

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Alternative Living Certification Evaluation

PROVIDER'S NAME		CONTRACT NUMBER AND END DATE	
PROVIDER'S MAILING ADDRESS		CITY	STATE ZIP CODE
PROVIDER'S EMAIL ADDRESS	PROVIDER'S PHONE NUMBER (INCLUDING AREA CODE)		
CONTRACT MONITORING 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 Alternative Living Program.

EVALUATOR'S SIGNATURE	DATE
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PRINTED NAME

Participants		
AL PROVIDER'S NAME	RESOURCE MANAGER'S NAME	CASE MANAGER'S NAME
OTHER'S NAME AND ROLE	OTHER'S NAME AND ROLE	OTHER'S NAME AND ROLE

Section A: Initial Certification Requirements				
Standards				Program Compliance
<input type="checkbox"/> N/A – not initial certification.				Yes No P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1. The provider meets each of the following minimum qualifications:				
a. Is 21 years of age or older; WAC 388-829A-050				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Has a High School Diploma or GED; WAC 388-829A-050				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Providers / employees contracted prior to January 1, 2016, there is evidence of successful completion of DDA Specialty Training; and WAC 388-829A-150 , WAC 388-829-0035				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Providers / employees contracted on or after January 1, 2015, there is evidence of completion of five hours of safety and orientation training prior to providing client support; and WAC 388-829-0015				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Providers / employees contracted on or after January 1, 2015, there is evidence of completion of 75 hours of training within 120 days of hire, as evidenced by a 75-hour certificate. This includes six hours of alternative living specific training. WAC 388-829-0015				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments:				
Corrective Actions:				

B. Provider Qualifications and Responsibilities																									
Standards		Program Compliance																							
<p>1. Provider has a business ID number that is active; WAC 388-829A-050</p> <p>2. Provider / employee meets each of the following minimum qualifications:</p> <p>a. Demonstrates the skills and abilities described in WAC 388-829A-110;</p> <p>b. Has current certification for First Aid/CPR and annual Blood Borne Pathogens with HIV/Aids training; WAC 388-829A-160</p> <p>c. Has a current, cleared background check conducted by DSHS; WAC 388-829A-050</p> <p>d. Persons contracted after January 1, 2016 or persons who have not lived in the state of Washington continuously for the previous 3 years received a FBI fingerprint based background check at time of hire; and WAC 388-829A-050</p> <p>e. Persons who live out of state have a current FBI fingerprint-based background check. WAC 388-829A-050</p> <p>Evaluator Comments:</p> <div style="background-color: #ffffcc; height: 20px; width: 100%;"></div> <p>Corrective Actions:</p> <div style="background-color: #ffffcc; height: 20px; width: 100%;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">P</th> <th style="width: 10%;">N/A</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>3. After the first year of service the provider / employees meet the following training requirements:</p> <p>a. Complete at least 12 hours of continuing education each calendar year on topics that directly benefit the client served; For Department of Health certified providers, the continuing education must be completed by their birth date; and WAC 388-829-0085</p> <p>b. Maintain training documentation and submit a copy to DDA. DDA may confirm training requirements have been met. WAC 388-829A-160</p> <p>Evaluator Comments:</p> <div style="background-color: #ffffcc; height: 20px; width: 100%;"></div> <p>Corrective Actions:</p> <div style="background-color: #ffffcc; height: 20px; width: 100%;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">P</th> <th style="width: 10%;">N/A</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>												
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<p>4. If the provider / employees transport a client, they have a valid driver’s license and automobile insurance as required by law. WAC 388-829A-270</p> <p>Evaluator Comments:</p> <div style="background-color: #ffffcc; height: 20px; width: 100%;"></div> <p>Corrective Actions:</p> <div style="background-color: #ffffcc; height: 20px; width: 100%;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">P</th> <th style="width: 10%;">N/A</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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>5. Provider / employees have 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 upon hire and annually) DDA Policy 6.12</p> <p>Evaluator Comments:</p> <div style="background-color: #ffffcc; height: 20px; width: 100%;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">P</th> <th style="width: 10%;">N/A</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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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Corrective Actions:									
6. The provider maintains a grievance policy that includes timelines, possible remedies, and information about how to submit unresolved grievances to the department. RCW 71A.26	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator Comments:									
Corrective Actions:									
7. The provider participates in a certification evaluation required by DSHS. Policy 4.09	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Evaluator Comments:									
Corrective Actions:									

Section C: Instruction and Support					
Standards		Program Compliance			
		Yes	No	P	N/A
1. The provider provides the following training and/or support as described in a current Alternative Living Services Plan:					
a. Establishing a residence;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Home living including:					
i. Personal hygiene;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Food / nutrition; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Home management.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community living including:					
i. Accessing public and private community services;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Essential shopping; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Transportation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health and safety including:					
i. Understanding personal safety in emergency procedures (street crossing, fire drill);		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Physical, mental, and dental health; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Developing and practicing an emergency response plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Social activities including:					
i. Community integration; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Building relationships with friends and family.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Protection and advocacy including:					
i. Money management;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Protecting self from exploitation;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Making choices and decision; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Asserting rights and finding advocacy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other training and support to assist a client to live independently.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-829A-030 , DDA Policy 4.09					
Evaluator Comments:					
Corrective Actions:					
2. Alternative Living Services are being provided in the community or the client's home, not the provider's / employee's home.					
WAC 388-829A-070		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					
Corrective Actions:					

Section D: Records and Reports						
Standards			Program Compliance			
			Yes	No	P	N/A
<p>1. Provider maintains the following information in their records:</p> <p>a. Client information:</p> <ul style="list-style-type: none"> i. The client's name, address, and telephone number; ii. The name, address, and telephone number of the client's legal representative and any of the client's relatives the client chooses to include; iii. A copy of the most recent Person-Centered Service Plan and Alternative Living Service Plan; and iv. A copy of the Positive Behavior Support Plan or Cross Systems Crisis Plan if applicable; and v. The name, address, and telephone number of the client's physician, dentist, mental health service provider, and any other health care service provider. <p style="text-align: center;">WAC 388-829A-170</p> <p>b. Provider Information, including:</p> <ul style="list-style-type: none"> i. Provider training records; ii. All written reports including the DSHS 10-269, Alternative Living Services Plan and Provider Progress Report and Incident Reports; and iii. Copies of the service verification records completed using a department form. <p>Evaluator Comments:</p> <p>Corrective Actions:</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The provider / employees prepares and records all entries with the following guidelines:</p> <ul style="list-style-type: none"> a. All record entries are signed, dated, and legible; b. All record entries are recorded at the time of or immediately following the occurrence of the event recorded; and c. If a provider makes a mistake on the record, they must keep both the original and corrected entries. <p style="text-align: center;">WAC 388-829A-190</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. The following written reports are submitted to DDA (DDA may confirm reports have been received):</p> <ul style="list-style-type: none"> a. Unusual Incidents and emergencies as specified in the alternative living contract and DDA Policy; <p style="text-align: center;">WAC 388-829A-220, WAC 388-829A-230, DDA Policy 6.12</p> <ul style="list-style-type: none"> b. Reports providing information about the type and extent of services Performed as identified in the Alternative Living Service Plan with information reflecting the current reporting period; and <p style="text-align: center;">WAC 388-829A-180</p> <ul style="list-style-type: none"> c. Service verification records at least quarterly or more often if required by DDA. <p style="text-align: center;">WAC 388-829A-180</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>4. Payment records match provider services verification records (timesheets).</p> <p>Evaluator Comments:</p> <p style="background-color: #ffffcc; height: 15px;"></p> <p>Corrective Actions:</p> <p style="background-color: #ffffcc; height: 15px;"></p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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<p>5. Provider maintains confidential records and ensures any transfer or inspection of records, to anyone but DDA, is authorized by a release of information form that:</p> <p>a. Specifically gives information about the transfer or inspection; and</p> <p>b. Is signed by the client and/or legal representative.</p> <p>c. Is only valid for one year.</p> <p style="padding-left: 40px;">WAC 388-829A-210</p> <p>Evaluator Comments:</p> <p style="background-color: #ffffcc; height: 15px;"></p> <p>Corrective Actions:</p> <p style="background-color: #ffffcc; height: 15px;"></p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>P</td> <td>N/A</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> </table>	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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Section E: Incident and Mandatory Reporting	
Standards	Program Compliance
<p>1. The provider / employees have reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and DDA Regional Field Service Office in accordance with state law and their Alternative Living Contract.</p> <p>WAC 388-829A-220 (230)</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. The provider / employees reported any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34.</p> <p>DDA Policy 6.12</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>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.</p> <p>DDA Policy 6.12</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Section F: Provider Values and Client Rights					
Standards		Program Compliance			
<p>1. The provider / employees demonstrate a clear understanding of the DDA Guiding Values when providing service:</p> <p>a. Health and Safety: Provider takes appropriate action when there are threats or new issues related to client's health and safety (e.g., within the scope of the Person Centered Service Plan and AL Plan provider adjusts or tailors service to specific health and safety concerns as they arise; communicates health and safety concerns to CRM, and gives input when support plan updates are needed);</p> <p>b. Power and Choice: The provider encourages choice and provides service in a way that fosters self-determination and enhances the client's ability to safely exercise their rights;</p> <p>c. Competence: Instruction and support service are geared towards enabling the client to live as independently as possible;</p> <p>d. Status and Contribution: Positive recognition by self and others;</p> <p>e. Relationships: Services encourage and support positive relationship; and</p> <p>f. Inclusion: Integration in the physical and social life of the community.</p> <p>WAC 388-829A-120, DDA Policy 4.09, Alternative Living Services, DDA Guiding Values</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
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<p>2. The client is treated with dignity and consideration, respecting the client's civil and human rights at all times.</p> <p>WAC 388-829A-130, Chapter 71A.26 RCW, WAC 388-823-1095</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments regarding evaluation:					