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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **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](https://secure.dor.wa.gov/gteunauth/_/#18) (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](https://forms.dshs.wa.lcl/formDetails.aspx?ID=8214), 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](https://forms.dshs.wa.lcl/formDetails.aspx?ID=37768), 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](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829C-135)[ ]  Psychotropic Medication Treatment Plan, if applicable per [Policy 5.16](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.16.pdf)[ ]  Cross systems Crisis Plan[ ]  Individual Financial Plan (IFP), DSHS form [15-514](https://forms.dshs.wa.lcl/formDetails.aspx?ID=37765)[ ]  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](https://apps.leg.wa.gov/wac/default.aspx?cite=182-513-1350) such as: [ ]  Companion Home Client Budget Worksheet, DSHS form [17-257](https://forms.dshs.wa.lcl/formDetails.aspx?ID=37766) [ ]  Companion Home Gift Card or Pre-Paid Credit Card Ledger, DSHS form [17-260](https://forms.dshs.wa.lcl/formDetails.aspx?ID=37772) [ ]  Companion Home Client Cash Ledger, DSHS form [17-258](https://forms.dshs.wa.lcl/formDetails.aspx?ID=37767)[ ]  Written consent to manage client funds[ ]  Nurse delegation records[ ]  Companion Home Client Inventory Record, DSHS form [17-259](https://www.dshs.wa.gov/sites/default/files/forms/word/17-259.docx)[ ]  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](https://www.dshs.wa.gov/sites/default/files/forms/word/15-516.docx) [ ]  Refusal to participate in services reports per [WAC 388-829C-370](https://apps.leg.wa.gov/wac/default.aspx?cite=388-829C-370) [ ]  Companion Home and Alternative Living Services Incident Reports DSHS form [15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx)  |