



SANTA ROSA COUNTY RISK MANAGEMENT

6495 Caroline Street, Suite I | Milton, Florida 32570

DEVANN COOK
Director
devannc@santarosa.fl.gov

To: Santa Rosa County Board of Commissioners

From: DeVann Cook, Director, Human Resources

Through: Tony Gomillion, County Administrator

Re: Select Physical Therapy Agreement

Date: August 29, 2016

RECOMMENDATION

Approve an agreement with Select Physical Therapy for Ergonomic Job Site Analysis, in preparation for Post-Offer Employment Testing (POET).

BACKGROUND

Santa Rosa County has been performing post-offer medical evaluations since we became self-insured for workers' compensation. This evaluation does not include any physical strength or agility testing. As part of an on-going effort to more appropriately evaluate a potential employee on their ability to perform the physical tasks related to their position, we plan to start POET testing for several manual labor jobs. This agreement is for Select Physical Therapy to assist in establishing the parameters for that testing.

cc: R. Andrews
M. Lloyd
C. Williams



August 31, 2016

Santa Rosa County Commission
6495 Caroline Street Suite 1
Milton, Fl. 32570
Phone: 850-983-1863

Re: Letter of Agreement (“Agreement”) between Santa Rosa County Commission (“Company”) and Gulf Breeze Physical Therapy dba Select Physical Therapy for and on behalf of its subsidiaries and affiliates (“Provider”) effective upon Company execution (“Effective Date”).

Dear **Mr.** DeVann Cook,

Please accept this Letter of Agreement, documenting the agreed upon term and rates for any chosen services that Santa Rosa County deems necessary:

- Ergonomic Analysis of designated work stations with report or general screening of sections with recommendations.
- Train the Trainer – Education to HR / Supervisory personnel to be able to accomplish non-complex work station changes by Therapist.
- Stretch Exercise Cards for designated persons or groups throughout the organization or total training of all personnel to accomplish seated stretch exercises to reduce repetitive motion injuries that occur over time. Pricing dependent on volume ordered and may vary.
- Orientation for all personnel, management, or trainer for stretching exercises –formal power point presentation to kick off wellness initiative,
- Job Site Analysis for an job or job grouping you may want to add for post offer testing
- Post-Offer Employee Testing (POET) utilizing Work Steps Program at \$180 per test (separate contract required with WorkSteps).

Therapist services to be billed at \$180 per hour. (“Services”) provided at the Provider clinic or the Employer site. Company will reimburse Provider a cancelation / no show fee of \$90 not notified within a 24 hour notification of the appointed time.

The term of this Letter of Agreement will be for one (1) year from the Effective Date with automatic renewals for additional one (1) year periods unless it is earlier terminated as provided herein. Either party may terminate this Agreement at any time, without cause, by giving thirty (30) days prior written notice to the other party.

Both parties must approve in writing any additional services.

Provider is responsible for the safety of subjects/ patients and the accurate reporting of physical performance measures provided by Provider. However, Provider assumes no responsibility for the

Company's use of physical performance data for purposes of employment practices, promotion practices, or placement of employees.

Provider will bill Company at the following address:

Santa Rosa County Commission
6495 Caroline Street Suite 1
Milton, Fl. 32570
devannc@santarosa.fl.gov

Company will remit payment to:

Select Physical Therapy
Attn: Karen Hercules
400 Technology Drive Suite 240
Canonsburg, PA 15317
724-743-5682

Provider will submit an invoice within 60 days of date of service. Company shall pay claim with 30 days following receipt of invoice.

Company and Provider agree to comply with all Florida state laws and regulations governing this client/provider arrangement.

Any questions pertaining to this Agreement can be directed to:

Brenda Royster 850-863-4747
Michelle Ezzell 850-377-7381
Cathy Holland 850-863-8740

Thank you for giving us this opportunity to serve your employees.

Sincerely,

David D. Engelhardt
Vice President - National Contracting
Select Medical

Acknowledged and Agreed to:

By: _____

Title: _____

Date: _____