



Residential Quality Assurance Certification Evaluation Checklist for Alternative Living Providers

PROVIDER	DATE
<p>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 or do not have copies of the documents below, please contact the DDA Resource Manager or DDA Case Manager for the individual you support.</p> <ul style="list-style-type: none"><input type="checkbox"/> Alternative Living contract<input type="checkbox"/> Individual Provider contract<input type="checkbox"/> Background check results letter (most recent)<input type="checkbox"/> Date that 75 hours of training was completed: _____ ; or<ul style="list-style-type: none"><input type="checkbox"/> Copy of DD Specialty Training certificate (if contracted before 01/01/2016)<input type="checkbox"/> Record of Continuing Education (CE) credits for the previous year<input type="checkbox"/> Record of CE credits for the current year<input type="checkbox"/> Training certificates:<ul style="list-style-type: none"><input type="checkbox"/> CPR<input type="checkbox"/> First Aid<input type="checkbox"/> Blood Borne Pathogens with HIV / AID<input type="checkbox"/> Signed copy of DSHS form 10-403, Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult.<input type="checkbox"/> Driver's License<input type="checkbox"/> Auto insurance <p><u>For each of the Alternative Living clients you support:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Client Information Sheet(s)<input type="checkbox"/> Release of Information forms<input type="checkbox"/> Person Centered Service Plans<input type="checkbox"/> Positive Behavior Support Plans<input type="checkbox"/> Cross System Crisis Plans<input type="checkbox"/> Cross systems Crisis Plans<input type="checkbox"/> Alternative Living Service Plans<input type="checkbox"/> All reports submitted to DDA during the current evaluation period including:<ul style="list-style-type: none"><input type="checkbox"/> Alternative Living Services Plan and Provider Report, DSHS form 10-269<input type="checkbox"/> Alternative Living Financial Reports, DSHS form 23-034<input type="checkbox"/> Service Verification / Attendance Records, DSHs form 10-104B<input type="checkbox"/> Reports of unusual incidents and emergencies (DDA Companion Home and Alternative Living Services Incident Report, DSHS form 15-512)	