

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

ATTACHMENT G



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	TIME OF INTERVIEW

**A. Client Needs**

Tell me about the instruction and supports that you provide to client.

**B. Client Health Care and Medication**

[WAC 388-101D-0185](#) (services), [WAC 388-101D-0325](#) (medications)

Tell me about client health care needs / medical concerns.

What time do clients take their medications?

Where are medications and MARs kept?

Where can you find information on the purpose and side effects?

Are there nurse delegations for any task?

What do you do if a client refuses or declines medication?

**C. Finance / Food / Meals**

[WAC 388-101D-0235](#)

What assistance does the client need to pay bills and buy food?

If clients eat family style meals, how do you ensure one client is not contributing more food?

Is the client on a special diet? How do you assist?

**D. Mandatory Reporting**

[WAC 388-101-4150](#), [WAC 388-101-4160](#)

Are you trained on Mandatory Reporting?

CCRSS PROVIDER NAME		CERTIFICATION NUMBER
RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATE(S)	
What would you do if you suspected a client was being abused, neglected, or financially exploited?		
<b>E. Positive Behavior Support Plan</b> <a href="#">WAC 388-101D-0400</a> , <a href="#">WAC 388-101D-0405</a> , <a href="#">WAC 388-101D-0410</a>		
How do you access the PBSP?		
What behaviors are noted?		
<b>F. Notes</b>		
<div></div>		