| CCRSS PROVIDER NAME | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | CERTIFICATION EVALUATION DATE(S) | |
|  | | | |
|  | ATTACHMENT C  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Certification Evaluation Client Interview** | | |
| CLIENT NAME | | CLIENT SAMPLE ID NUMBER | |
| DATE OF CLIENT INTERVIEW | | TIME OF CLIENT INTERVIEW | |
| Document client answers to the questions or declination to answer the questions on the right side of the box. Ask at least one question or a related question for Section A - J.  **Check here if the client is not capable of being interviewed.**  **Check here if the client declined the entire interview.** | | | |
| **If a box above is checked, skip rest of form, and move to next form.** | | | |
| **The following are REQUIRED questions and MUST be asked during the interview. Check “Y,” if the answer is yes; check “N,” if answer is no and document the interviewee’s response; or check “D,” if the interviewee declined to answer the question; or check “N/A” if the question was not asked because it does not apply to that client (i.e., client does not have a roommate). The questions in this section were developed with CMS as part of a waiver and CANNOT be modified.** | | | |
| Y N D N/A  Can you make choices about the care and services you receive here at the home?  If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?  Do you have an opportunity to participate in community activities? | | Y N D N/A  Can you choose who visits you and when?  Do they pay attention to what you have to say?  Can you choose to lock your door?  Do you have access to food anytime?  Do you receive services in the community?  Notes: | |
| **A. Overall Satisfaction and Responses to Concerns**  **Declined to Answer** | | | |
| What do you like about living here? | | | |
| **B. Care and Service Needs  Declined to Answer** | | | |
| Do you get the help that you need? | | | |
| **C. Support of Personal Relationships  Declined to Answer** | | | |
| Do you have friends or relatives in the community that you visit with? | | | |
| **D. Restrictions  Declined to Answer** | | | |
| Do you get to do things you want to do? | | | |
| **E. Respect of Individuality, Independence, Personal Choice, Dignity (meals, activities, money)  Declined to Answer** | | | |
| Can you make your own choices? | | | |
| **F. Environment  Declined to Answer** | | | |
| Tell me about your room is decorated and did you help? | | | |
| **G. Health and Safety  Declined to Answer** | | | |
| Do you feel safe here? | | | |
| **H. Food / Shopping / Preferences  Declined to Answer** | | | |
| Do you have your own food? Are you happy with it? | | | |
| **I. Social Activities / Work  Declined to Answer** | | | |
| What kinds of things did you do for fun? | | | |
| **J. Finances  Declined to Answer** | | | |
| Do you get to spend some money the way you want? | | | |
| **Notes** | | | |
|  | | | |