

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT**

III. Training and In-Service Education

- A. Describe in detail any initial and on-going training provided to Alzheimer's Coaches.

IV. Supervision

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for Alzheimer's Coaches.

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

- C. Describe how Alzheimer's Coaches will access supervision and consultation. Whom do they consult for guidance and direction when their own skills are challenged?

Provider employee who completed this form

Name: _____

Date: _____

**ADMINISTRATIVE OVERVIEW
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Alzheimer’s Coaching (Habilitation Therapy)

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)					
Alzheimer’s Association Training Date(s)					
Licenses, if appropriate (RN, LICSW, LCSW, OT, or Waiver based on other professional qualifications)					
OIG monthly checks					
Annual Performance Appraisal: Date					
Comments					

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Alzheimer’s Coaching (Habilitation Therapy)

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					
Physician(s) name and phone					
Hospital name and phone					
Medical/social diagnosis					
Current CM/RN and phone #s					
Start Date & Termination Date, if applicable					
A.C. assessment					
A.C. Care Plan: includes 5 domains*					
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	
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ADMINISTRATIVE OVERVIEW
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**5Domains: Communication, Physical Environment, Approach to Personal Care, Purposeful Engagement, Behavior as Communication*