

## Residential Quality Assurance Certification Evaluation Checklist for Companion Homes Providers

PROVIDER	DATE
<p>In preparation for your upcoming Companion Homes certification evaluation, please have current copies of all applicable items below ready for review by the 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 individual you support.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Companion Home contract (1747XP-12) and business license</li> <li><input type="checkbox"/> Driver's license</li> <li><input type="checkbox"/> Auto license</li> <li><input type="checkbox"/> Background check results letters for all who live in the home or stay overnight regularly that are 16 years or older</li> <li><input type="checkbox"/> Current training certificates for CPR / First Aid and Blood Borne Pathogens</li> <li><input type="checkbox"/> Record of at least 12 continuing education credits for the most recent year</li> </ul> <p>For initial certification only:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completion of 75-hour Training (if contracted after 01/01/2016)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Five (5) hour Safety and Orientation</li> <li><input type="checkbox"/> 40 Hour Basic Training including:                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Borne Pathogens with HIV / AIDS (included in basic training)</li> </ul> </li> <li><input type="checkbox"/> 30 Hour Population Specific Training including:                   <ul style="list-style-type: none"> <li><input type="checkbox"/> First Aid Training and CPR Card (6-hours)</li> <li><input type="checkbox"/> Companion Home Orientation (6-hours)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Signed copy of DSHS form <a href="#">10-403</a>, Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult.</li> <li><input type="checkbox"/> Monthly emergency evacuation practice record and monthly water temperature record, DSHS form <a href="#">21-061</a>, Companion Home Monthly Emergency Evacuation Practice and Water Temperature Record.</li> </ul> <p><b><u>Plans for the individual you support:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Person-Centered Service Plan</li> <li><input type="checkbox"/> Individual Education Plan</li> <li><input type="checkbox"/> Individual employment Plan</li> <li><input type="checkbox"/> Positive Behavior Support Plan</li> <li><input type="checkbox"/> Psychotropic Medication Treatment Plan, DSHS form <a href="#">13-851A</a>, if applicable per <a href="#">Policy 5.16</a></li> <li><input type="checkbox"/> Cross systems Crisis Plan</li> <li><input type="checkbox"/> Individual Financial Plan (IFP), DSHS form <a href="#">15-514</a></li> <li><input type="checkbox"/> Records of finances managed on behalf of the client               <ul style="list-style-type: none"> <li><input type="checkbox"/> Budget attachment and plan for maintaining resources as described in <a href="#">WAC 182-513-1350</a> such as:                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Companion Home Client Budget Worksheet, DSHS form <a href="#">17-257</a></li> <li><input type="checkbox"/> Companion Home Gift Card or Pre-Paid Credit Card Ledger, DSHS form <a href="#">17-260</a></li> <li><input type="checkbox"/> Companion Home Client Cash Ledger, DSHS form <a href="#">17-258</a></li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Written consent to manage client funds</li> <li><input type="checkbox"/> Nurse delegation records</li> <li><input type="checkbox"/> Companion Home Client Inventory Record, DSHS form <a href="#">17-259</a>)</li> <li><input type="checkbox"/> Room and board agreement</li> <li><input type="checkbox"/> All reports submitted to DDA during the current evaluation period including:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Companion Home Quarterly Reports, DSHS form <a href="#">15-516</a></li> <li><input type="checkbox"/> Refusal to participate in services reports per <a href="#">WAC 388-829C-370</a></li> <li><input type="checkbox"/> Companion Home and Alternative Living Services Incident Report, DSHS form <a href="#">15-512</a></li> </ul> </li> </ul>	