DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES (DDCS)

# Alternative Living Orientation

Population-Specific Training (six hours)

| TRAINEE NAME | CLIENT NAME (IF APPLICABLE) | DATE |
|---|---|---|
| | | |

| AGENCY NAME (IF APPLICABLE) | AGENCY TRAINER (IF APPLICABLE) ☐ Yes ☐ No |
|---|---|
| | |

| REVIEWED | DOCUMENT |
|---|---|
| | **MODULE 1** |
| ☐ | DDA Guiding Values |
| ☐ | Alternative Living WAC 388-829A |
| ☐ | Certification WAC 388-825A |
| ☐ | Client Rights<br>1. WAC 388-823-1095<br>• Grievance Policy<br>• Right to refuse services to a client and termination of services section<br>2. WAC 388-823-1096<br>• Integrated Settings – signed from DSHS 27-261 Integrated Settings Provider Attestation |
| ☐ | Alternative Living Contract<br>• Statement of Work |
| | Overview of ProviderOne and Payment information<br>• Office of Rates Management: DD rates Excel document All DDA Rates<br>• Office of Financial Management (OFM)<br>• Provider pay (quarterly, milage, training)<br>• Attendance Record form<br>• ProviderOne links |
| ☐ | Alternative Living Training Requirements<br>• Initial training requirements<br>• Yearly training requirements<br>• Training options |
| ☐ | Signed up for GovDelivery (GovDelivery sign up instructions) |
| | **MODULE 2** |
| ☐ | Policy 4.09 Alternative Living<br>Review the Policy with a focus on:<br>1. Forms (see next section)<br>2. Timelines<br>3. SMART goals<br>4. Teaching and training aspect of AL<br>Semi-annual report requirements for Agency Alternative Living Providers |
| ☐ | Forms<br>• Alternative Living Service Plan and Progress Report, DSHS 10-269<br>• Alternative Living Services Plan and Provider Progress Report Supplement to DSHS 10-269, DSHS 10-269A<br>• Service Verification and Attendance Record, DSHS 10-104B<br>• Companion Home and Alternative Living Services Incident Report, DSHS 15-512 |

**Resource Manager:** Place this document with a copy of the certificate in the AL provider's contracts folder.

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| | Residential Services Providers and County and Count-Contracted Providers (Developmental Disabilities Administration (DDA): Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, DSHS 10-403 |
| ☐ | Provider Certification<br>Review the tool and requirements for certification<br>• Alternative Living Certification Evaluation, DSHS 15-388 |
| ☐ | Submitting Documents in PDF Format<br>• Provider has submitted a document in PDF format to the RM |
| ☐ | Writing SMART Goals and Instruction Techniques<br>• The provider understands how to write SMART goals, how to track, report and modify SMART goals<br>• The provider understands various teaching and training strategies |
| ☐ | Person-Centered Service Plan |
| ☐ | Write a SMART Goal in the AL Plan and Update a Quarterly Report<br>1. Role play of scenario<br>2. SMART goal writing and breaking it down into the SMART categories<br>3. Explain how the SMART goal will be tracked<br>4. Write a sample quarterly report update to the SMART goal |
| **MODULE 3** | |
| ☐ | Link to HCLA Policies - use this link to review polices below |
| ☐ | Policy 5.13 Protection from Abuse: Mandatory Reporting<br>• Residential Services Providers and County and Count-Contracted Providers (Developmental Disabilities Administration (DDA): Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult Form DSHS 10-403 |
| ☐ | 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 6.12 Incident management and Reporting Requirements for Residential Services Providers |
| ☐ | Policy 6.17 Remote Support and Teleservice in Residential Habilitation Services |
| ☐ | Policy 7.06 Certification Evaluation for DDCS Providers |
| ☐ | Quiz and Certificate |

**I have reviewed and I understand the rules, policies, and documents listed above and agree to following these standards.**

**If I am an agency trainer, I certify I will use the DDCS division template and DDCS division provided materials.**

| TRAINEE'S SIGNATURE | DATE |
|---|---|
| | |

**To be completed by Resource Manager**

Date Alternative Living Orientation completed, and certificate issued: _____

| RESOURCE MANAGER'S SIGNATURE | DATE | RESOURCE MANAGER'S PRINTED NAME |
|---|---|---|
| | | |

**Resource Manager:** Place this document with a copy of the certificate in the AL provider's contracts folder.