

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Grocery Shopping & Delivery Service

I. Service Capacity

- A. Submit copies of the following policies:
- Policy to ensure drivers are aware that they must assist consumers in putting away groceries, as needed
 - Policy that prohibits drivers from accepting gifts or gratuities from consumers
 - Policy/procedure on how consumers make payments for groceries, including the use of EBT cards and coupons
 - Policies on returns and reimbursements
- B. Describe your grocery and delivery service, including detailed information on all of the following: how consumers place orders, how the order taker function is staffed, what store(s) are used, who shops and delivers (store employees?)
- C. Describe the process for how orders are recorded and verified. Include any volume restrictions or other service limitations per order.
- D. Describe how issues are handled regarding items that are requested but unavailable, including specific brands. How are substitutions made?
- E. Describe the quality controls in place to ensure that shoppers select the correct items in the store.
- F. May consumers use the service to return bottles?
- G. Describe the number and type of vehicles used for deliveries. Are they all refrigerated trucks? If not, how are frozen and fresh or chilled foods maintained until delivery?
- H. What is the average duration of a delivery route?
- I. Describe the timeframe from order to delivery.

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- J. Is the day and time of your deliveries consistent each week for each service area? Explain.

- K. Describe the system in place for handling weather or vehicle emergencies that may affect the delivery of groceries

- L. Do you have a different system for providing services in a cluster? Explain.

- M. How do you inform consumers about how the service works and the policies on subjects such as returns? If you use a brochure or flyer, attach a copy.

- N. What is your proposed rate for Grocery Shopping Services? Describe any additional charges.

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 staff providing service, including order takers, delivery staff, etc.

III. Supervision

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

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

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SERVICE SPECIFIC ATTACHMENT

Provider employee who completed this form

Name: _____

Date: _____

SERVICE SPECIFIC ON-SITE REVIEW

Grocery Shopping & Delivery Service

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) | | | | | |
| Current Driver's License (If Applicable) | | | | | |
| OIG monthly checks | | | | | |
| Annual Performance Appraisal: Date | | | | | |
| Comments | | | | | |

SERVICE SPECIFIC ON-SITE REVIEW

Grocery Shopping & Delivery Service

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 | | | | | |
| 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 | | | | | |