

CCRSS PROVIDER NAME	CERTIFICATION NUMBER	CERTIFICATION EVALUATION TEAM (DESIGNATE TEAM LEAD)
ADMINISTRATOR'S NAME	CERTIFICATION EVALUATION DATES	



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

Review and consult:

- Last certification evaluation SOD / Deficiency free letter with Client / Staff Identification lists
- SODS from complaint investigations since last certification evaluation with Client / Staff Identification lists
- Schedule J
- Most recent Client Characteristics list
- Face Sheet for last certification evaluation
- Background Check list (from last evaluation to current)
- Copy of any enforcement action taken

List citations / concerns after focused review of last certification evaluation SOD / deficiency-free letter, complaint investigation SODs from the last two (2) years.

Enforcement: any enforcement for citations the past two (2) years? If yes, what type?

Any consultation with Field Manager? List areas of concern / issues.

List client names from last certification evaluation.

Current client sample list and team assignments

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Pre-Certification Evaluation Preparation Notes

NOTE: This form should be used to document any additional information or data that does not fit in the designated space.