| 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  No  If 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. | | | | | | |