



Certification Evaluation Checklist for Companion Homes Providers

PROVIDER

DATE

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

- ☐ Companion Home contract (1747XP-12) and business license
- ☐ Verification business license is in Active status from WA state Department of Revenue. A screen shot verifying search date, and license information is sufficient. [Washington State Department of Revenue](#) (choose business look up)
- ☐ Driver's license
- ☐ Auto Insurance
- ☐ Background check results letters for all who live in the home or stay overnight regularly that are 16 years or older
- ☐ Current training certificates for CPR / First Aid and Blood Borne Pathogens
- ☐ Record of at least 12 continuing education credits for the most recent calendar year
- For initial certification only:
 - ☐ Completion of 75-hour Training (if contracted after 01/01/2016)
 - ☐ Five (5) hour Safety and Orientation
 - ☐ 40 Hour Basic Training including:
 - ☐ Blood Borne Pathogens with HIV / AIDS (included in basic training)
 - ☐ 30 Hour Population Specific Training including:
 - ☐ First Aid Training and CPR Card (6-hours)
 - ☐ Companion Home Orientation (6-hours)
- ☐ Signed copy of DSHS form [10-403](#), Residential Services Providers: and County and County-Contracted Providers: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult
- ☐ Grievance policy
- ☐ Monthly emergency evacuation practice record and monthly water temperature record, DSHS form [21-061](#), Companion Home Monthly Emergency Evacuation Practice and Water Temperature Record

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

- ☐ Person-Centered Service Plan
- ☐ Individual Education Plan
- ☐ Individual employment Plan
- ☐ Positive Behavior Support Plan and supporting documentation per [388-829C-135 WAC](#)
- ☐ Psychotropic Medication Treatment Plan, if applicable per [Policy 5.16](#)
- ☐ Cross systems Crisis Plan
- ☐ Individual Financial Plan (IFP), DSHS form [15-514](#)
- ☐ Life Skills Plan
- ☐ Remote Support Plan
- ☐ Records of finances managed on behalf of the person
 - ☐ Budget attachment and plan for maintaining resources as described in [WAC 182-513-1350](#) such as:
 - ☐ Companion Home Client Budget Worksheet, DSHS form [17-257](#)
 - ☐ Companion Home Gift Card or Pre-Paid Credit Card Ledger, DSHS form [17-260](#)
 - ☐ Companion Home Client Cash Ledger, DSHS form [17-258](#)
- ☐ Written consent to manage client funds
- ☐ Nurse delegation records
- ☐ Companion Home Client Inventory Record, DSHS form [17-259](#)
- ☐ Room and board agreement (current and signed)
- ☐ All reports submitted to DDA during the current evaluation period including:
 - ☐ Companion Home Quarterly Reports, DSHS form [15-516](#)
 - ☐ Refusal to participate in services reports per [WAC 388-829C-370](#)
 - ☐ Companion Home and Alternative Living Services Incident Reports DSHS form [15-512](#)