| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | CERTIFICATION EVALUATION DATE(S) |
|  |
|  |  ATTACHMENT A  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) **CCRSS Certification Evaluation Face Sheet** |
| **Overview Information** |
| OFFICE LOCATION AND CONTACT INFORMATION (OPTIONAL) |
| NUMBER OF GROUP HOMES WITH CLIENTS | EVALUATION TEAM (INDICATE TEAM LEADER) |
| NUMBER OF CLIENTS SERVICED BY PROVIDER | SAMPLED CLIENTS ID NUMBERS |
| NUMBER OF TOTAL PERSONNEL EMPLOYED BY PROVIDER | SAMPLED STAFF ID LETTERS |
| **NOTE: Client sample must include at least one CP and one client from each group home address.** | **Enter applicable sample Client ID numbers below.** | **Enter total number of clients below.** |
| Clients assessed at **Level 5 and above (Level 5+)** |  |  |
| Clients with **Legal Guardian (G)** |  |  |
| Clients with **Vocational Program (VP)** |  |  |
| Clients with **Adaptive Equipment (AE)** |  |  |
| Clients that are **New in the last six (6) months (New)** |  |  |
| Clients receiving **Nurse Delegation (ND)**  |  |  |
| Clients who are **Non-verbal (NV)**  |  |  |
| Clients Prescribed Psychoactive Medications (Med)  |  |  |
| Clients with **Positive Behavior Support Plans (PBS)**  |  |  |
| Clients with **Restrictive Procedure\* (Res)**  |  |  |
| Clients receiving **Community Protection (CP)**  |  |  |
| Clients Performing work for the provider requiring remuneration (Work)  |  |  |
| Clients whose **Funds are Managed by Agency ($)**  |  |  |
| Clients live in **Group Home** (include at least one client from each address in sample):  |  |  |
| Clients receiving **Crisis Diversion Bed Services (CDBS)\*\***  |  |  |
| Clients receiving **Crisis Diversion Support Services (CDSS)\*\*\***  |  |  |
| **Notes** |
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| \* **Restrictive procedure**: Any procedure that restricts a client’s freedom of movement, access to client property, requires a client to do something which they not want to do, or removes something the client owns or has earned. Examples: locked sharps, window / door alarms, locked food, etc.\*\* **Crisis diversion bed services:** Crisis diversion that is provided in a residence maintained by the service provider.\*\*\* **Crisis diversion support services:**  Crisis diversion that is provided in the client’s own home. |