

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Home Delivery of Medication**

I. General Policies and Procedures

- A. Describe the services you are able to provide.
- B. After receiving a call from the ASAP to initiate service, describe your agency's procedures. Include expected time frames, and average time between ASAP referral and the start of service to the consumer.
- C. Are there any restrictions on providing service?
- D. How is your agency informed about changes in consumer medications or schedules?
- E. Describe your policy for notifying the ASAP when you wish to change/alter an authorized medication or schedule.
- F. Describe your process for reporting any consumer concerns to the ASAP, including medication non-compliance such as returned or missing medication.
- G. Describe your policy for notifying the ASAP agency about problems encountered that affect completion of authorized services (such as no answer at the door, etc.).
- H. Describe your procedure for consumer /caregiver non-payment of medications.
- I. Describe your procedure for ensuring staff sensitivity to elders.
- J. Describe your process for responding to consumers who speak a language not spoken by your monitoring staff; are hearing impaired; or are confused.
- K. Describe your policy for delays due to weather and holidays. How are consumers and the ASAP notified?
- L. How do you inform the consumer if a different generic medication is used?

II. Personnel Procedures

- A. Describe your procedure for the orientation and training of Pharmacy Technicians, and drivers.
- B.

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- C. What is your policy for ensuring that those providing services to ASAP consumers are properly screened, trained, and credentialed?

- D. Is medication delivery available on weekends, evenings, and holidays?

- E. Describe the manner and frequency of staff supervision and performance evaluations.

- F. What is your proposed monthly flat rate for Home Delivery of Medication?
\$
Describe any additional charges.

- G. Provide a description of how each dispensing unit functions.

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 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

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					