## 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, p	preferences, and service needs for the consumer
☐ Completion of an individualized service plan to pro	ovide 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 consume	er's home needed to provide services or supports
☐ Use of self-guided training and educational materi to support the consumer's services	als 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 con protective state or local COVID-19 safety guideling	sumer's home, modified to comply with the most es in effect at the time the service is to be delivered
☐ Alternative Services provided in-person in a comm protective state or local COVID-19 safety guideling	nunity setting, modified to comply with the most es in effect at the time the service is to be delivered
☐ Alternative Services provided in-person at the proprotective state or local COVID-19 safety guideling	vider's facility, modified to comply with the most es in effect at the time the service is to be delivered
☐ Supports for transition to the Self-Determination P	rogram
□ Other modifications to nonresidential services that his or her service needs	are approved by the consumer that further or achieve
Certifications	
<ul> <li>The provider has engaged consumers about their option</li> </ul>	need for and interest in Alternative Services as an
☐ The provider has advised consumers of the specifical Alternative Services offered by the provider	fic steps they can take if they disagree with the
<ul> <li>The provider has or will prepare an individual servidentified through the consumer engagement</li> </ul>	vice plan that specifies the Alternative Services
☐ The provider has trained staff on COVID-19 safety	y precautions prior to the delivery of in-person services
The provider will continue to comply with the most effect at the time in-person services are to be deli	t protective state or local COVID-19 safety guidelines in vered
☐ The provider will maintain a specified phone number time services are being provided	per and email address and be responsive during the
☐ The provider will maintain documentation of service	ces provided as required by Title 17 section 54326(a)(3)
☐ The provider will maintain staff to provide services	S
NAME OF PROVIDER:	VENDOR #:
SIGNED BY:	TITLE:
SIGNATURE	DATE: