ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Laundry Service & Delivery

I. Service Capacity

A. What is the "turn-around time" between pick-up and delivery?

B. Describe where and how laundry is weighed.

C. Describe your policy with respect to any restrictions on service.

D. If no restrictions, describe any precautions or methods used by employees with Consumer's laundry.

E. What is your policy for notifying the ASAP about problems that affect completion of authorized services?

F. Describe your policy to notify the ASAP if a consumer is over the authorized amount of service?

G. Describe the policy in place for delays due to weather emergencies and holidays. Include how Consumers and ASAP are notified.

H. What is your policy for consumers with allergies to products used in the washing and drying process?

I. What is your capacity to launder clothes that might be affected by scabies, bedbugs, severe incontinence, etc.?

J. Do you provide laundry bags for Consumers?

K. Are the bags laundered before they are returned?

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

L. Describe how clothes are packaged for pick-up and delivery.

M. What is your proposed rate for 10 pounds of laundry? Describe any additional charges.

N. Describe your system to ensure each Consumer's laundry is not confused with another Consumer's items.

O. What is your company's reimbursement policy regarding lost and damaged laundry?

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 persons providing services, including drivers.

III. Supervision

A. Describe the procedure and frequency for supervision of Drivers, Workers, and Coordinator.

Provider employee who completed this form

Name: _____ Date: _____

SERVICE SPECIFIC ON-SITE REVIEW

Laundry Service & Delivery

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					
Job Description(s)					
Current Drivers' License (if applicable)					
OIG monthly checks					
Annual Performance Appraisal: Date					
Comments					

SERVICE SPECIFIC ON-SITE REVIEW

Laundry Service & Delivery

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) and phone					
Name of current CM					
Date of referral					
Service start date & Termination Date, if applicable					
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".					

Name and Position of Provider Direct Demonstrator	