



Community Care Program
AUTOMATED MEDICATION DISPENSER SERVICE
ATTACHMENT CHECKLIST

All items must be attached, **in the order requested and clearly marked**, to both copies of the application at the time submitted.

PART C. AUTOMATED MEDICATION DISPENSER UNIT INFORMATION

- _____ Appropriate Federal Communications Commission Certificate for components (47 CFR 15 and 68)
- _____ Appropriate UL Certificate for safety standards of battery powered technology equipment (UL 60950 and 60950-1)
- _____ Specific unit supporting documentation showing that the unit has the ability to hold at least 7 days' supply of medications, hold multiple medications in individual compartments, access to medication for an early dose, and lock after the medication is loaded
- _____ UL approved plug as connector
- _____ Descriptive brochure indicating how the unit verifies whether the batteries on the base unit are charged, what audible and visual technology and lighting cues are used to provide medication alerts, how often and how long alerts are provided, how the medication is made inaccessible to the individual and how the responsible party is notified of the missed medication dose

PART E. SERVICE SPECIFICATIONS

- _____ Training materials that will be provided to the individual/authorized representative and responsible party