

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC
Medication Dispensing System

I. Service Capacity

- A. Where is your monitoring station located?

- B. Describe your/your agency's capacity to travel for in-home installations, citing any restrictions or limitations.

- C. What is the timespan between referral and installation?

- D. Specify policy for notifying ASAP of any issues encountered that affect, or could affect completion of the authorized service.

- E. Attach copy(ies) of brochure(s)/instructional video(s) featuring unit(s) offered.

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

- G. Describe each unit's capacity to function in the event of power outage.

- H. Does/do available unit(s) have the capacity to alert monitors/caregivers to missed doses?

- I. How are these alerts communicated?

- J. What language capacities are available in dispensing units offered?

- K. Describe the process for testing in-home equipment.

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- L. Describe the process for servicing malfunctioning units.
- M. Is maintenance available weekends and evenings?
- N. What is your company's policy in the event that equipment is damaged or lost?
- O. Describe the process of retrieval of equipment once the consumer and/or service is suspended or terminated.
- P. Attach copy of detailed instructions provided to caregivers who pre-fill and monitor the Medication Dispensing System.
- Q. Attach blank copy of the detailed, written agreement entered between provider and caregiver.
- R. What is your proposed rate for Medication Dispensing System? Describe any additional charges.

II. Staff Qualifications

- A. List qualifications required of those responsible for the processing of referrals, in-home set-up, and supervision of staff (attach job descriptions).
- B. What is your policy for ensuring that those providing services to ASAP consumers are properly screened and trained?

III. Supervision

- A. Describe the procedures for supervision, including frequency and documentation for each position.

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- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

Provider employee who completed this form

Name: _____

Date: _____