| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | CERTIFICATION EVALUATION DATE(S) |
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|  |  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? |
| **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** |
| Does anyone tell you that you can’t 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** |
| Does anyone share your food?  |
| **I. Social Activities / Work [ ]  Declined to Answer** |
| What kinds of things did you do for fun?  |
| **J. Finances [ ]  Declined to Answer** |
| Does anyone tell you how you can spend your money?  |