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 Ser	vices)
(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,	·
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☐ Completion of an individualized service plan to pro	
	a telephone, video or other electronic communication
☐ Delivery of supplies or other items to the consume	·
☐ Use of self-guided training and educational mater to support the consumer's services	ials supplied to the consumer by the provider intended
☐ Skills training to individuals within the consumer's the consumer	household who are specifically designated to support
☐ Alternative Services provided in-person at the corprotective state or local COVID-19 safety guideling	nsumer's home, modified to comply with the most uses in effect at the time the service is to be delivered
☐ Alternative Services provided in-person in a common protective state or local COVID-19 safety guideling	nunity setting, modified to comply with the most uses 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 F	Program
 Other modifications to nonresidential services that his or her service needs 	t are approved by the consumer that further or achieve
Certifications	
 The provider has engaged consumers about their option 	need for and interest in Alternative Services as an
 The provider has advised consumers of the speci Alternative Services offered by the provider 	fic steps they can take if they disagree with the
 The provider has or will prepare an individual servidentified through the consumer engagement 	vice plan that specifies the Alternative Services
☐ The provider has trained staff on COVID-19 safet	y precautions prior to the delivery of in-person services
The provider will continue to comply with the mos effect at the time in-person services are to be deli	t protective state or local COVID-19 safety guidelines in ivered
☐ The provider will maintain a specified phone num time services are being provided	ber and email address and be responsive during the
☐ The provider will maintain documentation of servi	ces provided as required by Title 17 section 54326(a)(3)
☐ The provider will maintain staff to provide service:	s
NAME OF PROVIDER:	VENDOR #:
SIGNED BY:	TITLE:
SIGNATURE:	DATE: