

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
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**Client Characteristics**

Level 5+	G	VP	AE	NEW	ND	NV	MED	PBS	RES	CP	WORK	\$	GH	CDBS / CDSS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnoses:

**PCSP**

Effective date:

Notes:

**IISP**

IISP; date:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	6-month review	<input type="checkbox"/>	<input type="checkbox"/>	IISP with methods	<input type="checkbox"/>	<input type="checkbox"/>	Implementation of goals
<input type="checkbox"/>	<input type="checkbox"/>	Goals defined and implemented	<input type="checkbox"/>	<input type="checkbox"/>	IISP approval	<input type="checkbox"/>	<input type="checkbox"/>	Risk and interventions identified

Notes:

**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"/>

Notes:

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

Yes	No		Reason for Nurse Delegation (check all that apply)				
<input type="checkbox"/>	<input type="checkbox"/>	Consent (date: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Instructions available to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	90 Day Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**PBSP and Functional Assessment**

PBSP Date: <input type="checkbox"/> N/A Restrictive procedures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below: Date: <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;"></td><td style="width: 30px; text-align: center;">Yes</td><td style="width: 30px; text-align: center;">No</td><td style="width: 30px; text-align: center;">N/A</td></tr></table> Client / guardian consent..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Housemate consent ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Yes	No	N/A	Functional Assessment date: <input type="checkbox"/> N/A <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>Target behavior.....</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>Behavior function .....</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>Finalized within 45 days.....</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	Target behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavior function .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finalized within 45 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes:

Community Protection (CP): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></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 (date: ).....</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 site approval.....</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 (date: ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CP chaperone agreement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CP site approval.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete below: <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>Mixed CP housing (date: ).....</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> <tr> <td>Sex Offender Registration Required .....</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	Mixed CP housing (date: ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosexual / CP risk assessment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sex Offender Registration Required .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Medications**

MAR Review			
Dates of MAR:	Yes	No	N/A
Medications on hand match MAR .....	<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"/>
Expired medications.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications labeled / manufacturer's instructions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Psych Meds: <input type="checkbox"/> Yes <input type="checkbox"/> 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**
**Release of Information**
**Notes**

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**Related WACs**

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