| 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. | |  | |
| How did you learn about client’sneeds and how to provide instruction and supports to her/him? | |  | |
| **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 clienthealth care needs. | |  | |
| What kind of medication assistance does clientneed? | |  | |
| Are there nurse delegations for any task? | |  | |
| What medical concerns are you following? | |  | |
| What kinds of medications does clienttake? | |  | |
| Where can you find information on the side effects? | |  | |
| What is the process if a client refuses to take their 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? | |  | |
| Where is the EBT card kept? | |  | |
| Who can use it? | |  | |
| Who does the food shopping and how often? | |  | |
| How is the food purchased, stored, and prepared? | |  | |
| Do the client’s share food or eat meals family style? | |  | |
| Who does the cooking? | |  | |
| Do you know what a healthy diet is? How do you assist the client with a healthy diet? | |  | |
| **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) | | | |
| What is Mandatory Reporting? | |  | |
| How would you know if 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) | | | |
| If the clienthas a Positive Behavior Support Plan, how do you access it? | |  | |
| What behaviors are noted? | |  | |