



**DEVELOPMENTAL DISABILITIES ADMINISTRATION  
COMPANION HOME DCYF WEEKLY SCHEDULE**

EXISTING DCYF OR TRIBAL EFC CLIENT <input type="checkbox"/>	NEW DCYF OR TRIBAL EFC CLIENT <input type="checkbox"/>	COUNTY	REGION
CLIENT NAME	DATE OF BIRTH	AGE	P1 CLIENT ID
NAME OF PROVIDER	RESOUCER MANGER		P1 PROVIDER ID NUMBER
ADDRESS OF HOME	CITY	STATE	ZIP CODE
			DAILY RATE
			EFFECTIVE DATE

SERVICE HOURS															
Day	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Totals
Time	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	
12am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
1am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
2am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
3am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
4am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
5am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
6am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
7am															0.00
8am															0.00
9am															0.00
10am															0.00
11am															0.00
12pm															0.00
1pm															0.00
2pm															0.00
3pm															0.00
4pm															0.00
5pm															0.00
6pm															0.00
7pm															0.00
8pm															0.00
9pm															0.00
10pm	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
11pm	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
Service Hours Per Day	9.00	0.00	9.00	0.00	9.00	0.00	9.00	0.00	9.00	0.00	9.00	0.00	9.00	0.00	

<b>TOTAL SERVICE HOURS</b>												<b>Average Hours/Week</b>		
Total Supervisory Hours												63.00		
Total Habilitative Hours												0.00		
<b>TOTAL DAILY RATE</b>														<b>\$0.00</b>
<b>SUPERVISION (SUP) PORTION OF THE DAILY RATE</b>														<b>\$0.00</b>
<b>HABILITATIVE (HAB) PORTION OF THE DAILY RATE</b>														<b>\$0.00</b>

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## INSTRUCTIONS

### **Background:**

Individuals served by the Department of Children, Youth and Family (DCYF) may choose to be dependents through extended foster care until they turn age 21.

DSHS Developmental Disabilities Administration cannot use waiver dollars to pay for supervision for child welfare dependents. We must identify how many hours are used as supervision and how many hours are used for skill building (habilitation).

Supervision is defined as:

*The supervision and oversight of a client when habilitation activities (active coaching, teaching, training, etc.) or personal care (toileting assistance, meal preparation, transfers, etc.) are not occurring such as monitoring a client while watching tv, sleeping, sitting in a classroom setting or worksite, or other day to day line of eyesight or earshot monitoring.*

### **When is this form used?**

This form must be filled out when a DCYF or tribal extended foster care dependent is also a client of DDA.

This form must be completed:

- a. Within 30 days of client entering CH services
- b. After a significant change assessment
- c. At annual review
- d. As requested by the CH provider, client or DDA

### **How is the form filled out?**

The Resource Manager (RM) will fill out the top section of the form up to the "Service Hours" section and send the form to the provider within three business days of:

- a. DCYF or tribal extended foster care dependent client entering new CH contract
- b. RM discovering client in an existing CH contract is also a DCYF or tribal extended foster care dependent

Provider must fill out the "Service Hours" section separating habilitation from supervision and send the form back to the RM within:

- a. 30 days of client entering CH services
- b. 7 days of request from DDA for all other circumstances

Before sending to the RM, the provider must verify all cells in the "Service Hours" section are white.

The form will auto calculate the percentage of supervision and habilitation dollars of the daily rate that DCYF and DDA are each responsible for.

The RM will follow regional procedures to submit the completed form for processing.



**DEVELOPMENTAL DISABILITIES ADMINISTRATION  
COMPANION HOME WEEKLY DCYF SCHEDULE**

EXISTING DCYF OR TRIBAL EFC CLIENT <input type="checkbox"/>		NEW DCYF OR TRIBAL EFC CLIENT <input checked="" type="checkbox"/>		COUNTY Benton		REGION 1S									
CLIENT NAME John Doe			DATE OF BIRTH 1/28/13		AGE 11		P1 CLIENT ID 222444666WA								
NAME OF PROVIDER Youth Care Services			RESOURCE MANGER Cody Johnson			P1 PROVIDER ID NUMBER 111222333									
ADDRESS OF HOME 354 Smith Street		CITY Kennewick		STATE WA		ZIP CODE 99336		DAILY RATE \$360.00		EFFECTIVE DATE 8/1/24					
SERVICE HOURS															
Day	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Totals
Time	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	SUP	HAB	
12am	1.00		1.00		1.00		1.00		1.00		0.75	0.25	1.00		7.00
1am	1.00		1.00		1.00		1.00		0.50	0.50	1.00		1.00		7.00
2am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
3am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
4am	1.00		1.00		1.00		1.00		1.00		1.00		1.00		7.00
5am	0.75	0.25	1.00		1.00		1.00		1.00		1.00		1.00		7.00
6am	1.00		1.00		1.00		0.75	0.25	1.00		1.00		1.00		7.00
7am	0.75	0.25	0.75	0.25	0.75	0.25	0.75	0.25	0.75	0.25	0.75	0.25	0.75	0.25	7.00
8am		1.00		1.00	0.50	0.50	0.50	0.50		1.00	0.25	0.75		1.00	7.00
9am	0.50	0.50	1.00			1.00	0.25	0.75		1.00	0.50	0.50	0.25	0.75	7.00
10am		1.00	0.50	0.50		1.00	0.50	0.50	1.00			1.00		1.00	7.00
11am		1.00		1.00	1.00			1.00	0.50	0.50		1.00	1.00		7.00
12pm	1.00		0.25	0.75	0.50	0.50	0.50	0.50	1.00		1.00		0.50	0.50	7.00
1pm	0.50	0.50		1.00	1.00			1.00	0.25	0.75	0.50	0.50		1.00	7.00
2pm		1.00		1.00	0.25	0.75		1.00		1.00		1.00	0.25	0.75	7.00
3pm	0.25	0.75		1.00	1.00		1.00		0.75	0.25	0.25	0.75		1.00	7.00
4pm		1.00	0.25	0.75	0.75	0.25	0.50	0.50	1.00			1.00	1.00		7.00
5pm		1.00	0.75	0.25		1.00		1.00		1.00		1.00	0.75	0.25	7.00
6pm	0.50	0.50		1.00	1.00		0.25	0.75	0.50	1.00		1.00		1.00	7.50
7pm	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	7.00
8pm	0.25	0.75	0.25	0.75	0.25	0.75	0.25	0.75	0.25	0.75	0.25	0.75	0.25	0.75	7.00
9pm	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	7.00
10pm	1.00		1.00		0.75	0.25	1.00		1.00		1.00		0.50	0.50	7.00
11pm	1.00		0.50	0.50	1.00		1.00		1.00		1.00		1.00		7.00
Service Hours Per Day	13.50	10.50	13.25	10.75	13.75	10.25	14.25	9.75	14.50	10.00	13.25	10.75	14.25	9.75	
<b>TOTAL SERVICE HOURS</b>												<b>Average Hours/Week</b>			
Total Supervisory Hours												96.75			
Total Habilitative Hours												71.75			
<b>TOTAL DAILY RATE</b>														<b>\$360.00</b>	
<b>SUPERVISION (SUP) PORTION OF THE DAILY RATE</b>														<b>\$206.71</b>	
<b>HABILITATIVE (HAB) PORTION OF THE DAILY RATE</b>														<b>\$153.29</b>	

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**Resource Manager**

The resource manager fills in all cells up to the "Service Hours" section.



**Provider**

The provider fills in the "Service Hours" section using information that is typical for the client.

The "Service Hours" cells must all be white for the form to be complete and to perform calculations correctly.

For each hour, of each day of the week, the provider must enter the portion of the hour the provider:

- a. supervises (SUP) the client, and
- b. performs Habilitative (HAB) tasks with the client

For nighttime hours (10pm - 6am) the full hour (1.00) has been pre-recorded as Supervision (SUP). However, if Habilitative (HAB) tasks are completed during nighttime hours, the provider must adjust the time necessary to reflect habilitation.

The arrow is pointing to a sample where the nighttime hours were changed.

**Troubleshooting**

The entry for each task must be between .01 and 1.00; any number outside of these parameters will result in an error message (see error message icon).

The total for each hour increment (SUP + HAB) must equal 1.00 hour for the cell to turn white in color.

The arrow is pointing to an hour increment where the cells do not equal 1.0 hour exactly and are not white.

Zero is not an allowable number (see error message icon); if entering the whole 1.00 hour for one of the tasks, leave the other cell blank to make the orange and green turn white.

Double click the icon below to see a sample of the error message.



This section will auto-calculate the portion of the daily rate DCYF and DDA are each responsible for, based on the RMs entry of the daily rate, and the providers entry in the "Service Hours" section.