Provider's Name	Date

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 (include Area Code)	
Contract monitoring Length Recommended by Resource Manager (24 months maximum)	Certification Monitoring Length Approved by DDA Quality Assurance Office (QAS) (Signature)	
Certification Evaluation Period	Next Review Date (filled out by DDA QAS)	
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
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
☐ N/A – not initial certification.	Yes ☐ No ☐ P ☐ N/A ☐
1. The provider meets each of the following minimum qualifications: a. Is 21 years of age or older; WAC 388-829A-050	
b. Has a High School Diploma or GED; WAC 388-829A-050	☐ ☐ ☐ ☐
c. There is evidence of successful completion of DDA Specialty Training for providers/employees contracted prior to January 1, 2016. WAC 388-829-0035	☐ ☐ ☐ ☐
d. There is evidence of completion of 75 hours of training within 120 days of hire for providers/employees contracted on or after January 1, 2016. 75 hours includes:	☐ ☐ ☐ ☐
i. Safety and orientation;	☐ ☐ ☐ ☐
ii. 40 hours of basic training including bloodborne pathogens; and	☐ ☐ ☐ ☐
iii. Population Specific (must include six hours of alternative living orientation). WAC 388-829-0015	
Evaluator Comments:	

Corrective Actions:	

Section B: Provider Qualifications and Responsibilities	
Standards	**Program Compliance**
1. Background checks: a. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients; b. As of January 1, 2016, all new hires have finger-print based background checks before allowing unsupervised access to clients; c. A character competence, and suitability review is completed before allowing unsupervised access to clients, when background check results reveal non-disqualifying crimes or negative actions; d. Are renewed at least every three years; e. Persons who have resided fewer than three continuous years in Washington State have a fingerprint-based background check; and f. Persons who live out of state have a current FBI fingerprint-based background check. Policy 5.01 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
2. Provider meets the following qualifications: a. A Washington state business license that is active; WAC 388-829A-050 b. Is 21 years of age or older; WAC 388-829A-050 c. Agency AL provider ONLY: i. Employees are age 18 or older; and WAC 388-829A-040 ii. There are at least two employees who provide residential habilitation services, one of whom can be the owner. Contract, WAC 388-829A-010 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
3. Before delivering services to the client the provider/employees: a. Has a valid CPR and first-aid training certificate; and b. Has completed bloodborne pathogen training that meets requirements under WAC 296-823-12005 renewed annually. WAC 388-829A-140 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	

4. The Provider / employees complete at least 12 hours of continuing education each calendar year (except in the calendar year they complete one-time basic training) on topics that directly benefit the client served; for Department of Health certified providers, the continuing education must be completed by their birth date.
WAC 388-829-0085

Yes ☐ No ☐ P ☐ N/A ☐

Evaluator Comments:

Corrective Actions:

5. The provider / employees have a current signed copy of: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, (form DSHS 10-403), on reporting requirements (required upon hire and annually).
DDA Policy 6.12

Yes ☐ No ☐ P ☐ N/A ☐

Evaluator Comments:

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

Yes ☐ No ☐ P ☐ N/A ☐

Evaluator Comments:

Corrective Actions:

7. The provider / employees must:

Yes ☐ No ☐ P ☐ N/A ☐

a. Read, understand, and provide services as outlined in the client's person-centered service plan;

b. Be able to communicate with the client; and

c. Have the ability to electronically:

i. Submit reimbursement claims;

ii. Complete and submit mandatory forms;

iii. Complete mandatory trainings; and

iv. Receive and respond to communications from DSHS within prescribed time frames.
WAC 388-829A-110

Evaluator Comments:

Corrective Actions:

8. In the event of an emergency, while delivering services to a client, the provider / employee's:

Yes ☐ No ☐ P ☐ N/A ☐

a. Immediately call 911 in a life-threatening emergency;

b. In a medical emergency, provide first aid or CPR if necessary, unless limited by a physician order for life-sustaining treatment or an advance directive of which the provider is aware;

c. Assist the client in accessing emergency services for other non-medical and non-life-threatening emergencies; and	☐	☐	☐	☐
d. After the emergency the provider:				
i. Notifies the client's case manager and legal representative if the client has one; and	☐	☐	☐	☐
ii. Submits a written incident report to the client's case manager. WAC 388-829A-240	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section C: Instruction and Support				
Standards	**Program Compliance**			
1. The provider provides support and training as identified in the Alternative Living Plan and Provider Progress Report, DSHS 10-269. DDA Policy 4.09	Yes ☐	No ☐	P ☐	N/A ☐
2. Alternative Living Services are provided in the home where the client lives or in the community.	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				
3. For a client living with a parent who is also the client's provider, services are limited to six months as described in WAC 388-829A-040. WAC 388-829A-070	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Section D: Records and Reports				
Standards	**Program Compliance**			
1. Provider maintains the following information in their records:	Yes	No	P	N/A
a. The client's name, address, and telephone number;	☐	☐	☐	☐
b. The name, address, and telephone number of the client's legal representative and if the client has one, emergency contacts, and any other people the client chooses to include;	☐	☐	☐	☐
c. Appropriate documents establishing the legal representative's legal authority to act on behalf of the client, if applicable;	☐	☐	☐	☐
d. Incident reports;	☐	☐	☐	☐
e. Current service and support plans, including the client's;				
i. Person-Centered Service Plan;	☐	☐	☐	☐
ii. Alternative living program reports, which includes the alternative living plan and progress reports;	☐	☐	☐	☐
iii. Other plans provided by DDA if relevant to develop or support the client's alternative living program goals; and WAC 388-829A-170	☐	☐	☐	☐
f. Agency AL provider ONLY: Semiannual summary report.	☐	☐	☐	☐

DDA Policy 4.09

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
2. The provider maintains the following information in their records:				
a. Monthly service verification records signed by the client stating:	☐	☐	☐	☐
i. The number of service hours provided to the client; and	☐	☐	☐	☐
ii. The number of miles traveled with the client while providing services to the client;	☐	☐	☐	☐
b. A copy of the provider's current policies; and	☐	☐	☐	☐
c. A copy of the provider/employees valid driver's license and automobile insurance policy if the provider provides transportation for the client.	☐	☐	☐	☐

WAC 388-829A-175

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
3. Client record entries made by the provider/employees are:				
a. Made at the time of or immediately following the event;	☐	☐	☐	☐
b. Made electronically or written legibly in ink;	☐	☐	☐	☐
c. Stored securely; and	☐	☐	☐	☐
d. Kept confidential.	☐	☐	☐	☐

WAC 388-829A-190

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
4. If a provider / employee makes a mistake on a record, the provider ensures both the original and corrected entries are retained.	☐	☐	☐	☐

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
5. Payment records match provider services verification records (timesheets).	☐	☐	☐	☐

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
6. Provider / employees have authorization to share written, electronic, photographic, or auditory information about the client with an entity other than client's healthcare institution, when required by law, or department representatives. The authorization:				
a. States the information the provider may share and with whom	☐	☐	☐	☐
b. Is signed by the client; and	☐	☐	☐	☐
c. Includes the expiration date.	☐	☐	☐	☐

WAC 388-829A-210 **Evaluator Comments:**	
Corrective Actions:	

Section E: Incident and Mandatory Reporting	
Standards	**Program Compliance**
1. The provider / employees have reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately do DSHS' Adult Protective Services and DDA Regional Field Service Office in accordance with state law and their Alternative Living Contract. WAC 388-829A-220, DDA Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
2. The provider / employees reported any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34. WAC 388-829A-220, DDA Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
3. The provider / employees 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. DDA Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	

Section F: Teleservice	
Standards	**Program Compliance**
☐ Section not applicable. Provider does not provide teleservice.	Yes No P N/A
1. The provider documents when the waiver service was provided through teleservice delivery. Policy 4.27	☐ ☐ ☐ ☐
2. The provider only delivers teleservices when selected by the client and documented in the PCSP. Policy 6.17	☐ ☐ ☐ ☐
Evaluator's Comments	
Corrective Actions	

Section G: Quality Review

Standards	Program Compliance
1. The provider / employees demonstrate a clear understanding of the DDA Guiding Values when providing service: 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); 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; c. Competence: Instruction and support services are geared towards enabling the client to live as independently as possible; d. Status and Contribution: Positive recognition by self and others; e. Relationships: Services encourage and support positive relationship; and f. Inclusion: Integration in the physical and social life of the community. DDA Policy 4.09, DDA Guiding Values **Evaluator Comments:** **Corrective Actions:**	Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐ Yes ☐ No ☐ P ☐ N/A ☐
2. The provider treats the client with dignity and consideration, respecting the client's civil and human rights at all times. WAC 388-829A-130, Chapter 71A.26 RCW, WAC 388-823-1095 **Evaluator Comments:** **Corrective Actions:**	Yes ☐ No ☐ P ☐ N/A ☐
3. The provider participated in the certification evaluation process in a timely and responsive manner including participating in scheduled and unscheduled visits, cooperating in scheduling visits, providing information and documentation as requested, responding to questions or issues identified, participating in an exit meeting, and implementing a corrective action plan. WAC 388-825A-0080 **Evaluator Comments:** **Corrective Actions:**	Yes ☐ No ☐ P ☐ N/A ☐
4. The provider/employees completed any outstanding corrective action plans from the previous certification period **Evaluator Comments:** **Corrective Actions:**	Yes ☐ No ☐ P ☐ N/A ☐
Additional comments regarding evaluation:	