

Medical/Competency Evaluation

I. General Policies and Procedures

- A. Describe your policy for contacting the ASAP agency when service is altered from that which was authorized¹:

- B. Describe your policy for notifying ASAP agency of problems encountered that affect completion of the service authorized²:

- C. Describe your policy for documentation and notification to the ASAP agency of the outcome of your intervention³:

- D. Describe your procedure/capacity to respond to emergencies:

II. Personnel Procedures

- A. Describe your policy for ensuring that those providing services for ASAP clients are properly credentialed⁴:

- B. Describe your procedure for ensuring staff sensitivity to elders⁵:

Name of Provider employee who completed this form:

Signature:

Date:

¹ Non-Homemaker Provider Agreement, Section 6.3

² Ibid.

³ Non-Homemaker Provider Agreement, Section 8.1.1

⁴ Title 45, CFR, Part 74, Subpart C, Section 74.44(d)

⁵ ASAP Provider Quality Assurance Manual

Medical/Competency Evaluation

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

<u>Employee Records Review</u>					
Provider					
Date:					
Monitor:					
Start Date ⁶					
Termination Date ⁷					
Documentation of Professional Credentials/Licensure ⁸					
CORI Check ⁹					
Comments					

⁶ M.G.L., Chapter 149, Section 52C

⁷ *ibid.*

⁸ Non-Homemaker Provider Agreement, Section 23.0

⁹ M.G.L. c. 6 § 172C, Non-Homemaker Provider Agreement, Section 26.0

Medical/Competency Evaluation

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

<u>Client Records Review</u>					
Provider:					
Date:					
Monitor:					
ID Info - name; address; phone; DOB					
Emergency contact(s) and phone					
Name of current CM					
Date of referral					
Presenting problem					
Service start date					
Documentation of Evaluation					
Comments					