



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
**Alternative Living Review and Evaluation**

NAME OF CONTRACTOR		CONTRACT NUMBER	
CONTRACTOR MAILING ADDRESS		CITY	STATE ZIP CODE
CONTRACT MONITORING LENGTH RECOMMENDED BY RESOURCE MANAGER (24 MONTHS MAXIMUM)		CONTRACT MONITORING LENGTH APPROVED BY PROGRAM MANAGER	
CONTRACT EVALUATION DATES		NEXT REVIEW DATE (FILLED OUT BY PROGRAM MANAGER)	

The Quality Assurance staff confirms, by signing below, that he/she does not have any involvement in resource management or case management services for the above Alternative Living Program.

**REQUIRED SIGNATURES**

QUALITY ASSURANCE STAFF SIGNATURE	PRINTED NAME	DATE
AL PROVIDER SIGNATURE	PRINTED NAME	DATE
CORRECTIVE ACTION MONITOR/RM SIGNATURE	PRINTED NAME	DATE

**OPTIONAL SIGNATURES**

CLIENT SIGNATURE	PRINTED NAME	DATE
LEGAL REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE
CASE MANAGER SIGNATURE	PRINTED NAME	DATE
OTHER SIGNATURE (ROLE)	PRINTED NAME	DATE

**DISTRIBUTION:** Alternative Living Provider    DDD Resource Manager    DDD Contract File  
 DDD Residential Program Manager – MS 45310    DDD OFS Office Chief – MS 45310

**SECTION A. – CONTRACTOR QUALIFICATIONS AND RESPONSIBILITIES**

PROVIDER NAME	DATE																																
<b>STANDARDS</b>	<b>PROGRAM COMPLIANCE</b>																																
<p>1. The contractor has signed a contract.  a. Contract Number: _____ End date: _____  WAC 388-825-320</p>	<table border="1"> <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>2. The contractor meets each of the following minimum qualifications:</p> <p>a. Is 21 years of age or older;  WAC 388-829A-050</p> <p>b. Has a High School Diploma or GED;  WAC 388-829A-050</p> <p>c. Successfully completed DDD Specialty Training within 90 days of serving the client;  WAC 388-829A-150</p> <p>d. Has current certification for First Aid/CPR and Blood Borne Pathogens with HIV/Aids training;  WAC 388-829A-140</p> <p>e. Clear a background check conducted by DSHS;  WAC 388-829A-050</p> <p>f. Persons who have not lived in the state of Washington continuously for the previous 3 years have a current FBI fingerprint based background check.  WAC 388-829A-050</p> <p>g. Has a Business ID number, as an independent contractor;  WAC 388-829A-050</p> <p>h. Demonstrates the skills and abilities described in WAC 388-829A-110</p>	<table border="1"> <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> <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> <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"/>																											
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<p>3. After the first year of service the contractor must meet the following training requirements:</p> <p>a. Maintain current CPR and first aid certification;</p> <p>b. Receive Blood Borne Pathogen training with HIV/AIDS information at least annually;</p> <p>c. Complete at least 10 hours of continuing education each calendar year on topics that directly benefit the client served; and</p> <p>d. Maintain training documentation and submit a copy to DDD  WAC 388-829A-160</p>	<table border="1"> <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> <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"/>																											
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CORRECTIVE ACTION PLAN/TIMELINES																																	
INITIALS Contractor : _____ Resource Manager: _____																																	

**SECTION B. – INSTRUCTION AND SUPPORT**

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
<p>1. The contractor provides the following training and/or support as described in a current Alternative Living Services Plan:</p> <ul style="list-style-type: none"> <li>a. Establishing a residence;</li> <li>b. Home living including: <ul style="list-style-type: none"> <li>• Personal hygiene;</li> <li>• Food/nutrition;</li> <li>• Home management.</li> </ul> </li> <li>c. Community living including: <ul style="list-style-type: none"> <li>• Accessing public and private community services;</li> <li>• Essential shopping;</li> <li>• Transportation.</li> </ul> </li> <li>d. Health and safety including: <ul style="list-style-type: none"> <li>• Understanding personal safety in emergency procedures;</li> <li>• Physical, mental, and dental health; and</li> <li>• Developing and practicing an emergency response plan.</li> </ul> </li> <li>e. Social activities including: <ul style="list-style-type: none"> <li>• Community integration;</li> <li>• Building relationships.</li> </ul> </li> <li>f. Protection and advocacy including: <ul style="list-style-type: none"> <li>• Money management;</li> <li>• Protecting self from exploitation;</li> <li>• Making choices and decisions;</li> <li>• Asserting rights and finding advocacy.</li> </ul> </li> <li>g. Other training and support to assist a client to live independently. WAC 388-829A-030, WAC 388-829A-170</li> </ul>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>2. The contractor focuses on community based, individualized client training, assistance, and ongoing support <b>to enable a client to live as independently as possible</b> with minimal residential services. DDD Policy 4.09, Alternative Living Services, WAC 388-829A-120</p>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>3. Alternative Living Services are being provided:</p> <ul style="list-style-type: none"> <li>a. In the client’s home, not the provider’s home.</li> <li>b. If AL services are being provided in the parent's home it is to assist with transition towards independent housing and has not exceeded six months. WAC 388-829A-070</li> </ul>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>4. If the contractor is providing more than forty hours per month an ETR is in place. WAC 388-829A-080</p>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>5. Contractor only claims reimbursement for one client per service hour. WAC 388-829A-090</p>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>

<p>6. If the contractor is providing respite or personal care services a separate contract to provide those services is in place. WAC 388-829A-100</p>	<p>Yes    No    P    N/A  <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>7. If the contractor transports client then he/she has a valid driver's license and automobile insurance as required by law. WAC 388-829A-270</p>	<p>Yes    No    P    N/A  <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>EVALUATOR COMMENTS</p>	
<p>CORRECTIVE ACTION PLAN/TIMELINES</p>	
<p>INITIALS  Contractor : _____    Resource Manager: _____</p>	

**SECTION C. – RECORDS AND REPORTS**

PROVIDER NAME	DATE																								
STANDARDS	PROGRAM COMPLIANCE																								
<p>1. Contractor maintains the following information in their records:</p> <p><b>Client information:</b></p> <ul style="list-style-type: none"> <li>a. The client’s name, address, and telephone number;</li> <li>b. The name, address, and telephone number of the client’s legal representative and any of the client’s relatives that the client chooses to include;</li> <li>c. A copy of the most recent ISP and Alternative Living Service Plan (ISP Addendum);</li> <li>d. A copy of the BSP if applicable;</li> <li>e. The name, address, and telephone number of the client’s physician, dentist, mental health service provider, and any other health care service provider.</li> </ul> <p align="center">WAC 388-829A-170</p> <p><b>Provider Information, including:</b></p> <ul style="list-style-type: none"> <li>a. Provider training records;</li> <li>b. All written reports submitted to DDD;</li> <li>c. Copies of the department approved service verification records;</li> <li>d. Signed DDD policy on residential reporting requirements as specified in the alternative living contract; and</li> <li>e. Payment Records.</li> </ul> <p align="center">WAC 388-829A-170, WAC 388-829A-180, (WAC 388-829A-140 through WAC 388-829A-160)</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> </td> <td> </td> <td> </td> <td> </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"/>								
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<p>2. The contractor prepares and records all entries with the following guidelines:</p> <ul style="list-style-type: none"> <li>a. All record entries are recorded in ink or electronically;</li> <li>b. All record entries are recorded at the time of or immediately following the occurrence of the event recorded;</li> <li>c. All record entries are signed, dated in ink and legible writing;</li> <li>d. If a provider makes a mistake on the record, they must keep both the original and corrected entries.</li> </ul> <p align="center">WAC 388-829A-190</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>3. The following written reports are submitted to DDD:</p> <ul style="list-style-type: none"> <li>a. Unusual Incidents and emergencies as specified in the alternative living contract and DDD Policy;</li> </ul> <p align="center">WAC 388-829A-220, WAC 388-829-230, DDD Policy 6.12</p> <ul style="list-style-type: none"> <li>b. Quarterly 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</li> </ul> <p align="center">WAC 388-829A-180</p> <ul style="list-style-type: none"> <li>c. Service verification records at least quarterly or more often if required by DDD.</li> </ul> <p align="center">WAC 388-829A-190</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> </td> <td> </td> <td> </td> <td> </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> </td> <td> </td> <td> </td> <td> </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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<p>4. Contractor maintains confidential records and ensures any transfer or inspection of records, to anyone but DDD, is authorized by a release of information form that:</p> <ul style="list-style-type: none"> <li>a. Specifically gives information about the transfer or inspection; and</li> <li>b. Is signed by the client or legal representative.</li> </ul> <p align="center">WAC 388-829A-210</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. If the contractor assists the client with money management, written reports are submitted to the CRM monthly.</p> <p align="center">DDD Policy 4.09, Alternative Living Services</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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EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN/TIMELINES

INITIALS

Contractor : \_\_\_\_\_ Resource Manager: \_\_\_\_\_

**SECTION D. – INCIDENT MANAGEMENT**

PROVIDER NAME	DATE
<b>STANDARDS</b>	<b>PROGRAM COMPLIANCE</b>
1. The contractor has reported all instances of suspected client abuse to DSHS and DDD Regional Field Service Office in accordance with state law and their Alternative Living Contract.  WAC 388-829A-220(230)	Yes    No    P    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. The contractor has a signed copy of the DDD policy 6.12 on residential reporting requirements as specified in their Alternative Living Contract and has submitted a signed copy of the policy to DDD.  WAC 388-829A-220(230)	Yes    No    P    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The contractor notified the DDD Regional Administrator, or designee, immediately after the client threatened a family member or community citizen and the police were called.  DDD Policy 6.12	Yes    No    P    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Contractor has signed policy on reporting requirements on file. DDD Policy 6.12 Attachment A	Yes    No    P    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES	
INITIALS Contractor : _____      Resource Manager: _____	

**SECTION E. – PROVIDER VALUES AND CLIENT RIGHTS**

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
<p>1. The provider’s ability to meet the client’s needs is not compromised by any of the following:</p> <ul style="list-style-type: none"> <li>a. Evidence of alcohol or drug abuse;</li> <li>b. Reported history of domestic violence;</li> <li>c. Contact order;</li> <li>d. Criminal conduct that is disqualifying under RCW 43.43.830(842);</li> <li>e. Health care provider report of requested provider lacking ability or willingness to provide adequate support;</li> <li>f. Other employment or responsibilities that prevent or interfere with the provision of required services;</li> <li>g. A reported history of mismanagement of client funds or DSHS contract violations;</li> <li>h. Excessive commuting distance that would make it impractical to provide services as outlined in the client’s ISP.</li> </ul> <p align="center">WAC 388-829A-300</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 contractor demonstrates a clear understanding of the DDD residential guidelines when providing service:</p> <ul style="list-style-type: none"> <li>a. Ensures Health and Safety: Contractor takes appropriate action when there are threats or new issues related to client’s health and safety (e.g. Within the scope of the ISP and AL Plan contractor 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).</li> <li>b. Promotes Power and Choice: The contractor encourages choice and provides service in a way that fosters self-determination and enhances the client’s ability to safely exercise power;</li> <li>c. Competence and Self-Reliance: Instruction and support service are geared towards enabling the client to live as independently as possible;</li> <li>d. Positive Recognition by Self and others;</li> <li>e. Positive Relationships: Services encourage and support positive relationship; and</li> <li>f. Integration in the Physical and Social Life of the Community.</li> </ul> <p align="center">WAC 388-829A-120, DDD Policy 4.09, Alternative Living Services</p>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>3. The client is treated with dignity and consideration, respecting the client’s civil and Human rights at all times.</p> <p align="center">WAC 388-829A-130</p>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p>4. The contractor:</p> <ul style="list-style-type: none"> <li>a. Knows the resources in the community the client prefers to use;</li> <li>b. Enables the client to use his/her preferred community resources;</li> <li>c. Enables the client to keep in touch with his/her family as preferred by the client; and</li> <li>d. Involves the client in the scheduling of activities based upon individual preference to the greatest extent possible.</li> </ul> <p align="center">WAC 388-829A-030</p>	<p>Yes    No    P    N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>

<p>5. The client has input in the use of his/her spending money. WAC 388-829A-030</p>	<p>Yes No P N/A  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>6. The contractor shows respect for the client. WAC 388-829A-130</p>	<p>Yes No P N/A  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>7. There is a process in place for the client to know how to contact their case manager, APS, guardian, or legal representative.</p>	<p>Yes No P N/A  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>8. The client has provider of choice. WAC 388-829A-300, WAC 388-829A-120</p>	<p>Yes No P N/A  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>EVALUATOR COMMENTS</p>	
<p>CORRECTIVE ACTION PLAN/TIMELINES</p>	
<p>INITIALS  Contractor : _____ Resource Manager: _____</p>	