## RELIACARE Agency, Inc.

**Employee Signature** 

## **ORIENTATION:**

## MEDICAID WAIVER AND CARE MANAGEMENT PROGRAMS

Administrated by Region 7 Area Agency on Aging and A+D Home Health Care Agency.

- 1. The Agency Nurse and Social Worker are the contact with the Administering Agency and are in contact with the office staff. If you encounter a visit from the Nurse or Social Worker: introduce yourself, be professional, stay busy, be helpful if questions are asked, and do not offer opinions unless asked.
- 2. We give care based upon a service order and assessment provided by the Administering Agency. Our care must adhere to the service order and must only be given on the **dates and times** specified on the service order to the **client** on the service order.
- 3. We are providing **unskilled care only**. Be certain to follow the proper unskilled tasks for the client specified by the service order (this means no wound care, no medication dispensing).
- 4. **Notebook usage**: You may find a notebook in the home. If so, documentation must be noted during every shift. Instructions for use of the notebook are on the inside cover of the notebook.
- 5. **Proper documentation** You will document your tasks completed during your shift on your phone. During the checkout process, your client will sign and you will sign. You must utilize with integrity, the check in and check out process, recording your locations at each time and capture the client's signature.
- 6. **Holiday approval**: only 7 day per week cases are allowed to be staffed on holidays, all others clients must be rescheduled. You are responsible for agreeing upon a date and time with the client and reporting it to the office.
- 7. **No service** to be given the day a client is discharged from a hospital without prior authorization. (Nursing facilities exempt.)

Date