

ADMINISTRATIVE OVERVIEW  
SERVICE SPECIFIC ATTACHMENT

**Short Term Care**

**Check all that apply:**

Adult Foster Care   
Skilled Nursing Facility

Rest Home   
Assisted Living Facility

Hospital Based Adult Respite   
Emergency Respite

**I. General Policies and Procedures**

- A. Attach a copy of your last Department of Public Health survey and Plan of Correction (if applicable).
  
- B. What is your referral procedure? Can you accept consumers on short notice?
  
- C. Describe your medication policy with respect to ASAP referrals (i.e., should the consumer bring their own medications with them?).
  
- D. Describe your policy to notify ASAP agency when there is a change in the consumer's status &/or needs (i.e. hospitalization).
  
- E. Describe your policy to notify ASAP agency when service is altered from what was authorized (i. e. discharged prior to authorized date/ approval for MassHealth).

**II. Adult Foster Care**

- A. Describe your procedure for selecting homes where consumers will be placed.
  
  
  
  
  
  
  
  
  
  
- B. Describe your procedure for supervising the care of consumers while they are in those homes.

**III. Rate**

- A. What is your proposed rate for Short Term Care? Describe any additional charges.

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B. Attach a copy of your current approved MMQ rates (if applicable).

Provider employee who completed this form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## SERVICE SPECIFIC ON-SITE REVIEW

### Short Term Care

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					
ID Info – name; address; phone; DOB					
Emergency contact(s) name and phone					
Physician(s) name and phone					
Hospital name and phone					
Medical/ social diagnosis					
Current CM/RN					
Service start/termination date					
Date of referral					
Service Plan					
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”.					
<b>Name and Position of Provider Direct Demonstrator</b>					

## SERVICE SPECIFIC ON-SITE REVIEW

### Short Term Care

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)					
Ongoing training: dates					
OIG monthly checks					
Annual performance Appraisal: date					
Comments					