| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | CERTIFICATION EVALUATION DATE(S) |
|  |
|  |  ATTACHMENT E AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICESCERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) **CCRSS Certification Evaluation Client Record Review** |
| CLIENT NAME | CLIENT SAMPLE ID NUMBER |
| **Client Characteristics** |
| Level 5+[ ]  | G[ ]  | VP[ ]  | AE[ ]  | NEW[ ]  | ND[ ]  | NV[ ]  | MED[ ]  | PBS[ ]  | RES[ ]  | CP[ ]  | WORK[ ]  | $[ ]  | GH[ ]  | CDBS / CDSS[ ]  |
| Diagnoses:  |
| **PCSP** |
| Effective date: Notes: |
| **IISP** |
| IISP; date:  |
| Yes No [ ]  [ ]  6-month review [ ]  [ ]  Goals defined and implemented | Yes No [ ]  [ ]  IISP with methods [ ]  [ ]  IISP approval | Yes No [ ]  [ ]  Implementation of goals [ ]  [ ]  Risk and interventions identified |
| Notes: |
| **Medical Information** | **Medical Devices** |
| Physical date: Dental date: Follow-up on medical: Other medical (podiatry, eye, etc.): Protocols:  |  Yes No N/ACurrent doctors’ orders? [ ]  [ ]  [ ] Consent? [ ]  [ ]  [ ] Instructions / plan? [ ]  [ ]  [ ]  |
| Notes: |
| Nurse Delegation: [ ]  Yes; (if yes, complete below) [ ]  No |
| Yes No [ ]  [ ]  Consent (date: ) [ ]  [ ]  Instructions available to staff [ ]  [ ]  90 Day Review | Reason for Nurse Delegation (check all that apply) |
| [ ]  Topical [ ]  Oral [ ]  Nasal [ ]  Rectal [ ]  Drops: eye [ ]  Drops: ear [ ]  Insulin [ ]  Blood Glucose[ ]  G-Tube (date) [ ]  Other:  |
| Notes: |
| **PBSP and Functional Assessment** |
| PBSP Date: [ ]  N/ARestrictive procedures: [ ]  Yes [ ]  No If yes, complete below:Date: Yes No N/AClient / guardian consent [ ]  [ ]  [ ] Housemate consent [ ]  [ ]  [ ]   | Functional Assessment date:[ ]  N/A Yes No N/ATarget behavior [ ]  [ ]  [ ] Behavior function [ ]  [ ]  [ ] Finalized within 45 days [ ]  [ ]  [ ]  |
| Notes: |
| Community Protection (CP): [ ]  Yes [ ]  No If yes, complete below: |
|  Yes No N/ATreatment plan (date: ) [ ]  [ ]  [ ] CP chaperone agreement [ ]  [ ]  [ ] CP site approval [ ]  [ ]  [ ]  |  Yes No N/AMixed CP housing (date: ) [ ]  [ ]  [ ] Psychosexual / CP risk assessment [ ]  [ ]  [ ] Sex Offender Registration Required [ ]  [ ]  [ ]  |
| **Medications** |
| MAR ReviewDates of MAR:  Yes No N/AMedications on hand match MAR [ ]  [ ]  [ ] Staff initials on MAR indicate medications given as prescribed for the month [ ]  [ ]  [ ] Medication list and purpose [ ]  [ ]  [ ] Expired medications [ ]  [ ]  [ ] Medications labeled / manufacturer’s instructions [ ]  [ ]  [ ]  |
| Notes: |
| Psych Meds: [ ]  Yes [ ]  No; if yes, complete below: Yes NoInstructions available to staff? [ ]  [ ] Monitoring side effects? [ ]  [ ] Psych med list and purpose [ ]  [ ]  | Date met with prescriber: Provider present? [ ]  Yes [ ]  NoIf no, who accompanied client?  |
| **Incident Reports** |
|  |
| **Release of Information** |
|  |
| **Notes** |
|  |
| **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 |