Washington State Department of Social & Health Services

DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

COMPANION HOMES REVIEW AND EVALUATION

SECTION A: CONTRACTOR QUALIFICATIONS AND RESPONSIBILITIES	
PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The contractor has signed a contract. a. Contract Number: _____ End date: _____	
b. The contractor can prove he/she can work in the United States by providing a Social Security card and official picture identification or by providing other approved documentation of eligibility to work. WAC 388-825-320	
2. The contractor meets each of the following minimum qualifications: a. 18 years of age or older; WAC 388-825-320	
b. Completed, submitted, and received clearance from a DSHS criminal history background inquiry form prescribed by DSHS for the contractor and for each additional person other than the contractor who is living in the home who is 16 years of age or older; and CONTRACT	
c. For any additional persons living in the home who have lived in Washington State for less than three (3) years, a federal check has been conducted and the contractor has a provisional clearance for up to 120 days while waiting for clearance. CONTRACT	
3. The contractor has proof of $100,000 of required general liability insurance. CONTRACT	
4. The contractor has proof of automobile liability. CONTRACT	
5. The contractor has knowledge of when and how to contact the client's representative and the client's case manager. CONTRACT AND WAC 388-825-325	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS Contractor: _____ Evaluator: _____ Resource Manager: _____	

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
6. The contractor does the following: a. Conveys and understands, either directly or through an interpreter, information required to implement the client's written service plan and verbal instructions. CONTRACT	
b. Maintains written records of services performed. CONTRACT AND WAC 388-825-325	
c. Communicates in the language of the person served. CONTRACT	
7. The contractor responds to emergencies.	
8. The contractor performs personal-care functions competently.	
9. The contractor provides services, including 24-hour available supervision, to no more than one DSHS client. CONTRACT	
10. The contractor is not working outside of this contract. CONTRACT	
11. The contractor provides quarterly reports to the DDD Case Manager using the criteria and format required by DSHS. CONTRACT	
12. The contractor maintains copies of all Social Service Payment System (SSPS) authorizations to provide services and all other records required in the contract. CONTRACT	
13. The contractor protects the client from physical abuse, emotional abuse, negligent treatment/mistreatment and financial exploitation. CONTRACT	
14. The contractor obtains properly executed release forms to accompany all releases of confidential client information. CONTRACT	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
15. The contractor assists DDD with recruitment of respite care providers if requested by DDD. CONTRACT	
16. In the first year of contracted companion home provider services, the contractor has successfully completed training which includes: a. DDD Specialty Training;	
b. Client confidentiality; and	
c. A signed DSHS-approved policy on Abuse and Neglect.	
17. The contractor has current training in: a. First Aid/CPR; and	
b. Bloodborne Pathogens, with HIV/AIDS information.	
18. Subsequent to the first year of service, the contractor has a minimum of 10 hours of relevant training annually. CONTRACT	
19. The contractor has completed and documented training. CONTRACT	
20. The contractor allows scheduled and unscheduled home visits by DDD staff and contracted evaluators. CONTRACT	
21. The contractor has maintained a separate written agreement approved by the department with the client and guardian for room and board payments. CONTRACT	

EVALUATOR COMMENTS

DSHS 10-295 (REV. 11/2005) (AC 08/2006)

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

SECTION B: PHYSICAL REQUIREMENTS	
PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The contractor is providing a clean, safe, and healthful environment for the client. CONTRACT	
2. The client's environment includes: a. A telephone the client can use;	
b. A flashlight or other non-electrical light source (e.g., a candle) in working condition;	
c. Basic first aid supplies;	
d. An evacuation plan, developed and practiced with the client;	
e. A safe storage area for flammable and combustible materials;	
f. Unblocked exits;	
g. Accessibility by customary forms of ingress and egress for space used for residential purposes, excluding ladders, folding stairs, or trap doors; and	
h. Working smoke alarms in the residence, light-alarmed if clients are hearing-impaired, located in proximity to sleeping rooms. CONTRACT	
3. There are suitable accommodations for the person (i.e., grab bars in the tub, stair railing, ramps, access to staff from the bedrooms at night, appropriate water temperature of 105 degrees to 120 degrees Fahrenheit) regardless of mobility impairments.	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS Contractor: _____ Evaluator: _____ Resource Manager: _____	

SECTION C: INSTRUCTION AND SUPPORT	
PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The contractor provides physical and/or behavioral support in order to: a. Protect the safety and well-being of the client;	
b. Provide the client with balanced, nutritional food, and support in a typical home setting;	
c. Assist the client to prevent injury to self or others;	
d. Assist the client in daily routine activities; and	
e. Provide leisure and recreation activities for the client. CONTRACT	
2. The contractor attends and actively participates in individual planning sessions with the client. CONTRACT	
3. The contractor coordinates with agencies that provide education, employment, mental health therapies and/or community activities for the client. CONTRACT	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS Contractor: _____ Evaluator: _____ Resource Manager: _____	

SECTION D: RESTRICTIVE PROCEDURES

PROVIDER NAME	DATE

STANDARDS	PROGRAM COMPLIANCE
1. Restrictive procedures are used in the home. (Note: If "no," the remainder of Section D is to be marked "N/A.")	
2. If there is a perceived need for a restrictive procedure, then the client and/or his/her guardian are involved in discussions regarding the proposed restrictive procedure, including: a. Behavioral support programs that are based on respect, dignity and personal choice;	
b. The specific restrictive procedures to be used:	
c. The perceived risks of both the client's problem behavior and the restrictive procedures;	
d. The reasons which justify the use of the restrictive procedures; and	
e. The reasons why less restrictive procedures are not sufficient. DDD POLICY 5.15	
3. Positive behavioral support meets the client's needs and reduces problem behaviors. DDD POLICY 5.14	
4. Emergency use of restrictive procedures are used only when the client's behavior presents immediate risk to the health and safety of the client or others or a threat to property. DDD POLICY 5.15	
5. Each use of emergency restrictive procedure are documented by an incident report and submitted to DDD. DDD POLICY 5.15	
6. If emergency restrictive procedures have been used more than three (3) times in six (6) months, a functional assessment which may result in the development of intervention strategies and/or a Behavior Support Plan (BSP) is in place. DDD POLICY 5.15	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

PROVIDER NAME	DATE

STANDARDS	PROGRAM COMPLIANCE
7. Restrictive procedures are used only for the purpose of protection and are not used for the purpose of changing behavior in situations where no need for protection is present. DDD POLICY 5.15	
8. Only the least restrictive procedures needed are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is over. DDD POLICY 5.15	
9. Before implementing restrictive procedures, the program provides the following documentation on the proposed intervention strategy: a. A definition of the target behaviors that the restrictive procedures address;	
b. A functional assessment of the problem behaviors, including hypotheses about why the client engages in these behaviors;	
c. The positive behavior support strategies that will be used to reduce or eliminate the client's need to engage in the problem behaviors, as based on the functional assessment;	
d. A description of the restrictive procedure used, when and how it is used, and clear criteria for termination;	
e. A plan for recording data on the use of the procedure and its effect, where each use of a restrictive procedure is recorded except for those procedures where the restrictions are ongoing in which case the client's treatment plan includes documentation of the restrictions and a notation that the restrictions are ongoing; and	
f. A description of how the service provider monitors the outcomes of implementing the positive behavior support strategies and evaluates the continued need for restrictive procedures. DDD POLICY 5.15	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
10. Prior to implementation of restrictive procedures, each proposed intervention has been approved as follows: a. Written approval of the administrator or persons who have designated approval authority;	
b. Written approval of the client and/or legal guardian for any strategies requiring ETPs or involving physical or mechanical restraints; and	
c. Documentation of approval on a form listing the risks, explaining why less restrictive procedures are not recommended, indicating alternatives and providing space for written comments from the client or guardian. DDD POLICY 5.15	
11. Data monitoring for restrictive procedures includes: a. Review of the plan at least every 30 days by program staff responsible for intervention strategies or BSPs;	
b. Review and revision of the intervention strategies or BSPs whenever data indicates progress is not occurring after a reasonable period, but no longer than six (6) months; and	
c. Annual re-approval by the approving authorities of restrictive procedures requiring ETPs or involving physical or mechanical restraints and documentation of approval/re-approval is recorded. DDD POLICY 5.15	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

SECTION E: FINANCIAL	
PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. If the contractor is the payee, the contractor protects the client's financial interests, including management of the account if applicable.	
2. When a client's provider receives a check made out to the client, the provider assists the client to deposit the check into the client's account within seven days.	
3. Bank and cash accounts include the following records: a. Monthly bank statements and reconciliations;	
b. Checkbook registers and bankbooks showing deposits, withdrawals, a running balance, and interest payments to the client;	
c. A detailed ledger for cash funds; and	
d. Receipts for purchases over $25.	
4. The department is notified when the client's account reaches $1700.	
5. The contractor makes the client's account available for a DSHS audit and inspection as requested.	
6. The contractor reimburses the client when responsible for mismanagement of client funds (i.e., overdraft charges and fees).	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS Contractor: _____ Evaluator: _____ Resource Manager: _____	

SECTION F: HEALTH SERVICES	
PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The contractor has a means and procedure for ensuring the client has access to personal care, hygiene, health, and dental services by: a. Maintaining health records;	
b. Assisting the client to arrange appointments with health professionals;	
c. Assisting and ensuring transportation for the client to health services;	
d. Monitoring the client's implementation of medical treatment prescribed by health professionals; and	
e. Communicating directly with health professionals, as needed.	
2. The contractor ensures the client receives an annual physical and dental examination unless an exemption is granted, in writing, from the appropriate medical professional.	
3. The contractor documents client refusal to participate in health care services.	
4. There is a written description of events concerning client refusal to participate in health services.	
5. The contractor observes the client for changes in health status, including weakness, confusion, and loss of appetite.	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS Contractor: _____ Evaluator: _____ Resource Manager: _____	

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
6. Unless the contractor is a licensed health professional, he/she assists the client to take medications by: CONTRACT	
a. Reminding the client when it is time to take a medication;	
b. Handing the client the medication container;	
c. Opening the client's medication container; and	
d. Guiding or assisting the client to apply or instill skin, nose, eye, and ear preparations. CONTRACT	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

SECTION G: RECORDS AND RE PORTS	
PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The client's records include, but are not limited to, the following: a. The client's name, address, and Social Security Number;	
b. Copies of legal guardianship papers, if any;	
c. Client health records;	
d. Names, addresses, and telephone numbers of relatives or responsible persons;	
e. Name, address, and telephone number of the following client's health care providers:	
1) Physician;	
2) Dentist;	
3) Mental health provider; and	
4) Others providing health care services.	
f. Health care provider's instructions regarding health care needed, including appointment dates and date of next appointment, if appropriate;	
g. Written documentation the health care provider's instructions have been followed;	
h. Medication records;	
i. A record of prosthesis and other artificial parts;	
j. A copy of the department's individual service plan (ISP); and	
k. Incident Records. CONTRACT	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS Contractor: _____ Evaluator: _____ Resource Manager: _____	

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
2. The contractor prepares and records all entries with the following guidelines: a. All records entries are recorded in ink;	
b. All record entries are recorded at the time of or immediately following the occurrence of the event recorded;	
c. All record entries are in legible writing; and	
d. All record entries are dated.	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

SECTION H: INCIDENT MANAGEMENT

PROVIDER NAME	DATE

STANDARDS	PROGRAM COMPLIANCE
1. If applicable, the contractor has notified the DDD Regional Administrator, or designee, and the guardian in the event of an unusual incident within 24 hours of the incident (i.e., an "unusual incident" is defined as a circumstance or an event that concerns a client's safety or well-being including, but not limited to, an increased frequency, intensity, or duration of any medical condition; adverse reactions to medication; severe behavioral incidents that are unlike the client's ordinary behavior; severe injury; running away; hospitalization and physical or verbal abuse by or to the client). CONTRACT	
2. If applicable, the contractor has followed-up in writing per DDD procedures after reporting an "unusual incident." CONTRACT	
3. If applicable, the contractor notified the DDD Regional Administrator, or designee, immediately after the client threatened a family member or community citizen and the police were called. CONTRACT	
4. If applicable, the contractor has reported all instances of suspected client abuse to DSHS and DDD Regional Field Service Office in accordance with state law and DDD Policy 5.13 "Protection from Abuse." CONTRACT	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

SECTION I: QUALITY REVIEW	
PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The client has access to all of the family areas of the residence (i.e., living room, TV room, yard).	
2. The client has his/her own bedroom with a window suitable for egress.	
3. The client has sufficient space for personal belongings.	
4. The client's bedroom provides adequate privacy.	
5. Individuals and their guardians have information about their rights and responsibilities.	
6. The contractor participates in any quality assurance reviews required by DSHS. WAC 388-825-325	
7. The contractor is knowledgeable about the client's preferences regarding the care provided. WAC 388-825-325	
8. The contractor knows the resources in the community the client prefers to use. WAC 388-825-325	
9. The contractor enables the client to use his/her preferred community resources. WAC 388-825-325	
10. The contractor knows who the client's friends are. WAC 388-825-325	
11. The contractor enables the client to see his/her friends. WAC 388-825-325	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS Contractor: _____ Evaluator: _____ Resource Manager: _____	

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
12. The contractor enables the client to keep in touch with his/her family as preferred by the client. WAC 388-825-325	
13. The client's individual privacy is provided and respected.	
14. The client's activities and schedule are similar to other people of the same age, or as preferred by the client.	
15. The client is addressed by name.	
16. The contractor shows respect for the client.	
17. The contractor has expectations for the client to participate in household activities, commensurate with the client's capabilities.	
18. The client presents a positive appearance.	
19. The contractor presents a positive appearance.	
20. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).	
21. The contractor respects the rights of a nonsmoking client and/or a client who smokes.	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
22. The variety, type, and amount of food is sufficient for the client and to his/her liking.	
23. There is a process in place for the clients to know how to contact WPAS, APS, and their case manager.	
24. The client has the opportunity to have friends other than the contractor and extended family.	
25. The client has the opportunity to interact with the neighbors.	
26. The client and contractor appear to like each other.	
27. There is evidence of individuality in the decoration of the client's room.	
28. The client is included in household decisions (i.e., schedules, bedtimes, outings, menu, activities, spending money, buying clothes).	
29. The client is engaged in interesting activities of his/her choice.	
30. The client chooses his/her own clothes.	
31. The client has choices over the use of his/her spending money.	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
32. The client likes living in the home.	
33. Support is provided to assist the client to feel competent.	
34. The home supports the client's expression of culture and religion (i.e., diet, language, programming, opportunities to attend church and celebrates religious and cultural holidays).	
35. The client can have a snack at any time, if appropriate.	
36. The client works or participates in a day program, if appropriate/available.	
37. Client is treated with dignity and consideration, respecting the client's civil and human rights at all times. CONTRACT AND WAC 388-825-276	

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES:

INITIALS

Contractor: _____ Evaluator: _____ Resource Manager: _____