

Client Medication Reminder Agreement

Reliant Workforce Solutions dba Reliant Home Care

(In partnership with Care Staff LLC)

This Client Medication Reminder Agreement (“Agreement”) outlines the non-medical medication reminder services provided by the Agency and establishes clear expectations, limitations, and responsibilities in compliance with **CMS guidance, Kentucky Personal Services Agency (PSA) regulations – 907 KAR 1:170**, and **Kentucky Cabinet for Health and Family Services (CHFS)** standards.

1. Purpose

The purpose of this Agreement is to: - Support clients with **non-medical medication reminders only** - Promote client independence and safety - Clearly define the scope and limitations of medication-related assistance - Ensure compliance with federal and Kentucky regulations

2. Scope of Medication Reminder Services

The Agency may provide **medication reminders** as authorized in the Client’s Care Plan. Medication reminders may include: - Verbal reminders to take medications - Visual or time-based reminders (clock, phone alarm, written schedule) - Observation that the client has taken or declined medication

Medication reminders do NOT include: - Administering medications - Setting up, filling, or altering pill organizers - Measuring, injecting, crushing, mixing, or applying medications - Making clinical judgments or decisions regarding medications

3. Client Responsibilities

The Client or Legal Representative agrees that: - The Client is responsible for **self-administering medications** - Medications are properly labeled and stored - Medication instructions are provided by the prescribing provider or pharmacy - The Client will inform the Agency of medication changes - The Client will notify the Agency if reminders are no longer desired

The Agency is not responsible for missed doses when the Client declines or forgets to take medication after a reminder.

4. Documentation & Reporting

- Staff will document medication reminders in daily charting notes
 - Documentation will include the time of reminder and client response
 - Refusals or concerns may be reported to a supervisor or designated contact
 - Repeated refusals or safety concerns may result in care plan review
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5. Safety & Risk Acknowledgment

The Client acknowledges that: - Medication reminders are a **supportive, non-medical service** - The Agency does not monitor medication effectiveness or side effects - The Agency is not liable for outcomes related to medication use beyond reminder services

If the Client requires hands-on medication assistance, the Client understands that a licensed provider or alternate service arrangement may be necessary.

6. Client Rights & Non-Retaliation

The Client retains all rights under federal and Kentucky law, including: - The right to refuse medication at any time - The right to file grievances without retaliation - The right to discontinue medication reminders

Concerns may be reported to: - Agency leadership - **Kentucky Adult Protective Services (APS): 1-800-752-6200** - **Kentucky Cabinet for Health and Family Services (CHFS) – Office of Inspector General: 1-877-597-2331**

7. Regulatory Compliance Statement

This Agreement is intended to comply with: - **CMS Conditions of Participation** (as applicable) - **907 KAR 1:170 – Personal Services Agencies** - **KRS 209 – Adult Protective Services** - Guidance from the **Kentucky Cabinet for Health and Family Services (CHFS)**

8. Term & Termination

This Agreement becomes effective on the date signed and remains in effect until: - Discontinued by the Client or Representative - Modified due to change in condition or care plan - Services are terminated per the Client Service Agreement

9. Acknowledgment & Signatures

I acknowledge that I have read and understand this Medication Reminder Agreement. I understand that the Agency provides **reminders only** and does not administer medications.

Client Name: _____

Client or Legal Representative Signature: _____

Date: _____

Agency Representative Signature: _____

Date: _____

Effective Date: _____ **Review Date:** _____