

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

## Companion Home Certification Evaluation

PROVIDER'S NAME		CONTRACT NUMBER AND END DATE	
MAILING ADDRESS			
PHONE NUMBER (INCLUDE AREA CODE)		EMAIL ADDRESS	
CERTIFICATION LENGTH RECOMMENDED BY RESOURCE MANAGER (12 MONTHS MAXIMUM)		RESIDENTIAL QUALITY ASSURANCE UNIT MANAGER SIGNATURE	
CONTRACT EVALUATION PERIOD		NEXT REVIEW DATE (FILLED OUT BY RESIDENTIAL QA UNIT MANAGER)	
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'S SIGNATURE	DATE
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PRINTED NAME
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Participants		
CLIENT'S NAME	LEGAL REPRESENTATIVE'S NAME	CH PROVIDER'S NAME
RESOURCE MANAGER'S NAME	CASE MANAGER'S NAME	OTHER NAME AND ROLE
OTHER NAME AND ROLE	OTHER NAME AND ROLE	OTHER NAME AND ROLE

**Section A. Initial Certification Qualifications**

Standards	Program Compliance			
<input type="checkbox"/> N/A – Not initial certification	Yes	No	P	N/A
1. The provider meets each of the following minimum qualifications:				
a. Is 21 years of age or older; <a href="#">WAC 388-829C-040</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has earned a high school diploma or GED; <a href="#">WAC 388-829C-040</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Meets the training requirements under WAC 388-829. <a href="#">WAC 388-829C-110</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has successfully completed Blood Borne Pathogens with HIV/Aids information training prior to contracting; <a href="#">WAC 388-829C-110</a> , <a href="#">WAC 296-823-12005</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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; and <a href="#">WAC 388-829C-070</a> , <a href="#">RCW 43.20A</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If a 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. <a href="#">WAC 388-829C-380</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>				
<b>Corrective Actions:</b>				

Section B. Provider Qualifications and Responsibilities						
Standards			Program Compliance			
1. The Provider has a signed contract. <a href="#">WAC 388-829C-042</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
2. The provider meets each of the following minimum qualifications:			Yes	No	P	N/A
a. Has current certification for First Aid / CPR; <a href="#">WAC 388-829-0040</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has successfully completed Blood Borne Pathogens training at least annually and within one year of the previous training; <a href="#">WAC 296-823-12005</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has an active Washington State business license as an independent contractor; <a href="#">WAC 388-829C-040</a> , <a href="#">WAC 388-829C-070</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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 results required review; and <a href="#">WAC 388-829C-040</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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). <a href="#">WAC 388-829C-070</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:						
Corrective Actions:						
3. After the first year of service the provider must meet the following training requirements:			Yes	No	P	N/A
a. Complete at least 12 hours of continuing education each calendar year on topics that directly benefit the client served. <a href="#">WAC 388-829-0085</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintain training documentation and submit a copy to DDA. DDA may confirm training requirements have been met. <a href="#">WAC 388-829C-345</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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. <a href="#">WAC 388-829C-250</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Corrective Actions:</b>	
5. The provider maintains a grievance policy that includes timelines, remedies, and information about how to submit unresolved grievances to the department. <a href="#">WAC 388-823-1095</a>	Yes    No    P    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>	
<b>Corrective Actions:</b>	
6. 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 DSHS 10-403, on reporting requirements on file (required annually). <a href="#">DDA Policy 6.12</a>	Yes    No    P    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>	
<b>Corrective Actions:</b>	

**Section C. Nurse Delegation Services**

Standards	Program Compliance			
<p>1. For clients requiring nurse delegation services, the provider meets the following requirements.</p> <p><input type="checkbox"/> N/A – Client does not require nurse delegation services at this time.  <a href="#">WAC 246-840-910</a> through <a href="#">246-840-970</a></p> <p>a. The provider performs delegated nursing tasks and medication administration under WAC 246-840-910 through 246-840-970 if necessary.  <a href="#">WAC 388-829C-180</a></p> <p>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.  <a href="#">DDA Policy 6.19</a></p> <p>c. Nurse delegation records include:</p> <p>i. A copy of the consent for nurse delegation provided by the delegating nurse;</p> <p>ii. The long-term care worker credential form received from the delegating nurse;</p> <p>iii. All nurse delegation instruction sheets – the delegated tasks may be indicated on the Medication Administration Record (MAR) or treatment sheet;</p> <p>iv. The nurse visit form or a written statement that confirms the date the nurse completed the nursing assessment with the client; and</p> <p>v. Documentation of any recensions provided under subsection (5)(d) of this section.  <a href="#">DDA Policy 6.19</a></p>	Yes	No	P	N/A
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<b>Evaluator Comments:</b>				
<b>Corrective Actions:</b>				



Section E. Emergency Planning						
Standards			Program Compliance			
1. Provider has an evacuation plan that is accessible to the client. <a href="#">WAC 388-829C-320</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
2. Provider conducts evacuation plan drills monthly and maintains monthly evacuation practice records. <a href="#">WAC 388-829C-320</a> ; <a href="#">WAC 388-829C-410</a> ; <a href="#">WAC 388-829C-345</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
3. Provider has emergency contact information displayed in a manner accessible to the client. <a href="#">WAC 388-829C-410</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
4. Provider has developed an emergency response plan, and practices it with the client. <a href="#">WAC 388-829C-410</a> ; <a href="#">WAC 388-829C-345</a> ; <a href="#">WAC 388-829C-320</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						

Section F. 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. <a href="#">DDA Policy 6.12</a>			Yes	No	P	N/A
<b>Evaluator Comments:</b> 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b> 						
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per <a href="#">RCW 74.34</a> . <a href="#">DDA Policy 6.12</a>			Yes	No	P	N/A
<b>Evaluator Comments:</b> 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b> 						
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. <a href="#">DDA Policy 6.12</a> , <a href="#">RCW 388-829C-140</a>			Yes	No	P	N/A
<b>Evaluator Comments:</b> 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b> 						

Section G. Records and Reports					
Standards		Program Compliance			
1. Provider's client records contain: <ul style="list-style-type: none"> <li>a. The client's name, address, and Social Security number;</li> <li>b. The name, address, and telephone number of the client's legal representative, if the client has one, and any of the client's relatives that the client chooses to include;</li> <li>c. Appropriate documents establishing the legal representative's legal authority to act on behalf of the client, if applicable;</li> <li>d. Signed authorization for release of information form; and</li> <li>e. Health care information including:               <ul style="list-style-type: none"> <li>i. The name, address, and telephone number of the client's health care providers;</li> <li>ii. Instructions from the client's health care providers;</li> <li>iii. The client's health care appointment dates;</li> <li>iv. The client's known major health events;</li> <li>v. The client's medication, health, and surgery records;</li> <li>vi. Written documentation that instructions from the client's health care providers have been followed;</li> <li>vii. A copy of the client's medical insurance card; and</li> <li>viii. Refusals to participate in services under <a href="#">WAC 388-829C-370</a>, <a href="#">WAC 388-829C-340</a>, <a href="#">WAC 388-829C-370</a></li> </ul> </li> </ul>		Yes	No	P	N/A
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<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
2. If the client is prescribed psychotropic medications to treat a behavioral health condition, the provider documents in the client record: <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A – No psychotropic meds prescribed for purposes described above.</li> <li>a. Dates the client meets with the prescriber;</li> <li>b. Medical or behavioral information provided to the prescriber;</li> <li>c. A drug information sheet for the medication obtained from the prescriber, pharmacy, or a nationally recognized source for prescription drug information;</li> <li>d. When the client's legal representative requests copies of the drug information sheets, the provider must document the dates the sheets were sent; and</li> <li>e. Whether the client attended the appointment independently, with the provider, or with a third party.</li> <li>f. The provider maintains an information sheet for each psychotropic medication that:               <ul style="list-style-type: none"> <li>i. Describes potential side effects and potential adverse drug interactions associated with use of the medication;</li> <li>ii. If possible, uses the information sheet provided by the dispensing pharmacy; and</li> <li>iii. Is available electronically or in hard copy for provider and clients.</li> </ul> </li> <li>g. The provider monitors the client to help determine if the medication is effective based on the prescriber's instructions. If the medication does not appear to have the desired effects, the provider must communicate this to the prescribing professional.</li> </ul>		Yes	No	P	N/A
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<p>h. The provider requests the prescribing professional see the client every three months unless the prescribing professional recommends a different schedule. The provider documents the visitation schedule in the client's record.</p> <p style="text-align: center;"><a href="#">DDA Policy 5.16</a> USE OF PSYCHOTROPIC MEDICATIONS</p>	<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><b>Evaluator Comments:</b></p>																													
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<p>3. 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 style="text-align: center;"><a href="#">WAC 388-829C-0340</a></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> </tbody> </table>	Yes	No	P	N/A	<input type="checkbox"/>																							
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<p>4. The provider submits reports at least quarterly, describing instruction and support activities performed as identified in the Person-Centered Service Plan. The Companion Home Quarterly Report form, DSHS 15-516, must be used to meet WAC requirements. DDA may confirm reports have been received.</p> <p style="text-align: center;"><a href="#">WAC 388-829C-350</a></p>																													
<p><b>Evaluator Comments:</b></p>																													
<p><b>Corrective Actions:</b></p>																													
<p>5. All record entries are:</p>																													
<p>a. Made at the time of or immediately following the event;</p> <p>b. Made electronically or written legibly in ink;</p> <p>c. Signed and dated by the person making the entry;</p> <p>d. Stored securely;</p> <p>e. Kept confidential; and</p> <p>f. Any errors corrected in a record entry are struck through in a way that the underlying text remains legible.</p> <p style="text-align: center;"><a href="#">WAC 388-829C-360</a></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"/>																							
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<p><b>Evaluator Comments:</b></p>																													
<p><b>Corrective Actions:</b></p>																													

Section H. Instructions and Support					
Standards		Program Compliance			
1. The provider provides residential habilitation services which include but are not limited to the following: <ul style="list-style-type: none"> <li>a. Protecting the safety and well-being of the client;</li> <li>b. Providing the client with access to balanced, nutritional food choices that reflect the client's cultural and personal preference;</li> <li>c. Support in a typical home setting;</li> <li>d. Ensuring the client receives prompt and adequate medical and dental care;</li> <li>e. Assisting the client to prevent injury to self and others;</li> <li>f. Assisting the client in daily routine activities;</li> <li>g. Supporting the client to work with Vocational Provider to obtain employment in the community if they are interested;</li> <li>h. Assisting the client to remain in the least restrictive environment;</li> <li>i. Providing or arranging client transportation to health care appointments and other community resources designated in the client's Person Centered Service Plan;</li> <li>j. Supporting the client to make their own schedule and choose their own activities; and</li> <li>k. Promoting opportunities for positive relationships, including having visitors of their choosing.</li> </ul> <p style="text-align: center;">CONTRACT, <a href="#">42 CFR Section 441.301(c) (4)</a>, <a href="#">RCW 71A.26</a></p>		Yes	No	P	N/A
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<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
2. The provider demonstrates the following <a href="#">DDA Guiding Values</a> when implementing the Person Centered Service Plan: <ul style="list-style-type: none"> <li>a. Inclusion;</li> <li>b. Status and contribution;</li> <li>c. Relationships;</li> <li>d. Power and choice;</li> <li>e. Health and safety; and</li> <li>f. Competence.</li> </ul> <p style="text-align: center;">CONTRACT, <a href="#">DDA Guiding Values</a></p>		Yes	No	P	N/A
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<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					

Section I. 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. <a href="#">WAC 388-829C-160</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
2. The provider schedules or assists the client in scheduling appointments and any follow-up appointments for dental, mental health, and physical health services. <a href="#">WAC 388-829C-160</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
3. The provider acts in the client's best interest in the event of an emergency or a change in the client's health. <a href="#">WAC 388-829C-160</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
4. The provider 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. <a href="#">WAC 388-829C-160</a>			Yes	No	P	N/A
Evaluator Comments:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:						
5. If the provider provides medication assistance: <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A – Client does not require medication assistance at this time.</li> <li>a. The provider maintains a record in the client's residence, either electronically or in hardcopy, of the following:               <ul style="list-style-type: none"> <li>i. Medications orders from a prescribing professional provided under self-administer, administer with assistance, medication administration, and medication refusals by the client for the current month medications are being administered, including:                   <ul style="list-style-type: none"> <li>ii. What the medication is prescribed for; and</li> <li>iii. For a PRN medication, the provider's observation of the client following medication use.</li> </ul> </li> </ul> </li> <li>b. The provider communicates with the client's prescribing professional when:               <ul style="list-style-type: none"> <li>i. The medication does not appear to have the prescriber's intended effects; and</li> </ul> </li> </ul>			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"/>

- ii. Any observable changes in the client's behavior or health occur that might be an adverse side effect of the medication.
- c. The provider has a system to account for and verify all medications for which they are responsible.
- d. Storage of medications:
  - i. Provider keeps client medications, so they are not readily available to others. Medications stored in a client's room must have provision for adequate segregation and security.
  - ii. Medication is stored under proper conditions for sanitation, temperature, moisture, and ventilation, and separate from food or toxic chemicals.
  - iii. Medication is stored in the original medication containers with pharmacist prepared or manufacturer's label, or in medication organizers clearly labeled with the: name of the person for whom the medication is prescribed, medications included, dosage, time, and route.
- e. The provider properly disposed of all medications that are discontinued, superseded by another, or are beyond what the pharmacist states as the expiration date. The provider must list the name of each medication, amount disposed, and date of disposal.

[DDA Policy 6.19](#)

Evaluator Comments:

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Corrective Actions:

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Section J. Positive Behavior Support Plan and Restrictive Procedures						
Standards			Program Compliance			
1. A Positive Behavior Support Plan and Functional Assessment are in place if: <input type="checkbox"/> Section not applicable a. The client is prescribed a psychotropic medication on a PRN basis to manage or alter the client's targeted behavior, per <a href="#">DDA Policy 5.16</a> ; or b. Restrictive procedures are used per <a href="#">DDA Policy 5.15</a> . <a href="#">DDA Policy 5.15</a> , <a href="#">DDA Policy 5.16</a> , <a href="#">DDA Policy 5.21</a> ;  <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  			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 provider is: a. Collecting data on the target behavior identified in the behavior support plan and replacement behavior. Data collected includes frequency, intensity, duration, and impact. b. Analyzing collected data at least every six months. c. Revising the behavior support plan if the data indicates targeted behavior is not decreasing in frequency, intensity, duration, or impact; or documenting the reason revising the support plan is not indicated. <a href="#">WAC 388-829C-135</a>  <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  			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"/>
3. Only the least restrictive procedures needed to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary. <a href="#">DDA Policy 5.15</a>  <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  			Yes	No	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prior to implementation of restrictive procedures, the proposed Positive Behavior Support Plan must be approved as follows: a. PBSPs that require an ETP or involve physical or mechanical restraints have written approval from the client or the client's legal representative. b. Documentation of approval on <a href="#">DSHS 15-385</a> , Consent for Use of Restrictive Procedures Requiring an ETP, that lists the risks of the target behavior and the risks of the restrictive procedure, explains why less restrictive procedures are not recommended, and indicates alternatives to the recommendation. Space is provided for the client and their legal representative to write comments and their opinions regarding the plan. <a href="#">DDA Policy 5.15</a>  <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  			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>5. An incident report must be submitted to the DDA Case Resource Manager for:</p> <ul style="list-style-type: none"> <li>a. An injury requiring first aid or medical care that is sustained during implementation of a restrictive procedure or intervention;</li> <li>b. A restrictive procedure is implemented under emergency guidelines; and</li> <li>c. A client's animal or pet is abused or neglected.</li> </ul> <p style="text-align: center;"><a href="#">DDA Policy 5.15</a></p> <p><b>Evaluator Comments:</b></p>	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>				
<p>6. If a physical restraint or restrictive procedure that requires a Functional Assessment or Positive Behavior Support Plan or Exception to Policy is used on an emergency basis three times in a six-month period, a functional assessment must be conducted and Positive Behavior Support Plan (BSP) developed.</p> <p style="text-align: center;"><a href="#">DDA Policy 5.15</a>, <a href="#">DDA Policy 5.21</a></p> <p><b>Evaluator Comments:</b></p>	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>				
<p>7. 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;"><a href="#">DDA Policy 5.17</a>, <a href="#">DDA Policy 5.15</a></p> <p><b>Evaluator Comments:</b></p>	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>				

Section K. Financial					
Standards		Program Compliance			
1. If a companion home provider is managing client funds, the provider: <input type="checkbox"/> Section not applicable – provider does not manage client funds. a. Maintains written consent from the client, or the client’s legal representative if applicable; or the companion home provider is the payee; <a href="#">WAC 388-829C-270</a> b. Protects the client’s financial interests; c. Includes the client to the highest degree possible in decision making about how their funds are spent; d. Maintains 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; e. Deposits any client funds into the client’s bank account within one week of receiving client funds; f. Reconciles the client’s accounts, including cash, gift card, and Electronic Benefits Transfer accounts, on a monthly basis; g. Retains receipts, bills, and invoices for purchases over \$25; h. Notifies DDA if the client’s resources reach \$1,700; and i. Assists the client with writing checks, if needed. <a href="#">WAC 388-829C-280</a>		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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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
2. The companion home provider must develop and implement an individual financial plan if: 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. <a href="#">WAC 388-829C-275</a>		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"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
3. Provider’s client records contain client financial information, including: a. The client’s Individual Financial Plan; and b. Documentation of any money management and instruction provided to the client. <a href="#">WAC 388-829C-340</a>		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"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
4. The client’s individual financial plan must be accurate and current, and:		Yes	No	P	N/A

<p>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;</p> <p>b. Identify all known client accounts and who manages each account, such as a checking account, savings account, and cash account;</p> <p>c. Include a budget and describe how the client's funds will be spent during a typical month;</p> <p>d. Identify all known client assets and who manages each asset, such as a burial plan, retirement funds, stocks, trusts, and vehicles;</p> <p>e. Be updated any time the client's income, expenses, or assets change, or if there is a change in who manages an asset; and</p> <p>f. Include a plan for maintaining resources under <a href="#">WAC 182-513-1350</a>. <a href="#">WAC 388-829C-275</a></p> <p><b>Evaluator Comments:</b></p>	<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><b>Corrective Actions:</b></p>																					
<p><b>Corrective Actions:</b></p>																					
<p>5. 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. <a href="#">WAC 388-829C-275</a></p> <p><b>Evaluator Comments:</b></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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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p><b>Corrective Actions:</b></p>																					
<p>6. Every 12 months, or more often if the plan has been revised, the companion home provider must review the Individual Financial Plan with the client and the client's legal representative (if they have one), and provide a copy to them and the client's Case Resource Manager. <a href="#">WAC 388-829C-275</a></p> <p><b>Evaluator Comments:</b></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><b>Corrective Actions:</b></p>																					
<p>7. When managing a client's funds, the provider has followed the requirements under WAC 388-829C-280, and has <u>not</u>:</p> <p>a. Commingled the client's funds with the provider's funds;</p> <p>b. Asked the client to sign a blank check unless stated otherwise in the client's Individual Financial Plan;</p> <p>c. Let the client's bank account be overdrawn; or</p> <p>d. Let the client's cash funds exceed \$75, unless stated otherwise in the client's Individual Financial Plan. <a href="#">WAC 388-829C-280</a></p> <p><b>Evaluator Comments:</b></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"/>															
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p><b>Corrective Actions:</b></p>																					

8.	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. <a href="#">WAC 388-829C-305</a>	Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
9.	The provider makes the client's account available for a DSHS audit and inspection as requested.  CONTRACT	Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
10.	Client property records are maintained as described in WAC 388-829C-380 and contain: a. 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; b. A date, explanation, and review by the client's legal representative if the client has one, for any items with an original purchase price of \$25 or more that is removed from the client's property record; and c. 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. <a href="#">WAC 388-829C-380</a>	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"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
11.	The companion home provider has reimbursed the client when the provider is responsible for mismanagement of client funds. Mismanagement of client funds includes: interest charges, late payment fee, overdraft and non-sufficient funds fees, a violation of the room and board agreement, any stolen, missing, or misplace funds, expenditures over \$25 without documentation, or past-due financial obligations. <a href="#">WAC 388-829C-290</a>	Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					

Section L. Room and Board Agreement					
Standards		Program Compliance			
1. The provider has followed the agreed upon and signed room and board agreement. <a href="#">WAC 388-829C-315</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The monthly room and board the client pays to the provider is specified in a room and board agreement that includes: a. Rent; b. Utilities; c. Food costs; and d. The date the provider collects the room and board payment each month. <a href="#">WAC 388-829C-310</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		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"/>
3. The room and board agreement was: a. Developed by the provider, the client, or the client's legal representative if the client has one; b. Includes protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law; c. Signed by the client or the client's legal representative if the client has one; and d. Submitted to DDA for review. <a href="#">WAC 388-829C-310, 42 CFR Section 441.301(c) (4)</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		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"/>
4. The companion home provider submitted any changes to the room and board agreement to DDA for review prior to implementing any changes. <a href="#">WAC 388-829C-310</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section M. Quality Review					
Standards		Program Compliance			
1.	The client has adequate privacy in their bedroom and bathroom and has sufficient space for personal belongings. CONTRACT	Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The provider participates in any quality assurance reviews required by DSHS. CONTRACT, <a href="#">DDA Policy 4.12</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The provider is knowledgeable about the client's preferences regarding the care provided. CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The provider knows the resources in the community the client prefers to use and enables the client to use their preferred community resources. <a href="#">WAC 388-829C-080</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	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). <a href="#">WAC 388-829C-080</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The client's individual privacy is provided and respected. <a href="#">WAC 388-829C-100</a> ; <a href="#">WAC 388-829C-320</a> ; CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The client's activities and schedule are similar to other people of the same age, or as preferred by the client. <a href="#">RCW 71A.26</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The provider shows respect for the client (e.g., addressing the individual in first person, using their name when addressing them). <a href="#">WAC 388-829C-100</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The client chooses their clothes and hairstyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The client is able to make choices regarding the type of food available within their resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The client and provider appear to like each other and the client likes living in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	There is evidence of individuality in the decoration of the client's room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	The client is included in household decisions (i.e., schedules, bedtimes, outings, menu, activities, spending money and buying clothes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	The client has choices over the use of their spending money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	The client works, participates in Community Inclusion activities, or participates in community activities on their own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	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). CONTRACT, <a href="#">WAC 388-829C-100</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
<b>Additional comments regarding evaluation:</b>					