

## Wanderer Locator Service

### I. General Policies and Procedures

- A. Please describe the merits of your system, and how ASAP clients and caregivers can benefit by them:
  
- B. What is the usual timeframe for delivery of Identification Materials?
  
- C. What is your policy for notifying ASAP agency about problems encountered that affect or could affect completion of the authorized service<sup>1</sup>?
  
- D. Describe your policy for documenting and apprising ASAP agency of the outcome of your Intervention<sup>2</sup>:
  
- E. Describe your procedure/capacity to respond to emergencies:

### II. Personnel Procedure

- A. Describe your policy for ensuring that those providing services for ASAP Clients are properly credentialed<sup>3</sup>:

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<sup>1</sup> Non-Homemaker Provider Agreement, Section 6.3

<sup>2</sup> Non-Homemaker Provider Agreement, Section 8.1.1

<sup>3</sup> Title 45, CFR, Part 74, Subpart C, Section 74.44(d)

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B. Describe your procedure for ensuring staff sensitivity to elders:

C. How is confidentiality of client information maintained?

Name of Provider employee who completed this form:

Signature:

Date:

**ESMV REQUEST FOR RESPONSES  
RATE SHEET**

**COMPLETE FOR EACH SERVICE RESPONDENT IS REQUESTING TO PROVIDE.**

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

Service Type: \_\_\_\_\_

Calculation of Average Hourly Employee Compensation

Base Wage		Training Wages	
Travel Stipend		Transportation Expense	
Holiday Pay		Bereavement Pay	
Sick Pay		Annuity/Pension	
Personal Day Pay		Day Care	
Vacation Pay		Other (define)	
Health Insurance		Other (define)	

Total Hourly Average: \$ \_\_\_\_\_

Hourly Administrative Overhead: \$ \_\_\_\_\_

\*Hourly Profit: \$ \_\_\_\_\_

Hourly Unit Rate: \$ \_\_\_\_\_

\_\_\_\_\_  
**Provider Authorized signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
\* Non-profit corporations do not complete this line.

## Wanderer Locator Service

Please note the documents and records that will be required for the client files and/or employee files to be reviewed at the time of On Site Evaluation.

<b><u>Employee Records Review</u></b>					
Provider _____					
Date: _____					
Monitor: _____					
Start Date <sup>1</sup>					
Termination Date <sup>1</sup>					
Number of reference checks					
Job Description(s) <sup>1</sup>					
Ongoing training: dates					
Annual Performance Appraisal: Date <sup>1</sup>					
CORI Check <sup>3</sup>					
Comments					

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<sup>1</sup> M.G.L., Chapter 149, Section 52C

<sup>3</sup> M.G.L., Chapter 6, Section 172C

## Wanderer Locator Service

Please note the documents and records that will be required for the client files and/or employee files to be reviewed at the time of On Site Evaluation.

<b><u>Client Records Review</u></b>					
Provider: _____					
Date: _____					
Monitor: _____					
Authorization in file					
Completed Application in file					
ID Info - name; address; phone; DOB					
Emergency contact(s) and phone					
Name of current CM					
Date of referral					
Service start date					
Termination: date, if applicable					
Comments					