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|---------------------------------------|----------------------------------|
| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| RCS CONTRACTED EVALUATOR / STAFF NAME | CERTIFICATION EVALUATION DATE(S) |

ATTACHMENT C



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)
CCRSS Certification Evaluation Client Interview

| | |
|--------------------------|--------------------------|
| CLIENT NAME | CLIENT SAMPLE ID NUMBER |
| DATE OF CLIENT INTERVIEW | TIME OF CLIENT INTERVIEW |

Document client answers to the questions or declination to answer the questions on the right side of the box. Ask at least one question or a related question for Section A - J.

☐ Check here if the client is not capable of being interviewed. ☐ Check here if the client declined the entire interview.

If a box above is checked, skip rest of form, and move to next form.

The following are REQUIRED questions and MUST be asked during the interview. Check "Y," if the answer is yes; check "N," if answer is no and document the interviewee's response; or check "D," if the interviewee declined to answer the question; or check "N/A" if the question was not asked because it does not apply to that client (i.e., client does not have a roommate). The questions in this section were developed with CMS as part of a waiver and CANNOT be modified.

| Y | N | D | N/A | | Y | N | D | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you make choices about the care and services you receive here at the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you choose who visits you and when? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do they pay attention to what you have to say? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have an opportunity to participate in community activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you choose to lock your door? |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have access to food anytime? |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you receive services in the community? |

A. Overall Satisfaction and Responses to Concerns ☐ Declined to Answer

What do you like about living here?

B. Care and Service Needs ☐ Declined to Answer

Do you get the help that you need?

C. Support of Personal Relationships ☐ Declined to Answer

Do you have friends or relatives in the community that you visit with?

D. Restrictions ☐ Declined to Answer

Does anyone tell you that you can't do things you want to do?

E. Respect of Individuality, Independence, Personal Choice, Dignity (meals, activities, money) ☐ Declined to Answer

Can you make your own choices?

F. Environment ☐ Declined to Answer

Tell me about your room is decorated and did you help?

G. Health and Safety ☐ Declined to Answer

Do you feel safe here?

H. Food / Shopping / Preferences ☐ Declined to Answer

Does anyone share your food?

I. Social Activities / Work ☐ Declined to Answer

What kinds of things did you do for fun?

J. Finances ☐ Declined to Answer

Does anyone tell you how you can spend your money?