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|  | | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **DDA Alternative Living Provider Orientation**  Population-Specific Training (six hours) | | | |
| ALTERNATIVE LIVING PROVIDER’S NAME | | | CLIENT NAME | | DATE |
| **REVIEWED** | **DOCUMENT** | | | | |
| **MODULE 1** | | | | |
|  | DDA Guiding Values | | | | |
|  | [Alternative Living Services WAC 388-829A](https://app.leg.wa.gov/wac/default.aspx?cite=388-829A) | | | | |
|  | [Client Rights RCW 71A.26](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26)   * Grievance Policy | | | | |
|  | Alternative Living Contract | | | | |
|  | Alternative Living Training Requirements   * Initial training requirements * Yearly training requirements | | | | |
|  | Govdelivery | | | | |
| **MODULE 2** | | | | | |
|  | Policy 4.09 Alternative Living  Review:   * [Alternative Living Service Plan and Progress Report, DSHS 10-269](https://www.dshs.wa.gov/sites/default/files/forms/word/10-269.docx) * [Alternative Living Services Plan and Provider Progress Report Supplement to DSHS Form 10-269, DSHS 10-269A](https://www.dshs.wa.gov/sites/default/files/forms/word/10-269a.docx) * [Service Verification and Attendance Record, DSHS 10-104B](https://www.dshs.wa.gov/sites/default/files/forms/word/10-104b.docx) * [Companion Home and Alternative Living Services Incident Report, DSHS 15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx) * [Alternative Living Financial Report, DSHS 23-034](https://www.dshs.wa.gov/sites/default/files/forms/word/23-034.docx) | | | | |
|  | [Alternative Living Certification Evaluation, DSHS 15-388](https://www.dshs.wa.gov/sites/default/files/forms/word/15-388.docx) | | | | |
|  | Review Sample Instruction Techniques | | | | |
|  | Overview of provider reimbursement information   * ProviderOne information * Hourly rate of pay * Transportation rate of pay | | | | |
|  | Sample Person-Centered Service Plan | | | | |
| **MODULE 3** | | | | | |
|  | Policy 5.13 Protection from Abuse: Mandatory Reporting   * [Residential Services Provider: Mandatory Reporting of Abuse, Neglect, Personal and Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, DSHS 10-403](https://www.dshs.wa.gov/sites/default/files/forms/word/10-403.doc) | | | | |
|  | Policy 6.12 Incident management and Reporting Requirements for Residential Services Providers | | | | |
|  | [Incident Report, DSHS 15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx) | | | | |
|  | Policy 5.14 Positive Behavior Support | | | | |
|  | Policy 5.15 Restrictive Procedures | | | | |
|  | Policy 5.17 Physical Intervention Techniques | | | | |
|  | Policy 6.11 Residential Allowance Requests | | | | |
|  | Policy 6.07 Possession of Weapons in DDA Funded Community Residential Programs | | | | |
|  | Policy 6.09 Supporting End of Life Decision for Clients Receiving DDA Residential Services | | | | |
|  | Policy 7.05 Mortality Reviews | | | | |
|  | Quiz and Certificate | | | | |
| **I have reviewed and understand the rules, policies, and documents listed above and agree to following these standards.** | | | | | |
| ALTERNATIVE LIVING PROVIDER’S SIGNATURE DATE | | | | | |
| **To be completed by Resource Manager** | | | | | |
| Date Alternative Living Provider Orientation completed and certificate issued: | | | | | |
| RESOURCE MANAGER’S SIGNATURE DATE | | | | RESOURCE MANAGER’S PRINTED NAME | |