



DESIGNATED REPRESENTATIVE SIGN OFF INSTRUCTIONS



1

Navigate to <https://ccor.alayacare.com>

Note: You must use a Web browser

2

LOGGING IN



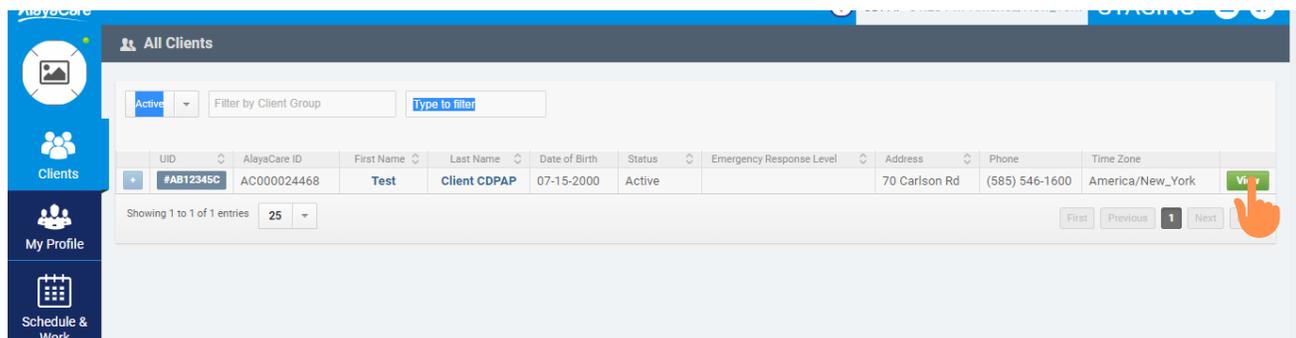
Enter your email and password:
Your email is your
FirstName.LastName.DR@blossomhcs.us
For example, Jane Doe would be
Jane.Doe.DR@blossomhcs.us

Your initial password is 8 characters long,
it consists of your **CAPITAL FIRST INITIAL**
little last initial 1234\$!
For example, Jane Doe would be **Jd1234\$!**

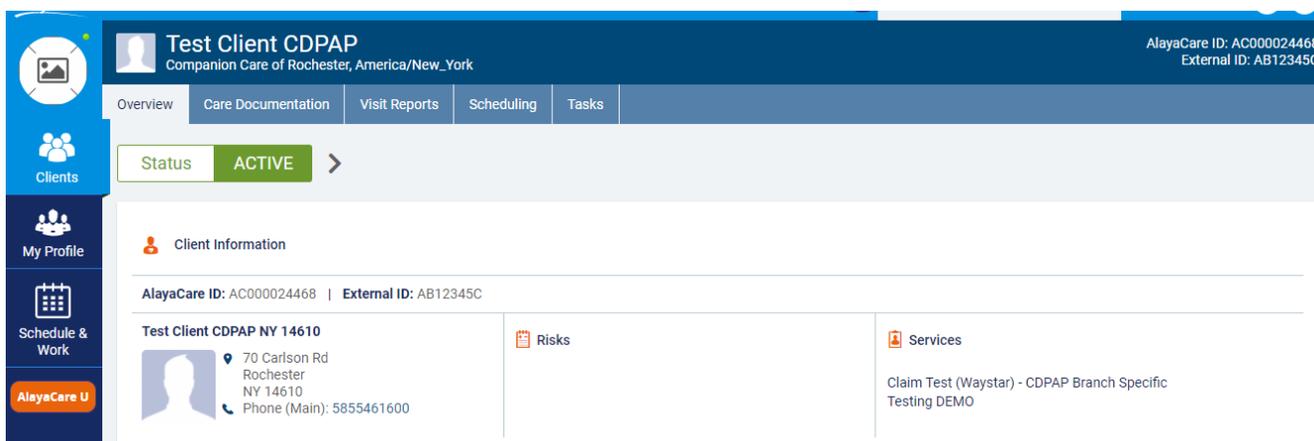
3

YOU WILL SEE YOUR CONSUMER(S)

Click View to navigate to Consumer's profile



Consumer profile will open to the Overview screen





DESIGNATED REPRESENTATIVE SIGN OFF INSTRUCTIONS



4

NAVIGATE TO
SCHEDULING
TAB



Use this tab to see when Attendants have scheduled shifts

5

NAVIGATE TO
VISIT REPORTS

Use this tab to see when Attendants have clocked in and out of each shift

Use the date filters as needed to view the week of shifts you need to review.

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



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6

SIGNING OFF

**Add Client Form:
Navigating to the Care Documentation tab
Select Client Forms
Select + Add Client Form**

AlayaCare CDPAP 12:50 PM America/New_York STAGING AlayaCare ID: AC000000723 External ID: AC73756K

Client A
Companion Care of Rochester, America/New_York

Overview Care Documentation Visit Reports Scheduling Tasks

Document Approval Unapproved x + Add Client Form

ID	Form	Submitted on	Submitted by	Status	Approved by	Approved on	Background Job	Branch
No data found								

Per page: 10

**Service: Select None
Form: CDPAP Designated Representative Time Record Sign Off
Select Start Filling**

AlayaCare CDPAP 01:31 PM America/New_York STAGING AlayaCare ID: AC000000723 External ID: AC73756K

Client A
Companion Care of Rochester, America/New_York

Overview Care Documentation Visit Reports Scheduling

Document Approval Unapproved x + Add Client Form

Add Form for Client A

Service *
None

Form *
CDPAP Supervisor Time Record Sign Off

Cancel Start Filling

ID	Form	Submitted on	Submitted by	Status	Approved by	Approved on	Background Job	Branch
162	CDPAP Supervisor Time Record Sign Off							CDPAP View

1-1 of 1 entries

Per page: 10



DESIGNATED REPRESENTATIVE SIGN OFF INSTRUCTIONS



Name: Type in your full name

Start Date Approval Range: Enter the start date of the work week

End Date Approval Range: Enter the end date of the work week

****Blossom's work week runs from Sunday through Saturday****

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: *

Supervisor Signature Attest: This is where you will sign your full name

Check Yes or No, Attesting that hours are correct.

If hours are not correct please contact Blossom.

Select Submit Form

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

Submit Form