

# Payroll Agreement & Policies

Intermittent Employees



Please read carefully and sign below to confirm that you understand this policy.

1. Care at Home utilizes an online Electronic Health Records (EHR) system to document visits made by our intermittent nurses. **Documentation of a completed visit must be submitted and ready for review online within 48 hours of the visit.** If an intermittent nurse is using paper notes to document a visit, these notes should also be turned in within **48 hours** of the visit. For payment to be made to the employee, all notes must be **entered and approved by a Clinical Manager**. A note is not considered complete and will not be passed on to payroll until it has passed Quality Assurance (QA) and all changes/revisions have been made by the clinician who made the visit and is responsible for completing the note to the satisfaction of the Clinical Manager.
2. Intermittent employees are paid one week in arrears, with paychecks being every Friday. Written authorization is required for a check or paystub to be given to someone other than the employee. Effective July 1, 2012, Care at Home will no longer issue paystubs to our employees. All employees can access their paystub information online through ADP's secure IPayStatement website. In addition, a free ADP app can be added to your smart phone. Online payroll information can be accessed 24 hours prior to payday and is always available to employees as long as they remain with the company. Exceptions/revocation of the paperless payroll statement policy may be requested by the employee, in writing, at any time.
3. For intermittent nurses using paper notes, please turn in all visit notes with payroll section and any other payroll relevant information to the Care at Home office location. You may drop them by the office, mail or fax them (with hard copy to follow), or place them under the office door after hours. **PLEASE NOTE: If you are dropping your notes off at the office please be sure to put them in a sealed envelope as they contain Protected Health Information (PHI) which is protected by Federal and State Law. In addition, all faxed notes must be sent with a fax cover sheet which indicates that the documents included are private and confidential.**
4. You must complete a W-4 withholding allowance certificate at the time of employment. Report any change of your withholding needs ASAP. The following deductions are required by law: Federal Income Tax, FICA - Federal Insurance Contribution Act (Social Security), Medicare, SDI - State Disability Insurance, and State Income Tax. You will receive a statement of earnings and taxes withheld (IRS Form W-2) by January 31 of each year.
5. Complete one note for each visit/shift, no matter how many times per week you see the client.
6. Notes that have documentation errors that are not promptly corrected when you are notified, or notes that are turned in later than 10:00am on the Tuesday prior to pay day, will be paid on a later payroll, depending on when the notes are completed by the clinician who made the visit to the satisfaction of the Clinical Manager.
7. Compensation for patient visits is paid on a per visit basis, which includes compensation for all activities in connection with a patient visit. The compensation per visit is a lump sum payment to compensate for all time involved in completing the visit to a patient. For this purpose, the visit includes all of the following: preparation time; participation in developing the plan of treatment; travel to the patient's home or place of residence and return and associated mileage; the actual patient contact; completion of all charting and related paperwork to the satisfaction of Quality Assurance; completion of timesheet; telephone time, conferences and other communications with the patient's family, physician or other individuals concerning the patient; turning in properly completed information and paperwork; and any other time or activities associated with the patient's visit.

8. Intermittent Wage Rates are as follows:

Regular Visit Rate \$ \_\_\_\_\_ Discharge Visit Rate \$ \_\_\_\_\_ Training Rate: \$ \_\_\_\_\_ /hour \_\_\_\_\_

I understand that in exceptional situations, this amount may vary, if agreed upon ahead of time by myself and Care at Home.

*If Care at Home cannot bill for services, payment cannot be made to the employee. It is therefore, in your best interest to be prompt and thorough when turning in your notes. I understand that if I turn in notes late at any time, or they are incorrectly filled out, I will have to wait for payment on those visits.*

Signature / Title of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature / Title of Director or Designee \_\_\_\_\_ Date \_\_\_\_\_