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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Certification Evaluation Checklist for 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 the DDA Resource Manager **or** DDA Case Manager for the person you support. If you do not have copies of the documents below, the DDA Resource Manager **or** DDA Case Manager will work with you after the certification evaluation to gather the missing documents.[ ]  Alternative Living contract and business license [ ]  Verification business license is in Active status from WA state Department of Revenue. A screen shot verifying search date, and license information is sufficient. [Washington State Department of Revenue](https://secure.dor.wa.gov/gteunauth/_/#18) (choose business look up)[ ]  Most recent background check result letter (can be obtained from the Resource Manger if not provided at time of contracting)[ ]  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) [ ]  Five (5) hour Safety and Orientation [ ]  40 Hour Basic Training including: [ ]  Blood Borne Pathogens with HIV / AIDS (included in basic training) [ ]  30 Hour Population Specific Training including: [ ]  First Aid Training and CPR Card (6-hours) [ ]  Alternative Living Orientation (6-hours)[ ]  Signed copy of DSHS form [10-403](https://forms.dshs.wa.lcl/formDetails.aspx?ID=8214), Residential Services Providers: 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**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 System Crisis Plan, Positive Behavior Support Plan, Remote Support Plan[ ]  All reports required by DDA during the current evaluation period including: [ ]  Alternative Living Plan and Provider Progress Report, DSHS form [10-269](https://www.dshs.wa.gov/sites/default/files/forms/word/10-269.docx)  [ ]  Service Verification / Attendance Records, DSHS form [10-104B](https://forms.dshs.wa.lcl/formDetails.aspx?ID=10478) [ ]  Incident reports (DDA Companion Home and Alternative Living Services Incident Report, DSHS form [15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx)) |