

# PROFESSIONAL SERVICE THERAPY CONTRACT STAFF CHECKLIST

NAME \_\_\_\_\_ COMPANY (if applicable) \_\_\_\_\_

**Checklist and all requirements are completed/validated PRIOR TO PATIENT VISITS and documentation maintained in the contract therapist's Professional Service Contract File.**

Supervisor's Initials/Date

## The following requirements are obtained PRIOR to initiation of contract:

- Validation of current licensure \_\_\_\_\_
- Validation of current professional liability insurance \_\_\_\_\_
- Validation of OIG Exclusion List screening \_\_\_\_\_

## The following requirements occur during orientation:

- Form I-9 – Employment Eligibility Verification \_\_\_\_\_
- Evidence of Baseline Two-Step TB Test \_\_\_\_\_  
( for individuals with a hx of + skin test, the protocols of the Alabama State TB Control Program guidelines will be followed )
- Evidence of Hepatitis Immunity or signed Hepatitis B vaccine declination
- Copy of current CPR certification
- Copy of qualifying diploma or transcript \_\_\_\_\_
- Picture ID Badge issued or validated \_\_\_\_\_
- Validation of appropriate supply bag \_\_\_\_\_
- Validation of NPI through <http://www.npnumberlookup.org/>  
(does not apply to assistants as they are covered under supervising therapist's NPI) \_\_\_\_\_
- HIPAA Privacy & Security Training/submission of Acknowledge of Completion forms  
(Acknowledgement of Completion of Departmental Policy AND Acknowledgement of Receipt of Departmental Policy - - forward BOTH forms to legal and keep copy in file) \_\_\_\_\_
- Evidence of completed Rehab Manual Orientation  
(attach completed Rehab Manual Orientation Checklist) \_\_\_\_\_
- Evidence of skills competency (refer to Professional Service Contract File instructions for details) \_\_\_\_\_
- Evidence of required in-service education (refer to Professional Service Contract File instructions for details)
  - A. OSHA Guidelines/Infection Control \_\_\_\_\_
  - B. Safety \_\_\_\_\_
  - C. Body Mechanics \_\_\_\_\_

## CHECKLIST (con't)

### Review of the following current Home Health Policies and Procedures:

Abbreviations

Abuse and/or Neglect Reporting

Accident/Injury

Admission

Bag Technique

Encounter Form

HIPAA

Homebound Status

Infection Control

In-service/Continuing Education

Medical Record: Confidentiality

Medical Record: Documentation

Medication Management

Patient Care Delivery

Rehabilitative Therapy

Safety, Employee

Supervision of Patient Care

Supervision of Personnel

Uniform Policy

False Claims Liability, Anti-Retaliation Protections, and Detecting and Responding to Fraud, Waste and Abuse

I, \_\_\_\_\_ certify that the above policies have been reviewed with the therapist below on \_\_\_\_\_.  
(supervisor) (date)

I, \_\_\_\_\_ certify that I have received/reviewed the policies above on \_\_\_\_\_.  
(therapist) (date)

