HOME AND COMMUNITY LIVING ADMINISTRATION

Certification Evaluation Checklist
Alternative Living Providers

PROVIDER	DATE

In preparation for your upcoming Alternative Living certification evaluation, please have current copies of all applicable items below ready for review by the contracted evaluator. If you have any questions, please contact your DDCS Resource Manager **or** the DDCS Case Manager for the person you support. If you do not have copies of the documents below, the DDCS Resource Manager **or** DDCS Case Manager will work with you after the certification evaluation to gather the missing documents.

- ☐ Alternative Living contract
- ☐ Business License - Verification that business license is in active status from WA state Department of Revenue (choose business look up). A screen shot verifying search date and license information is sufficient.
- ☐ Most recent background check result letter (can be obtained from the Resource Manger if not provided at time of contracting)
- ☐ Signed copy of DSHS form 10-403, *Residential Services Providers and County and County-Contracted Providers: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult.*
- ☐ Grievance policy
- ☐ Driver's License
- ☐ Auto insurance
- ☐ Blood Borne Pathogens with HIV / AIDS training (included in basic training)
- ☐ First Aid training and CPR Card (6-hours)
- ☐ Record of at least 12 continuing education credits for the most recent calendar year or by your birthday if you are certified with DOH

  For initial certification only:

  - ☐ Completion of 75-hour Training (if contracted after 01/01/2016) including;
    - ☐ Five (5) hour Safety and Orientation
    - ☐ 40 Hour Basic Training including
    - ☐ 30 Hour Population Specific Training including
    - ☐ Alternative Living Orientation (6-hours)

For each of the Alternative Living clients you support:

- ☐ Alternative Living Plan
- ☐ Client Information Sheet
- ☐ Person Centered Service Plan
- ☐ Release of Information form
- ☐ Other Plans if the client has them such as but not limited to: Cross Systems Crisis Plan, Positive Behavior Support Plan, Remote Support Plan
- ☐ All reports required by DDCS during the evaluation period including:
  - ☐ Alternative Living Plan and Provider Progress Report, DSHS form 10-269
  - ☐ Service Verification / Attendance Records, DSHS form 10-104B
  - ☐ Incident reports (DDCS Companion Home and Alternative Living Services Incident Report, DSHS form 15-512)

For Agency providers only:

- ☐ Semi-annual summary report
- ☐ Employee records per WAC 388-829A-050