

**ADMINISTRATIVE OVERVIEW**  
**SERVICE SPECIFIC ATTACHMENT**  
**Home Based Wandering Response System**

**I. GENERAL POLICIES AND PROCEDURES**

- A. Please describe your system.
  
- B. Is your communications system: lightweight; waterproof; hypoallergenic; tamperproof?
  
- C. What is the average time between ASAP referral and installation?
  
- D. After receiving a call from the ASAP to initiate service, describe your agency's procedures. Include expected time frames:
  
- E. Describe your process for testing in-home equipment: How frequently is testing done? What documentation is kept on file? Who is responsible for the testing?
  
- F. What is your proposed service rate for Wandering Response System?  
\$        per  
Describe any additional charges, such as installation, etc.
  
- G. Will the consumer's Wandering Response System continue to work effectively in a power failure (e.g. electric, telephone)?
  
- H. Describe what happens if a consumer wanders out of the "safe zone".
  
- I. What is your agency's policy if equipment is damaged or lost?
  
- J. How is the consumer information maintained by your agency updated? How often is this done?
  
- K. To whom should concerns/complaints regarding equipment or service be addressed?
  
- L. To whom should concerns/complaints regarding billing be addressed?

**II. PERSONNEL POLICIES:**

- A. What training is required of installers?
  
- B. Who provides supervision to the installer, and how often? Describe the method.

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- C. Describe your procedures for ensuring staff sensitivity to elders and the disabled.
  
- D. How often do you conduct employee performance appraisal evaluations? Describe the method.
  
- E. Describe the frequency of maintenance procedures and other testing of equipment, including battery replacement, and unit.
  
- F. Describe your procedure for servicing malfunctioning units. Are there specific hours to report problems, or repair malfunctioning units?
  
- G. Describe the process for retrieval of equipment once a consumer is terminated from an ASAP agency.

Provider employee who completed this form

Name:

Date:

**SERVICE SPECIFIC ON-SITE REVIEW**  
**Home Based Wandering Response System**

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

EMPLOYEE Records Review					
Provider					
Date					
Monitor					
Start Date & Termination Date, if applicable					
Number of reference checks					
CORI Check					
Orientation: Date					
Job Description(s)					
Licenses/Certificate of Training, if applicable. Current/expired?					
Ongoing training: dates					
CPR: latest dates, if applicable					
First Aid: latest dates, if applicable					
Current/expired?					
Physical: latest date, if applicable (if applicable)					
Performance Appraisal Date:					
OIG monthly check					
TB: latest date					
Comments					

**SERVICE SPECIFIC ON-SITE REVIEW**  
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Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

Consumer Records Review					
Provider					
Date					
Monitor					
ASAP Authorization					
Service start date & termination date, if applicable					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Enrollment agreement, if applicable					
Name of current CM					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate “on screen”.					
Name and Position of Provider Direct Demonstrator					