| 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. |