ConnectAmerica

Installation Checklist

Company	☐ AMAC	☐ Home Buddy	☐ CA West
☐ Connect America	☐ PRC	☐ BSAH	☐ Lifeline

Subscriber Name	**Telephone**	**Signal Strength/ RSSI Reading/Light Status**

Base Console Serial #	**CSID #**	**Device/Charger Location**

Button Type ☐ Standard ☐ Fall Detection	**Button Serial Numbers**	**IMEI (VCAM)**

Set-up & Testing

- ☐ Confirmed the unit and/or charger were plugged into a working power outlet not controlled by a light switch.
- ☐ Paired wearable button(s), if necessary.
- ☐ Called installation support and attached unit to subscriber and/or provided SMS/IMEI number (VCAM).
- ☐ Performed a test call using the base console button with support on phone.
- ☐ Completed a range test and informed the subscriber of any areas without coverage.
- ☐ Tested landline service after installation **or** confirmed acceptable signal strength (for example, LED light or bars).
- ☐ Verified the mobile unit's RSSI reading was between 0 and −100; recommended an in-home cellular or landline unit if the RSSI was −101 to −125.
- ☐ If applicable, provided and set up VCAM device.
- ☐ Reviewed subscriber's Personal Health Information (PHI) and contact details; updated paperwork as needed.
- ☐ Explained monthly testing.
- ☐ **Subscriber** performed a live test using a wearable button and (for VCAM subscribers) completed a test video call. Confirmed subscriber information with operator.

System Use Guidelines

- ☐ Understands dispatch protocol and what will take place if operator is unable to hear subscriber via the device.
- ☐ Understands how to initiate a signal and speak with central station via the unit. Agrees to always keep wearable button accessible and to test system monthly via a wearable button.
- ☐ Understands to press the button once for help, as pressing it multiple times can cancel the call.
- ☐ Understands that fall detection pendant must be worn for it to function properly. If they have a standard wearable button, user understands that it does <u>not</u> have fall detection.
- ☐ If applicable, reviewed Care Compass and/or VCAM, provided Care Compass docs, and verified phone number.
- ☐ Agrees to notify provider and/or Connect America of any changes (i.e. a new home, moving the device, etc.).
- ☐ Understands risks associated with the lanyard breakaway feature and explained the wrist option.
- ☐ Understands that all equipment remains the property of Connect America and its family of companies.
- ☐ Understands that the system relies on working phone or cellular service and electrical power.
- ☐ Understand that calls may be recorded for review and quality assurance purposes.
- ☐ Explained and obtained the required signatures on HIPAA/Privacy policy, Grievance Policy, and SIF.
- ☐ Provided subscriber with the literature kit (HIPAA/Privacy policy, Grievance Policy, and SIF).
- ☐ (Ohio only) Subscriber received one responder letter for each responder listed.

Agency	**Technician**	**Tech Signature**

Subscriber Signature	**Date/Time In**	**Time Out**

Installation Support

AMAC/COPS: 877-266-0733 | CA/Rapid: 800-220-9803 | Lifeline: 800-800-8410