



5621 Delmar Blvd. Suite 105 St. Louis MO 63112

Phone: (314) 833 – 3419 **Fax:** (314) 833 – 3420



5621 Delmar Blvd. Suite 105

Saint Louis MO 63112

Phone: 314-833-3419 **Fax:** 314-833-3420 **After Hours Line:** 314-330-1964

Monday – Friday

8 a.m. – 4 p.m.

Welcome to Elite Home Health Care LLC. We are Proud and honored to be able to assist you with your Consumer Directed Services (CDS) needs.

Elite Thanks you for choosing us and allowing our company to provide you with outstanding service.



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Dear Elite Home Health Care Client:

First, Elite Home Health care would like to say that we appreciate you and that we are so happy that you chose Elite to be your Consumer Directed Service Provider. We value you as our client and hope are eager to provide you with outstanding service.

Elite Home Health Care would like to inform you that per the State of Missouri, we are implementing a more accurate billing process, which allows us to render a higher quality of service to you. In order to assure you are receiving on time, dependable service, Elite Home Health Care LLC is requesting your permission to allow our caregivers to use your home phone to call a local/toll-free number to clock in and out. **You will not incur any charges** for granting us permission to use your telephone. The caregiver will simply dial the assigned number when he/she arrives at your home to provide service and will again dial the assigned number when he/she leaves. **The caregiver will only use your home phone for the purposes of clocking in and out.**

If you have any questions please give elite Home Health Care a call at **(314) 833 - 3419** between the hours of 8:00 a.m. and 4:00 p.m. For after hour questions please call **(314) 330- 1964**.

Yes I give Permission

No I Decline

If No, Please Explain:

Signature of Client: _____ Date: _____



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Consumer Vendor Acknowledgement

I _____ have assigned Elite Home Health Care LLC as my Consumer Directed Services (CDS) vendor.

Consumer Signature

I _____ certify that I have received the Consumer Training Manual, and Consumer Training.

Consumer Signature

Date



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Consumer Directed Services (CDS) Timesheet Policy

I _____ understand that my attendant cannot be paid for time while I am in the hospital. Falsification of time sheets constitutes MEDICAID FRAUD. Timesheets must be signed daily by the consumer and kept at the consumer's residence. Signatures verify that all dates and times of services entered are true and accurate.

Elite Home Health Care LLC reports all suspected fraud to the Department of Health and Senior Services.

I _____ have read the above timesheet policy and fully understand that violation of this policy will terminate my services.

Consumer Representative Signature

Date



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Receipt of CDS Training Manual and Completed Training

I _____ have received a Training Manual and have been successfully trained over its entirety by Elite Home Health Care LLC. I acknowledge that I totally understand the language in which it is written.

Consumer / Representative Signature

Date



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Consumer Emergency Back-Up Plan

This backup plan will be used when the attendant is unable to provide services and also, during storms and natural disasters.

Attendant Unable to Provide Services Plan:

Attendant Unable to Provide Services Plan:

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

I _____ prepared this emergency backup plan.



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Agency Name: Elite Home Health Care LLC

Consumer Name:	
Street:	
City:	
State:	
Zip:	Inside City Limits? (circle one) Yes or No
Consumer Phone Number:	
Social Security #:	
Date of Birth:	
Employee Name:	
Date of first payroll check for employee(s):	

Consumer/ Representative Signature

Date

Consumer Information Sheet