



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ALTERNATIVE LIVING SERVICES POLICY 4.09

Authority: Chapter 71A RCW
Chapter 388-825 WAC

PURPOSE

This policy describes the expectations and requirements for Alternative Living (AL) services.

SCOPE

This policy applies to all Field Services offices of the Division of Developmental Disabilities (DDD) and DDD contracted Alternative Living providers.

POLICY

- A. Alternative Living (AL) services are provided by an independent contractor. AL focuses on community based, individualized client training, assistance, and ongoing support to enable a client to live as independently as possible with minimal residential services.
 - 1. The provider works with the client to enable him/her to maintain as much self-determination and personal power and choice as possible in meeting his/her own independent living needs.
 - 2. An AL provider cannot provide protective supervision or activities of daily living (ADL) support.
- B. The AL provider must offer habilitative services in areas identified in the client's Individual Support Plan (ISP) or Plan of Care (POC), as appropriate. The provider must deliver one-to-one training and support in a typical community setting in a manner appropriate to the client's age and culture.
- C. The areas of training and support appropriate for each client will be identified in the client's ISP/POC. The client may receive training and/or support in the following areas:

1. **Establishing a residence**, including locating a residence, notification of address change, securing utilities and/or closure of accounts, deposits, landlord/tenant agreements, furnishings, food supplies, and insurance.
2. **Accessing government and/or private and public service systems** available to persons with low or no income (e.g., the Social Security Administration (SSA), Supplemental Security Income (SSI), Public Utility District (PUD) assistance, low income housing, food stamps, phone discounts, utility discounts, food banks, homeless shelters, etc).
3. **Personal safety and emergency procedures**, including a fire escape plan, emergency numbers, emergency shelters, first aid, burglary protection, and self-protection (involves vulnerability, assertiveness, and self-defense).
4. **Health maintenance**, including diet, exercise, human sexuality, medication awareness, dealing with illness or injury, and routine access to medical, dental, and mental health care.
5. **Personal hygiene**, including personal cleanliness, grooming, and appropriate dressing.
6. **Food/nutrition**, including menu planning, food storage, cooking, and basic nutrition and diet information.
7. **Home management**, including maintenance and repairs, cleaning, laundry, using household appliances, and home safety.
8. **Money management and budgeting**, including paying bills and keeping financial records, establishing and following a monthly budget, money recognition and counting change, reconciling bank statements, filing tax returns, reporting wage earnings to SSI, and consumer credit counseling.
9. **Transportation**, including use of public transportation or taxi, driver training and licensing, private transportation (e.g., car or bike care, etc.), and traffic/pedestrian safety.
10. **Communications/basic literacy skills**, including making appointments; using telephones, telephone books, maps, bus schedules, and newspaper advertisements; filling out forms and applications; telling time; communicating thoughts and feelings, and appropriate conversation.

11. **Shopping** (for food, clothing, household items, etc.), including planning, making lists, locating sales, comparison shopping; using coupons, discount, and credit cards.
12. **Planning leisure time activities**, including assessing availability and location of recreation facilities and activities, and vacation planning.
13. **Interpersonal skills**, including establishing and maintaining positive relationships with family, friends, and neighbors.
14. **Social skills**, including assertiveness training, time management, positive self-concept building, and recognizing and redirecting relationships which pose a danger or risk to the client.
15. **Transitioning** from a more dependent or structured residential environment to a more independent setting (e.g., moving from a parent's home to own apartment).
16. **Other training and support** a client may need to live independently in the community.

D. Eligibility Criteria for AL Services:

1. AL services are instruction and supports offered by providers to clients who live in or are establishing their own home. The home must be owned, rented, or leased by the client or his/her legal representative.
2. Clients must be at least eighteen (18) years old and authorized by DDD to receive AL services.
3. Clients must live outside of their parent's home or plan to move out of their parent's home in the next six (6) months;
4. Clients who receive AL services are responsible for paying for their daily living expenses (such as rent, utilities, and food) using their personal financial resources.

PROCEDURES

A. Assessment and Authorization

1. Approval from the Field Services Administrator (FSA) or designee is required for the initial authorization only.
2. The Case Resource Manager (CRM) will meet with the client in the client's home at least annually to complete an assessment of support needs.

3. The CRM will complete an ISP/POC to identify the AL services to be provided and identify the responsibilities of the AL provider and other persons/entities.
4. Additionally, the areas of service must be identified using [DSHS 10-269, *Alternative Living Services Plan \(Service Plan Addendum\)*](#).
5. The client, AL provider, and the client's legal representative (if applicable) will participate with the CRM in developing, reviewing, and revising the ISP/POC.
6. Specific instruction and support goals will be developed based on the ISP/POC.
7. The ISP/POC must be reviewed at least annually or more often if significant changes occur in the client's instructional needs.
8. The CRM will determine the number of hours of support to be authorized based on the ISP/POC. The maximum number of hours allowable is forty (40) per month.
9. When referring a client to an AL provider, the CRM will follow the requirements and procedures described in DDD Policy 4.02, *Referral and Placement in Community Residential Services*. This includes sending a referral packet of information about the client along with a cover letter to the selected provider.

B. Provider Duties and Requirements

AL providers must perform the following duties:

1. Participate in the ISP/POC development, review, and revision;
2. Maintain a copy of each client's current service plan for AL and a record of his/her progress for six (6) years;
3. Submit written reports to the CRM at least every six (6) months that describe the type and extent of services provided to each client during that time period. The timeframe for these reports must be identified on the client's ISP/POC. Note: If the provider assists the client with money management, the written reports must be submitted monthly;
4. Submit written reports of any unusual or significant incidents that put the client at risk of injury, neglect, abuse, exploitation, financial exploitation or mistreatment. AL providers are mandatory reporters of suspected client abuse, neglect, exploitation, or financial exploitation under Washington State Law; and

5. Complete and maintain copies of the [DSHS 10-104A, Service Verification and Attendance Record](#) for all services provided for a period of six (6) years.

C. DDD Specialty Training and Continuing Education

1. AL providers must successfully complete the DDD Specialty training within ninety (90) days of providing AL services to a client. DDD will reimburse the provider for the class time.
2. In addition to the DDD Specialty training, AL providers must attend a minimum of ten (10) hours of continuing education per year. The continuing education must be on topics relevant to supporting people with developmental disabilities.
3. AL providers must submit their annual continuing education hours to the regional Contracts Manager for entering into the Agency Contracts Database (ACD).

D. Oversight and Quality Assurance Monitoring Plan

DDD will use the following monitoring process to oversee AL services and providers.

1. The CRM will:
 - a) Conduct an in-home visit every twelve (12) months,
 - b) Review all written reports from the provider for compliance with the instruction and support goals specified in the client's ISP/POC.
 - c) Initial and file all written reports submitted by the provider and document in the Service Episode Record (SER).
2. DDD Field Services staff must conduct an annual quality assurance interview with a sample of AL providers and clients who receive services. If the quality assurance interview indicates concerns, a corrective action plan will be developed. The corrective action plan must:
 - a) Outline methods for the provider to comply with the requirements;
 - b) Provide a timeframe for completion of the corrective actions.

Note: DDD may deny payment or terminate the contract if the corrective actions are not completed with the specified timeline.

E. Change of Services

The CRM must inform the client and his/her Necessary Supplemental Accommodation (NSA) representative of any denial, reduction or termination of services by sending a Planned Action Notice. Use DSHS 14-471 for Core Waiver clients and DSHS 14-469 for State Only clients.

EXCEPTIONS

The Division Director or his/her designee may grant a written exception to the maximum hours allowable when there is documented risk to the client's health and welfare. Client Allowance funds for start up or insufficient funds may be accessed according to DDD Policy 6.04, *Residential Programs Reimbursement System*, with a written exception granted by the Division Director or her/his designee.

SUPERSESSSION

DDD Policy 4.09
Issued April 13, 2000

DDD Policy 4.09
Issued September 9, 1998

Policy Directive 538
Issued December 7, 1982

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: May 1, 2007