

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Companion

11/1/24

I. Service Capacity

A. Provide the number of full-time, part-time, and per-diem Companions:

- 1) Full-Time:
- 2) Part-Time:
- 3) Per-Diem:

B. Provide an overview of workforce capacity initiatives, recruitment initiatives, workforce adequacy evaluation, and how staffing is managed day-to-day. Include linguistic or other special capabilities, etc.

C. Provide a detailed description of scheduling for worker absences, ensuring service to Risk Level 1 and 2 as well as other high need consumers, orientation of substitutes, notifications, evening, and weekend coverage, etc.

D. What percentage of your staff is available to work the following schedules?

- 1) Evenings:
- 2) Overnights:
- 3) Weekends:

E. Describe your agency process for maintaining a current list of Risk Level 1 and 2 consumers that is accessible in the event of an emergency.

F. Describe your policy regarding the provision of Companion services outside the home.

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10/21/24

Companion

G. Describe your policy regarding the provision of Companion through telehealth (including telephone and live video). Include specific details on a person-centered approach with the consumer, and decision on whether an in-person or telehealth option is preferred by the consumer.

Note: Telehealth services must be approved by ASAP prior to service provision. ASAP Care Manager is consulted for approval if telehealth delivery is appropriate.

H. If there is no capacity for translation, describe your procedure for serving consumers who speak a language other than English or have specific hearing or visual needs.

II. Staff Qualifications:

A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.

B. Describe the experience and qualifications you require for Companions.

III. Training and In-service Education

A. Describe your requirements for job specific training prior to placement, including ensuring worker sensitivity to older adults, recognition of and reporting requirements regarding elder abuse and neglect, other emergency response issues, etc.

B. Describe the on-going training program for Companions.

IV. Supervision

A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position (direct care, coordinators, supervisors, etc.).

B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized, including telephony, unannounced field visits, quality assurance calls, etc.

C. Describe the supervisory support available to direct care workers during non-business hours, including how supervisors are contacted, the titles and, as applicable, licensure of available supervisors.

Provider employee who completed this form:

Name: _____

Date: _____