ Current provider profile
- ☐ Current training certificates for CPR / First Aid and Blood Borne Pathogens
- ☐ Record of at least 12 continuing education credits for the most recent calendar year
- ☐ Signed copy of DSHS form 10-403, Residential Services Providers: and County and County-Contracted Providers: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult
- ☐ Grievance policy
- ☐ DSHS form 21-061, Companion Home Monthly Emergency Evacuation Practice and Water Temperature Record
- ☐ Working smoke and carbon monoxide detectors on each floor of the home
- ☐ Working fire extinguisher in the kitchen and one on every floor of the home

For initial certification only:

- ☐ Completion of 75-hour Training
- ☐ Completion of 18 hours of population-specific or client-specific training
- ☐ Five hour Safety and Orientation
- ☐ 40 hour Basic Training including:
  - ☐ Blood Borne Pathogens with HIV / AIDS
  - ☐ First Aid Training and CPR (6-hours)
  - ☐ Companion Home Orientation (6-hours)

Plans and documents for the person you support (if applicable):

- ☐ Person-Centered Service Plan
- ☐ Individual Education Plan
- ☐ Individual Employment Plan
- ☐ Positive Behavior Support Plan and supporting documentation per 388-829C-135 WAC
- ☐ Psychotropic Medication Treatment Plan, if applicable per Policy 5.16
- ☐ Cross Systems Crisis Plan
- ☐ Individual Financial Plan (IFP), DSHS form 15-514
- ☐ Remote Support Plan
- ☐ Proof of annual physical and dental examination (unless the client has a written exemption from a physician or dentist)

Client property records

- ☐ Records of finances managed on behalf of the person including:
  - ☐ Budget attachment and plan for maintaining resources as described in WAC 182-513-1350 such as:
  - ☐ Companion Home Client Budget Worksheet, DSHS form 17-257
  - ☐ Companion Home Gift Card or Pre-Paid Credit Card Ledger, DSHS form 17-260
  - ☐ Companion Home Client Cash Ledger, DSHS form 17-258
  - ☐ Written consent to manage client funds
- ☐ Nurse delegation records
- ☐ Companion Home Client Inventory Record, DSHS form 17-259
- ☐ Room and board agreement (current and signed)
- ☐ All reports submitted to DDCS during the current evaluation period including:
  - ☐ Companion Home Quarterly Reports, DSHS form 15-516
  - ☐ Any incidents where a client declines to participate in services per WAC 388-829C-370
  - ☐ Companion Home and Alternative Living Services Incident Reports, DSHS form 15-512