

DDA Alternative Living Provider Orientation

Population-Specific Training (six hours)

ALTERNATIVE LIVING PROVIDER'S NAME		CLIENT NAME	DATE
REVIEWED	DOCUMENT		
	MODULE 1		
<input type="checkbox"/>	DDA Guiding Values		
<input type="checkbox"/>	Alternative Living Services WAC 388-829A		
<input type="checkbox"/>	Client Rights RCW 71A.26 <ul style="list-style-type: none"> Grievance Policy 		
<input type="checkbox"/>	Alternative Living Contract		
<input type="checkbox"/>	Alternative Living Training Requirements <ul style="list-style-type: none"> Initial training requirements Yearly training requirements 		
<input type="checkbox"/>	Govdelivery		
MODULE 2			
<input type="checkbox"/>	Policy 4.09 Alternative Living Review: <ul style="list-style-type: none"> Alternative Living Service Plan and Progress Report, DSHS 10-269 Alternative Living Services Plan and Provider Progress Report Supplement to DSHS Form 10-269, DSHS 10-269A Service Verification and Attendance Record, DSHS 10-104B Companion Home and Alternative Living Services Incident Report, DSHS 15-512 Alternative Living Financial Report, DSHS 23-034 		
<input type="checkbox"/>	Alternative Living Certification Evaluation, DSHS 15-388		
<input type="checkbox"/>	Review Sample Instruction Techniques		
<input type="checkbox"/>	Overview of provider reimbursement information <ul style="list-style-type: none"> ProviderOne information Hourly rate of pay Transportation rate of pay 		
<input type="checkbox"/>	Sample Person-Centered Service Plan		
MODULE 3			
<input type="checkbox"/>	Policy 5.13 Protection from Abuse: Mandatory Reporting <ul style="list-style-type: none"> Residential Services Provider: Mandatory Reporting of Abuse, Neglect, Personal and Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, DSHS 10-403 		
<input type="checkbox"/>	Policy 6.12 Incident management and Reporting Requirements for Residential Services Providers		
<input type="checkbox"/>	Incident Report, DSHS 15-512		
<input type="checkbox"/>	Policy 5.14 Positive Behavior Support		
<input type="checkbox"/>	Policy 5.15 Restrictive Procedures		
<input type="checkbox"/>	Policy 5.17 Physical Intervention Techniques		
<input type="checkbox"/>	Policy 6.11 Residential Allowance Requests		

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

<input type="checkbox"/>	Policy 6.07 Possession of Weapons in DDA Funded Community Residential Programs
<input type="checkbox"/>	Policy 6.09 Supporting End of Life Decision for Clients Receiving DDA Residential Services
<input type="checkbox"/>	Policy 7.05 Mortality Reviews
<input type="checkbox"/>	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	

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