# Home Based Wandering Response System

## GENERAL POLICIES AND PROCEDURES

* 1. Please describe your system.
  2. Is your communications system:

Lightweight No

Waterproof No

Hypoallergenic No

Tamperproof? No

1. What is the average time between ASAP referral and installation?
2. After receiving a call from the ASAP to initiate service, describe your agency’s procedures. Include expected timeframes:
3. 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?
4. What is your proposed service rate for Wandering Response System? per

Describe any additional charges, such as installation, etc.

1. Will the consumer’s Wandering Response System continue to work effectively in a power failure (e.g. electric,

telephone)? No

1. Describe what happens if a consumer wanders out of the “safe zone”.
2. What is your agency’s policy if equipment is damaged or lost?
3. How is the consumer information maintained by your agency updated?

How often is this done?

1. To whom should concerns/complaints regarding equipment or service be addressed?
2. To whom should concerns/complaints regarding billing be addressed?

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## PERSONNEL POLICIES:

* 1. What training is required of installers?
  2. Who provides supervision to the installer, and how often? Describe the method.
  3. Describe your procedures for ensuring staff sensitivity to elders and the disabled.
  4. How often do you conduct employee performance appraisal evaluations? Describe the method.
  5. Describe the frequency of maintenance procedures and other testing of equipment, including battery

replacement, and unit

* 1. Describe your procedure for servicing malfunctioning units. Are there specific hours to report problems, or repair malfunctioning units?
  2. Describe the process for retrieval of equipment once a consumer is terminated from an ASAP agency.

Provider employee who completed this form 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 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 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. | | | | | | |
|  | |  | | | | |