



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: STANDARDS FOR COMMUNITY PROTECTION POLICY 15.04  
RESIDENTIAL SERVICES (CPRS)

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Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Support*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*  
[Chapter 388-831 WAC](#) *Community Protection Program*

Reference: [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility*  
[DDA Policy 15.02](#), *Community Protection Program Services*  
[DDA Policy 15.03](#), *Community Protection Standards for Employment Program Services*  
[DDA Policy 15.05](#), *Community Protection Program Exit Criteria*

## **PURPOSE**

The Developmental Disabilities Administration (DDA) intends to serve persons identified as Community Protection Program (CPP) participants in highly supervised community residential settings. These settings must be certified Community Protection Residential Services (CPRS) ([Chapter 388-101 WAC](#), *Certified Community Residential Services and Support*). The standards described in [Chapter 388-101 WAC](#) apply, except where otherwise indicated in this policy.

## **SCOPE**

This policy applies to DDA Field Services staff and certified residential providers serving persons who are designated by DDA as meeting the community protection definition as described in this policy, and who are receiving, or being referred to, CPRS.

## **DEFINITIONS**

**Chaperone** means a person who is delegated the responsibility to escort and supervise the CPP participant to ensure CPP participant and community safety. Chaperone agreements are approved by the Treatment Team following review and input from the CPP participant's therapist.

















- 6) Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of some CPP participants.
        - c. Expectations for collaboration and cooperation with treatment professionals, including attending group meetings and having joint training with therapists;
        - d. Coordination and communication protocols with DDA Case Resource Managers (CRM) and other community supports, including employment/day program providers, corrections officers, legal representatives, families, and schools;
        - e. Security procedures for the safety of CPP participants, provider staff, and the community;
        - f. Procedures regarding maintenance of confidentiality and appropriate disclosure of personal information; and
        - g. Legal issues regarding community protection behaviors.
2. Residential services providers working with CPP participants must receive community protection specific training within thirty (30) calendar days. Staff who have not completed community protection specific training as described above must not work by themselves with CPP participants.

F. Instruction and Support

To meet standards in [Chapter 388-101 WAC](#), CPP participants must have:

1. A written psychosexual evaluation or risk assessment and treatment recommendations by a certified and/or licensed professional (i.e., psychologist, psychiatrist). If the person has a history of sexual deviancy, there must be an evaluation by a Certified SOTP (C-SOTP) or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP. These professionals must have prior experience working with individuals with developmental disabilities.
2. A written Functional Assessment (FA) of any challenging behaviors for which a PBSP is required. Refer to [DDA Policy 5.14, Positive Behavior Support](#), for requirements regarding FAs and PBSPs.
  - a. For CPP participants, the written assessment by a certified/licensed professional, may substitute for the FA and the provider's

recommendations may serve as justification for restrictions related community protection issues under the following conditions:

- 1) The written assessment by a certified/licensed professional must not be older than five (5) years;

Note: The current Treatment Plan developed by the CPP participant's therapist may be used as long as it contains hypotheses for the behaviors.

- 2) The FA must include a summary statement of the certified/licensed professional's written assessment and its conclusions; and
- 3) The CPP participant's current Treatment Plan and PBSP include all approved restrictions.

- b. If the CPP participant also has unrelated challenging behaviors (e.g., non-sexual behaviors such as property destruction, physical aggression, etc.), a FA for those behaviors must be conducted in addition to the certified/licensed professional assessment.

3. A written PBSP that is based upon the functional assessment(s) described above. The PBSP must meet the criteria set forth in [DDA Policy 5.15, Use of Restrictive Procedures](#), when restrictive procedures are considered necessary to ensure CPP participant or public safety.

G. Changes in Treatment Plan

1. During the course of therapy, the CPP participant's therapist may make frequent changes to the treatment plan based upon the CPP participant's progress. These changes must be documented in an updated Treatment Plan quarterly or sooner if needed. The treatment plan is reviewed with the treatment team. Examples of changes to the Treatment Plan include, but are not limited to, access to television or other media, reductions in supervision, a change in staffing level (e.g., from 2:1 to 1:1), etc.
2. The CRM must file the updated Treatment Plan in the CPP participant's record.

H. Nurse Delegation

In addition to standards in WAC 388-101-3630 through 388-101-3730, CPRS providers must disclose to the delegating nurse any relevant information related to community protection issues of CPP participants. Refer to [DDA Policy 6.15, Nurse Delegation](#)





CPP participants. The CRM must ensure that a copy of the form is filed in each CPP participant's record.

- e. In the event a CPP participant must move immediately into an existing CPP home and there is insufficient time to conduct a proper site review, the CRM and the provider must conduct the site review and complete the form within seven (7) calendar days.
2. The DDA Regional Administrator must provide written approval of the residential site for CPP participants on the [DSHS 10-328](#). The RA must approve or disapprove the proposed site within five (5) calendar days following receipt of the completed [DSHS 10-328](#) from the CRM.
3. The residential provider must notify the CRM whenever they become aware of a significant change has occurred in the neighborhood, such as a new childcare center, park or school, children moved in next door, etc. Following the notification, the provider and the CRM must conduct an updated site review and submit it to the RA for approval.
4. The RA may request an updated site review at any time.

M. Chaperones

1. Due to the supervision needs of CPP participants, it is critical that individuals who want to provide supervision to a CPP participant when residential program staff are not present fully understand the CPP participant's issues and restrictions. This shall be documented with a written Chaperone Agreement.
  - a. The CPP participant's therapist reviews each Chaperone Agreement and provides recommendations to the Treatment Team. This may include meeting with the proposed chaperone to discuss the CPP participant's issues and supervision needs, and may include disclosure.
  - b. Chaperone Agreements are not required when supervision will be provided by other paid services providers identified in the CPP participant's ISP, such as the CPP participant's therapist and employment program service providers.
  - c. Use [DSHS 15-356](#), *DDA Community Protection Program Chaperone Agreement*, to document all Chaperone Agreements.
2. The residential provider must train its employees on the contents of the Chaperone Agreement(s) and notify the CPP participant's therapist if the CPP

