| CCRSS PROVIDER NAME | | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | | CERTIFICATION EVALUATION DATE(S) | | |
|  | | | | | |
|  | ATTACHMENT G  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  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**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101D-0185) **(services),** [**WAC 388-101D-0325**](https://app.leg.wa.gov/WAC/default.aspx?cite=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**](https://app.leg.wa.gov/WAC/default.aspx?cite=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**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101-4150)**,** [**WAC 388-101-4160**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101-4160) | | | | | |
| Are you trained on Mandatory Reporting? | | | | | |
| What would you do if you suspected a client was being abused, neglected, or financially exploited? | | | | | |
| **E. Positive Behavior Support Plan** [**WAC 388-101D-0400**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101D-0400)**,** [**WAC 388-101D-0405**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101D-0405)**,** [**WAC 388-101D-0410**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101D-0410) | | | | | |
| How do you access the PBSP? | | | | | |
| What behaviors are noted? | | | | | |
| **F. Notes** | | | | | |
|  | | | | | |