**Grocery Shopping & Delivery Service**

## **I. Service Capacity**

1. 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
1. 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?)
2. Describe the process for how orders are recorded and verified. Include any volume restrictions or other service limitations per order.
3. Describe how issues are handled regarding items that are requested but unavailable, including specific brands. How are substitutions made?
4. Describe the quality controls in place to ensure that shoppers select the correct items in the store.
5. May consumers use the service to return bottles?
6. 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?
7. What is the average duration of a delivery route?
8. Describe the timeframe from order to delivery.
9. Is the day and time of your deliveries consistent each week for each service area? Explain.
10. Describe the system in place for handling weather or vehicle emergencies that may affect the delivery of groceries
11. Do you have a different system for providing services in a cluster? Explain.
12. 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.
13. What is your proposed rate for Grocery Shopping Services? Describe any additional charges.

## **II. Staff Qualifications**

1. 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.
2. Describe the experience and qualifications you require for staff providing service, including order takers, delivery staff, etc.

**III. Supervision**

1. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position.
2. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

Provider employee who completed this form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

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| 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 |

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| CONSUMER Records Review |
| ProviderDate 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”. |

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| **Name and Position of Provider Direct Demonstrator** |  |