

CCRSS PROVIDER NAME	CERTIFICATION NUMBER
RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATE(S)

ATTACHMENT G



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
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's needs and how to provide instruction and supports to her/him?

B. Client Health Care and Medication

[WAC 388-101D-0185 \(services\)](#), [WAC 388-101D-0325 \(medications\)](#)

Tell me about client health care needs.

What kind of medication assistance does client need?

Are there nurse delegations for any task?

What medical concerns are you following?

What kinds of medications does client take?

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](#)

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](#), [WAC 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](#), [WAC 388-101D-0405](#), [WAC 388-101D-0410](#)

If the client has a Positive Behavior Support Plan, how do you access it?

What behaviors are noted?