State of Illinois
Illinois Department on Aging

Community Care Program

AUTOMATED MEDICATION DISPENSER SERVICE INSTRUCTIONS FOR PROVIDER CERTIFICATION

Enter the applicant agency name in the space provided.

PART A. Applicant Information

Enter the information requested about your agency

As an attachment to your legal entity application, a separate automated medication dispenser service application must be submitted.

PART B. Proposed Service Area

Indicate the proposed geographic area to be served by your agency. If the proposed geographic area is statewide, do not check any of the other geographic area boxes.

PART C. Automated Medication Dispenser Unit Information

Please indicate which unit you are applying for certification and attach required documentation for each unit.

If each question is not checked "yes," your application will be denied.

Include a descriptive brochure which at a minimum should include:

- Picture and dimensions of unit
- All Unit Specifications – specifically wireless capability, LAN line or both; messaging capabilities; options for medication and personal messages; how medication is released; how unit is locked; pill capacity; 2-way voice capability; Braille or impaired hearing adaptations; programming and reporting features.

PART D. Support Center and Back-Up Support Center Information

Provide the requested information for the support center and back-up support center.

PART E. Service Specifications

Answer each question about service specifications and attach the documentation noted. It is your responsibility, as an applicant, to familiarize yourself with all of the rules governing CCP. A link to these rules is located on the Department website.

If each question is not checked "yes," your application will be denied.

The Department requests two ad hoc report examples to be submitted with the application. If these reports contain personal information/HIPAA protected information, redact this information before submitting. These reports will not take the place of more detailed reports that are available on line for each participant. This ad hoc report request will be utilized by CCUs for monitoring medication compliance and use of the AMD, including but not limited to the following:

- ***Individual Reports for each CCU***

The provider will generate a monthly report for each participant to be shared with the participant's CCU that at minimum includes:

- report month and year;
- number of days since unit was activated;
- total number of medications to be dispensed for the month;
- number of on-time dispenses*;
- number of missed dispenses*;
- number of early dispenses;
- percentage of compliance*;
- number of alerts of missed medication to responsible party;
- number of responsible party confirmation of missed medication alerts; and
- percentage of confirmed alerts

*The 60-minute time frame should be used in determining the number of on-time or missed dispenses. In calculating the percentage of compliance, the number of early dispenses should be excluded.

Individual Compliance Report Example

Participant Name: Smith, John
Cumulative Compliance % 76.2%
Days in Use: 151

Report Month	No. Total Disp.	No. On-time Disp.	No. Missed Disp.	No. Early Disp.	% Compliance	No. Total Alerts	No. RP Alert Confirm	% Confirmed Alerts
…	…	…	…	…	…	…	…	…
May 2014	124	115	5	4	92.7%	10	10	100%
April 2014	120	100	10	10	83.3%	15	11	73%
March 2014	124	90	20	14	72.6%	30	26	87%
February 2014	112	80	22	10	71.4%	32	25	78%
January 2014	124	75	20	29	60.5%	30	20	67%

- ***Aggregate Reports for each CCU***

The provider will generate a report for each CCU that includes summarized data for each participant. This report will include each participant on an AMD by CCU and include individual and aggregate information for the individual components listed above.

Aggregate Compliance Report Example

Group Name: CCU
# of Units in group: 5
Group Average Compliance 64.6%

Participant Name	Days in use	No. Total Disp.	No. On-time Disp.	No. Missed Disp.	% Prt. Compliance	% RP Confirmed Alerts
…		…	…	…	…	…
Black, Abigail	5	15	10	5	66.7%	95%
Hancock, Jane	45	270	130	100	48.1%	100%
Mills, Ryan	180	124	75	15	60.5%	20%
Pepper, Sean	90	112	80	10	71.4%	75%
Smith, John	151	604	460	20	76.2%	67%

PART F. Application Signature

An Authorized Representative of the applicant agency, which is defined as an owner, officer or employee of the applicant agency, or other designated person, who has the authority to commit the agency to a financial and/or contractual responsibility, must sign the application. The authorized representative must be listed as such in the Legal Entity Application. The authorized representative must sign and date the notarized form.

The original of this application, plus two copies, must be returned to:

Illinois Department on Aging
ATTN: Office of Service Development & Procurement
One Natural Resources Way, #100
Springfield, IL 62702-1271