ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Environmental Accessibility Adaptations

I. Service Capacity

A. Indicate which of the following you propose to provide:
   - ☐ Major adaptations (ramps, porch lifts, moving walls, etc.)
   - ☐ Minor adaptations (widening doorways, removing thresholds, hand rails, etc.)
   - ☐ Equipment and equipment installation

B. Describe any limitations or specialization of the services indicated (e.g., provide stair lifts only, specialize in bathroom modifications, etc.)

C. Describe the equipment that your agency is authorized to install and/or service. Attach copies of vendor certifications from the manufacturer.

D. Attach any rate information for services provided. (Major adaptations and certain other adaptations are subject to a procurement process that will be conducted by the ASAP among approved contractors.)

II. Qualifications

A. List any other public payers (such as MassHealth, Massachusetts Rehabilitation Commission, etc.) for whom your agency has provided this service.

B. Attach a copy of your current Home Improvement Contractor or Construction Supervisor license, or, for Contractors that propose to carry out only limited types of modifications (such as the installation of stair lifts, porch lifts or electric door openers/locks), all applicable licenses, certifications and permits required for such modifications/installations.

C. List any other local and state business licenses maintained and attach copies.

D. 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.

E. Describe the experience and qualifications you require for tradesmen. Include details specific to services provided such as requirements for plumbers, electricians, etc.

F. If your agency proposes to provide lifts, it must be registered with the Department of Public Safety. Attach proof of registration.

G. If any work is performed by independent contractors, describe your procedures for ensuring that workers possess the appropriate licenses, certifications and insurance.

III. Supervision

A. Describe the procedures for supervision of projects, including frequency, documentation, and credentials/qualifications of supervisors.

B. Describe the inspection procedures that are used to ensure that work is completed in conformance with work orders and is of quality craftsmanship.

ADMINISTRATIVE OVERVIEW
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C. How do you assure that all necessary permits have been obtained prior to performance?

Provider employee who completed this form

Name: _____ Date: _____

NOTES
A specific Provider charge for estimating the cost for Environmental Accessibility Adaptations is not allowed either to the ASAP or Consumers unless an agreement to this charge has been made. Any cost to be incurred by the Consumer must receive the prior approval of the ASAP before performance/the cost is incurred.

SERVICE SPECIFIC ON-SITE REVIEW

Environmental Accessibility Adaptations

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					
Name of current CM					
Date of referral					
Service start date & Termination Date, if applicable					
Task enumeration, 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	

Environmental Accessibility Adaptations

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)					
Ongoing training: dates					
Annual Performance Appraisal: Date					
Comments					