

Home Delivery of Medication

ADMINISTRATIVE OVERVIEW SERVICE SPECIFIC ATTACHMENT

- 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.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT**

- B. What is your policy for ensuring that those providing services to ASAP consumers are properly screened, trained, and credentialed?
- C. Is medication delivery available on weekends, evenings, and holidays?
- D. Describe the manner and frequency of staff supervision and performance evaluations.
- E. What is your proposed monthly flat rate for Home Delivery of Medication? Describe any additional charges.
- F. Provide a description of how each dispensing unit functions.

Provider employee who completed this form

Name: _____

Date: _____