

**POLICY NAME: CONTRACTED SERVICES**

**POLICY # 3.05**

**AUTHORIZED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**POLICY:** When the Company contracts to provide services, there will be a written agreement defining the nature and scope of those services. The written agreement will define the overall role of contracted individuals or organizations to insure compliance to Company activities, goals and quality assessment and improvement standards, insuring appropriate care and service for the Company's clients/customers.

1. The Company, when utilizing the services of individuals or organizations other than staff personnel, will have, with those individuals or organizations, a written agreement.
2. The written agreement will center around the services to be provided.
3. The written agreement will define in detail the role played by the Company and the contracted individuals or organizations with relationship to any phase of client/customer care or services.
4. The agreement will clearly describe documentation requirements, by who and within what time frame.
5. The agreement will clearly define the contracted individual's or organization's responsibility to adhere to applicable organization policies.
6. The agreement will describe applicable personnel qualifications.
7. The agreement will define procedures for determining charges and reimbursement.
8. The agreement will define conditions for its renewal or termination.

## **PROFESSIONAL SERVICE AGREEMENT**

The purpose of this Agreement is to set forth the terms and conditions of a consulting relationship between \_\_\_\_\_ hereinafter called CONSULTANT, and \_\_\_\_\_, hereinafter called THE COMPANY.

### **SCOPE AND SERVICES:**

CONSULTANTS activities shall relate primarily to providing professional and technical support to customers/caregivers using wheelchair equipment provided directly by THE COMPANY. Such activities will include the scheduling and performance of scheduled wheelchair clinic at THE COMPANY'S address and home visits on an as needed basis to conduct one or more of the following activities.

1. Initial/Follow Up Assessment
2. Routine equipment inspection and maintenance of existing wheelchair equipment
3. Measure, test and recommend new wheelchair seating and positioning equipment
4. Review of safe and proper use of prescribed equipment
5. Review of correct equipment cleaning and maintenance
6. Completion of Certificate of Medical Necessity (CMN) and any other required documentation.

CONSULTANT agrees to abide by all existing policies and procedures of THE COMPANY, especially with respect to customer rights, responsibilities, confidentiality, and participation in the development and attainment of a suitable plan of service/care.

CONSULTANT will participate in the development, implementation, and changes made to the patient plan of service/care.

**COMPENSATION AND TERMS:**

In return for services rendered, THE COMPANY agrees to provide compensation according to the following schedule:

- A. \$45.00 per hour

Payment to CONSULTANT shall be made seven (7) days after receipt of invoice and appropriate paperwork. Paperwork includes completed Wheelchair Clinic Packet (including CMN, Date of Service, Customer Name/Location, Fee/Charge Amount, and Comments).

THE COMPANY shall provide CONSULTANT with all equipment, supplies, and forms necessary to perform all services listed herein.

CONSULTANT agrees to maintain an active Ohio license as an occupational therapist and to submit evidence of same once per annum as required. CONSULTANT also agrees to provide proof of liability insurance. CONSULTANT is responsible for all fees and premiums for the above mentioned items. Moreover CONSULTANT agrees to maintain the necessary skill required to ensure the consistent attainment of high quality homecare/HME outcomes.

CONSULTANT will provide documentation of medical and immunization records, and training/education received, required by OSHA, Federal and State regulations.

**TERM:**

This Agreement shall extend indefinitely. THE COMPANY shall have the right to terminate this Agreement at any time, and for any cause, by giving CONSULTANT notice. CONSULTANT shall also have the right to cancel the Agreement by giving THE COMPANY notice.

**CONFIDENTIALITY:**

During the period of this Agreement, CONSULTANT will acquire from THE COMPANY certain information which THE COMPANY or THE COMPANY'S business associates regard as propriety and have designated as such. Such information may relate to customer rosters, referral sources, sales and marketing activities as well as other operations, information, and business plans of THE COMPANY or THE COMPANY'S business associates. Upon termination, CONSULTANT agrees not to disclose or use this information.

**INDEPENDENT CONTRACTOR:**

CONSULTANT'S relationship to THE COMPANY is that of an independent contractor and, as such; CONSULTANT shall have no right to contractually bind THE COMPANY to any other Agreement. However, CONSULTANT is expected to perform all services according to existing policies and procedures of THE COMPANY.

**ENTIRE AGREEMENT:**

This Agreement sets forth the entire contract between THE CONSULTANT and THE COMPANY, there being no other representation or promises not contained herein.

By: \_\_\_\_\_ Date: \_\_\_\_\_

CONSULTANT

By: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist for Contracted Personnel

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type	Items	OK	N/A
<b>Forms</b>	Contract with Job Description		
	Emergency Contact Information		
	Application		
	Mission Statement		
	Orientation Checklist		
	Reference Checks (2)		
	Confidentiality Form		
	Passport Overview		
	HME Supplier Standards		
	Hepatitis B Vaccination		
<b>Personal Forms</b>	Resume		
	Verification of Licenses		
	Verification of Insurance		
<b>Examples</b>	Job Performance Evaluation		
	Patient Forms		
<b>Notes</b>			

# PT/OT Evaluator Evaluation

Date:		Evaluatee:			Evaluator:				
<b>Quarter:</b> 1 2 3 4		<b>Evaluation Criteria</b>			<b>&lt;- Rating - &gt;</b>				
<b>Ride-A-Long</b>		<b>1 =Retrain 2=Below Expectations</b> <b>3=At Expected Level</b> <b>4=Above Expectations 5=Outstanding</b>							
1	Presents in a professional Manner	1	2	3	4	5			
2	Insurance Coverage Knowledge	1	2	3	4	5			
3	Product Knowledge of eval	1	2	3	4	5			
4	Ability to answer clients questions	1	2	3	4	5			
5	Ability to work with the Therapist / Family members	1	2	3	4	5			
6	Explains literature/instruction manual for products	1	2	3	4	5			
7	Good record keeping of evaluation	1	2	3	4	5			
8	Ability to communicate	1	2	3	4	5			
9	Ability to communicate Patient Rights	1	2	3	4	5			
10	Ability to do a MAT eval	1	2	3	4	5			
<b>General</b>									
11	Timeliness of paperwork	1	2	3	4	5			
12	Provides Therapist update of equipment status	1	2	3	4	5			
13	Professional appearance	1	2	3	4	5			
14	Time management skills	1	2	3	4	5			
15	Telephone etiquette	1	2	3	4	5			
16	Organizational skills	1	2	3	4	5			
<b>Demonstration of Equipment Knowledge</b>									
19	Manual wheelchair - setup, delivery & maintenance	1	2	3	4	5			
20	Electric wheelchair - setup, delivery & maintenance	1	2	3	4	5			
21	Electric Beds - setup, delivery & maintenance	1	2	3	4	5			
22	Walkers - setup, delivery & maintenance	1	2	3	4	5			
Totals									
Grand Total									
Type of Call:    Delivery        Evaluation        Inservice									
Time Spent with Evaluatee: 1 2 3 4 5 6 7 8 hrs.									
Notes:									

# PERFORMANCE EVALUATION SUMMARY SHEET

POSITION: \_\_\_\_\_

	QUALITY OF WORK	QUANTITY OF WORK	KNOWLEDGE OF JOB	JUDGMENT & DEC. MAKING	RELIABILITY AND INITIATIVE	OVERALL RATING
# OF POINTS						
# OF STANDARDS						
AVG.						

Developmental Goals & Training needs:

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Employee Comments:

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Supervisor Comments:

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_