

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

ATTACHMENT E



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

CLIENT NAME	CLIENT SAMPLE ID NUMBER	DATE OF RECORDS REVIEW
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Client Characteristics

Level 5+	G	GP	AE	NEW	ND	NV	MED	PBS	RES	CP	ALARMS	IFP	GH
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Diagnosis:

PCSP

Assistance Levels:		F	P	V	M	N	PCSP effective date: PCSP signed by:
Taking medications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avoiding health and safety hazards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obtaining medical services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing money		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protecting self from exploitation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Extensive medical concerns:

Extensive behavioral concerns:

IISP

IISP; date:				Functional Assessment; date:			
Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-month review		Implementation of goals		Target behavior			
Goals defined		Risks and interventions identified		Behavior function			
IISP with methods		PCSP based instructions and support		Finalized within 45 days			
IISP approval							

Medical Information

Physical date:	Dental date:
FOLLOW-UP ON MEDICAL	
OTHER MEDICAL (PODIATRY / EYE / ETC.)	
PROTOCOLS	

Medical Devices

	Yes	No	N/A
Current doctors' orders?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions / plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nurse Delegation: Yes No; if yes, complete below:

Yes	No	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Drops: eye / ear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tube feedings	<input type="checkbox"/> Insulin	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:		
<input type="checkbox"/>	<input type="checkbox"/>	Consent (date:)		
<input type="checkbox"/>	<input type="checkbox"/>	Instructions available to staff		
<input type="checkbox"/>	<input type="checkbox"/>	90 Day Review		

Observations / interviews:

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PBSP

Date: Restrictive procedures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below: Date: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> <td style="width:15%; text-align: center;">N/A</td> </tr> <tr> <td>Client / guardian consent....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Housemate consent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	N/A	Client / guardian consent....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housemate consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Protection (CP): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below: Date: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">N/A</td> </tr> <tr> <td>Treatment plan.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CP chaperone agreement.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CP Residential housing.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mixed CP housing.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Psychosexual / CP risk assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	N/A	Treatment plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CP chaperone agreement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CP Residential housing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mixed CP housing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosexual / CP risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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REASON FOR FUNCTIONAL ASSESSMENT (CHECK ALL THAT APPLY) N/A

<input type="checkbox"/> Self-injury	<input type="checkbox"/> Psych meds – PRN	<input type="checkbox"/> Suicide attempt	<input type="checkbox"/> Assault or injury to others	<input type="checkbox"/> Physical restraints
<input type="checkbox"/> Sexual aggression	<input type="checkbox"/> Emotional outburst	<input type="checkbox"/> Property destruction	<input type="checkbox"/> Restrictive procedures	
<input type="checkbox"/> Other:				

Medications

MAR Review	Yes	No	N/A
Medications noted on MAR were available in the medication supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff initials on MAR indicate medications given as prescribed for the month.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication list and purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psych Meds: Yes No; if yes, complete below:

	Yes	No	
Instructions available to staff?	<input type="checkbox"/>	<input type="checkbox"/>	Date met with prescriber:
Monitoring side effects?	<input type="checkbox"/>	<input type="checkbox"/>	Provider present? <input type="checkbox"/> Yes <input type="checkbox"/> No
Psych med list and purpose	<input type="checkbox"/>	<input type="checkbox"/>	If no, who accompanied client?

Incident Reports

Notes:

RELEASE OF INFORMATION (ROI):

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Related WACs

388-101D-0025 Service provider responsibilities 388-101D-0060 Policies and procedures 388-101D-0130 Treatment of clients 388-101D-0150 Client health services support 388-101D-0150 (5) Health services monitoring 388-101D-0150(7) Annual physical / dental 388-101D-0155 Medical devices 388-101D-0180 CP and other clients 388-101D-0205 IISP 388-101D-0210 (2)(b) IISP Development - instruction and support 388-101D-0215 IISP Documentation 388-101D-0215(5) IISP Documentation (agreement) 388-101D-0230 Ongoing IISP updates 388-101D-0355 Psychotropic Medications	388-101D-0370 Confidentiality of client records 388-101D-0385 Contents of client records 388-101D-0385(2)(d) Health provider contact information 388-101D-0405 When is F.A. required? 388-101D-0410 When is PBSP required? 388-101D-0425(2)(c) Restrictive procedures-PBSP strategies 388-101D-0425(3) Restrictive procedures - termination of 388-101D-0470(2) CP policies and procedures - chaperone 388-101D-0470(3) CP policies and procedures - compliance with laws 388-101D-0485 CP treatment plan 388-101D-0490(1) CP client records – psychosexual / risk assessments 388-101D-0500 CP client home location 388-101-4150 Mandatory Reporting-CRU 388-101-4160 Mandatory Reporting-Law Enforcement
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Notes: