



MEDPROS OF AMERICA, INC.
THE COMPLETE HOME HEALTH AGENCY COMPLIANCE PROGRAM MANUAL

HUMAN RESOURCES

1. APPLICATIONS FOR EMPLOYMENT
2. ATTENDANCE – TARDINESS
3. CERTIFIED NURSING ASSISTANTS
4. CLASSIFICATION OF EMPLOYEES
5. CRIMINAL BACKGROUND CHECKS
6. DISCIPLINARY ACTION
7. CORRECTIVE ACTION RULES FOR MINOR, MAJOR, AND CRITICAL PLANS
8. DRESS REGULATIONS
9. EMPLOYEE COMMUNICATIONS
10. EMPLOYEE REQUEST FOR PAID TIME OFF
11. EMPLOYMENT OF THE DISABLED
12. EQUAL OPPORTUNITY EMPLOYMENT
13. ETHICAL DILEMMAS
14. EXIT INTERVIEW FORM
15. EXIT INTERVIEWS
16. FOREIGN APPLICANTS
17. GARNISHMENT OF WAGES
18. HOLIDAY POLICY
19. HOME HEALTH AID COMPETENCY EVALUATION
20. HOME HEALTH AID SKILLS CHECKLIST
21. HOME HEALTH AID SUPERVISION
22. NEPOTISM
23. ORIENTATION PROGRAM
24. ORIENTATION – HOME HEALTH AIDE SERVICES
25. PAYROLL VERIFICATION
26. PERSONAL INFORMATION
27. PERSONNEL FILES
28. PHOTO IDENTIFICATION
29. POSITION CONTROL
30. RECRUITMENT, RETENTION AND EDUCATION
31. REFERENCE CHECKING
32. RE-HIRE
33. SICK LEAVE
34. STAFF SELECTION
35. TERMINATION OF EMPLOYMENT
36. VACATION
37. WORKMENS COMPENSATION

EMPLOYEE HANDBOOK - FEDERAL

1. THE STUDENT PROGRAM LOANS
2. BASIC STEPS FOR EMPLOYERS TO FOLLOW FOR WITHHOLDING
3. ED'S NOTICES TO THE EMPLOYER OF GARNISHMENT ACTION
4. CALCULATING THE AMOUNT OF EARNINGS TO BE WITHHELD
5. HOW TO REMIT WITHHOLDINGS TO ED
6. HANDLING MULTIPLE GARNISHMENT ORDERS ON A DEBTOR
7. WHEN TO STOP WITHHOLDING
8. EMPLOYER COMPLIANCE IS MANDATORY
9. FREQUENTLY-ASKED QUESTIONS
10. ATTACHMENTS AND INSTRUCTIONS
 - a. LETTER TO EMPLOYER AND IMPORTANT NOTICE TO EMPLOYER
 - b. IMPORTANT NOTICE TO EMPLOYER
 - c. UNITED STATES GOVERNMENT WAGE GARNISHMENT ORDER (SF-329B)
 - d. WAGE GARNISHMENT WORKSHOP (SF-329C)
 - e. GARNISHMENT
 - f. WAGE GARNISHMENT REQUIREMENTS

ORIENTATION CHECKLISTS

1. EMPLOYMENT APPLICATION POLICY
2. CONTINUING EDUCATION ATTENDANCE RECORD
3. ADMINISTRATIVE / MANAGEMENT- ORIENTATION CHECKLIST
4. DRIVER / SERVICE TECHNICIAN – ORIENTATION CHECKLIST
5. CLINICAL STAFF – ORIENTATION CHECKLIST
6. INFUSION THERAPY – COMPETENCY CHECKLIST
7. MONTHLY IN-SERVICE TRAINING – MONTH – EXAMPLE
8. IN-SERVICE AND CONTINUING EDUCATION
9. IN-SERVICE ATTENDANCE RECORD
10. RESPIRATORY CARE – COMPETENCY CHECKLIST
11. OFFICE STAFF – ORIENTATION CHECKLIST
12. ORIENTATION POLICY

TERMINATION FORMS

1. EMPLOYEE REFERENCE RELEASE
2. GENERAL RELEASE FOR EMPLOYMENT TERMINATION
3. TERMINATION MEETING CHECKLIST
4. EMPLOYEE EXIT INTERVIEW FORM
5. DISCIPLINARY ACTION FORM

JOB DESCRIPTIONS & 90 DAY EVALUATIONS

1. CURRENT LICENSURE CERTIFICATION AND REGISTRATION
2. PERFORMANCE EVALUATION
3. REHABILITATIVE THERAPIES
4. ANNUAL EVALUATION – HOME HEALTH ADMINISTRATOR
5. ANNUAL EVALUATION - ADMINISTRATOR
6. ADMINISTRATOR JOB DESCRIPTION – 90 DAY EVALUATION
7. CASE MANAGER
8. DIRECTOR OF PATIENT CARE SERVICES

- 9. HOME HEALTH AIDE
- 10. INTAKE NURSE
- 11. LPN/LVN
- 12. MEDICAL SOCIAL WORKER
- 13. OCCUPATIONAL THERAPIST
- 14. PHYSICAL THERAPIST
- 15. SPEECH THERAPIST



HR FILE SETUP

SECTION 1:

CORRESPONDENCE

- ADMINISTRATIVE / MANAGEMENT – ORIENTATION CHECKLIST

SECTION 2:

PERSONAL

- APPLICATION FOR EMPLOYMENT
- LICENSE COPY / VERIFICATION
- DIPLOMA / DEGREE / TRANSCRIPIT
- EDUCATION VERIFICATION FORM
- CPR CARD
- EMPLOYEE EMERGENCY INFORMATION FORM
- RESUME
- EMPLOYEE REFERENCE FORM
- TELEPHONE EMPLOYEE REFERENCE FORM
- CURRENT W-4 FORM
- STATE WITHHOLDING

SECTION 3:

AGREEMENTS

- RECEIPT OF EMPLOYEE HANDBOOK
- ACKNOWLEDGEMENT OF NEW OR REVISED POLICY
- LETTER OF APPOINTMENT SAFETY DIRECTOR
- JOB DESCRIPTION
- EMPLOYEE CONFIDENTIALITY ACKNOWLEDGEMENT
- WORKS MADE FOR HIRE AND PROPRIETARY INFORMATION AGREEMENT
- CONFLICT OF INTEREST DISCLOSURE FORM
- STATEMENT OF UNDERSTANDING

SECTION 4:

CREDENTIALS

- SPECIALTY TRAINING

SECTION 5:

IN-SERVICE

- OFFSITE TRAINING (i.e., COMPLEX REHAB)

SECTION 6:

CREDENTIAL FILE (KEEP SEPARATE)

- DRIVING RECORD CHECK
- BACKGROUND DISCLOSURE AND AUTHORIZATION FORM
- INSERT:
 - I-9 FORM
 - DRUG TEST CONSENT AND AUTHORIZATION
 - MANTOUX OR X-RAY
 - IMMUNIZATIONS
 - OTHER CREDENTIAL INFORMATION
- BACKGROUND SCREENING RESULTS
- DRUG SCREENING RESULTS
- COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD
- DRUG TESTING CONSENT

SECTION 7:

EVALUATIONS

- PRE-EMPLOYMENT QUESTIONNAIRE
- HEALTH QUESTIONNAIRE FOR POSITIVE TUBERCULOSIS SKIN TEST REACTIONS
- INFORMED CONSENT FOR HEPATITIS B VACCINE
- HEPATITIS B VACCINE DECLINATION
- TIME OFF REQUEST

