

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



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

CLIENT NAME	CLIENT SAMPLE ID NUMBER	DATE OF INTERVIEW
STAFF NAME	STAFF SAMPLE ID NUMBER	

A. Client Needs

What kind of support and assistance does client need?
Tell me about the instruction and supports that you provide to client.

How did you learn about client's needs and how to provide instruction and supports to her/him?

B. Client Health Care and Medication

Tell me about client health care needs.

What kind of medication assistance does client need?

Is there nurse delegation for any task?

What kinds of medications does client take?

What are the medications used to treat?

Where can you find information on the side effects?

What is the process if a client refuses to take their medication?

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C. Finance / Food / Meals		
<p>What assistance does the client need to pay bills and buy food?</p> <p>Where is the EBT card kept?</p> <p>Who can use it?</p> <p>Who does the food shopping and how often?</p>		
<p>How is the food purchased, stored and prepared?</p> <p>Do the client's share food or eat meals family style?</p>		
<p>Who does the cooking?</p> <p>Do you know what a healthy diet is? How do you assist the client with a healthy diet?</p>		
D. Mandatory Reporting		
<p>What is Mandatory Reporting?</p> <p>How would you know if a client was being abused, neglected, or financially exploited?</p>		
E. Positive Behavior Support Plan		
<p>Does the client have a Positive Behavior Support Plan?</p> <p>Show me where it's kept and how you access it.</p>		

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RESIDENTIAL CARE SERVICES

Community Residential Services and Supports Certification Evaluation Staff Interview Notes

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