

DEPARTMENT OF DEVELOPMENTAL SERVICES
CERTIFICATION OF ALTERNATIVE NONRESIDENTIAL SERVICES

PROVIDERS SHALL COMPLETE AND SUBMIT THIS FORM TO THE REGIONAL CENTER TO CERTIFY THE PROVISION OF ALTERNATIVE NONRESIDENTIAL SERVICES PRIOR TO SUBMITTING CLAIMS FOR REIMBURSEMENT.

Alternative Nonresidential Services (Alternative Services)

(check all that apply)

- ☐ Supports related to minimizing the exposure to or impact of COVID-19 on the consumer
- ☐ Completion of an individual assessment of skills, preferences, and service needs for the consumer
- ☐ Completion of an individualized service plan to provide needed services for the consumer
- ☐ Alternative Services delivered to the consumer via telephone, video or other electronic communication
- ☐ Delivery of supplies or other items to the consumer's home needed to provide services or supports
- ☐ Use of self-guided training and educational materials supplied to the consumer by the provider intended to support the consumer's services
- ☐ Skills training to individuals within the consumer's household who are specifically designated to support the consumer
- ☐ Alternative Services provided in-person at the consumer's home, modified to comply with the most protective state or local COVID-19 safety guidelines in effect at the time the service is to be delivered
- ☐ Alternative Services provided in-person in a community setting, modified to comply with the most protective state or local COVID-19 safety guidelines in effect at the time the service is to be delivered
- ☐ Alternative Services provided in-person at the provider's facility, modified to comply with the most protective state or local COVID-19 safety guidelines in effect at the time the service is to be delivered
- ☐ Supports for transition to the Self-Determination Program
- ☐ Other modifications to nonresidential services that are approved by the consumer that further or achieve his or her service needs

Certifications

- ☐ The provider has engaged consumers about their need for and interest in Alternative Services as an option
- ☐ The provider has advised consumers of the specific steps they can take if they disagree with the Alternative Services offered by the provider
- ☐ The provider has or will prepare an individual service plan that specifies the Alternative Services identified through the consumer engagement
- ☐ The provider has trained staff on COVID-19 safety precautions prior to the delivery of in-person services
- ☐ The provider will continue to comply with the most protective state or local COVID-19 safety guidelines in effect at the time in-person services are to be delivered
- ☐ The provider will maintain a specified phone number and email address and be responsive during the time services are being provided
- ☐ The provider will maintain documentation of services provided as required by Title 17 section 54326(a)(3)
- ☐ The provider will maintain staff to provide services

NAME OF PROVIDER: _____ VENDOR #: _____

SIGNED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____