

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



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

ATTACHMENT N

CCRSS Certification Evaluation Administrator Record Review and Interview

Record Request (this checklist is a tool as to what records may be requested, boxes are not required to be checked)

<input type="checkbox"/> Staff list and location of staff records <input type="checkbox"/> Updated Client Characteristic Roster (DSHS 10-691 optional resource for provider – they may choose to provide the same information in their format of choice) <input type="checkbox"/> Provider insurance <input type="checkbox"/> Organizational chart <input type="checkbox"/> Client records in sample and location (IISP, MARs, ETR / ETPs, PBSP and FA, if applicable) <input type="checkbox"/> Cost report	<input type="checkbox"/> Community Protection Program (CPP) site approvals (if applicable) <input type="checkbox"/> Incident reports (previous 24 months) and location <input type="checkbox"/> Policies and procedures <input type="checkbox"/> Emergency and disaster plan <input type="checkbox"/> Infection Prevention and Control procedures <input type="checkbox"/> Other (specify):
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Administrator (or Designee) Interview Questions

STAFF NAME	DATE	TIME
		<input type="checkbox"/> AM <input type="checkbox"/> PM

Are there currently any communicable disease outbreaks?
 Are there any safety concerns (neighborhood safety, bed bugs, lice)?
 Do any clients work for your agency?
 Does the agency loan money to clients?
 How do you make sure shared expenses are completed equitably/timely?
 Are any agency funds combined with client funds?
 How do you handle cash accounts and client credit / debit / gift cards?
 Are there any stolen, lost, or damaged records?
 How do you maintain property records?
 Do persons who are not clients live with clients? If so, do you provide support to non-clients?
 How do you notify DDA of accounts over \$1700 and when clients pay for health services?
 Do you support any non-CPP clients with CP Clients? If yes, is there Non-CPP client approvals?
 What is your policy on staff following Mandatory Reporting?
 Any irregularities (issues / theft / staff, etc.) that would be helpful for us to know about?
 Who is your Resource Manager?
 Verify client sample, addresses, and verify when they will be home with staff:
 Will any clients be upset by our visit?

Notes

Provider Insurance

Total Number of vehicle(s) owned by provider:
 Are agency vehicles insured? Yes No (notify FM if no insurance)
 Name of insurance agency: _____ Expiration: _____
 Agency Insurance – two million coverage or 3 million coverage for CPP providers? Yes No (notify FM if no insurance)
 Name of insurance agency: _____ Expiration: _____

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Infection Prevention and Control (IPC) Provider Information; explain in Notes any answer marked "No."

Are there written Infection Control Policies and Procedures to prevent the spread of infection:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Standard precautions | <input type="checkbox"/> | <input type="checkbox"/> |
| • Transmission based precautions | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reference to national, state, and/or local standards..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Outbreak management..... | <input type="checkbox"/> | <input type="checkbox"/> |

Respiratory Protection Program (only required for GH or GTH, or if in Provider Policy) N/A

- | | | |
|--|--------------------------|--------------------------|
| • Written program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Medical evaluation to wear an N95 respirator | <input type="checkbox"/> | <input type="checkbox"/> |
| • Training (annual and on hire) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fit testing (initial, annual, after physical change) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Record keeping (medical clearance, training, fit test results) | <input type="checkbox"/> | <input type="checkbox"/> |

Sick Leave Policies – non-punitive, flexible, requires ill staff to stay home YES NO

Contingency Staffing Plans – how homes are staffed during a crisis YES NO

Staff and Client Education to prevent the spread of infection YES NO

IPC Supplies – provider ensures:

- | | | |
|---|--------------------------|--------------------------|
| • Personal Protective Equipment (PPE) supplies in each home for clients, staff, and visitors (gowns, masks, gloves) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Alcohol Based Hand Rub (ABHR) and hand hygiene products available for clients, staff, and visitors | <input type="checkbox"/> | <input type="checkbox"/> |
| • Environmental Protection Agency (EPA) registered products and cleaning of high touch areas | <input type="checkbox"/> | <input type="checkbox"/> |

Notes

IPC Resource Links

- [Standard Precautions](#)
- [Centers for Disease Control \(CDC\) Return to Work Guidance for Healthcare Workers](#)
- [Outbreak definition](#)
- [Respiratory Protection Program](#)
- [Washington State Local Health Departments and Districts](#)
- [ALTSA Provider / Administrator Letters](#)