Memorandum of Understanding: Workforce Scheduling Committee

PHHH and the union acknowledge the unique and wide range of health care services that are provided in Home Health and Hospice. The acuity of the patient population can impact visit durations and daily schedules. The parties recognize both the importance of patients receiving individualized and compassionate care and the importance of visiting patients in a way that is personally and economically sustainable.

A. Committee Charge. A workforce scheduling committee will be established with the goal of identifying and sharing improved practices and operational recommendations for providing safe, high-quality, efficient patient care, including but not limited to scheduling process improvements, proactive admission capacity process, and case management skills training. The Committee will be responsible for determining the components and parameters of an appropriate staffing model. Factors the Committee will consider when developing a model should include, but not be limited to, case management functions, caseloads, geographic efficiencies, care coordination, admission visits, complex visits, routine visits and complexity of patients. In addition, the Committee shall develop a methodology for determining and accounting for the weight of visits in its staffing recommendations. The Committee shall also develop criteria that account for technological impacts on clinicians’ workloads. PHHH will accommodate reasonable requests for relevant data from the task force for its use in evaluating current staffing practices and potential alternatives.

Unless the Committee arrives at scheduling standards that otherwise address Start of Care visits and time-intensive (complex or acute) visits, the following will be implemented as of March 1, 2024:

1. **Starts of Care.** The following daily scheduling limitations will be implemented by PHHH. If a clinician has one or more Start of Care (SOC) visits on their schedule, they will be scheduled to no more than the following:

<table>
<thead>
<tr>
<th>SOCs</th>
<th>8 Hour Clinician</th>
<th>10 Hour Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SOC</td>
<td>2 repeat (or same weight) visits</td>
<td>3 repeat (or same weight) visits</td>
</tr>
</tbody>
</table>
2. **Time-Intensive Visits.** The following visit types will be deemed time-intensive:
   - All AAC-SLP, CWON, MHRN, PCRN, Social Worker, and Hospice visits;
   - All visits to nonverbal patients;
   - All visits to patients with cognitive communication disorder, aphasia, severe dysarthria, or AAC, regardless of clinician making the visit;
   - All visits that require interpretive services; and
   - All visits that include initial wheelchair or shower chair evaluation

   PHHH will implement the following limitations to daily scheduling of time-intensive visits:

<table>
<thead>
<tr>
<th>8-Hour Clinician</th>
<th>10-Hour Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 in-person time-intensive visits</td>
<td>4 in-person time-intensive visits</td>
</tr>
</tbody>
</table>

**B. Committee Composition and Selection.** The committee will be composed of the following representative groups:

1. PCC (2 members)
2. Clinical Ladder (2 members)
3. RCAP (2 members)
4. SWCAP (2 members) – until this is established, one (1) each from Home Health and Hospice.
5. PHHH (4 members)

Direct care clinicians on the committee shall be selected by the representative group (i.e., RCAP selects 2 of their members, etc.) The committee will have two co-chairs. One co-chair must be a member of PHHH management. The other co-chair must be a direct care clinician elected by the majority of the committee members who are direct care clinicians. There will be an equal number of direct care clinician voting members and PHHH voting members.
C. Committee Meetings. Federal mediator will attend the initial committee meeting to provide guidance on working collaboratively toward common goals and will be available for future meetings as necessary. The committee will meet at least once per month for the first six months of the agreement and at least once every two months thereafter. Committee meetings will be conducted on paid time. Members of the Committee will receive up to one additional hour per Committee meeting to prepare for and follow up after Committee meetings.