

Agency	Quality Star Rating	Patient Experience Star Rating	Average Daily Census	Geographic Considerations	Case Management Model	Care Conference Formal	QR / Coding / OASIS Review Process
Example	★	★		<ul style="list-style-type: none"> Rural vs. Urban Average 14 miles/visit Average travel 25 minutes/visit 	<ul style="list-style-type: none"> Case load expectations Acuity component? Who do they coordinate care with? What are typical duties? 	<ul style="list-style-type: none"> Frequency of meetings Format of discussion Content of discussion Who leads? Who attends? 	<ul style="list-style-type: none"> In-house or out-sourced Discipline/s (RN, coder, Therapist) Staff certified? Data scrubber?
1	3.5	4	400	<ul style="list-style-type: none"> Mixed Urban and Rural 	<ul style="list-style-type: none"> Teams of 2 RNs case manage 33-38 patients – one of them is designated Case Manager. Acuity component is subjective. Case manager communicates with Office RN about caseload and if they can take patients above 38. Care coordination with office support RN, therapists, social workers and home health aides. 	<ul style="list-style-type: none"> Looking to revamp, currently only having one formal case conference per month. Discussion is facilitated by office RN. Discuss upcoming discharges, new admits and pending recerts. All staff on the care team are invited. Staff can attend in person or remotely via web ex. 	<ul style="list-style-type: none"> 60% in house, 40% out-sourced Designated coders - all coders are RNs and certified. Yes we use a data scrubber
2	3.5	2	340	<ul style="list-style-type: none"> Urban 10 miles/visit 	<ul style="list-style-type: none"> 20-22 caseload for RNs If several private pay or monthly (B12/catheter) client's, then will be 25+) Care coordination with team (rehab and HHA) Duties include full case management of episode and decisions with homecare 	<ul style="list-style-type: none"> Informal case conference outside of monthly IDT. Starting a weekly regional "huddle call" Lead by clin sup to keep on task and move through shared clients, all RN/PT/PT/LPN/PTA call in. 	<ul style="list-style-type: none"> In-house Both RN and PT/ST review Staff completed OASIS blueprint course, not certified No Scrubber
3A	4	4	108	<ul style="list-style-type: none"> Urban – 30 mile radius Average Mileage: 9 Average Travel: 15 min 	<ul style="list-style-type: none"> Nursing Case Managers expected to manage approximately 15-20 	<ul style="list-style-type: none"> Team meetings held every week by clinical supervisor, all therapy, 	<ul style="list-style-type: none"> In house HCS-D certified coders and

clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable

nursing and SW present.

- Content includes:
 - Falls
 - Wound Care
 - All therapy pts.
 - Troubleshoot difficult or high-risk patients
 - Recent hospitalizations and high-risk re-admit patients
 - Weekend admissions report given and coordinate staff who will be covering care

COS-C OASIS specialists

- Yes – data scrubber

3B	4	4	79	<ul style="list-style-type: none">• Rural – 30 mile radius• Average Mileage: 11• Average Travel: 15 min	<ul style="list-style-type: none">• Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable	<ul style="list-style-type: none">• Team meetings held every week by clinical supervisor, all therapy, nursing and SW present.• Content includes:<ul style="list-style-type: none">○ Falls○ Wound Care○ All therapy pts.○ Troubleshoot difficult or high-risk patients○ Recent hospitalizations and high-risk re-admit patients○ Weekend admissions report given and coordinate staff	<ul style="list-style-type: none">• In house HCS-D certified coders and COS-C OASIS specialists• Yes – data scrubber
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				who will be covering care			
3C	4	4	166	<ul style="list-style-type: none"> Rural – 30 mile radius Average Mileage: 12 Average Travel: 15 min 	<ul style="list-style-type: none"> Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable 	<ul style="list-style-type: none"> Team meetings held every week by clinical supervisor, all therapy, nursing and SW present. Content includes: <ul style="list-style-type: none"> Falls Wound Care All therapy pts. Troubleshoot difficult or high-risk patients Recent hospitalizations and high-risk re-admit patients Weekend admissions report given and coordinate staff who will be covering care 	<ul style="list-style-type: none"> In house HCS-D certified coders and COS-C OASIS specialists Yes – data scrubber
4	3	3	300	<ul style="list-style-type: none"> Primarily urban 10 – 40 miles/visit 15 – 60 minutes/visit 	<ul style="list-style-type: none"> Average caseload 20-25 No acuity component Case Manager primarily responsible for oversight of case Do not use LPNs/LVNs PTs work with PTAs Few RNs/PTs are OASIS certified 	<ul style="list-style-type: none"> 1-2 times/month (not consistent) Discuss ROC and complex cases Led by nursing or therapy supervisor All disciplines expected to attend and Medical Director 	<ul style="list-style-type: none"> In-house coders and OASIS reviewers OASIS reviewers are COS-C certified and consist of 2 nurses and 1 therapist Coding specialist certified Data Scrubber – YES
5	3	3	250	<ul style="list-style-type: none"> A portion of our service area is rural – average 15-20 miles/visit. However our staff resides in those areas, limiting travel during the week. 	<ul style="list-style-type: none"> We have a primary case management model – either RN or PT only cases. Average full time case load expectation is 15-20 	<ul style="list-style-type: none"> Care conference is weekly Team members discuss patients who are 14 days from end of episode and any 	<ul style="list-style-type: none"> Coding and OASIS review is outsourced. Staff are not certified, many have had additional education in OASIS.

- The remainder of our service area – average 5-10 miles/visit.
- Travel time/visit varies per above.
- patients, based on acuity and frequency of visits.
- The case manager coordinates all aspects of the POC for that patient, and is in contact with other disciplines as needed.
- They self-schedule their patients and complete supervision of HHA or PTA.
- patients who are complex and/or have complicated psychosocial issues.
- Generally review goals met, not met and are they ready for discharge or recertification. Complex patients – additional ideas for their POC, support, etc.
- Home Care Manager leads care conference.
- Team members who are involved in patients being discussed, hospital dietician and Home Care Social Worker. Software allows team members to contribute virtually.
- Software has an OASIS review & productivity component however this is currently not being utilized to its full capability.

6	3.5	4	1200	<ul style="list-style-type: none"> • Metro and Rural • 3 branch locations provide skilled Home Health in outstate locations • One additional branch location for Mother Newborn services • Average Miles/visit: 10 all disciplines 	<ul style="list-style-type: none"> • Case Load expectations Case Managers 20 patients on active case load • Coordinate with Interdisciplinary team members involved in case. • Duties: Manage the case, collaborate with interdisciplinary team. Reach out to Supervisor in the office for assistance as needed. Ideal state completes all OASIS time points. Although still have few 	<ul style="list-style-type: none"> • Interdisciplinary team meetings (IDT) generally 2 x month. • Lead by Supervisor of team • Discussion in SBAR format for identified patients selected by supervisor • Attendees are members of geographic team primarily providing care primarily SN, PT, OT, SLP, MSW • Quarterly discipline specific meetings lead 	<ul style="list-style-type: none"> • In House Compliance Coordinator (RN or PT) • Duties: POC and OASIS review, OASIS submission tracking/problem solving and revenue cycle problem solving in relation to the clinical record • In House Certified Coders that provide coding recommendations for Home Health and Hospice. • Minimal use of outsource coding with primarily reason PTO coverage. • Data Scrubber - YES
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Admission staff to assist with the fluctuation of volumes working with the health system

by Managers to address education topics for specific group of disciplines.

- Branch locations have their own IDT led by Branch location Manager/Supervisor
- Additional ad hoc meeting/education as business need dictates i.e. in person, Skype calls or Electronic Education Program.

- Also utilize Home Health Gold for particular drill down reports.
- Coders and Compliance Coordinators collaborate with the Clinician regarding recommendations
- Compliance Manager-assist with System work, Quality improvement initiatives, Publicly reported measures, Revenue cycle, ADRs

7A 4 4

- Rural
- 51 minutes for all Routine and Oasis Skilled Nursing visits
- 50 minutes for Routine and Oasis Therapy visits
- Average Mileage per visit: 30

- Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable

- Team Meetings held every other week, led by clinical coordinator. Content discussed:
 - Falls
 - VA authorizations
 - Newly admitted patients (w/in 2 weeks)
 - Therapy clients
 - Clients due for recert
 - Clients transitioning to discharge
 - Significant client issues

- In house – HCS-D certified coders and COS-S OASIS specialists
- Data scrubber – YES

7B 4 4

- Rural
- 51 minutes for all Routine and Oasis Skilled Nursing visits
- 50 minutes for Routine and Oasis Therapy visits
- Average Mileage per visit: 15

- Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT,

- Team Meetings held every other week, led by clinical coordinator. Content discussed:
 - Falls
 - VA authorizations
 - Newly admitted patients (w/in 2 weeks)

- In house – HCS-D certified coders and COS-S OASIS specialists
- Data scrubber – YES

				obtaining clinic notes when applicable	<ul style="list-style-type: none"> ○ Therapy clients ○ Clients due for recert ○ Clients transitioning to discharge ○ Significant client issues 	
7C	4.5	4	<ul style="list-style-type: none"> ● Rural ● 51 minutes for all Routine and Oasis Skilled Nursing visits ● 50 minutes for Routine and Oasis Therapy visits ● Average Mileage per visit: 15 	<ul style="list-style-type: none"> ● Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable 	<ul style="list-style-type: none"> ● Team Meetings held every other week, led by clinical coordinator. Content discussed: <ul style="list-style-type: none"> ○ Falls ○ VA authorizations ○ Newly admitted patients (w/in 2 weeks) ○ Therapy clients ○ Clients due for recert ○ Clients transitioning to discharge ○ Significant client issues 	<ul style="list-style-type: none"> ● In house – HCS-D certified coders and COS-S OASIS specialists ● Data scrubber – YES
7D	5	4	<ul style="list-style-type: none"> ● Rural ● 51 minutes for all Routine and Oasis Skilled Nursing visits ● 50 minutes for Routine and Oasis Therapy visits ● Average Mileage per visit: 30 	<ul style="list-style-type: none"> ● Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable 	<ul style="list-style-type: none"> ● Team Meetings held every other week, led by clinical coordinator. Content discussed: <ul style="list-style-type: none"> ○ Falls ○ VA authorizations ○ Newly admitted patients (w/in 2 weeks) ○ Therapy clients ○ Clients due for recert ○ Clients transitioning to discharge 	<ul style="list-style-type: none"> ● In house – HCS-D certified coders and COS-S OASIS specialists ● Data scrubber – YES

					<ul style="list-style-type: none"> ○ Significant client issues 	
7E	4.5	3	<ul style="list-style-type: none"> • Rural • 51 minutes for all Routine and Oasis Skilled Nursing visits • 50 minutes for Routine and Oasis Therapy visits • Average Mileage per visit: 30 	<ul style="list-style-type: none"> • Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable 	<ul style="list-style-type: none"> • Team Meetings held every other week, led by clinical coordinator. Content discussed: <ul style="list-style-type: none"> ○ Falls ○ VA authorizations ○ Newly admitted patients (w/in 2 weeks) ○ Therapy clients ○ Clients due for recert ○ Clients transitioning to discharge ○ Significant client issues 	<ul style="list-style-type: none"> • In house – HCS-D certified coders and COS-S OASIS specialists • Data scrubber – YES
7F	3	3	<ul style="list-style-type: none"> • Rural • 51 minutes for all Routine and Oasis Skilled Nursing visits • 50 minutes for Routine and Oasis Therapy visits • Average Mileage per visit: 25 	<ul style="list-style-type: none"> • Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable 	<ul style="list-style-type: none"> • Team Meetings held every other week, led by clinical coordinator. Content discussed: <ul style="list-style-type: none"> ○ Falls ○ VA authorizations ○ Newly admitted patients (w/in 2 weeks) ○ Therapy clients ○ Clients due for recert ○ Clients transitioning to discharge ○ Significant client issues 	<ul style="list-style-type: none"> • In house – HCS-D certified coders and COS-S OASIS specialists • Data scrubber - YES
7G	3.5	3	<ul style="list-style-type: none"> • Rural • 51 minutes for all Routine and Oasis Skilled Nursing visits 	<ul style="list-style-type: none"> • Nursing Case Managers expected to manage approximately 15-20 clients including all 	<ul style="list-style-type: none"> • Team Meetings held every other week, led by clinical coordinator. Content discussed: 	<ul style="list-style-type: none"> • In house – HCS-D certified coders and COS-S OASIS specialists • Data scrubber - YES

- 50 minutes for Routine and Oasis Therapy visits
- Average Mileage per visit: 20

aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable

- Falls
- VA authorizations
- Newly admitted patients (w/in 2 weeks)
- Therapy clients
- Clients due for recert
- Clients transitioning to discharge
- Significant client issues

7H	3	3	<ul style="list-style-type: none"> • Rural • 51 minutes for all Routine and Oasis Skilled Nursing visits • 50 minutes for Routine and Oasis Therapy visits • Average Mileage per visit: 10 	<ul style="list-style-type: none"> • Nursing Case Managers expected to manage approximately 15-20 clients including all aspects of care, self-scheduling, communication with all members of IDT, obtaining clinic notes when applicable 	<ul style="list-style-type: none"> • Team Meetings held every other week, led by clinical coordinator. Content discussed: <ul style="list-style-type: none"> ○ Falls ○ VA authorizations ○ Newly admitted patients (w/in 2 weeks) ○ Therapy clients ○ Clients due for recert ○ Clients transitioning to discharge ○ Significant client issues 	<ul style="list-style-type: none"> • In house – HCS-D certified coders and COS-S OASIS specialists • Data scrubber - YES
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Agency	Productivity & Patient Scheduling	Pay Structure	Management Structure	Office Support	Other
Example	<ul style="list-style-type: none"> • Visit expectations / day • Visit weighting guidelines • Patient scheduling model (clinician self scheduling or centralized scheduling) 	<ul style="list-style-type: none"> • Hourly/Salary/per visit • Bonus pay? 	<ul style="list-style-type: none"> • Who supervises staff? • How many direct reports? 	<ul style="list-style-type: none"> • Type of staff • Availability • On call? • Intake? • Staffing/scheduling? 	<ul style="list-style-type: none"> • Turnover rate? • Contract therapy?
1	<ul style="list-style-type: none"> • Nurses self schedule and meet the needs of their patients. RN teams are responsible for all timepoints. • Productivity is measured in average minutes/visit over the course of a quarter. Goal for nursing is 105 minutes per visit (all visits are weighted 1.0) 	<ul style="list-style-type: none"> • All visiting staff are hourly • No bonus pay (other than holiday and weekend/evening shift differentials) 	<ul style="list-style-type: none"> • 1 RN supervisor who oversees all RNs directly (approximately 45). There are 3 clinical support RNs who help indirectly supervise these staff. • 1 OT supervisor who oversees all therapists and home health aides (approximately 30 direct reports). • We also have hospice, so some staff (i.e. social workers) report up through the hospice supervisor 	<ul style="list-style-type: none"> • Full time intake RN, Intake assistant and insurance/auth specialist. • 2 dedicated RNs that cover all after hours call with some regular staff as backups • Three office RNs that support daily clinical needs – assigned specific RN teams. • Team assistants to help with scheduling, follow up with patients, and weekend/evening patient assignments. 	<ul style="list-style-type: none"> • Moderate turnover rate – recently higher due to many retirements in recent years. • Therapy is in house
2	<ul style="list-style-type: none"> • 8 total points and points=hours • 5 visits/day for normal routine visits • 2 SOC's is a full day • Other visit types weighted 	<ul style="list-style-type: none"> • RN's are salaried • PT, OT, ST, LPN, PTA's are hourly with productivity mirroring hours • Very infrequent bonus pay to pick up eval/SOC with high volume 	<ul style="list-style-type: none"> • 4 clinical supervisors who have 8-11 direct reports of clinical staff 	<ul style="list-style-type: none"> • Intake department that does intake for several areas including homecare • Office staffers/schedulers and assign visits based on clinician's orders • Daily meeting for new admits and where to staff them • Goal is to schedule within the region to the same 	<ul style="list-style-type: none"> • Low clinician turn over rate and growth in the past year • Therapy is in house

team to have as few of providers as possible

- 3A**
- **Productivity Model:** Expectation is 1.8 hours per patient. Which is an average of 4-5 visits per day. SOC's get a weight of 2 visits. All other visits count as one visit.
 - **Staff Self Schedule** own visits
 - All staff are hourly
 - **Clinical Supervisors** provide oversight and direct supervision to staff – 17 direct reports
 - **Administrative Assistant** Manages physician's orders, day to day tasks, answering phones.
 - **Eligibility and Reimbursement Verification** is provided by one billing staff member that covers this agency plus 2 additional branches
 - **On Call**-Weekends and holidays 8-430 and 4:30-9 during the week.
 - **Intake** initially is taken by clinical supervisor to determine acceptance, data entry and documentation started by Administrative Assistant and completed by Clinical Supervisor- then assigned to staff.
 - **Staffing/Scheduling**- Is monitored by clinical supervisor
 - Minimal turnover- stable staff, no contract therapy

- 3B**
- **Productivity Model:** Expectation is 1.8 hours per patient. Which is an average of 4-5 visits per day. SOC's get a weight of 2 visits. All other visits count as one visit.
 - **Staff Self Schedule** own visits
 - All staff are hourly
 - **Clinical Supervisors** provide oversight and direct supervision to staff – 6 direct reports
 - **Eligibility and Reimbursement Verification** is provided by one billing staff member that covers this agency plus 2 additional branches
 - **On Call**-Weekends and holidays 8-430.
 - **Intake** is taken by clinical supervisor to determine acceptance and complete data entry and documentation, then assigned to staff.
 - **Staffing/Scheduling**- Is monitored by clinical supervisor
 - Minimal turnover-stable staff, no contract therapy

- 3C**
- **Productivity Model:** Expectation is 1.8 hours per patient. Which is an average of 4-5 visits per day. SOC's get a weight of 2 visits. All other visits count as one visit.
 - All staff are hourly
 - **Clinical Supervisors** provide oversight and direct supervision to staff – 20 direct reports
 - **Administrative Assistant** Manages physician's orders, day to day tasks, answering phones.
 - **Eligibility and Reimbursement Verification** is provided by one billing staff member that covers this agency plus 2 additional branches
 - **On Call**-Weekends and holidays 8-430
 - **Intake** initially is taken by clinical supervisor to determine acceptance, data entry and documentation started by Administrative Assistant and completed by Clinical Supervisor- then assigned to staff.
 - **Staffing/Scheduling**- Is monitored by clinical supervisor
 - Minimal turnover- stable staff, no contract therapy
 - **Staff Self Schedule** own visits

- 4**
- 5 points/day
 - OASIS SOC = 2.5
 - Non-OASIS SOC = 1.5
 - Eval = 1.5
 - ROC = 1.5
 - Recert = 1.5
 - Regular visit = 1
 - DC visit = 1
 - Meeting = 1
 - Clinicians self-schedule
 - Salary
 - Occasional bonus is offered to cover visits (rare)
 - PT Manager = 26 FTEs
 - OT Supervisor = 10 FTEs
 - RN Supervisor = 15 FTEs
 - RN/IV Supervisor = 7 FTEs
 - RN Supervisor = 5 FTEs
 - Two clinical staff manage intake and orders
 - On-call is rotated among nursing staff
 - Clinician's do own scheduling
 - Staff has been primarily stable but continue to hire new staff
 - No contracts

- 5
- 5 visits/day
 - Productivity Model:
RN/PT SOC = 3
Initial eval = 1.5
ROC = 2.5
Discharge = 1.5
Discipline d/c = 1
Recertification = 2
Routine visit = 1
 - Self-scheduling by case managers and additional assistance from centralized scheduling.
HHA/Homemaker per centralized scheduling.
 - All RN's are union hourly
 - All therapists, HHA, Homemaker & SW are hourly
 - Contract therapy staff are hourly
 - Home Care manager supervises all RN's, therapists, HHA's/Homemaker & SW's
 - Hospice Manager provides additional supervision of HHA's/Homemaker
 - Direct report - 30
 - Director of Home Care & Hospice, Home Care Manager, Billing, payroll, QI/Nurse Educator, Compliance Coordinator, Systems Analyst, Clinical Review Specialist
Schedulers, HIM specialist, Service Representative.
 - On-call RN team for after-hours calls in Home Care & Hospice.
 - Intake – takes calls, data input, care conference with hospitalized patients, sets up SOC/ROC visits.
 - Home Care manager reviews staffing daily & determines coverage for ill calls/vacations etc. for RN's and therapists.
Scheduling assists with scheduling of HHA/Homemaker and re-assigns visits as needed in software.
 - Minimal turn over in skilled staff, occasional turn over with HHA.
 - Contract staff is very stable, no recent turnover.

- 6**
- Varies per discipline-generally
 - RN 5, PT/OT 5.3, Aide 5.5, SLP 4.5, SW 3.3
 - Also variable productivity expectation for Specialty disciplines dependent on area traveled and complexity of service.
 - Visit weighting per type of visit SOC 2 visits, Recertification 1.5 visit, ROC 1.25 visit, Evaluation 1.5.
 - Staff self-schedule patients and enter into electronic scheduling program in the electronic record
- Salary for benefit eligible staff,
 - Casual staff at Pay per Visit model.
 - Bonus for going over productivity by at least 3 visit per pay period.
- Home Health Director
 - RN Managers/Supervisor per geographic team
 - Rehab Managers/Supervisors per geographic team
 - Quality/Compliance Managers and Supervisor for Compliance Coordinator, Coders, Insurance Authorization, Face to Face Team Assistant, OASIS Submission TA etc.
- RN, PT, OT, SLP, Aide, MSW, Palliative Care RN, WOCN, Respiratory Therapy, Dietician. Mental Health RN,
 - Rehab specialists: Lymphedema specialist, Vestibular specialist, Wheelchair specialist, Incontinence Therapist, Vital Stim
 - 7 days week
 - On-call rotation for nursing staff
 - Triage Nurse for Home Health, Hospice and Senior Care Transition program (TCU MD)
 - Centralized Intake for Home Health and Hospice.
 - Team Assistants that assist with staff scheduling
- Small use of contract therapy
 - Retention rate- Rehab 98%, RN 87%

- 7A**
- Productivity Model:** RN/Therapy 6.5 points per day for full-time, examples:
RN SOC= 3 points
PT Initial Eval (no Oasis)=1.5 points
ROC= 2 points
Routine Visit = 1 point
60 miles = 1 point
 - Staff Self Schedule** own visits
- Salary** as per productivity model and re-evaluated quarterly. Bonuses based on points.
- Clinical Coordinators** provide oversight and direct supervision to staff
 - Intake** is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff.
- Administrative Assistant** manages physician's orders, day to day tasks and in union locations, scheduling of aides.
 - Eligibility and reimbursement verification** is provided by 2 staff members – covering multiple branches
- Minimal turnover-stable staff, no contract therapy

7B	<ul style="list-style-type: none"> • Productivity Model: RN/Therapy 6.5 points per day for full-time, examples: RN SOC= 3 points PT Initial Eval (no Oasis)=1.5 points ROC= 2 points Routine Visit = 1 point 60 miles = 1 point • Staff Self Schedule own visits 	<ul style="list-style-type: none"> • Salary as per productivity model and re-evaluated quarterly. Bonuses based on points. 	<ul style="list-style-type: none"> • Clinical Coordinators provide oversight and direct supervision to staff • Intake is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff. 	<ul style="list-style-type: none"> • Administrative Assistant manages physician's orders, day to day tasks and in union locations, scheduling of aides. • Eligibility and reimbursement verification is provided by 2 staff members – covering multiple branches 	<ul style="list-style-type: none"> • Fluctuating staff-therapy difficult to contract
7C	<ul style="list-style-type: none"> • Union Hourly • Scheduler manages staff schedules 	<ul style="list-style-type: none"> • Hourly 	<ul style="list-style-type: none"> • Clinical Coordinators provide oversight and direct supervision to staff • Intake is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff. 	<ul style="list-style-type: none"> • Administrative Assistant manages physician's orders, day to day tasks and in union locations, scheduling of aides. • Eligibility and reimbursement verification is provided by 2 staff members – covering multiple branches 	<ul style="list-style-type: none"> • Minimal turnover-stable staff, no contract therapy
7D	<ul style="list-style-type: none"> • Productivity Model: RN/Therapy 6.5 points per day for full-time, examples: RN SOC= 3 points PT Initial Eval (no Oasis)=1.5 points ROC= 2 points Routine Visit = 1 point 60 miles = 1 point • Staff Self Schedule own visits 	<ul style="list-style-type: none"> • Salary as per productivity model and re-evaluated quarterly. Bonuses based on points. 	<ul style="list-style-type: none"> • Clinical Coordinators provide oversight and direct supervision to staff • Intake is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff. 	<ul style="list-style-type: none"> • Administrative Assistant manages physician's orders, day to day tasks and in union locations, scheduling of aides. • Eligibility and reimbursement verification is provided by 2 staff members – covering multiple branches 	<ul style="list-style-type: none"> • Minimal turnover-stable staff, no contract therapy

- 7E**
- **Productivity Model:** RN/Therapy 6.5 points per day for full-time, examples:
RN SOC= 3 points
PT Initial Eval (no Oasis)=1.5 points
ROC= 2 points
Routine Visit = 1 point
60 miles = 1 point
 - **Salary** as per productivity model and re-evaluated quarterly. Bonuses based on points.
 - **Clinical Coordinators** provide oversight and direct supervision to staff
 - **Intake** is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff.
 - **Administrative Assistant** manages physician's orders, day to day tasks and in union locations, scheduling of aides.
 - **Eligibility and reimbursement verification** is provided by 2 staff members – covering multiple branches
 - Minimal turnover-stable staff, no contract therapy
 - **Staff Self Schedule** own visits

- 7F**
- **Productivity Model:** RN/Therapy 6.5 points per day for full-time, examples:
RN SOC= 3 points
PT Initial Eval (no Oasis)=1.5 points
ROC= 2 points
Routine Visit = 1 point
60 miles = 1 point
 - **Salary** as per productivity model and re-evaluated quarterly. Bonuses based on points.
 - **Clinical Coordinators** provide oversight and direct supervision to staff
 - **Intake** is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff.
 - **Administrative Assistant** manages physician's orders, day to day tasks and in union locations, scheduling of aides.
 - **Eligibility and reimbursement verification** is provided by 2 staff members – covering multiple branches
 - Minimal turnover-stable staff, no contract therapy
 - **Staff Self Schedule** own visits

- 7G**
- **Productivity Model:** RN/Therapy 6.5 points per day for full-time, examples:
RN SOC= 3 points
PT Initial Eval (no Oasis)=1.5 points
ROC= 2 points
Routine Visit = 1 point
60 miles = 1 point
 - **Salary** as per productivity model and re-evaluated quarterly. Bonuses based on points.
 - **Clinical Coordinators** provide oversight and direct supervision to staff
 - **Intake** is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff.
 - **Administrative Assistant** manages physician's orders, day to day tasks and in union locations, scheduling of aides.
 - **Eligibility and reimbursement verification** is provided by 2 staff members – covering multiple branches
 - Minimal turnover-stable staff, no contract therapy
 - **Staff Self Schedule** own visits

- 7H
 - **Union Hourly**
 - **Hourly**
 - **Scheduler manages staff schedules**
 - **Clinical Coordinators** provide oversight and direct supervision to staff
 - **Intake** is started by Administrative Assistant and completed by Clinical Coordinator- then assigned to staff.
 - **Administrative Assistant** manages physician's orders, day to day tasks and in union locations, scheduling of aides.
 - **Eligibility and reimbursement verification** is provided by 2 staff members – covering multiple branches
 - More stable now – no contract therapy