

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Companion Home Evaluation and Review

Contract Evaluation

PROVIDER'S NAME	CONTRACT NUMBER AND END DATE
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MAILING ADDRESS

CERTIFICATION LENGTH RECOMMENDED BY RESOURCE MANAGER (12 MONTHS MAXIMUM)	RESIDENTIAL QUALITY ASSURANCE UNIT MANAGER SIGNATURE
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CONTRACT EVALUATION PERIOD	NEXT REVIEW DATE (FILLED OUT BY RESIDENTIAL QA UNIT MANAGER)
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EVALUATOR VISIT DATES

The Evaluator confirms, by signing below, that they do not have any interest 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 DDA Resource Manager DDA Contract File
 DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

PROVIDER'S NAME	DATE																																								
Section A. Provider Qualifications and Responsibilities																																									
Standards	Program Compliance																																								
<p>1. The Provider has a signed contract. WAC 388-829C-042</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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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<p>2. The provider meets each of the following minimum qualifications:</p> <p>a. Is 21 years of age or older; WAC 388-829C-040</p> <p>b. Has earned a high school diploma or GED; WAC 388-829C-040</p> <p>c. Meets the training requirements under WAC 388-829. If provider is initially contracted after December 7, 2018, has successfully completed the training requirements under WAC 388-829C-110 before delivering services to the client; WAC 388-829C-110</p> <p>d. Has current certification for First Aid/CPR</p> <p>e. Has successfully completed Blood Borne Pathogens with HIV/Aids information training prior to contracting; WAC 388-829C-110</p> <p>f. Has a Washington State business license as an independent contractor; WAC 388-829C-040, WAC 388-829C-070</p> <p>g. For Companion Home providers initially contracted after January 1, 2016 or who have not resided in Washington State for three continuous years, there must be an FBI fingerprint based background check on file at time of initial contracting and retained. WAC 388-829C-070, RCW 43.20A</p> <p>h. Has a non-disqualifying background check results conducted by DSHS' BCCU (valid for two years) with Character, Competence, and Suitability Review approved by DDA if Review Required result; WAC 388-829C-040</p> <p>i. All people, except the client, must have a non-disqualifying background check if they are 16 or older, and live in, routinely stay overnight in, or may have unsupervised access to the client in the companion home (every two years).</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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> <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> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>3. After the first year of service the provider must meet the following training requirements:</p> <p>a. Maintain current CPR and first aid certification. WAC 388-829C-110, WAC 388-829-0050</p> <p>b. Receive Blood Borne Pathogen training with HIV/AIDS information at least annually. WAC 388-829C-110, WAC 388-829-0050</p> <p>c. Complete at least 12 hours of continuing education each calendar year on topics that</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> <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> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
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directly benefit the client served.

[WAC 388-829-0085](#)

d. Maintain training documentation and submit a copy to DDA

[WAC 388-829C-345](#)

Evaluator Comments:

Corrective Actions:

4. The provider has proof of automobile liability insurance as required by law and a valid State of Washington driver's license.

[WAC 388-829C-250](#)

Yes No P N/A

Evaluator Comments:

Corrective Actions:

Evaluator Comments:

Section B. Nurse Delegation Services					
Standards		Program Compliance			
		Yes	No	P	N/A
1. For client's requiring nurse delegation services, the provider meets the following requirements.					
<input type="checkbox"/> N/A – Client does not require nurse delegation services at this time.					
a. The provider performs delegated nursing tasks and medication administration under WAC 246-840-910 through 246-840-970 if necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-170					
b. The provider ensures no one in the home administers medications unless delegated per Nurse Delegation requirements or unless they are a licensed health care professional.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse delegation records include:					
i. A signed consent for nurse delegation;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Written instructions from the delegating nurse for performing each delegated nursing task; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Documentation of client-specific training from the delegating nurse;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Validation of their current nursing assistant registration or certification (NAR or NAC, without restriction);		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Certification showing completion of the "Nurse Delegation for Nursing Assistants" class.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					
Corrective Actions:					
Evaluator Comments:					

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Section C. Physical and Safety Requirements

Standards	Program Compliance			
	Yes	No	P	N/A
<p>1. The provider ensures physical and safety requirements are met. The companion home must:</p> <ul style="list-style-type: none"> a. Be accessible to the client; b. Provide the client direct, unrestricted access to all common areas of the home c. Have adequate space for mobility aids, such as a wheelchair, walker, or lifting device if the client uses mobility aids; d. Have unblocked exits; e. Be maintained in a safe and healthy manner; f. Safely store flammable and combustible materials; g. Have a working smoke detector, located close to the client's bedroom that meets the client's specialized needs, including any vision or hearing loss; h. Have a five-pound 2A: 10B-C fire extinguisher; i. Have a first aid kit; j. Provide the client access to a working telephone; k. Provide the client access to a working flashlight or alternative light source; l. Have a railing for any patio, deck, porch, or balcony that is more than 12 inches off the ground; m. Have a private bedroom for the client with a door that locks from the inside, unless the client's Person Centered Service Plan indicates that it is unsafe for the client to have a locking door; and n. Have an exit that does not rely solely on a window, ladder, folding stairs, or trap door. <p style="text-align: center;">WAC 388-829C-320</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The companion home provider must protect the client from risks associated with bodies of water:</p> <ul style="list-style-type: none"> a. Any body of water at the companion home over 24 inches deep must be enclosed by a fence at least 48 inches high; and; b. Any door or gate that directly leads to the body of water must have an audible alarm. <p style="text-align: center;">WAC 388-829C-325</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. The provider regulates the water temperature at the residence.</p> <ul style="list-style-type: none"> a. The water temperature must be no higher than 120 degrees Fahrenheit; b. The provider checks the water temperature when the client moves into the household and monthly thereafter and documents compliance with this requirement. <p style="text-align: center;">WAC 388-829C-330</p> <p>Evaluator Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Corrective Actions:

Evaluator Comments:

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Section D. Emergency Planning						
Standards			Program Compliance			
1. Provider has an evacuation plan that is accessible to the client. WAC 388-829C-320 Evaluator Comments: Corrective Actions: 			Yes	No	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provider conducts evacuation plan drills monthly and maintains monthly evacuation practice records. WAC 388-829C-320 Evaluator Comments: Corrective Actions: 			Yes	No	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provider has emergency contact information displayed in a manner accessible to the client. WAC 388-829C-410 Evaluator Comments: Corrective Actions: 			Yes	No	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provider has developed an emergency response plan, and practices it with the client. WAC 388-829C-410 Evaluator Comments: Corrective Actions: 			Yes	No	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:						

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Section E. Incident and Mandatory Reporting					
Standards		Program Compliance			
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services. DDA Policy 6.12 Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 . DDA Policy 6.12 Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting an incident report to DDA. DDA Policy 6.12 , RCW 388-829C-140 Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provider has a signed copy of Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, Form 10-403 , on reporting requirements on file (required annually). DDA Policy 6.12 Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					

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Section F. Records and Reports					
Standards		Program Compliance			
1. Provider's client records contain the following general information: a. The client's name, address, and Social Security Number; b. A copy of documents establishing the legal representative's legal authority to act on behalf of the client, if applicable; and c. Signed authorization for release of information forms. WAC 388-829C-340		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator Comments:					
Corrective Actions:					
2. Provider's client records contain client health care information, including: a. The name, address, and telephone number of the client's health care providers; b. Instructions from the client's health care providers; c. Written documentation that instructions from the client's health care providers have been followed; d. The client's health care appointment dates; e. The client's known major health events; f. The client's health and surgery records; g. A copy of the client's medical insurance card; and h. Documentation of any refusals to participate in services under WAC 388-829C-370 . DDA Policy 6.19, WAC 388-829C-340		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator Comments:					
Corrective Actions:					
3. Provider's client records contain copies of current service and support plans, including the client's: a. The name, address, and telephone number of the client's health care providers; b. Instructions from the client's health care providers; c. Written documentation that instructions from the client's health care providers have been followed; d. The client's health care appointment dates; e. The client's known major health events; f. The client's medication records; g. The client's health and surgery records; h. A copy of the client's medical insurance card; and i. Documentation of any refusals to participate in services under WAC 388-829C-370 . DDA Policy 6.19, WAC 388-829C-340		Yes	No	P	N/A
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Evaluator Comments:					

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Corrective Actions:				
<p>4. For clients prescribed psychotropic medications to reduce challenging behavior or treat a mental illness the provider must ensure a Positive Behavior Support Plan (PBSP) is in place:</p> <p><input type="checkbox"/> N/A – No psychotropic meds prescribed for purposes described above.</p> <p>a. A PBSP is in place;</p> <p>b. The provider has reviewed with the client and their legal representative if they have one, the names, purpose, potential side effects and any known potential drug interactions of the medication; and</p> <p>c. The provider maintains an information sheet for each psychotropic medication that is being used.</p> <p style="text-align: center;">CONTRACT EXHIBIT A, DDA Policy 5.16 USE OF PSYCHOTROPIC MEDICATIONS, DDA Policy 5.14 POSITIVE BEHAVIOR SUPPORT</p> <p>Evaluator Comments:</p>	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:				
<p>5. Provider's client records contain copies of current service and support plans, including:</p> <p>a. Person-centered service plan;</p> <p>b. Individual education plan, if the client is in school;</p> <p>c. Individual employment plan, if the client has one;</p> <p>d. Positive behavior support plan, if the client has one; and</p> <p>e. Cross-systems crisis plan, if the client has one.</p> <p>Evaluator Comments:</p>	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
Corrective Actions:				
<p>6. Client property records are maintained as described in WAC 388-829C-380 and contain:</p> <p>a. If provider is initially contracted after December 7, 2018, a descriptive list of items with an original purchase price of \$25 or more that the client owned when companion home services began;</p> <p>b. A descriptive list of items with an original purchase price of \$25 or more that the client has acquired while living in the companion home if provider is initially contracted after December 7, 2018, or that client owns beginning December 7, 2018;</p> <p>c. A date, explanation, and review by the client's legal representative if the client has one, for any item with an original purchase price of \$25 or more that is removed from the client's property record;</p> <p>d. For any item originally purchased for \$75 or more, the companion home provider must record the item's serial number in the client's property record if the item has one.</p> <p style="text-align: center;">WAC 388-829C-380</p>	Yes	No	P	N/A
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Corrective Actions: 																													
<p>7. The provider submits reports describing instruction and support activities performed as identified in the Person Centered Service Plan that must:</p> <ol style="list-style-type: none"> Be submitted every three months and upon DDA's request; Include a list of community and other activities the client has participated in; List health care appointments that have occurred during the quarter; Document the client's progress toward each goal identified in the client's person-centered service plan; Document the client's progress toward the habilitation goal; and Document the review of any client refusal of services under WAC 388-829C-370, WAC 388-829C-350 <p>Evaluator Comments: </p> <p>Corrective Actions: </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> <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> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>8. All record entries are:</p> <ol style="list-style-type: none"> Made at the time of or immediately following the event; Made electronically or written legibly in ink; Signed and dated by the person making the entry; Stored securely; Kept confidential; and Any errors corrected in a record entry are struck through in a way that the underlying text remains legible. <p>WAC 388-829C-360</p> <p>Evaluator Comments: </p> <p>Corrective Actions: </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> <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> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator Comments: 																													

Section G. Instructions and Support					
Standards		Program Compliance			
		Yes	No	P	N/A
1. The provider provides residential habilitation services which include but are not limited to the following: <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 that 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 or arranging client transportation to health care appointments and other community resources designated in the client's Person Centered Service Plan; i. Providing community integration activities; and j. Promoting opportunities for positive relationships. <p style="text-align: center;">CONTRACT</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider demonstrates the following DDA Guiding Values when implementing the ISP: <ul style="list-style-type: none"> a. Inclusion; b. Status and contribution; c. Relationships; d. Power and choice; e. Health and safety; and f. Competence. <p style="text-align: center;">CONTRACT, DDA Guiding Values</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p> <p>Evaluator Comments:</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISTRIBUTION: Companion Home Provider DDA Resource Manager DDA Contract File
 DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

Section H. Health Services					
Standards		Program Compliance			
1. The provider ensures the client receives an annual physical and dental examination, unless the client has a written exemption from a physician or dentist. WAC 388-829C-160		Yes	No	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
2. The provider documents the client's refusal of any annual physical or dental examination. WAC 388-829C-370		Yes	No	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
3. The provider schedules or assists the client in scheduling appointments and any follow-up appointments for dental, mental health, and physical health services. WAC 388-829C-160		Yes	No	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
4. The provider acts in the client's best interest in the event of an emergency or a change in the client's health. WAC 388-829C-160		Yes	No	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
5. The provider provides medication assistance under chapter 246-888 WAC if necessary.		Yes	No	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
6. The contractor assists the client to access health care benefits available through Medicare, Medicaid, private health insurance, and other resources while acting in the client's financial best interest and supporting client choice. WAC 388-829C-160		Yes	No	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					

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 DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

Evaluator Comments:

DISTRIBUTION: Companion Home Provider DDA Resource Manager DDA Contract File
DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

Section I. Restrictive Procedures					
Standards		Program Compliance			
<p>1. Before implementing restrictive procedures, the client and their legal representative must be involved in discussions regarding the perceived need for restrictive procedures including:</p> <p><input type="checkbox"/> Section not applicable – 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 challenging behavior and the restrictive procedures;</p> <p>d. The reasons justifying the use of the restrictive procedures; and</p> <p>e. The reasons why less restrictive procedures are not sufficient.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		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"/>
<p>2. Only the least restrictive procedures needed to adequately protect the client, others, or property shall be used. Restrictive procedures must be terminated as soon as the need for protection is over.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Prior to implementation of restrictive procedures, the proposed Positive Behavior Support Plan must be approved as follows:</p> <p>a. Written approval of the client and/or legal representative for any strategies requiring Exception to Policy or involving physical or mechanical restraints; and</p> <p>b. Documentation of approval on a form that lists the risks of the challenging behavior, explains why less restrictive procedures are not recommended, indicates alternatives to the recommendation, and provides space for the client and their legal representative to write their comments and opinions regarding the plan.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. An incident report must be submitted to the DDA Case Resource Manager for each incident leading to the use of emergency restrictive procedures.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISTRIBUTION: Companion Home Provider DDA Resource Manager DDA Contract File
DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

<p>5. If the same restrictive procedure is used on an emergency basis more than three times in a six month period, a functional assessment must be conducted and, if warranted, a Positive Behavior Support Plan (BSP) developed.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>Evaluator Comments:</p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></p> <p>Corrective Actions:</p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;">P</td> <td style="text-align: center; padding: 5px;">N/A</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><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"/>						
<p>6. Providers using physical interventions must also follow the direction described in DDA Policy 5.17, Use of Physical Intervention Techniques and avoid using any interventions prohibited by DDA.</p> <p style="text-align: center;">DDA Policy 5.17, DDA Policy 5.15</p> <p>Evaluator Comments:</p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></p> <p>Corrective Actions:</p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;">P</td> <td style="text-align: center; padding: 5px;">N/A</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><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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DISTRIBUTION: Companion Home Provider DDA Resource Manager DDA Contract File
DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

Section J. Financial					
Standards		Program Compliance			
1. If a companion home provider is managing client funds: <ul style="list-style-type: none"> a. There is written consent from the client, or the client's legal representative if applicable; or b. The companion home provider is the payee. <p style="text-align: center;">WAC 388-829C-270</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The companion home provider must develop and implement an individual financial plan if: <ul style="list-style-type: none"> a. The client's Person Centered Service Plan identifies that the client needs support to manage their funds; and b. The companion home provider manages any portion of the client's funds. <p style="text-align: center;">WAC 388-829C-275</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provider's client records contain client financial information, including: <ul style="list-style-type: none"> a. The client's Individual Financial Plan; and b. Documentation of any money management and instruction provided to the client. <p style="text-align: center;">WAC 388-829C-340</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The client's individual financial plan must be accurate and current, and: <ul style="list-style-type: none"> a. List all of the client's income sources, such as wages, social security benefits, supplemental security disability income, retirement income, and the projected monthly amount of the income; b. Identify all known client accounts and who manages each account, such as a checking account, savings account, and cash account; c. Include a budget and describe how the client's funds will be spent during a typical month; d. Identify all known client assets and who manages each asset, such as a burial plan, retirement funds, stocks, trusts, and vehicles; and e. Include a plan for maintaining resources under WAC 182-513-1350. <p style="text-align: center;">WAC 388-829C-275</p> <p>Evaluator Comments:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DISTRIBUTION: Companion Home Provider DDA Resource Manager DDA Contract File
 DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

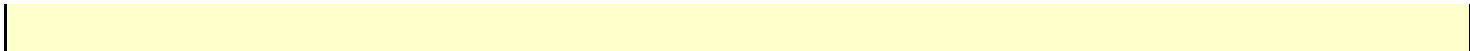
Corrective Actions:				
5. The companion home provider must review the Individual Financial Plan with the client and the client's legal representative if the client has one:	Yes	No	P	N/A
a. At least every 12 months; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the client's income, expenses, or assets change, or if there is a change in who manages an asset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-275				
Evaluator Comments:				
Corrective Actions:				
6. The provider, the client, and the client's legal representative if the client has one, must sign the Individual Financial Plan when it is developed and each time it is reviewed.	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-275				
Evaluator Comments:				
Corrective Actions:				
7. Every 12 months, or more often if the plan has been revised, the companion home provider must provide a copy of the Individual Financial Plan to the client, the client's legal representative if the client has one, and the client's Case Resource Manager.	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-275				
Evaluator Comments:				
Corrective Actions:				
8. When managing the client's funds, the companion home provider must	Yes	No	P	N/A
a. Protect the client's financial interests;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Include the client to the highest degree possible in decision making about how their funds are spent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Maintain a detailed ledger with a running balance for each account managed by the provider, including: cash received from writing checks over the purchase amount; and a list of where the money was spent or gift card funds were used;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Deposit any client funds into the client's bank account within one week of receiving client funds;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reconcile the client's accounts, including cash, gift card, and Electronic Benefits Transfer accounts, on a monthly basis;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Retain receipts, bills, and invoices for purchases over \$25;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notify DDA if the client's resources reach \$1,700; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Assist the client with writing checks, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-280				

DISTRIBUTION: Companion Home Provider DDA Resource Manager DDA Contract File
DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

<p>Evaluator Comments:</p> <p>Corrective Actions:</p>																																	
<p>9. When managing a client's funds, the provider has followed the requirements under WAC 388-829C-280, and has <u>not</u>:</p> <ul style="list-style-type: none"> a. Commingled the client's funds with the provider's funds; b. Asked the client to sign a blank check unless stated otherwise in the client's Individual Financial Plan; c. Let the client's bank account be overdrawn; or d. Let the client's cash funds exceed \$75, unless stated otherwise in the client's Individual Financial Plan. <p style="text-align: center;">WAC 388-829C-280</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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> <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> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>10. Any transfer of client funds meet the requirements under WAC 388-829C-305 for clients who choose a new service provider, whose whereabouts are unknown, or who die.</p> <p style="text-align: center;">WAC 388-829C-305</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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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<p>11. The provider makes the client's account available for a DSHS audit and inspection as requested.</p> <p style="text-align: center;">CONTRACT</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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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<p>12. Provider has managed client funds appropriately? The companion home provider has reimbursed the client when the provider is responsible for mismanagement of client funds. Mismanagement of client funds includes any action or inaction by the companion home provider when managing a client's funds that results in:</p> <ul style="list-style-type: none"> a. Interest charges; b. Late payment fee; c. Overdraft and non-sufficient funds fees; d. A violation of the room and board agreement; e. Any stolen, missing, or misplaced funds; f. Expenditures over \$25 without documentation; or g. Past-due financial obligations. <p style="text-align: center;">WAC 388-829C-290</p> <p>Evaluator Comments:</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> <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> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Corrective Actions:				
13. The provider has followed the agreed upon and signed room and board agreement. The provider has <u>NOT</u> done any of the following, which would violate the room and board agreement:	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Requested the client's room and board payment earlier than the due date established in the room and board agreement; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Requested a payment other than the amount established in the room and board agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:				
Corrective Actions:				
14. The monthly room and board the client pays to the provider is specified in a room and board agreement that includes:	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Rent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Utilities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Food costs; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The date the provider collects the room and board payment each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-310				
Evaluator Comments:				
Corrective Actions:				
15. The room and board agreement was:	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Developed by the provider, the client, or the client's legal representative if the client has one;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developed before the client moves into the companion home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Signed by the client or the client's legal representative if the client has one; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Submitted to DDA for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-310				
Evaluator Comments:				
Corrective Actions:				
16. The companion home provider submitted any changes to the room and board agreement to DDA for review prior to implementing any changes.	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829C-310				
Evaluator Comments:				
Corrective Actions:				
Evaluator Comments:				

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 DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310



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DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

Section K. Quality Review					
Standards		Program Compliance			
1. The client has adequate privacy in their bedroom and has sufficient space for personal belongings. Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals and their legal representatives have information about their rights and responsibilities. Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The provider participates in any quality assurance reviews required by DSHS. Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The provider is knowledgeable about the client's preferences regarding the care provided. Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The provider knows the resources in the community the client prefers to use and enables the client to use their preferred community resources. WAC 388-829C-080 Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The provider enables the client to see their friends and family 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 Evaluator Comments: Corrective Actions:		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

<p>7. The client's individual privacy is provided and respected.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>8. The client's activities and schedule are similar to other people of the same age, or as preferred by the client.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>9. The provider shows respect for the client (e.g., addressing the individual in first person, using their name when addressing them).</p> <p style="text-align: center;">WAC 388-829C-100</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>10. The provider has expectations for the client to participate in household activities, commensurate with the client's capabilities.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>11. The client presents a positive appearance.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>12. The provider presents a positive appearance.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>13. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).</p> <p>Evaluator Comments:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

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 DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

Corrective Actions:	
14. The provider respects the rights of a nonsmoking client or a client who smokes.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments:	
Corrective Actions:	
15. The variety, type, and amount of food is sufficient for the client and to their liking.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments:	
Corrective Actions:	
16. There is a process in place for the client to know how to contact Disability Rights Washington, Adult Protective Services, and their DDA Case Resource Manager.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments:	
Corrective Actions:	
17. The client and provider appear to like each other and the client likes living in the home.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments:	
Corrective Actions:	
18. 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"/>
Evaluator Comments:	
Corrective Actions:	
19. 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"/>
Evaluator Comments:	
Corrective Actions:	
20. The client is engaged in interesting activities of their choice.	Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DISTRIBUTION: Companion Home Provider DDA Resource Manager DDA Contract File
DDA Residential QA Unit Manager: MS 45310 DDA QA and Communications Office Chief: MS 45310

<p>Evaluator Comments:</p> <p>Corrective Actions:</p>									
<p>21. The client chooses their own clothes.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<p>22. The client has choices over the use of their spending money.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<p>23. The client works, participates in Community Inclusion activities, or participates in community activities on their own.</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<p>24. The provider supports the client's expression of culture and religion (i.e. diet, language, and programming, opportunities to attend church and celebrate religious and cultural holidays).</p> <p style="text-align: center;">CONTRACT, WAC 388-829C-100</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<p>Evaluator Comments:</p>									