



MEDICAL STAFFING SUPPLEMENT (No. 10)

1. Name of Applicant: _____
2. Address: _____
(Street) (City) (State) (Zip Code) (County)

I. STAFFING OPERATIONS

Please attach a copy of your Agency Staffing Agreement.

1. Do you staff any non-medical positions? Yes No
2. What type of staffing services do you offer? Per diem Temporary Staffing (less than one month) Long-term Staffing Temporary-to-Direct Hire Placement
3. Do you employ 100% of the individuals that you place for your clients? Yes No
4. Please estimate which of the following are your typical staffing clients: (Total must equal 100%)

| | |
|--|--|
| <input type="checkbox"/> Hospitals / Health Systems _____% | <input type="checkbox"/> Non-skilled personal care agencies _____% |
| <input type="checkbox"/> Nursing Homes / Assisted Living Facilities _____% | <input type="checkbox"/> Hospices _____% |
| <input type="checkbox"/> Private Physician Practices _____% | <input type="checkbox"/> Social Services Agencies _____% |
| <input type="checkbox"/> Home Healthcare Agencies _____% | <input type="checkbox"/> Surgical Centers _____% |
| <input type="checkbox"/> Pharmacies _____% | <input type="checkbox"/> Other _____% |
5. Please indicate the location(s) where staffing services are provided: Private Homes Hospitals Clinics Nursing Homes/ALF's Schools Outpatient Facilities Other _____
6. Do you also offer human resources consulting services on a fee-for-service basis? Yes No
 If "yes," what is your estimated annual revenue from these services? \$ _____
7. What is your total estimated annual revenue from staffing for your current fiscal year? \$ _____ Last year? \$ _____ (If your revenue exceeds \$5,000,000 please attach a copy of your latest audited financial statement)

II. EMPLOYEE SELECTION

1. Do you perform employee background checks on staffed workers based on the requirements of the state or the healthcare facility? Yes No
2. Which of the following background check methods do you use?

| | <u>Staffed Workers</u> |
|---|--|
| Current Licensure, certification, and registration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Criminal background checks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Present employment and two previous employers' verification | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pre-employment verification of convictions for abuse/neglect | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security number verification and search | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home telephone/residency verification | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Driver's license information (MVR) if placement requires driving responsibilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug screening | <input type="checkbox"/> Yes <input type="checkbox"/> No |
3. Do your staffing contracts stipulate that you are responsible for performing criminal background checks? Yes No
4. Do you conduct face-to-face interviews with all prospective staffed workers? Yes No

5. Do you have a process in place to assure that the staffed worker's qualifications and competencies are consistent with job placement responsibilities? Yes No
6. Do you require that your clients orient the staffed workers to the facility setting, the unit, and policies and procedures on each staffing assignment? Yes No
7. Do you seek regular feedback from your clients on employee performance on all staffed workers? Yes No
8. Do you have a written description of your complaint process that is supplied to each of your clients? Yes No
9. Do you have a process in place for temporary staffed workers to contact you if they question the appropriateness of their assignment? Yes No
10. Do you provide ongoing education, including in-services and other activities? Yes No

III. RISK MANAGEMENT AND LOSS CONTROL

Please attach a copy of your currently valued three-year loss experience from your insurance carrier.

1. Do you carry Workers Compensation insurance? Yes No
2. Do you have processes in place for reporting and investigating allegations of hostile work environments? Yes No
3. Do you have a process in place to evaluate prospective clients before offering staffing services? Yes No
If "yes," does this process include an on-site visit as well as a review of the facility's orientation program for staffed workers? Yes No
4. Does this process include an on-site visit as well as a review of the facility's orientation program for staffed workers? Yes No
5. Do your staffing agreements include defined roles and responsibilities of both parties? Yes No
6. Do your staffing agreements include mutual hold harmless agreements? Yes No
7. Is the use of personal vehicles by staffed workers addressed in your agency staffing agreement? Yes No
8. Are staffing agreements reviewed by legal counsel? Yes No

IV. EMPLOYEE INFORMATION – ANNUAL STAFFING

1. Please provide the estimated number annual billable hours and annual payrolls for each type of staffed employee for the next twelve months. Do NOT include your own internal agency staff.

| Employee Type (staffed workers) | Estimated Annual Billable Hours | Estimated Annual Payroll |
|------------------------------------|---------------------------------|--------------------------|
| Nurse (RN) | | \$ |
| LPN | | |
| Nurse Aid / Nursing Assistant | | |
| Home Health Aid | | |
| Homemaker | | |
| Social Worker | | |
| Physical Therapist | | |
| Speech Pathologist | | |
| Occupational Therapist | | |
| Pharmacy Assistant | | |
| Lab Technician | | |
| EKG Technician | | |
| X-ray Technician | | |
| Radiology Technician | | |
| Medical Technician | | |
| Certified Medical Assistant | | |
| Dietician/Nutritionist | | |
| Dialysis Technician | | |
| Enterostomal Therapist | | |
| Respiratory Therapist | | |
| Phlebotomist | | |
| Radiation Therapist | | |
| Clerical/Administrative | | |
| Other: _____ _____ | | |
| Total | | \$ |

Note: Staffing agencies which staff physicians, medical directors, physician assistants, surgeons, dentists, psychiatrists, residents, interns, externs, chiropractors, acupuncturists, nurse practitioners, nurse midwives, certified registered nurse anesthetists and pharmacists are not eligible for coverage

2. What percentage of these total staff workers are assigned to Critical Care, Emergency, Obstetrics, Radiology or Pediatric Departments? _____%
3. What percentage of your business includes staffing travel nurses? None
 _____%
4. Do you employ international healthcare workers on work visas? Yes No
5. Do you place staffed workers in prisons or correctional facilities? Yes No