

Companion Home Evaluation and Review

Contract Evaluation

NAME OF CONTRACTOR	CONTRACT NUMBER
MAILING ADDRESS	
EVALUATION LENGTH RECOMMENDED BY RESOURCE MANAGER (12 MONTHS MAXIMUM)	CONTRACT MONITORING LENGTH APPROVED BY PROGRAM MANAGER
CONTRACT EVALUATION DATES	NEXT REVIEW DATE (FILLED OUT BY PROGRAM MANAGER)

The Evaluator confirms, by signing below, that he/she does not have any interest and/or obligation in the above stated Companion Home.

EVALUATOR SIGNATURE	PRINTED NAME	DATE
CLIENT SIGNATURE	PRINTED NAME	DATE
LEGAL REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE
CH PROVIDER SIGNATURE	PRINTED NAME	DATE
RESOURCE MANAGER SIGNATURE	PRINTED NAME	DATE
CASE MANAGER SIGNATURE	PRINTED NAME	DATE
OTHER SIGNATURE (ROLE)	PRINTED NAME	DATE
OTHER SIGNATURE (ROLE)	PRINTED NAME	DATE
OTHER SIGNATURE (ROLE)	PRINTED NAME	DATE

DISTRIBUTION: Companion Home Provider DDD Resource Manager DDD Contract File
 DDD Residential Program Manager: MS 45310 DDD QPS Office Chief: MS 45310

Section A. Contractor Qualifications and Responsibilities

PROVIDER NAME	DATE																																				
STANDARDS	PROGRAM COMPLIANCE																																				
1. The contractor has signed a contract. a. Contract Number: _____ End date: _____ WAC 388-825-320	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
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2. The contractor 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. Successfully completed DDD Specialty Training within 90 days of servicing the client; WAC 388-829C-120 d. Had current certification for First Aid/CPR and successfully completed Blood Borne Pathogens with HIV/Aids information training prior to contracting; WAC 388-829C-110 e. Cleared a background check conducted by DSHS; WAC 388-829C-040 f. Has a Business ID number, as an independent contractor; WAC 388-829C-040 g. All persons living in the home except the client who are at least 16 years of age must have a current DSHS background check. WAC 388-829C.070 h. Persons who have not lived in the state of Washington continuously for the previous 3 years have a current FBI fingerprint based background check. WAC 388-829C-070	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>																															
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Section A. Contractor Qualifications and Responsibilities Continued

PROVIDER NAME	DATE																				
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<p>3. After the first year of service the contractor must meet the following training requirements:</p> <ul style="list-style-type: none"> a. Maintain current CPR and first aid certification. b. Receive Blood Borne Pathogen training with HIV/AIDS information at least annually. c. Complete at least 10 hours of continuing education each calendar year on topics that directly benefit the client served. d. Maintain training documentation and submit a copy to DDD <p align="center">WAC 388-829C-130</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>															
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<p>4. The contractor has proof of automobile liability insurance as required by law and a valid driver's license.</p> <p align="center">WAC 388-829C-260</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>5. The contractor provides 24-hour instruction and support services to no more than one client.</p> <p align="center">WAC 388-829C-020</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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Section B. Physical and Safety Requirements

PROVIDER NAME	DATE																																																
STANDARDS	PROGRAM COMPLIANCE																																																
<p>1. The contractor ensures the following physical and safety requirements:</p> <ul style="list-style-type: none"> a. A safe and healthy environment; b. A separate bedroom; c. Readily accessible telephone equipment with local 911 access; d. A list of emergency contact numbers; e. An entrance and/or exit that does not rely solely upon windows, ladders, folding stairs or trap doors; f. A safe storage area for flammable and combustible materials; g. Unblocked exits; h. Working smoke detectors which are located close to the client's room and meet the specific needs of the client; i. A flashlight or other non-electrical light source in working condition; j. Fire extinguisher in the home meeting fire department standards; and k. Basic First Aid supplies. <p align="center">WAC 388-829C-320</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>																																											
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<p>2. The companion home must be accessible to meet client's needs.</p> <p align="center">WAC 388-829C-320</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
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Section B. Physical and Safety Requirements Continued

PROVIDER NAME	DATE																
STANDARDS	PROGRAM COMPLIANCE																
3. The contractor regulates the water temperature at the residence. a. The water temperature must be kept between 105 and 120 degrees Fahrenheit; b. The provider checks the water temperature when the client moves into the household and at least every 6 months from then on; and c. The provider documents compliance with this requirement. WAC 388-829C-330	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>											
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EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES

INITIALS
 Contractor : _____ Evaluator: _____ Resource Manager: _____

Section C. Instructions and Support

PROVIDER NAME	DATE																																												
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<p>1. The contractor provides instruction and support which includes but is not limited to the following:</p> <ul style="list-style-type: none"> a. Protecting the safety and well being of the client; b. Providing the client with balanced, nutritional food choices to 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. Assisting the client to remain in the least restrictive environment; h. Providing transportation to health care appointments and other community resources designated in the client's ISP; i. Providing community integration activities; and j. Promoting opportunities for positive relationships. <p align="center">CONTRACT</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>																																							
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<p>2. The contractor demonstrates the following values when implementing the ISP:</p> <ul style="list-style-type: none"> a. Health and Safety; b. Personal power and choice; c. Competence and self reliance; d. Positive recognition by self and others; e. Positive relationships; and f. Integration in the physical and social life of the community. <p align="center">WAC 388-829C-090</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>																																							
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Section C. Instruction and Support Continued

PROVIDER NAME	DATE																
STANDARDS	PROGRAM COMPLIANCE																
<p>3. For clients prescribed psychoactive medications to reduce challenging behavior or treat a mental illness the contractor must ensure a Positive Behavior Support Plan (PBSP) is in place:</p> <p><input type="checkbox"/> N/A – No Psychoactive meds prescribed for purposes described above.</p> <p>a. A PBSP is in place;</p> <p>b. The contractor has reviewed with the client and his/her representative the names, purpose, potential side effects and any known potential drug interactions of the medication; and</p> <p>c. The contractor maintains an information sheet for each psychoactive medication that is being used.</p> <p align="right">CONTRACT EXHIBIT A, DDD Policy 5.16, Use of Psychoactive Medications</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>											
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Section D. Restrictive Procedures

PROVIDER NAME	DATE								
STANDARDS	PROGRAM COMPLIANCE								
<p>1. If there is a perceived need for a restrictive procedures, the client and his/her legal representative have been involved in discussions regarding the perceived need for restrictive procedures including:</p> <p><input type="checkbox"/> Section N/A – No need for Restrictive Procedures</p> <p>a. Behavioral support programs that are based on respect, dignity and personal choice;</p> <p>b. The specific restrictive procedures to be used;</p> <p>c. The perceived risks of both the client’s problem behavior and the restrictive procedures;</p> <p>d. The reasons which justify the use of the restrictive procedures; and</p> <p>e. The reasons why less restrictive procedures are not sufficient.</p> <p align="center">DDD POLICY 5.15</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>2. Each use of emergency restrictive procedures are documented by an incident report and submitted to DDD.</p> <p align="center">DDD POLICY 5.15</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>3. If emergency restrictive procedures have been used more than three (3) times in six (6) months, a functional assessment which may result in the development of intervention strategies and/or a Behavior Support Plan (BSP) is in place.</p> <p align="center">DDD POLICY 5.14</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>4. Only in the least restrictive procedures needed are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is over.</p> <p align="center">DDD POLICY 5.15</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section D. Restrictive Procedures Continued

PROVIDER NAME	DATE												
STANDARDS	PROGRAM COMPLIANCE												
<p>5. Prior to implementation of restrictive procedures, each proposed intervention has been approved as follows:</p> <p>a. Written approval of the client and/or legal guardian for any strategies requiring ETPs or involving physical or mechanical restraints; and</p> <p>b. Documentation of approval on a form listing the risks, explaining why less restrictive procedures are not recommended, indicating alternatives and providing space for written comments from the client or guardian.</p> <p align="center">DDD POLICY 5.15</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>							
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<p>6. Contractors using physical interventions must also follow the direction described in DDD Policy 5.17, Use of Physical Intervention Techniques and avoid using any interventions prohibited by DDD.</p> <p align="center">CONTRACT EXHIBIT A, DDD Policy 5.17, Physical Intervention Techniques</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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Section E. Emergency Planning

PROVIDER NAME	DATE								
STANDARDS	PROGRAM COMPLIANCE								
1. Contractor has an Evacuation Plan on file. WAC 388-829C-340	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2. Contractor maintains evacuation practice records. WAC 388-829C-340	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3. Contractor has Emergency Response Plan to address natural and other disasters on file. WAC 388-829C-330, 388-829C-410	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN/TIMELINES									
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____									

Section F. Financial

PROVIDER NAME	DATE																								
STANDARDS	PROGRAM COMPLIANCE																								
1. If companion home provider is managing client funds, there is written consent from the client, or the client's legal representative if applicable, or the companion home provider is the payee for the client's earned and unearned income. WAC 388-829C-270	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Yes	No	P	N/A																						
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2. The companion home provider keeps the following documents for the client funds they manage: <ul style="list-style-type: none"> a. Monthly bank statements and reconciliations initialed by the provider; b. Checkbook registers and bankbooks; c. Deposit receipts; and d. Receipts for purchases over \$25. WAC 388-829C-300	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>																			
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3. When managing the client's funds, the companion home provider must:: <ul style="list-style-type: none"> a. Prevent the client's account from becoming overdrawn; b. Assist the client with any checks, if applicable; c. Protect the client's financial interests; d. Notify DDD if client's funds reach \$1,700; and as described in WAC 388-829C-300 e. Ensure that the client is informed of how his or her money is being spent and that the client participates to the maximum extent possible in the decision making. WAC 388-829C-280	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>																			
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EVALUATOR COMMENTS																									
CORRECTIVE ACTION PLAN/TIMELINES																									
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____																									

Section B. Financial Continued

PROVIDER NAME	DATE																
STANDARDS	PROGRAM COMPLIANCE																
4. The contractor makes the client's account available for a DSHS audit and inspection as requested. <p align="center">CONTRACT</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No	P	N/A														
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5. The contractor reimburses the client when responsible for mismanagement of client funds (i.e., overdraft charges and fees). <p align="center">WAC 388-829C-290</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No	P	N/A														
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6. There must be a room and board agreement in place between contractor and client. <ul style="list-style-type: none"> a. Agreement is signed by client or legal representative; b. Room and Board payment includes rent, utilities and food; and c. Current agreement has been sent to DDD for approval. <p align="center">WAC 388-829C-310</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>											
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EVALUATOR COMMENTS																	
CORRECTIVE ACTION PLAN/TIMELINES																	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____																	

Section G. Health Services

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The contractor arranges appointments and accesses health, mental health, and dental services for the client. WAC 388-829C-160	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. The contractor ensures the client receives annual physical and dental examination unless an exemption is granted, in writing, from the appropriate medical professional. WAC 388-829C-160	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The contractor documents client refusal to participate in health care services. WAC 388-829C-160	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. The contractor observes the client for change(s) in health, taking appropriate action. WAC 388-829C-160	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Contractor maintaining health records. WAC 388-829C-160	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Unless the contractor is a licensed health professional, he/she assists the client to take medications by assisting client with any medical treatment prescribed by health professionals that does not require registered nurse delegation or professionally licensed services. WAC 388-829C-160	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____	

Section G. Health Services Continued

PROVIDER NAME	DATE																				
STANDARDS	PROGRAM COMPLIANCE																				
7. Contractor communicates directly with health professionals when needed. WAC 388-829C-160	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Yes	No	P	N/A																		
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8. Contractor is providing a balanced, nutritional diet. WAC 388-829C-160	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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9. Unless he/she is a licensed health care professional, the contractor will ensure no one in the home administers medications unless delegated per Nurse Delegation requirements, including the following: <ul style="list-style-type: none"> a. A current NA-R or NA-C registration without restriction; b. Certification showing completion of the "Nurse Delegation for Nursing Assistants" class; c. Certification showing completion of "Fundamentals of Caregiving" if the companion home provider is an NA-R; d. Receive client-specific training from the delegating registered nurse; and e. Renew nursing assistant registration/certification annually. WAC 388-829C-190	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>															
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INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____																					

Section H. Records and Reports

PROVIDER NAME	DATE																								
STANDARDS	PROGRAM COMPLIANCE																								
Companion home providers must keep the following information in their records: 1. Client information including: a. The client's name, address, and Social Security Number; and b. The name, address, and telephone number of the client's legal representative and any of the client's relatives that the client chooses to include. WAC 388-829C-340	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>																			
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2. Client health records, including: a. The name, address, and telephone number of the client's physician, dentist, mental health service provider, and any other health care service provider; b. Instructions from health care service providers about necessary health care, including appointment dates; c. Written documentation that the instructions from health care service providers have been followed; d. Medication (including a record of all meds administered to, monitored, or refused by the client), health and surgery records; and e. A record of known surgeries and major health events. DDD Policy 6.19	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>																			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
3. Copies of legal guardianship papers. WAC 388-829C-340	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____																									

Section H. Records and Reports Continued

PROVIDER NAME	DATE																
STANDARDS	PROGRAM COMPLIANCE																
4. A copy of the client's most recent ISP.	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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5. Copies of any positive behavior support plan or cross systems crisis plan, if applicable.	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No	P	N/A														
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6. Signed release of information forms.	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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7. Burial plans and wills.	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No	P	N/A														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
8. Client property records are maintained as described in WAC 388-829C-380 a. A list of items valued at over \$75 owned by client at time of program entry; b. A list of items valued at over \$75 purchased by the client since entering the program including cost, description and date of purchase; and c. Property record contains dates and reasons for items removed from client's property record. WAC 388-829C-340	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>											
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INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____																	

Section H. Records and Reports Continued

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
<p>9. Nurse delegation records must be maintained and accessible to the delegating nurse when participating in registered nurse delegation.</p> <p><input type="checkbox"/> N/A – No Nurse Delegation required (if marked enter N/A for i. – iii below).</p> <p>i. Written instructions for performing the delegated task from the delegating RN;</p> <p>ii. The most recent six months of documentation showing that the task was performed; and</p> <p>iii. Validation of their current nursing assistant registration or certification.</p> <p align="center">WAC 388-829C-210</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>10. All record entries are recorded in ink or electronically; and</p> <p>a. Are recorded at the time of or immediately following the occurrence of the event recorded;</p> <p>b. Are initialed, dated and legible writing; and</p> <p>c. If the contractor makes a mistake on the record, the contractor has shown both the original and corrected entries.</p> <p align="center">WAC 388-829C-360</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>11. The contractor submits reports describing Instruction and Support activities identified in the ISP to DDD at least every 6 months or more frequently upon request.</p> <p align="center">WAC 388-829C-350</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
<p>INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____</p>	

Section I. Incident Management

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
<p>1. The contractor has notified the DDD Regional Administrator, or designee, and the guardian in the event of an unusual incident within 24 hours of the incident including, but not limited to, injuries resulting from altercations, serious injuries, mental health crisis, hospital admissions, a natural disaster, medically emergent conditions, emergency restrictive procedures, missing resident, or any suspected abuse, neglect, or exploitation. DDD Policy 6.12</p>	<p>Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. The contractor has evidence of follow-up in writing per DDD procedures after reporting an "unusual incident." DDD Policy 6.12</p>	<p>Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>3. The contractor notified the DDD Regional Administrator, or designee, immediately after the client threatened a family member or community citizen and the police were called. DDD Policy 6.12</p>	<p>Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>4. Contractor has signed policy on reporting requirements on file. DDD Policy 6.12 Attachment A</p>	<p>Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____	

Section J. Quality Review

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The client has access to all of the common areas of the residence (i.e., living room, TV room, yard).	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. The client has his/her own bedroom with a window suitable for egress.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The client has sufficient space for personal belongings.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. The client's bedroom provides adequate privacy.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Individuals and their guardians have information about their rights and responsibilities.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. The contractor participates in any quality assurance reviews required by DSHS. WAC 388-825-325	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____	

Section J. Quality Review Continued

PROVIDER NAME	DATE								
STANDARDS	PROGRAM COMPLIANCE								
7. The contractor is knowledgeable about the client's preferences regarding the care provided. WAC 388-825-325	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8. The contractor knows the resources in the community the client prefers to use. WAC 388-829C-080, WAC388-825-325	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
9. The contractor enables the client to use his/her preferred community resources. WAC 388-829C-080, WAC 388-825-325	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10. The contractor enables the client to see his/her friends and encourages the client to exert personal power and choice in this regard (i.e. client knows how and can freely use the telephone independently or with the minimal assistance necessary). WAC 388-829C-080, WAC 388-825-325	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11. The contractor enables the client to keep in touch with his/her family as preferred by the client. WAC 388-825-325	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN/TIMELINES									
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____									

Section J. Quality Review Continued

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
12. The client's individual privacy is provided and respected.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. The client's activities and schedule are similar to other people of the same age, or as preferred by the client.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. The client is addressed by name.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. The contractor shows respect for the client. WAC 388-829C-100	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16. The contractor has expectations for the client to participate in household activities, commensurate with the client's capabilities.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17. The client presents a positive appearance.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____	

Section J. Quality Review Continued

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
18. The contractor presents a positive appearance.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. The contractor respects the rights of a nonsmoking client and/or a client who smokes.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21. The variety, type, and amount of food is sufficient for the client and to his/her liking.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
22. There is a process in place for the client to know how to contact DRW, APS, and their case Manager.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. The client has the opportunity to have friends other than the contractor and extended family.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____	

Section J. Quality Review Continued

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
24. The client has the opportunity to interact with the neighbors.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25. The client and contractor appear to like each other.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26. There is evidence of individuality in the decoration of the client's room.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27. The client is included in household decisions (i.e. schedules, bedtimes, outings, menu, activities, spending money, buying clothes).	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28. The client is engaged in interesting activities of his/her choice.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29. The client chooses his/her own clothes.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____	

Section J. Quality Review Continued

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
30. The client has choices over the use of his/her spending money.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31. The client likes living in the home.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32. The client works or participates in a day program, if appropriate/available.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
33. The home supports the client's expression of culture and religion (i.e. diet, language, programming, opportunities to attend church and celebrate religious and cultural holidays). CONTRACT and WAC 388-829C-090, WAC 388-829C-100	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____ Evaluator: _____ Resource Manager: _____	