

Acknowledgement Statement

Thank you for completing the Meaningful Day Session One training. The intent of Meaningful Day activities is for AFH Providers to create proactive and individualized strategies to engage clients in meaningful activities that are designed to refocus behavior, improve health, and reduce challenging behaviors.

This statement of acknowledgement captures the expectation of the contract and the contractor.

AFH PROVIDER
INITIALS

_____ I will offer or make activities available to the Client at least once per day.

_____ I agree to develop a Meaningful Activity Plan (MAP) within 30 days of services being authorized with each Client and update as needed OR at least annually in conjunction with the Negotiated Care Plan.

_____ I agree to create an individualized Monthly Calendar with the Client to document the Client's planned activities, events, appointments, and special dates.

_____ I agree to document all services and submit copies of the MAP, Monthly Calendar, Challenging Behavior Log, and Negotiated Care Plan to the Meaningful Day Manager and HCS staff upon request.

_____ I understand that I will not be authorized to be paid to provide Meaningful Day activities until the Meaningful Day Manager has approved the Client for Meaningful Day activities.

AFH PROVIDER'S SIGNATURE

DATE

AFH PROVIDER'S NAME (PLEASE PRINT)

For questions, contact the Meaningful Day Manager at 360.725.2292 or email meaningfulday@dshs.wa.gov.