| 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** |
| **CCRSS Provider Information** |
| DOING BUSINESS AS (DBA) | TELEPHONE (WITH AREA CODE) | FAX NUMBER (WITH AREA CODE) |
| MAILING ADDRESS | EMAIL ADDRESS |
| PHYSICAL ADDRESS |
| ADMINISTRATOR’S NAME | EVALUATION TEAM (INDICATE TEAM LEADER) |
| NUMBER OF CLIENTS SERVICE BY PROVIDER | SAMPLED CLIENTS ID NUMBERS |
| NUMBER OT TOTAL PERSONNEL EMPLOYED BY PROVIDER | SAMPLED PERSONNEL ID LETTERS |
| **Enter sample Client ID numbers for the following in the column below** | **Enter total number of clients in the column below** |
| Clients receiving **Group Home Services**:  |  |
| Clients receiving **Nurse Delegation**:  |  |
| Clients receiving **Community Protection Services**:  |  |
| Clients with **Positive Behavior Support Plans**:  |  |
| Clients **Prescribed Psychoactive Medications**:  |  |
| Clients with **Vocational / Employment Programs**:  |  |
| Clients with **Restrictive Procedure\***:  |  |
| Clients **Performing Work for the Provider Requiring Remuneration**:  |  |
| Clients Assessed at **Level 5+**:  |  |
| Clients whose **Funds are Managed by Agency**:  |  |
| Clients receiving **Crisis Diversion Bed Services\*\***:  |  |
| Clients receiving **Crisis Diversion Support Services\*\*\***:  |  |
| Total number of **Vehicle(s) Operated by Provider**:  | Insured? [ ]  Yes [ ]  NoIf yes, insurance company name (notify FM if no insurance): |
| Other information gathered:  |
| Alternate office sites:  |
| \* **Restrictive procedure**: Any procedure that restricts a client’s freedom of movement, access to client property, requires a client to do something, which s/he does 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. |