| 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 | DATE OF RECORDS REVIEW |
| **Client Characteristics** |
| Level 5+ | G | GP | AE | NEW | ND | NV | MED | PBS | RES | CP | ALARMS | IFP | GH |
| Diagnosis:  |
| **PCSP** |
| Assistance Levels: | F | P | V | M | N | PCSP effective date: PCSP signed by:  |
| Taking medications | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Avoiding health and safety hazards | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Obtaining medical services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Managing money | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Protecting self from exploitation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Extensive medical concerns:  |
| Extensive behavioral concerns:  |
| **IISP** |
| IISP; date:  | Functional Assessment; date:  |
| Yes No [ ]  [ ]  6-month review [ ]  [ ]  Goals defined [ ]  [ ]  IISP with methods [ ]  [ ]  IISP approval | Yes No [ ]  [ ]  Implementation of goals [ ]  [ ]  Risks and interventions identified [ ]  [ ]  PCSP based instructions and support | Yes No [ ]  [ ]  Target behavior [ ]  [ ]  Behavior function [ ]  [ ]  Finalized within 45 days |
| **Medical Information** | **Medical Devices** |
| Physical date:  | Dental date:  |  Yes No N/ACurrent doctors’ orders? [ ]  [ ]  [ ] Consent? [ ]  [ ]  [ ] Instructions / plan? [ ]  [ ]  [ ]  |
| FOLLOW-UP ON MEDICAL |
| OTHER MEDICAL (PODIATRY / EYE / ETC.) |
| PROTOCOLS |
| Nurse Delegation: [ ]  Yes [ ]  No; if yes, complete below:Yes No [ ]  [ ]  Consent (date: ) [ ]  [ ]  Instructions available to staff [ ]  [ ]  90 Day Review | [ ]  Oral [ ]  Topical [ ]  Drops: eye / ear[ ]  Tube feedings [ ]  Insulin[ ]  Other:  |
| Observations / interviews:  |
| **PBSP** |
| Date: Restrictive procedures: [ ]  Yes [ ]  No If yes, complete below:Date: Yes No N/AClient / guardian consent [ ]  [ ]  [ ] Housemate consent [ ]  [ ]  [ ]   | Community Protection (CP): [ ]  Yes [ ]  No If yes, complete below:Date: Yes No N/ATreatment plan [ ]  [ ]  [ ] CP chaperone agreement [ ]  [ ]  [ ] CP Residential housing [ ]  [ ]  [ ] Mixed CP housing [ ]  [ ]  [ ] Psychosexual / CP risk assessment [ ]  [ ]  [ ]  |
| REASON FOR FUNCTIONAL ASSESSMENT (CHECK ALL THAT APPLY) [ ]  N/A[ ]  Self-injury [ ]  Psych meds – PRN [ ]  Suicide attempt [ ]  Assault or injury to others [ ]  Physical[ ]  Sexual aggression [ ]  Emotional outburst [ ]  Property destruction [ ]  Restrictive procedures restraints[ ]  Other:   |
| **Medications** |
| MAR Review Yes No N/AMedications noted on MAR were available in the medication supply [ ]  [ ]  [ ] Staff initials on MAR indicate medications given as prescribed for the month [ ]  [ ]  [ ] Medication list and purpose [ ]  [ ]  [ ]  |
| 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** |
| Notes: |
| RELEASE OF INFORMATION (ROI): |
| **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 |
| Notes: |