



Backup Program Manager
Supplemental Pay and Responsibility Acknowledgement Form

Backup Program Managers for Trinity Rehab, LLC will provide temporary operations support during a Program Manager's absence for a designated period of time, no less than three consecutive days. Responsibilities of a Backup Program Manager are outlined below. Backup Program Managers report to the Area Director.

RESPONSIBILITIES

- Responsible for staffing to meet patient care demands and direct supervision of all clinical staff in designated facility – *Employee Initials* _____
- Maintain ongoing operations by managing productivity and scheduling as well as attending all required facility meetings and departmental meetings –
Employee Initials _____
- Responsible for providing clinical services as directed – *Employee Initials* _____
- Ensure that designated Trinity Rehab billing information contains information verified as correct and complete insurance verifications for new referrals and existing patients –
Employee Initials _____
- Coordinate with IDT teams for MDS and other patient assessments, discharge planning – *Employee Initials* _____
- Maintain customer relationships by working with any individual associated with a Trinity Rehab account in such a way that reflects the corporate philosophies of Trinity Rehab –
Employee Initials _____
- Other duties as assigned – *Employee Initials* _____

SUPPLEMENTAL PAY

Requirements for Eligibility:

- Backup Program Manager must successfully perform all duties as described above for a minimum of three (3) consecutive business days
- Backup Program Manager must be an employee in good standing, not in an active resignation period, with no recent written or verbal corrective action plans
- Backup Program Manager supplemental pay is paid at the discretion of the Vice President of Operations and is subject to modification or termination based on departmental performance or a change in facility assignment

\$500/per month (30 days) Backup Program Manager duties are performed (excluding Saturdays & Sundays)

Date(s) of Coverage: _____

Employee Signature

Date

Employee Name/Printed

Facility/Department Name

Area Director Signature/Approval

Date

VP of Finance Approval

Date