INSTRUCCIONES DE APROBACIÓN DEL REPRESENTANTE DESIGNADO

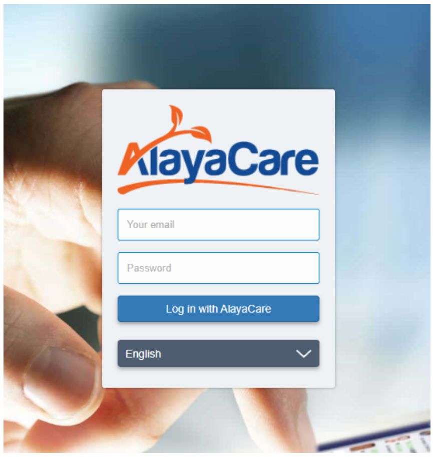
1

Vaya a https://ccor.alayacare.com

Nota: debe utilizar un navegador web

2

INICIANDO SESIÓN


AlayaCare
Your email
Password
Log in with AlayaCare
English

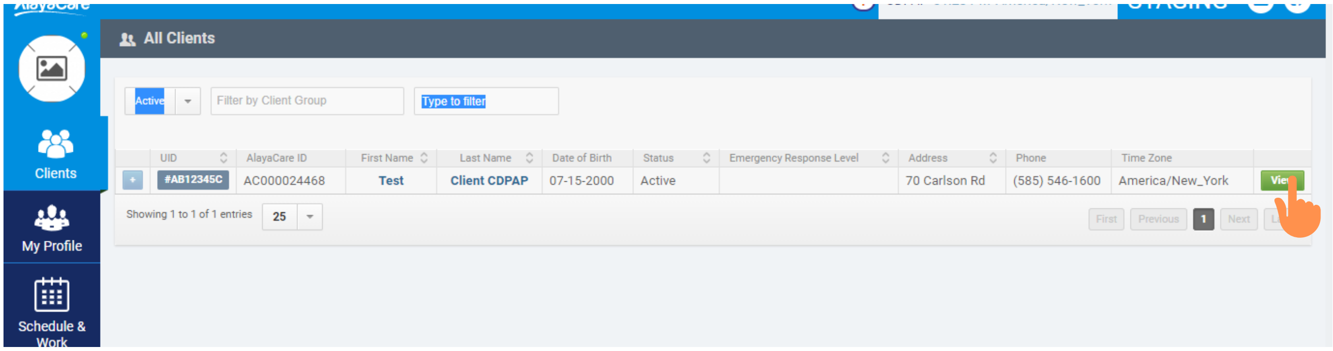
Introduzca su correo electrónico y contraseña:
Su correo electrónico es su PrimerNombre.Apellido.DR@ccorhome.us
Por ejemplo, Jane Doe sería Jane.Doe.DR@ccorhome.us

Su contraseña inicial es de 8 caracteres, consiste en su INICIAL DEL PRIMER NOMBRE EN MAYÚSCULA inicial del apellido en minúscula 1234$!
Por ejemplo, Jane Doe sería Jd1234$!

Haga clic en View (Ver) para desplazarse al perfil del consumidor

3

USTED VERÁ SU CONSUMIDOR(S)

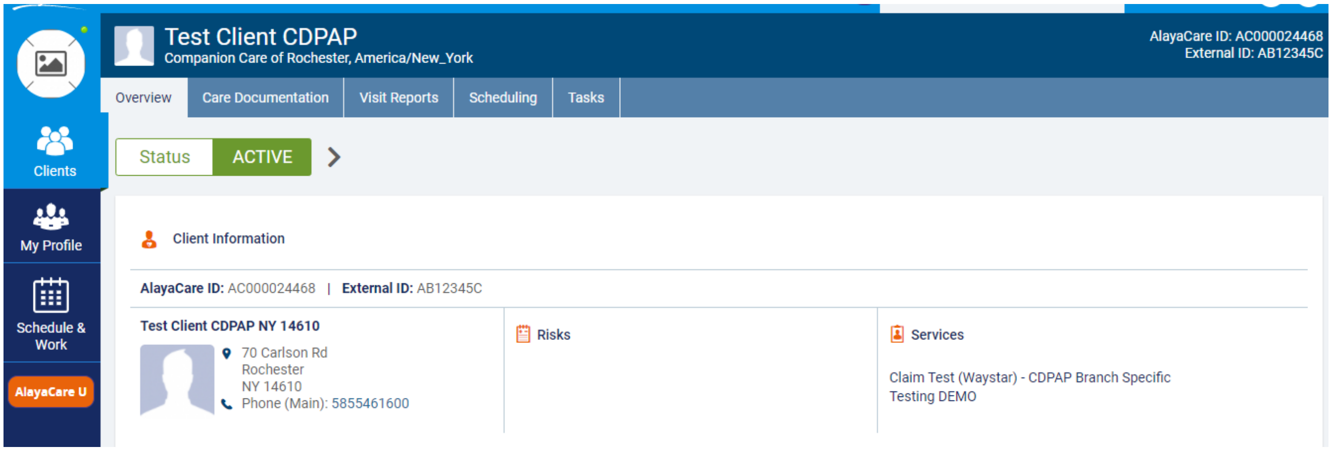

Clients
My Profile
Schedule & Work
Active
Filter by Client Group
Type to filter

All Clients

	UID	AlayaCare ID	First Name	Last Name	Date of Birth	Status	Emergency Response Level	Address	Phone	Time Zone	
+	#AB12345C	AC000024468	Test	Client CDPAP	07-15-2000	Active		70 Carlson Rd	(585) 546-1600	America/New_York	Vie

Showing 1 to 1 of 1 entries 25

El perfil del consumidor se abrirá en la pantalla Overview (Visión general)


Overview
Care Documentation
Visit Reports
Scheduling
Tasks
Clients
My Profile
Schedule & Work
AlayaCare U
Risks

Test Client CDPAP
Companion Care of Rochester, America/New_York

AlayaCare ID: AC000024468
External ID: AB12345C

Status ACTIVE

Client Information

AlayaCare ID: AC000024468 | **External ID:** AB12345C

Test Client CDPAP NY 14610
70 Carlson Rd
Rochester
NY 14610
Phone (Main): 5855461600

Services

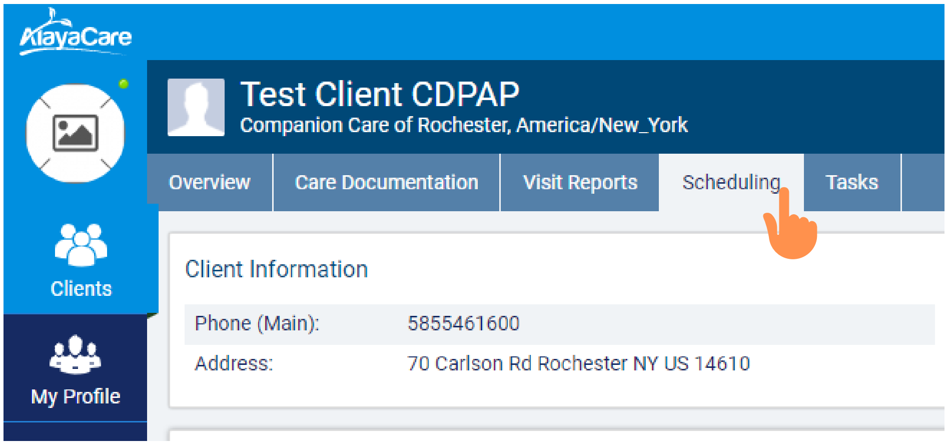
Claim Test (Waystar) - CDPAP Branch Specific Testing DEMO

210415

INSTRUCCIONES DE APROBACIÓN DEL REPRESENTANTE DESIGNADO

4

VAYA A LA PESTAÑA PROGRAMACIÓN


AlayaCare
Clients
My Profile
Overview
Care Documentation
Visit Reports
Scheduling
Tasks

Test Client CDPAP
Companion Care of Rochester, America/New_York

Client Information

Phone (Main): 5855461600
Address: 70 Carlson Rd Rochester NY US 14610

Utilice esta pestaña para ver cuándo los asistentes tienen turnos programados

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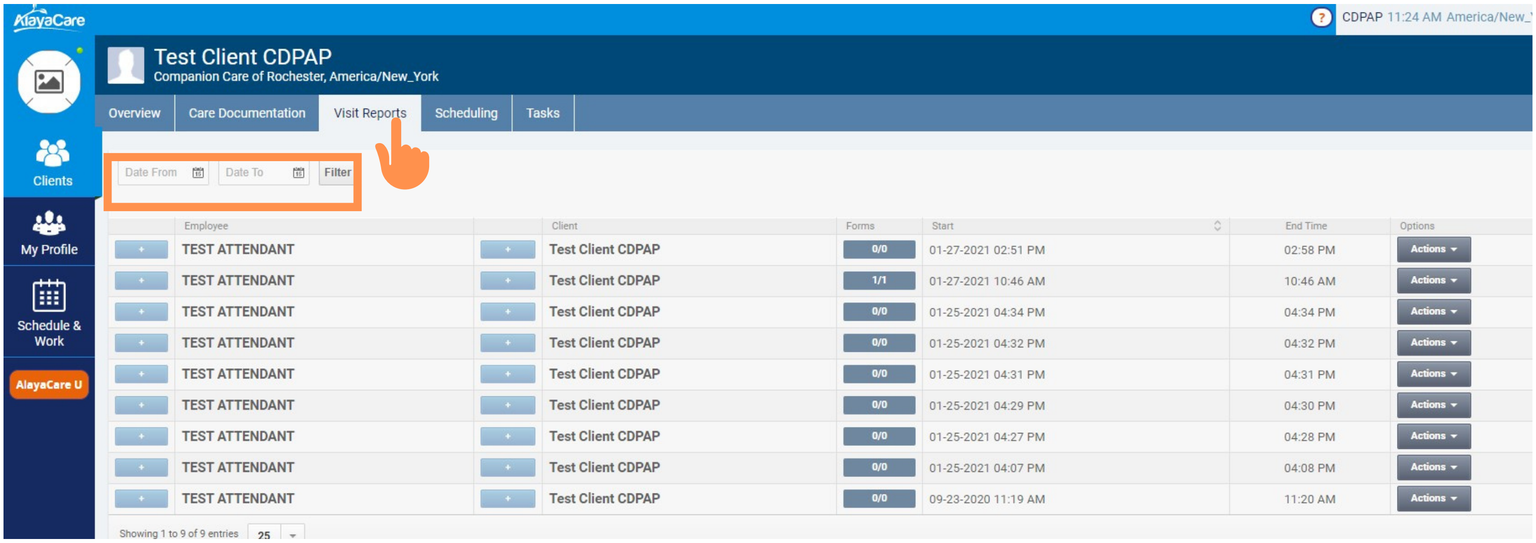
5

NAVEGAR PARA VISITAR INFORMES

Use esta pestaña para ver cuándo los asistentes ingresaron y salieron de cada turno

Utilice los filtros de fecha según sea necesario para ver la semana de turnos que necesita revisar.


AlayaCare
CDPAP 11:24 AM America/New_
Clients
My Profile
Schedule & Work
AlayaCare U
Overview
Care Documentation
Visit Reports
Scheduling
Tasks
Date From
Date To
Filter

Test Client CDPAP
Companion Care of Rochester, America/New_York

	Employee		Client	Forms	Start	End Time	Options
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	01-27-2021 02:51 PM	02:58 PM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	1/1	01-27-2021 10:46 AM	10:46 AM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	01-25-2021 04:34 PM	04:34 PM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	01-25-2021 04:32 PM	04:32 PM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	01-25-2021 04:31 PM	04:31 PM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	01-25-2021 04:29 PM	04:30 PM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	01-25-2021 04:27 PM	04:28 PM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	01-25-2021 04:07 PM	04:08 PM	Actions
+	TEST ATTENDANT	+	Test Client CDPAP	0/0	09-23-2020 11:19 AM	11:20 AM	Actions

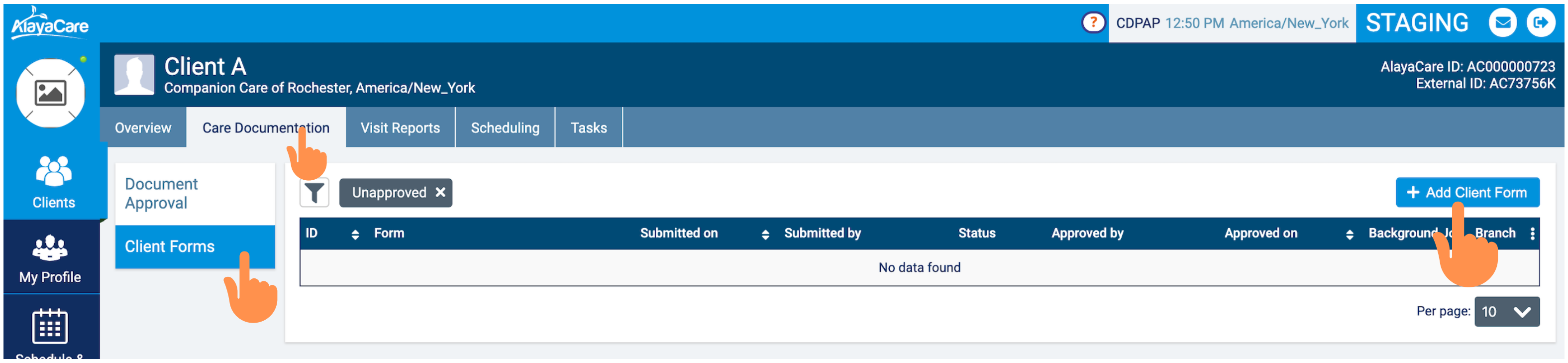
Showing 1 to 9 of 9 entries 25

INSTRUCCIONES DE APROBACIÓN DEL REPRESENTANTE DESIGNADO

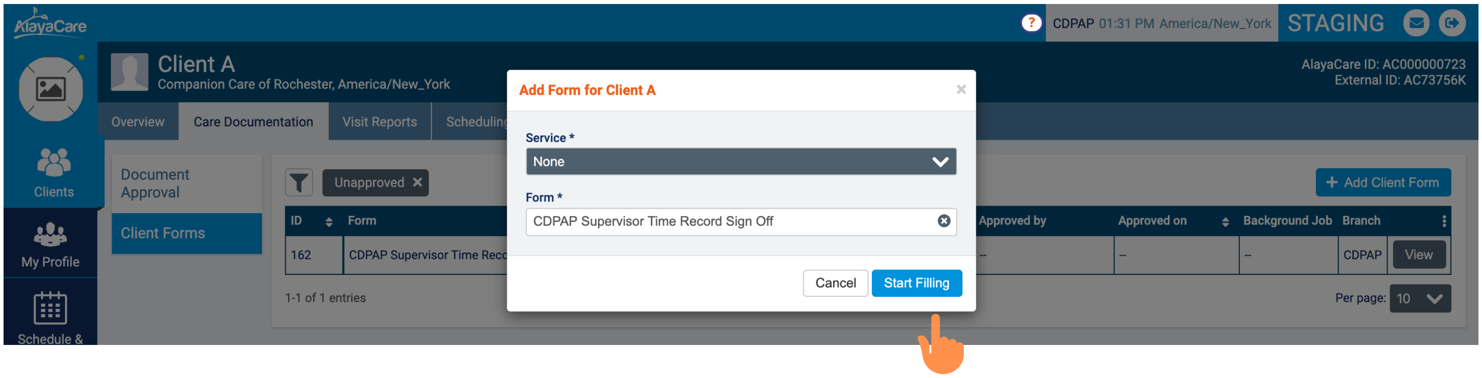
6

PARA APROBACIÓN

Agregar formulario de cliente: Navegando a la pestaña Care Documention Seleccionar formularios de cliente Seleccionar + Agregar formulario de cliente


AlayaCare
CDPAP 12:50 PM America/New_York
STAGING
Client A
Companion Care of Rochester, America/New_York
AlayaCare ID: AC000000723
External ID: AC73756K
Overview
Care Documentation
Visit Reports
Scheduling
Tasks
Clients
My Profile
Schedule &
Document Approval
Client Forms
Unapproved
+ Add Client Form
ID
Form
Submitted on
Submitted by
Status
Approved by
Approved on
Background Job
Branch
No data found
Per page: 10

Seleccione servicio: “None” (Ninguno) Formulario: Aprobación del registro de horas del representante designado por CDPAP Seleccione Comenzar a llenar


AlayaCare
CDPAP 01:31 PM America/New_York
STAGING
Client A
Companion Care of Rochester, America/New_York
AlayaCare ID: AC000000723
External ID: AC73756K
Overview
Care Documentation
Visit Reports
Scheduling
Clients
My Profile
Schedule &
Document Approval
Client Forms
Unapproved
+ Add Client Form
ID
Form
Approved by
Approved on
Background Job
Branch
162
CDPAP Supervisor Time Reco
–
–
–
CDPAP
View
1-1 of 1 entries
Per page: 10
Add Form for Client A
Cancel
Start Filling

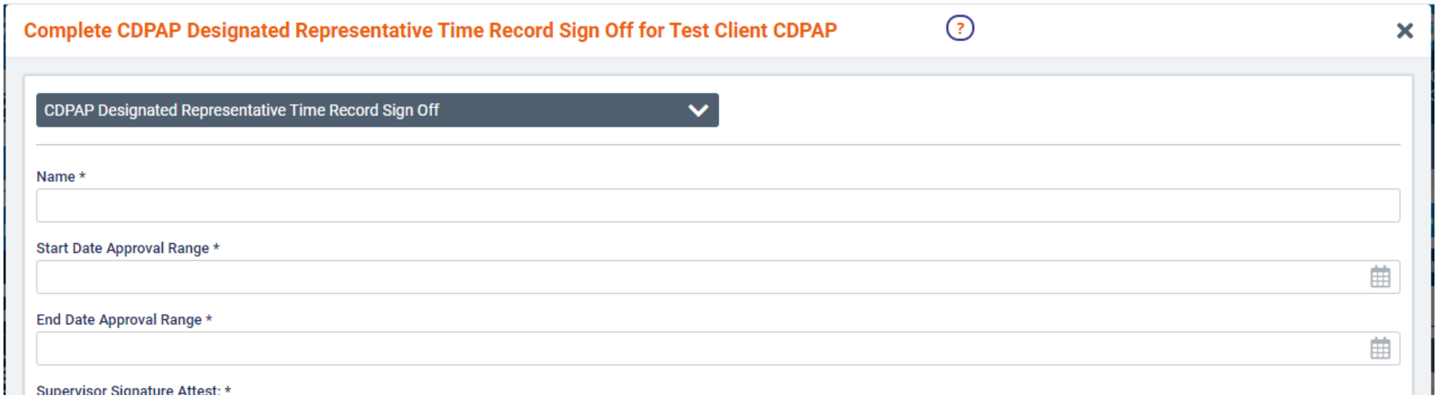
Service *: None

Form *: CDPAP Supervisor Time Record Sign Off

INSTRUCCIONES DE APROBACIÓN DEL REPRESENTANTE DESIGNADO

Nombre: escriba su nombre completo
Rango de aprobación de fecha de inicio: ingrese la fecha de inicio de la semana laboral
Rango de aprobación de fecha de finalización: ingrese la fecha de finalización de la semana laboral

**** La semana laboral de CCOR va de domingo a sábado ****



Complete CDPAP Designated Representative Time Record Sign Off for Test Client CDPAP

CDPAP Designated Representative Time Record Sign Off

Name *

Start Date Approval Range *

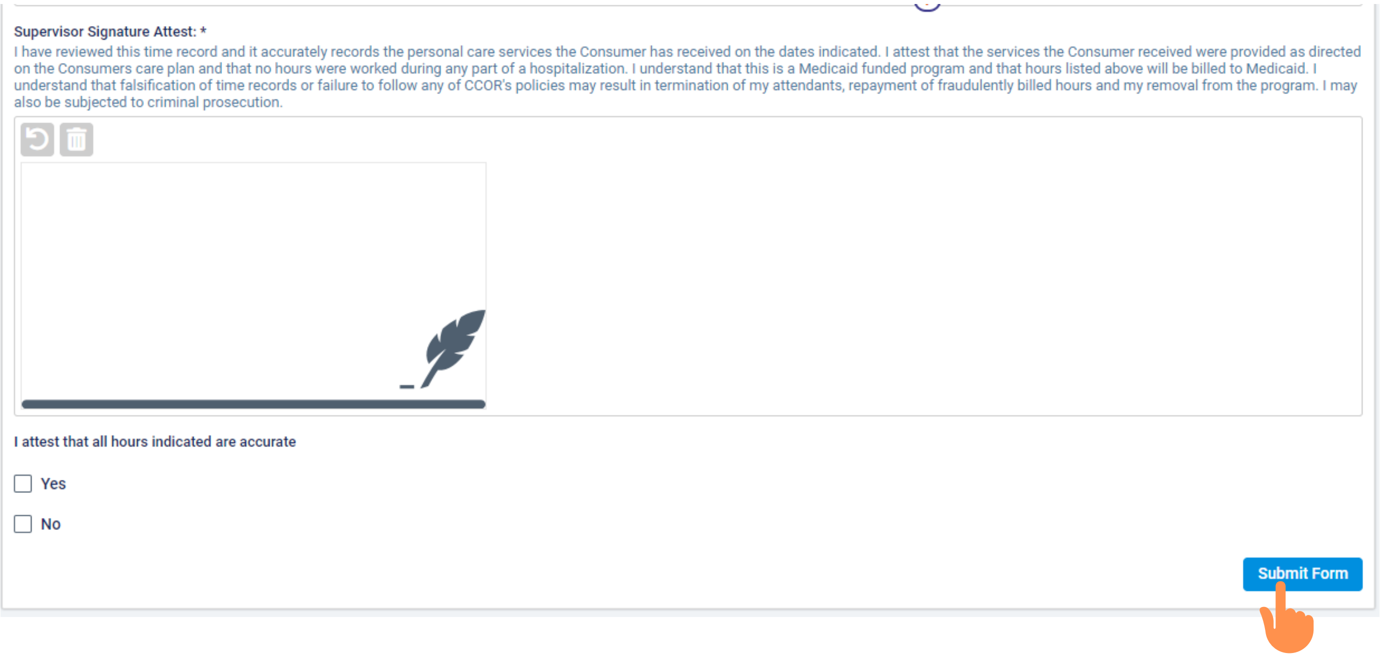
End Date Approval Range *

Supervisor Signature Attest: *

Certificación de firma del supervisor: aquí es donde firmará su nombre completo

Marque Sí o No, certificando que las horas son correctas.
Si el horario no es correcto, comuníquese con CCOR

Seleccione Enviar formulario



Supervisor Signature Attest: *

I have reviewed this time record and it accurately records the personal care services the Consumer has received on the dates indicated. I attest that the services the Consumer received were provided as directed on the Consumers care plan and that no hours were worked during any part of a hospitalization. I understand that this is a Medicaid funded program and that hours listed above will be billed to Medicaid. I understand that falsification of time records or failure to follow any of CCOR's policies may result in termination of my attendants, repayment of fraudulently billed hours and my removal from the program. I may also be subjected to criminal prosecution.

I attest that all hours indicated are accurate

☐ Yes

☐ No