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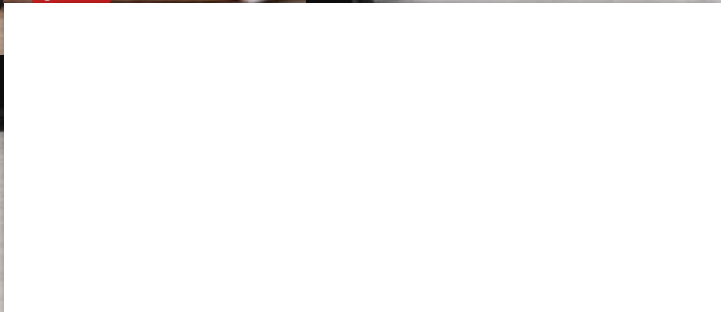


HME
6 documentation
red flags

IHC
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refund?

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can use it wisely.



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FEATURING

2022 Keynote

Dr. Joseph Kvedar

Chair of the Telemedicine Association, Harvard Medical School
Professor, and Connected Health Pioneer

The Seismic Impact of Digital Health on Care Delivery



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on the outlook of caregiving technology

Panel Discussions

on remote patient monitoring, telemedicine,
diagnostics and data analytics

Case Studies

from early adopters of the tech explored by each
panel – including what's working and what isn't.

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of 48 innovative caregiving technology solutions to
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Dear HomeCare Readers,

Almost 20 years ago, we ran an article covering a forum sponsored by the American Telemedicine Association. The event showcased telehealth technology circa 2003, which our author predicted would “dramatically affect the way health care services will be provided and monitored in the future.”

I don't think anyone is shocked that we've come a long way since then. What's more surprising is the rapid adoption of telehealth in the last 24 months or so—and that there are still huge gaps in reimbursement when it comes to providing care in the home, as well as questions about what will happen when the public health emergency ends. In our cover series this month, we break down some of the benefits of telehealth and get lessons from a pediatric in-home therapy provider about how one company has made it work.

The goal of telehealth is to improve outcomes and business efficiency—but it's not the only way to pull those levers. This month we're covering why it's important to nail your documentation processes, how to better manage care transitions, partnering with physical and occupational therapists, meeting the needs of dementia patients, moving to OASIS-E, and much more. You definitely want to make sure you're not missing out on employee retention tax credits (see page 34) and read our case study on a new payroll program that aims to improve retention (see page 36). And we have an in-depth interview with Don Clayback, who's stepping down as executive director of the National Coalition on Assistive and Rehab Technology (see page 22).

Thanks for reading!



Hannah Wolfson



BE HEARD

We want to know what you think and how we can serve you better.

Send your comments and feedback to Managing Editor Kristin Easterling at keasterling@cahabamedia.com. We'd love to hear from you!

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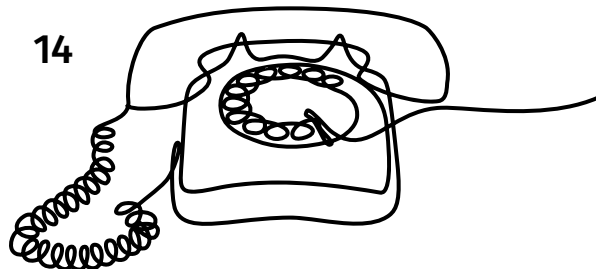
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Brightree's Matt Mellott Named Best MedTech CEO

Brightree announced that President and CEO Matt Mellott has been awarded "Best MedTech CEO" by MedTech Breakthrough, an independent market intelligence organization that recognizes the top companies and products in the global health and medical technology market.

Since taking over as president and CEO in 2016, Mellott has been the driving force behind Brightree's focus on improving the patient experience, delivering operational efficiencies and driving revenue growth. Before his time at Brightree, Mellott was president of a sleep disorder diagnostic testing and respiratory therapy services center in South Carolina and an early adopter of Brightree's solutions. He has since

worked tirelessly, building up Brightree's product team and leading the group to develop the a patient-centric HME connected care strategy.

The award program received over 3,900 nominations from more than 15 countries around the world this year. All award nominations were evaluated by an independent panel of experts within the medtech industry, including medical professionals, journalists, analysts and technology executives.

brightree.com

Connect America Launches Home-Centered Brand

Connect America LLC, a provider of connected care technology for seniors and vulnerable populations, has announced the launch of Connect America Home (CA Home), an artificial intelligence (AI)-enabled digital health and safety platform that provides secure, noninvasive, continuous monitoring with emergency and nonemergency support. This solution integrates personal emergency response services and remote patient monitoring with a suite of supporting services, including AI-enabled virtual health assistance and support for social determinants of health.

The new brand underscores the company's commitment to transforming the way senior adults and vulnerable populations age in place. Through Connect America's 24/7 concierge call center and services hub, and in conjunction with its care partners, CA Home also helps connect individuals to nonemergency services that can address critical issues such as food insecurity, transportation and social isolation.

connectamerica.com

CAIRE Expands Offerings in Brazil

Global oxygen equipment manufacturer CAIRE Inc. will be expanding its portfolio of solutions in Latin America. The Companion 5 and NewLife Intensity 10 stationary oxygen concentrators are expected to launch in July, following an anticipated approval by the Brazilian Health Regulatory Agency.

Currently CAIRE products available in Brazil include the FreeStyle Comfort portable oxygen concentrator, Eclipse 5 transportable oxygen concentrator, and liquid oxygen (LOX) systems, including the Stroller portable and Liberator reservoir.

The Companion 5 is a five liters per minute (LPM) concentrator offering a small footprint and energy efficiency for the user. Global medical equipment providers frequently supply this concentrator to respiratory patients along with the FreeStyle Comfort as a complete non-delivery solution for both active and at home oxygen needs.

The NewLife Intensity 10 is often paired with CAIRE's SureFlow oxygen system, allowing health care workers to deliver oxygen up to five patients simultaneously in clinical settings.

caireinc.com

CareCentrix Names New CMO

CareCentrix, a home-centered care company, has named longtime health plan executive and physician Carmella Sebastian its chief medical officer. Sebastian most recently served as vice president of clinical operations at Oscar Health, and before that, held leadership roles at Florida Blue, Humana and Blue Cross and Blue Shield of Northeastern Pennsylvania. In her role at CareCentrix, Sebastian will guide the organization's clinical vision, overseeing all aspects of clinical strategy and operations.

Trained in internal medicine, Sebastian was in active clinical practice before she began working with regional and then national health plans. She joins CareCentrix at a time of rapid momentum for the company driven by the increasing demand for care in the home.

carecentrix.com

Heal Unveils Value-Based Care Technology Suite

Heal, a provider of technology-enabled in-home care delivery, announced its development plan for a suite of key technology assets. The suite will consist of 14 modules, including Heal Pathway, a proprietary electronic health records

UPCOMING EVENTS

We want to make sure our readers know about upcoming event opportunities. Did we miss an event? Send info to keasterling@cahabamedia.com.

June 22–24 Home Care Evolution Conference
Newark, NJ
homecareevolution.com

July 13–15 RESNA Annual Conference
Arlington, VA
resna.org

July 19–22 HomeCareCon 2022
Lake Buena Vista, FL
homecarecon.com

July 24–26 NAHC Financial Management Conference
Las Vegas, NV
nahc.org

MERGERS & ACQUISITIONS

April 21, 2022 Quipt Home Medical Purchases Good Night Medical

April 21, 2022 Humana to Divest Majority Interest in Kindred at Home Hospice & Personal Care Divisions

April 21, 2022 Netsmart Acquires TheraOffice

April 28, 2022 Porter Enters Home Health Technology Scene

May 3, 2022 SageHome Purchases New Bath Today

May 5, 2022 HouseWorks Acquires Greater Boston Home Health Care Services

May 10, 2022 Kubat HealthCare Buys Hilltop Drugs Etc.

software (EHR) built specifically for in-home value-based primary care; Heal Arrival, a new logistics/routing platform utilizing AI and machine learning; and Pulse and Pulse+, an enhanced remote patient monitoring solution. All three of these platforms are expected to be in broad use by the end of 2022.

With over 260,000 patients served to date, Heal says it is experiencing unprecedented growth of members choosing the company as their primary care provider, increasing more than 100% since the start of the Medicare annual enrollment period in October 2021.

heal.com

WellSky Hires Chief Growth Officer

WellSky, a health and community care technology company, announced plans to hire Dale Zurbay as chief growth officer to lead the next phase of the company's evolution and expanding its footprint in the Kansas City region.

Zurbay has more than 25 years of sales, business development and executive leadership experience in the health care technology space, most recently as senior vice president of sales, health care at Nuance Communications, a leading conversational artificial intelligence technology company that provides software solutions and services to healthcare and enterprise markets. Before that, Zurbay held strategic roles of increasing responsibility at Optum and BEA Systems.

wellsky.com

Alliance for Home Health Quality & Innovation Adopts New Name

The Alliance for Home Health Quality and Innovation, a 501(c)3 research foundation, will operate under a new name—the Research Institute for Home Care—and adopt a new tagline: “Advancing homecare through research.” The institute will focus on improving access to and delivery of care in the home by promoting research to inform policy and identify best practices and patient care models.

“The COVID-19 pandemic has ushered in a new era in homecare. Now, more than ever, people expect to receive quality care in their home,” said Jennifer Schiller, executive director. “Our organization wants to propel care in the home forward through the crucial research we fund. Our new brand identity positions us as a leader in this change.”

The institute takes a broad view of care in the home and will engage with a wide range of studies that inform clinical and policy areas, including qualitative and quantitative, clinical trials, observational studies, and prospective and retrospective studies. Members play a decisive role in setting the organization's research agenda and determining which research projects are the most valuable for the field of homecare.

researchinstituteforhomecare.org

CareLinx by Sharecare Introduces Clinical Advisory Board

The digital health company Sharecare announced the creation of a clinical advisory board for its home health platform and

network of caregivers, CareLinx by Sharecare.

The board will provide strategic advice on how to equip nurse caregivers to sustain a rewarding career in home health. As the increasingly complex care needs of an aging population meet a nursing workforce that is projected to experience high turnover in the coming years, these experts will help Sharecare's home health business foster a rewarding workplace culture for highly qualified professionals at all levels of nursing. The members of the board are:

- Shawna Butler, RN, BSN, MBA—nurse economist, host, SEE YOU NOW podcast
- Barbara Ficarra, RN, BSN, MPA—health educator, health system leader
- Patricia Geraghty, FNP-BC, WHNP—nurse practitioner, private practice
- Jason Gleason, MSN, NP-C, USAF LTC (RET)—nurse practitioner, Veterans Health Administration; retired U.S. Air National Guard lieutenant colonel
- Efrat LaMandre, Ph.D., FNP-C—family nurse practitioner, private practice
- Michele Mercer, RN—AVP, analytic consulting and data science, Blue Health Intelligence
- JoAnn Shaw, LPN—president, Wisconsin Association of Licensed Practical Nurses; vice president, National Association of Licensed Practical Nurses
- Beth Ann Swan, Ph.D., RN, FAAN—transitional care expert; professor and associate dean at Nell Hodgson Woodruff School of Nursing, Emory University
- Sharon M. Weinstein, RN, MS, FAAN—CEO and founder, SMW Group LLC
- Christopher Wilson, RN, APRN, FNP-C—family nurse practitioner, Veterans Health Administration; first lieutenant, U.S. Army Reserve

carelinx.com



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Better Education for Medicare Enrollment

BENES 2.0 (S 2675)

By Kristin Easterling

In December 2020, Congress passed the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act as part of the Consolidated Appropriations Act. The legislation updated Medicare enrollment rules to eliminate the months-long gap in coverage some beneficiaries encounter after they sign up for a new plan. It also included provisions for education around the Medicare enrollment process. The provisions of the BENES Act go into effect Jan. 1, 2023.

Health care groups lauded the BENES Act, but some felt it did not go far enough. Enter BENES 2.0.

While the original BENES Act includes a process by which the Centers for Medicare & Medicaid Services (CMS) should notify people approaching enrollment age of their options, that new procedure does not notify new enrollees of lifetime late enrollment penalties (LEPs) if they fail to apply for Part B coverage during the seven-month period surrounding their 65th birthday.

Many people don't realize they must make a coverage decision in that timeframe, supporters said, even if they are still working and covered by an employer-sponsored health plan. BENES 2.0 would require CMS to provide clear explanations on Medicare benefit eligibility, information on LEPs, coordination of benefits and resources available for further assistance. This information is to be included on Social Security Account statements for those age 60 to 65.

The bill currently has nine Senate co-sponsors and is in the Finance Committee.

DID YOU KNOW?

In 2020, 776,000 people with Part B coverage were paying LEPs, resulting in a 27% increase to their monthly premium.

FROM THE SPONSORS:

"Medicare is one of America's greatest success stories, but we need to make sure people can make the most of the Medicare benefits they have earned. That's why I introduced the bipartisan BENES 2.0 Act to ensure that fewer people miss the deadline to enroll, which can lead to costly lifelong penalties."—Sen. Bob Casey (D-Pennsylvania)

"Currently, seniors who miss the sign-up deadline for Medicare Part B face onerous penalties that persist for the rest of their lives. The BENES 2.0 Act will ensure individuals have access to the information necessary to make more informed decisions as they approach Medicare eligibility."—Sen. Todd Young (R-Indiana)

LEARN MORE [Track this bill at congress.gov.](#)

WHAT HAPPENS NEXT? >>

If passed, the act would empower people approaching Medicare eligibility to make optimal coverage choices.

HomeCare
webinar



FREE
Tue., June 28
1 p.m. Central

ELEVATING THE PATIENT EXPERIENCE WITHIN HOME HEALTH & HOSPICE

Elevating the patient experience is more important than ever before. The focus in health care typically is on the patient outcome, but now the experience is becoming the outcome, especially in home health and hospice. The patient experience—and that of their caregivers and loved ones—now goes beyond the Consumer Assessment of Healthcare Providers and Systems (CAHPS) rating. In fact, 95% of patients review a health care provider online before making a selection. Patients are receiving referrals, but then vetting each referral on Google, Yelp, social media, etc.

Patients, much like customers in the product and service sectors, now have a larger voice and audience to share the good (and the bad) with their network, in addition to CAHPS. Decision-making and buying behavior has shifted. One negative review can cause an agency to lose patients directly from referrals, as well as a quick search online. In this webinar, we will uncover best practices for improving your patient experience that will reflect in your CAHPS scores, reviews and referrals. We also will discuss strategies for increasing your census without risking a lesser patient experience so you can grow fast with flexible solutions that scale with your business.

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*Clinical Advisor,
CareXM*



Bridger Mecham
*Vice President
of Marketing,
CareXM*

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Why Practice (Management) Makes Perfect

6 ways to achieve growth with a new perspective

By Derek Jones



DEREK JONES spearheads key initiatives at Deputy, a global workforce management platform for employee scheduling, timesheets and communication. With a focus on health care, Jones helps business owners and workforce leaders simplify employment law compliance, keep labor costs in line and build award-winning workplaces. Visit deputy.com.

The role of a practice manager is to evaluate, manage and optimize the daily operations of a health care organization, with the goals of achieving sustainable growth and providing a better level of client care. Traditionally, practice managers have worked in physicians' offices, hospitals and other clinical settings. But it's worth considering hiring a practice manager for your home medical equipment (HME) business—or approaching daily operations from a practice manager's perspective.

Being an all-around practice manager means dealing with many challenges, from collecting payments to increasing operational costs to retaining staff. Strategic planning and risk management are two must-have skills. Let's cover what practice managers do, as well as some actionable items you can implement to grow your business and improve operations.

The Roles & Responsibilities of a Practice Manager

A practice manager is responsible for all business operations and for overseeing the successful implementation of both current and new workflows and processes; however, some tasks may be shared within the team. Although the job of a practice manager can vary slightly depending on the structure of a business, these are some typical tasks:

- Structure and implement workplace policies and procedures
- Oversee day-to-day operations
- Hire, onboard and monitor administrative employees

- Maintain an electronic patient record database
- Monitor inventory and resupply when needed
- Oversee finances (budgets, payroll, billing, debt collection, etc.)
- Gather patient feedback and use it to improve your services
- Run staff meetings and monitor employee satisfaction

Tips for Sustainable Growth

Here are some things a practice manager (or an owner or executive acting as one) can do to grow their HME business and make it more efficient:

1 Analyze current workflows.

The first and ongoing task of every practice manager is to analyze the current state of the company. This will allow you to have a starting point that you'll use to compare your progress later. Your job here is to find workflow inefficiencies and gaps in processes.

What can be done better? More efficiently? Faster? Maybe there's space to improve patient flow? Or staff scheduling? Can you reduce paperwork? Doing an in-depth analysis of the organization will enable you to make data-driven decisions and solutions.

2 Gather patient & staff feedback.

You can gather feedback from both your employees and your clients. Use feedback as constructive criticism that will point you

in the direction of what needs to be fixed. You'll learn how to improve your services to boost the customer experience, as well as what your employees need to feel better and be more productive in their roles. Take advantage of surveys. Follow up with your clients any time they visit, and check in frequently with employees after change is implemented.

You can also be creative in this step. For instance, you can use your social media account to create a poll and ask your customers how they would like your services to improve.

Your patients and your employees can provide tons of valuable insights that can help you optimize and grow your business. Listen to them.

3 Establish goals & key performance indicators.

Set goals and key performance indicators (KPIs) that will help you grow your organization and boost its efficiency. Set both short-term and long-term goals, keeping cash flow, overhead and return on investment in mind. If you did the first two steps properly, you should already know what needs to be improved and how to do it.

Once you have set clear goals and KPIs, it's time to decide on actionable ways to reach those goals. Think strategically about the most appropriate KPIs for each department (marketing, finances, clinical staff, etc.). Having clear goals to aim for gives employees a sense of purpose and achievement. As a result, you might even notice a boost in engagement levels.

4 Take advantage of technology.

Telemedicine and telehealth have become the new normal. As a result, health care practices globally have implemented virtual patient visits, phone consultations and other remote ways to help avoid disease transmission. Naturally, technology played a huge part in enabling this.

Technology can help you optimize and automate many aspects of your business. For instance, shift scheduling software



can save you hours of manual work. Or cybersecurity technology can help you protect sensitive customer data.

Technology is here to help you streamline time-consuming and labor-intensive tasks. As a result, you'll free up time for your staff to focus on more important things and be more productive.

5 Boost staff motivation.

Motivated employees are productive employees. And employee productivity is often the key to the success of any business. That's why a large portion of the job of a practice manager will revolve around ways to engage and motivate staff.

Here are tips you can implement to improve employee engagement:

- Avoid burnout by offering growth opportunities
- Celebrate achievements and days of personal importance, such as birthdays and company anniversaries
- Train employees properly at onboarding and prioritize ongoing learning and development
- Implement proper scheduling
- Encourage use of paid time off and sick leave
- Acknowledge and support the mental well-being of your employees
- When possible, allow flexibility in their schedules (such as remote or hybrid working)

6 Invest in multi-channel patient support.

Try to open multiple channels for patient contact and support. Many of your clients, don't just appreciate this—they expect it. Patients today seek convenience and quick answers, so multi-channel patient support is definitely worth investing in.

You can invest in online channels such as a chatbot on your website or direct messaging on social media. Other, more traditional, means of patient support such as a phone number or email address should also be available. Your patients will reach out through all of them. The most important thing is to be present and ready to provide answers when required.

To Wrap Up

There are several different aspects of running a successful HME business, and the practice manager—or person operating as one—must have some degree of knowledge in all of them. Knowing that practice managers have responsibilities ranging from human resources to record-keeping and financial planning, it's not difficult to understand why so much of an organization's success depends on them. An efficient and productive practice manager equals business growth. Hopefully, these best practices will help you realize your business's full potential. **HC**

You May Need to Adjust Your Agency's Assessment Attitude

3 steps to take now to prepare for the 2023 launch of OASIS-E

By Valarie Johnson & Cindy Campbell



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Amid historic industry growth and workforce shortages, we're inching closer to the implementation of the new version of the Outcome and Assessment Information Set (OASIS). OASIS-E and Home Health Value-Based Purchasing (HHVBP) will go into effect on Jan. 1, 2023. While the draft of the OASIS-E guidance manual was released May 16 by the Centers for Medicare & Medicaid Services, it still must go through the full analysis and approval process.

Although we could begin training on new elements of OASIS-E, one of the best ways to prepare for the transition is to first ensure that your agency has mastered the transitional aspects of OASIS-D1. This will not only help with the implementation of OASIS-E in your agency, but can also help improve agency outcomes and boost clinician insight, engagement, and satisfaction. Remember that training too early on OASIS-E-specific items may be counterintuitive, as clinicians won't be putting them into practice for months.

Accuracy & Timeliness Are More Important Than Ever

Accurate, comprehensive assessment and OASIS data are essential in demonstrating value-based performance in health care. If assessments are not completed on time, or if data is inaccurate, a series of cascading inefficiencies and errors may occur. The results can be devastating, including ineffective care planning, incorrect billing, the loss of hard-earned revenue and potentially more serious patient care errors.

The transition from OASIS-D1 to OASIS-E is the next step for the home health industry to better unify with other post-acute providers' data collection and care delivery, with the goal of improving outcomes for Medicare beneficiaries.

The shift to OASIS-E supports initiatives set forth by the 2014 Improving Medicare Post-Acute Care Transformation Act. The implementation of the standardized patient assessment data elements (SPADEs) is supported by the addition of six new categories in OASIS-E. OASIS-D1 had previously added two SPADEs elements—GG: Functional Status and J: Incidence of Falls. The OASIS-E data set has a different look and flow, but a significant number of the OASIS-D1 data elements remain. We already know a lot about OASIS-E because so many of the items are already being collected in OASIS-D1.

The Best Initial Preparation for OASIS-E Is Mastering OASIS-D1

The transition from OASIS-D1 to OASIS-E is an opportunity for agencies to redesign their training programs into more continuous, focused educational processes that will create a culture of OASIS competence and confidence. Because clinicians come to home health with varied types and levels of professional experience, your agency's training process is an opportunity to instill consistency of understanding and compliance across this diverse team of professionals. Most importantly, as you consider education for your agency, don't



focus only on the OASIS as a form that needs to be filled out. Instead, encourage deeper understanding of the underlying data elements and how each relates to the important business of patient care.

Here's how you can optimize your approach to OASIS excellence.

1 Ensure competence in OASIS-D1.

This will position you for success under the current rulemaking and with the new OASIS-E guidance when it is finalized. You'll then be ready to layer in these new elements throughout the second half of the year.

2 Start preparation at a foundation level for OASIS-E now.

This allows time for a more tailored learning experience to improve stakeholder retention.

- Begin with an assessment of your agency's health, including your operational efficiency.
- Ensure that your agency's coding and OASIS review partners and processes are data-driven and focused on building performance insight.
- Establish electronic health record documentation best practices and

integrate analytics to help with clinical decision-making.

- Perform OASIS baseline testing so you find gaps in knowledge.
- Perform objective OASIS competence measurements in the field. Be sure your preceptors teach the same information.
- Provide staff with digestible amounts of training content to help the learner stack skills and improve competence over time.
- Get the timing right; build OASIS-D1 competence now by layering in OASIS-E-specific data guidance throughout the second half of 2022.
- Encourage your leaders to familiarize themselves with the transitional relationship of the data elements between OASIS-D1 and OASIS-E. Note how the rearrangement of sections and addition of data elements might affect assessment techniques and consider training on the Confusion Assessment Method and Brief Interview for Mental Status assessment.
- Fold in initial education on the new OASIS-E-specific data elements as indicated by your agency's progress (but not too early, as clinicians will need to retain the new information in 2023).

3 Refresh your educational approach to building OASIS competence.

This can directly improve employee engagement and retention and change the narrative of OASIS importance—aligning it with patient advocacy and improvement of patient care.

The Benefits of Redesigning Your OASIS Approach

By improving the positioning and process surrounding OASIS, you may also improve efficiency, as less time will be spent fixing it. Generally, revenue follows accuracy; consider how front-line ownership of correct application of the data set at the point of service could free up time for improvements in your business and programs.

As health care moves deeper into a value-driven framework and the post-acute space transforms into a unified system, your actions today are critical to the success you may have in the competitive market moving forward. Adjusting your perspective on OASIS training and excellence is a great first step to a more positive performance trajectory in 2023. **HC**

ROAD MAP: TRAINING

Put Me In, Coach!

What really matters to your employees?

By Trevor Lighten



TREVOR LIGHTEN is the owner of The Lighten Group, a consulting firm dedicated to helping agencies profitably navigate the regulatory landscape of home health and hospice. He is the former administrator and owner of Lighten Home Health and Hospice. He holds a Bachelor of Science in marketing from Brigham Young University. Contact him at tlighen@thelightengroup.com or (801) 687-1746 or visit thelightengroup.com.

This column is the second of a two-part series on training and onboarding. The first appeared in the May 2022 issue of HomeCare.

Shortly after graduating from college, I got a job in pharmaceutical sales. I was highly engaged for the first few years of my career. I enjoyed all that I was learning about various medications and the disease states they were treating. I felt like I was making a positive impact on the world. The money and perks were good—a company car, cellphone reimbursement and an entertainment budget were amazing benefits for a recent college graduate.

I was successful; I received regular raises, promotions and recognition. The lifestyle was great as well. After the relationships in my territory were well established, I would usually be done with work by 3 o'clock each afternoon, allowing me plenty of time to be with my young family.

But there was a big problem. As the years went by, my career became boring. I was not learning much that felt new; I didn't feel stretched or challenged, and it worried me greatly that my skills were eroding as I headed into my 30s. It was hard to leave the six-figure income, benefits and lifestyle, but I had to move on. I raised my hand to voluntarily take a severance package during a round of layoffs and I used the money to begin the exciting roller coaster life of an entrepreneur. Although it terrified me at the time, it was one of the best decisions I have ever made, and I haven't looked back.

Employees Want to Learn

One thing I learned through this experience is that employees want to be challenged in their careers and they want to continually learn new things that will help them progress personally and professionally.

Employee churn in the homecare business is astronomical—around 85% of employees leave each year. High turnover means inconsistent customer service, and managing all of the transitions increases administrative costs. Ultimately, high turnover can keep you from moving your business forward because it keeps you from focusing on things that lead to greater growth and profitability. Plus, let's face it, constant onboarding is exhausting.

Front-line employees in homecare consistently have two complaints about their jobs. The order of these two shifts back and forth but are always the same: lack of recognition and lack of training. Lack of recognition is a consistent complaint across all job surveys, but lack of training is more unique and is something providers can focus on and improve.

Quality training needs to be implemented both individually and collectively. Individuals have specific needs related to their strengths and weaknesses that require one-on-one attention. Training groups allows for efficiently covering topics that apply to everyone and the training can often be outsourced.

Training Individuals

People are unique, and the variables

Lack of recognition is a consistent complaint across all job surveys, but lack of training is more unique and is something providers can focus on and improve.

associated with people and their individual needs are endless. There is no getting around it—people need individual attention, and that takes time when training. Make the investment of time with your direct reports. As Stephen Covey, the author of “The 7 Habits of Highly Effective People,” said way back in 2004 at a live speaking engagement, “With people, slow is fast and fast is slow.”

“Coaching” is probably a better word to use when it comes to training employees individually. A great coach puts the right person in the right position and makes sure they understand the larger vision and how their role fits into it. A coach will then consistently work with the person to help them succeed. They will teach the employee what great work looks like and give them specific things to work on. Then they will observe performance, reinforce what is done well and work with the employee on what needs to improve.

The business world functions just like the world of competitive sports. Good coaches get promoted and move up the ranks. Poor coaches get fired or demoted.

Collective Training

Fortunately, in the homecare world there are great resources to help you train your teams collectively. The 24/7 nature of homecare makes it difficult to get together, but training libraries such as Home Care Pulse or MedTrainer will allow you to assign a bundle of trainings that apply to a large group of employees. Also, younger employees are comfortable with—or may even prefer—remote digital training.

Many training libraries have learning paths that allow your employees to become “specialists” in certain areas. Becoming a specialist gives them a feeling of accomplishment that leads to greater employee satisfaction. You can also use

your trained specialists to set your business apart in the community. By creating and assigning learning paths that address the needs of referral sources and clients, such as Alzheimer’s and dementia training, you will be able to provide better customer service and get more business.

Don’t make the mistake that many companies do by assuming that adequate pay and benefits will retain your employees. That is simply not enough. Quality training and coaching keeps your employees engaged in their careers. Make sure to take the necessary time to coach your employees individually and invest in the resources that help you efficiently train your employees collectively. Doing so will lead to happy employees who stick around to help you build your business; it also improves customer service and sets you apart from other companies. **HC**



Making a Difference in Kids' Health From a Distance

One provider shares keys to success with telehealth

By Hannah Wolfson

In a cozy living room, a baby named Charlotte snuggles with her grandparents on the carpet in front of a laptop computer. She wears a cranial orthosis and sits on a pink and white blanket with toys on it.

On the screen, her physical therapist asks the adults if they can remove a nearby couch cushion and place it next to the girl. The therapist—at home on her own floor—demonstrates how to use the pillow to form a platform for Charlotte to reach across, gently guiding the adults and demonstrating how to encourage the tiny girl to stretch just beyond her comfort zone to grab a toy. And she does—a little too quickly, so that her grandfather has to peel the plastic toy from her fingers for another rep.

This virtual therapy session caught on video is pretty typical these days for Solace Pediatric Healthcare, an in-home therapy provider based in Denver, Colorado, with offices elsewhere in Colorado and in Las Vegas as well. Solace offers pediatric nursing, family caregiver, occupational,

physical, speech and feeding therapy services. At the peak of the pandemic, it went to 100% telehealth and is now running about 30% of its therapy sessions online.

“Telehealth is a great modality,” said CEO Darcie Peacock. “It’s not the perfect fit for every family, but for most, the hybrid model is the most successful long term.”

How It Started

Solace, which serves medically complex children from birth to 21 years old, actually started aiming at a telehealth program back around 2016, without having much luck getting families on board.

“We had been taking steps for three to four years trying to launch a telehealth program and we were wildly unsuccessful,” Peacock said. “We had no takers—both from patients’ standpoints and clinicians’. We really just couldn’t get any traction.”

In February of 2020, they were making a big push, pouring energy into training staff, making sure they had the technology they

needed, and ensuring that their insurance contracts would cover virtual visits. Then the world stopped—and Solace moved all of its therapy visits online.

“We flipped overnight,” Peacock said. “I think we made 20 years of gains in telehealth in terms of market adaptation to it as a modality in the course of a week in 2020.” (HomeCare first checked in with Peacock in those early months of the pandemic; you can read our interview homecaremag.com/july-2020/how-telehealth-can-increase-business.)

With an equally dramatic shift to online schooling for most of their clients, Solace set a new goal: to make sure none of its patients slipped backwards in their progress.

“We wanted to have them make gains here even if they’re not in school; that’s what we rallied around,” she said.

Solace’s information technology team grabbed the company’s spare iPads, loaded them up with data plans, and shipped them out to customers all over Colorado. And the

‘We flipped overnight. I think we made 20 years of gains in telehealth in terms of market adaptation to it as a modality in the course of a week in 2020.’ —CEO Darcie Peacock



Family members work with baby Charlotte during her telehealth physical therapy session. Source: Solace Pediatric Healthcare

organization's philanthropic arm stepped in to deliver groceries for the first few months of the pandemic to keep their patients fed.

They also made sure they had multiple technological platforms available for visits, so if one wasn't working or a family couldn't sign in, they had other options.

How It's Going

In September of 2020, when Colorado started to open up and the company had enough personal protective equipment to keep staff and clients safe, Solace slowly reinstated in-person home visits at a pace of about one visit per month.

"It was really a slow move back, much slower than I anticipated," Peacock said. "I was kind of afraid that all of these advances to telehealth would be left in the dust."

But even as home visits ramped up, Solace staff continued to encourage existing

and new families to consider periodic telehealth sessions. It was a no-brainer for families with medically fragile children seeking to protect them from viral exposure. But many others took advantage on bad weather days or when a child was home sick, and they found the convenience appealing enough to stick with it.

"It's just really flexible, and families are so busy, especially if they have multiple children," Peacock said. "We have kiddos who will plug in their headphones and sit with their iPad at a sibling's hockey practice."

The therapists—there are about 300 on the team in Colorado—love the switch. It alleviates battles with tough Denver traffic and allows them to more easily reach school-aged children in the narrow window most have between 3:00 p.m. and 7:00 p.m. They make the same rate whether they do a visit in person or online, so they are able to

boost their income by reducing travel time and fitting in more virtual visits. They can take on assignments while on vacation if they choose, or even if they relocate.

"With clinicians leaving the area, we've otherwise had to say goodbye, but we have kept some even as they've moved out of state," said Peacock.

Surprisingly, there was another bonus. The team discovered that not being able to put hands on a child means therapists must train family members to do the work themselves, a step that improves outcomes.

"Now, instead of being in the family room with Johnny where I can see him pull up on the couch, I have to say, 'put your left hand right above his; now give him a little support,'" Peacock said. "You're guiding them through and it's their hand guiding the child. It's really about empowering the family and the caregivers to take the lead."

telehealth

What They Learned

There's also been an upside from a business perspective, Peacock said, especially since Colorado passed a state law in July of 2020 requiring insurance payers and the state's Medicaid program to reimburse home health and hospice providers for telehealth services. (The agency's Nevada-based operations include private duty nursing and have not gone as fully toward telehealth.)

There's been an advantage in terms of staffing—both offering flexible hiring and allowing Solace to retain therapists who want to work remotely—as well as a savings in the use of its approximately 200 fleet vehicles. And they're getting more out of the team they have.

"These are highly skilled, highly educated—masters, doctorate-level staff—



A speech therapist works with a child on a virtual session. Source: Solace Pediatric Healthcare

Company: Solace Pediatric Healthcare

Headquarters: Denver

Other locations: Colorado Springs, Northern Colorado and Pueblo, Colo.; Las Vegas

Patient population: Children birth to 21, some medically complex

Services: Pediatric nursing, family caregiver, occupational, physical, speech and feeding therapy services

Founded: 2005

Accreditation: ACHC

that any time they're behind a windshield are not effective," she said. "The efficiency gain of being able to see children back to back allows those therapists to serve more kids."

In addition, Peacock said, it appears that the company's telehealth clients complete their therapy more quickly because they miss fewer appointments and maintain their continuity of care.

"Those children whose families have really embraced the telehealth model or the hybrid approach are achieving their goals faster and getting to discharge faster, opening up a spot for another child who can then get access to care," she said.

It hasn't always been easy, however. Therapists have had to work hard to redesign their approach to work virtually. Peacock said the company started a monthly newsletter in which team members share approaches and content ideas.

"I'm an OT myself; it's absolutely the same amount of preparation to run a telehealth session—and often it's just more," Peacock said.

There's been an advantage in terms of staffing ... and they're getting more out of the team they have.

Nonetheless, she hopes Solace can stay as close to the current proportion of telehealth or even higher even after the public health emergency ends. And she says that, like any other major shift, telehealth has to be a company priority to make it stick.

"I think it really comes down to leaning into telehealth," she said. "If you keep it at an arm's distance, you're never going to have movement in it. Keeping it at the forefront is the only way." **HC**

Hannah Wolfson is editor of HomeCare.



HOME CARE AND HOSPICE

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telehealth

This Is Not Your Grandfather's Telemedicine

Be proactive about adoption to meet a consumer imperative

By Rich Berner

Telehealth in some shape or form is nearly as old as Alexander Graham Bell. Care providers have provided and are still providing medical advice by phone or scheduling a “house call” when needed. Yet technology has so transformed the process—improving interactions, efficiency, scheduling, follow-up, data capture—that when you compare the capabilities and benefits of telehealth now with telehealth then, it has changed dramatically.

The Evolution of Telehealth & the Pandemic Effect

Several factors have coalesced to drive innovation and adoption in telehealth. As

health care has shifted toward the home, telehealth has evolved to meet heightened demand and gone through rounds of technological improvements along the way. Telehealth was already evolving quickly with telecommunications advancements that could support increased in-home care. Then, when the pandemic hit and there was a drastic reduction of in-person health care visits, it forced consumer adoption of video calls to skyrocket.

Back-office benefits to care providers further bolstered the evolution and adoption of telehealth. These include lowered labor costs due to increased scheduling and service delivery efficiency, and a reduction in

back-office expenses due to automatic data capture. In fact, it has been demonstrated that the availability of telehealth services reduces the costs of care by as much as 17%—and those savings will only increase as adoption and patient acuity grow.

Improved working conditions for caregivers who had the opportunity to use technology to access patient records and other resources remotely also advanced the adoption and popularity of telehealth services. By capturing and providing immediate access to all the information caregivers need for patient visits, telehealth empowers caregivers to deliver the best possible care, improving patient outcomes and job satisfaction.

This is especially meaningful amid a talent crisis. Due in part to the “Great Resignation” of workers—from nurses to aides to therapists to office staff—the homecare industry continues to confront significant employee shortages. Care agencies have an urgent need for tools that empower their staff to do more with less by increasing their efficiency, accuracy and productivity. By fully automating traditionally time-consuming tasks, adopting a broad telehealth approach can free caregivers to focus on the highest value activities and facilitate more meaningful interactions with the health care ecosystem and care team members.





In the future, telehealth—and health care in general—will be about delivering care to patients on their terms.

The Future of Telehealth

In the future, telehealth—and health care in general—will be about delivering care to patients on their terms. Agencies need to start thinking about how the demands of their staff, clients and patients are changing. Engaging all people in the care process where, when and how they want to be engaged should be the collective focus of the industry.

Telehealth tomorrow is going to be an all-encompassing care delivery strategy leveraging artificial intelligence, chatbots and advanced predictive analytics. To do this in a cost effective manner, agencies will have to:

1. Practice real-time monitoring of patients with notifications that automatically alert their agency about any changes in vitals or critical conditions;
2. Engage proactively to prevent negative health events and maximize positive health outcomes; and
3. Apply intelligent routing that will quickly assess the situation, determine the level of caregiver required (automated self-service, personal care aide, nurse, therapist or doctor) and necessary means of engagement (remote or in person).

The Emergence of Virtualists

Known as “virtualists,” many nurses and doctors now want to practice remotely 100% of the time. This trend is good news for homecare agencies. It fits with the evolving capabilities of telehealth, and it allows agencies to deliver higher quality care at a lower cost with greater patient convenience and satisfaction. While there will always be a need for in-person care, leveraging a broad

telehealth strategy to conduct as much care as possible remotely will improve the timeliness, accuracy, quality of care and the overall experience when care providers are in the home.

Telehealth & Managed Care Reimbursement

To drive improvements in health care, the government is moving steadily toward paying for value and health outcomes, rather than paying fees for services at an individual level. When this new value-based reimbursement model becomes the norm, health care providers will need to move from providing care to managing health. This means they will have to work with patients with chronic conditions across multiple venues of care—profitably. To do that, health care organizations must be prepared with outstanding home health, personal care services, and hospice care capabilities as well as the ability to manage patients and their various needs holistically. This will create the next massive wave of telehealth adoption among practitioners that have not already leveraged remote care technology to optimize their approach to home health care delivery.

Technology: the Price of Survival

As you prepare your agency to adapt to a future of increased home health care, greater technology adoption, talent shortages and value-based reimbursement models, you need to ensure you have the right technology tools in place to address these challenges while achieving profitability. Following are important questions to ask your head of operations and IT to make sure

you have the right platform to take you into the future.

1. Does our current solution automate the basic and routine tasks for the care team so members can focus on delivering the best care to their patients?
2. How do we keep track of a broad range of patient information so that we can identify and prevent health care problems before they become critical?
3. Can we get an automated solution for routing the patient to the right care team member, whether that is a personal care aide, a nurse, a doctor or a therapist?
4. How can we involve patients and their families in the care process and what are our options for installing consumer-friendly health monitoring devices at patients' homes?
5. How do we do this all remotely so our caregivers in the home are able to document visits and access information electronically?

Any care delivery agency that wants to succeed in this changing environment will need a telehealth solution that incorporates a technology trifecta of artificial intelligence, chat bots and predictive analytics, so that they can manage the entire process remotely and seamlessly. The technology necessary to profitably adapt to the future—and seamlessly blend with in-person care as needed—is available now.

So, the only remaining question is: Will your agency take a proactive approach to ensure success in the years ahead or will you be among those scrambling to catch up? **HC**

Rich Berner is CEO of Complia Health, a home health and hospice technology solutions provider. Berner is a health care strategist and technology executive with more than 25 years of experience building award-winning teams and products in established and emerging markets. Previously he was the CEO of MDLIVE, where he led the industry transition to consumer-focused health care online. Visit compliahealth.com.

Enriching Your Digital Offerings

Look at the full technology package to best serve seniors

By Lawrence Kosick

As the 72 million baby boomers living in the United States get older, they will increasingly need different levels of care, whether from hired professionals or family members. But even before the needs of boomers increase, care in the home is suffering from a global caregiver shortage.

According to AARP, 77% of adults over age 50 want to stay in their homes as they age, and many people simply can't afford assisted living communities and nursing homes. Family caregivers provide an estimated \$470 billion worth of free care—often at great personal cost.

This is a large problem that begs for a solution. In-home care providers have a great opportunity to step in and offer support for family caregivers while extending their business offerings. Baby boomers will demand these services: They are the wealthiest generation, holding \$3.2 trillion in direct spending power and more than 54% of household wealth.

Technology Can Assist in Caregiving

Technology can help lighten the burden for caregivers and homecare patients alike. By working together through digital tools that empower people to help manage their own care better, homecare and home health providers can better allocate their resources.

Older adults can learn to monitor their health, manage their own care plans and

connect directly with medical professionals from their homes—saving health care professionals time and resources that can then be allocated to patients who need them more.

There are various tech tools that can be utilized in the home to help address caregiving burdens. If homecare professionals encourage these tools—including but not limited to telehealth access—and help educate their clients on how to effectively use them to improve aging health, they can have life-altering impacts.

Telehealth Plus Other Options

Telehealth appointments allow for therapy and simple check-up visits to be done from the living room without extra travel. This reduces costs for both patients and clinicians. Plus, telehealth allows home health professionals to attend to more patients in the same time frame by reducing travel time.

In addition to telehealth, people are tracking their health with gadgets such as wearables and monitors and remote patient monitoring services that provide instant feedback. Some of these options are even available free or at a reduced cost in select Medicare Advantage plans.

Smartwatches and other wearable devices can help monitor health and send alerts to doctors and loved ones if there are

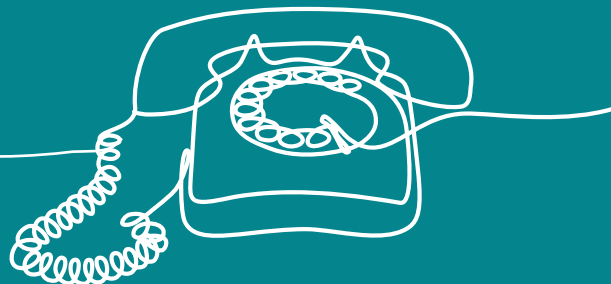
complications. These services can raise an alarm to warn people of increases in heart rates, insulin levels, falls and other shifts in health depending on the device.

Personal alarms can help if there is a fall, allowing the user to use a pendant or bracelet to call for help. Sometimes with the support of a speaker in the home, the person can speak with emergency services or a loved one in order to receive assistance.

Smart Homes Make a Difference

Smart devices can help make homes more aging friendly. While smart tech requires an initial investment, in the long run it can help save money on bills, reduce travel time and prevent worry for both the patient and their family. Below are a few tasks smart devices can help with.

- **Fall prevention:** Voice command or motion detecting devices can allow people to turn lights on and off without risking a fall in the dark.
- **Set reminders:** Voice assistants such as Google Nest and Amazon Echo can remind people to take their medicine on time and not forget important medical appointments.
- **Monitor movement:** Cameras and less invasive light detection and ranging sensors can monitor older adults when caregivers can't be there. Sensors can send communications to caregivers about



movement or its absence. There are even monitors for stoves and showers to ensure people are staying safe and taking care of themselves.

- **Entrance safety:** Smart doorbells can let residents see who is at the door without opening it. Smart locks can lock doors automatically when people leave, allow select people to come and enter a home without keys, and provide a simple solution to forgotten keys, especially when multiple people have codes.

Technology That Helps Fight Social Isolation

Social isolation “increases the risk of premature death from every cause for every race,” according to a 2019 study published in the American Journal of Epidemiology. While many people remember to stay physically and mentally fit, one of the key social determinants of health is being able to be a part of the broader community.

Offering opportunities to address this virtually can help create health equity for many people, especially those with limited mobility, special needs and other mitigating circumstances. Virtual learning and social interaction not only provide fun activities but can also offer key resources for care management, health literacy and health education to help assist in managing chronic diseases and adhering to both outpatient and long-term care plans. Some examples include the following.

- Online communities provide a sense of purpose and passion. Communities offer a safe space for older adults to learn, share and create with peers and, in the case of GetSetUp, are available at no extra charge for many older adults through Medicare Advantage SilverSneakers plans.
- Virtual learning can help those being cared for learn skills that can allow them to be more independent, like how to use Uber to get to doctors’ appointments or to make video calls to help make caregiving check-ins easier.



- Brain and physical health can be improved with virtual brain games or fitness classes that can be tailored to include classes in seated positions for those recovering from surgeries who require specific outpatient activities. Taking walks with virtual companions may help limit some homecare and health requirements.
- Amazing innovations in artificial intelligence are coming to market constantly. Static products, like screens with speakers, have been programmed for companionship and to promote good behaviors. Robotic pets that respond like real cats and dogs when petted and played with reduce loneliness, soothe worry and increase happiness. Even virtual reality headsets exist to enable adults with limited mobility to “travel,” supporting brain health and stimulation.

Customizable virtual classes allow homecare providers the opportunity to customize classes on topics like health tech or digital tools for caregivers so their community can learn together how to age healthier and happier. Plus, education is crucial to effective implementation. Education and the use of these tools helps

reduce the cost of health plans and assure adherence to care plans, making homecare and home health more manageable.

Ultimately, impactful ongoing virtual care can help to foster better relationships between health care providers, medical professionals, caregivers and those being cared for. Homecare and home health can help link together all the stakeholders in these plans to make administration easy and offer access to a variety of resources, making their services more impactful to the beneficiaries.

There are so many opportunities to use resources that appeal to the senior adult population and assist them in staying healthier, managing chronic disease, and allowing them to age in place more effectively. Isn't it time that homecare and health care providers partner to offer virtual resources and digital health resources to those they care for? **HC**

Lawrence Kosick is co-founder and president at GetSetUp, a learning platform for older adults that empowers them to live happier, healthier and more connected lives that's inspired by the work his father did to help older adults so many years ago. Kosick has led business development and partnership teams for decades at companies such as IFTTT, Sight Machine and Yahoo. He can be reached at lawrence@getsetup.io.

Arguing for Access, Advancing Awareness

An interview with departing NCART Executive Director Don Clayback

By Hannah Wolfson

After 13 years on the job, Don Clayback, executive director of the National Coalition of Assistive and Rehab Technology (NCART), recently announced he's leaving the organization in September. In his time at the organization, NCART fought to have complex rehab technology (CRT) power and manual wheelchairs permanently excluded from the federal competitive bidding program, held back state cuts and passed CRT recognition legislation in eight states. The organization is currently in a search for a new executive director. HomeCare talked with Clayback about where NCART has come and where it's headed.

HOME CARE: Thirteen years is a long time. What do you feel has changed over that time period and what part has NCART played in that change?

CLAYBACK: I think one of the biggest things is that if you turn the clock back to 2008 or 2009, since that time we've created a much greater awareness CRT in terms of congressional awareness, awareness at the state level with Medicaid programs, and also with other policymakers, and the Center for Medicare & Medicaid Services. And a lot of that has come from some of the issues that we've tackled in the CRT community. I'm very proud of the leadership roles we've taken in these endeavors, but it certainly

wasn't due to a single organization—it was really all the CRT stakeholders coming together. So you have the providers and the manufacturers, the clinicians, the consumers and the advocacy associations that represent all those folks. I think that general awareness is a big achievement because you really need to have policymakers understand what CRT is all about before we can get them to take action.

HOME CARE: Back in those early days, what did they think when they heard CRT? Did they just lump all mobility users in one bucket?

CLAYBACK: Yes, I think that the general understanding back then was really there wasn't awareness of complex rehab technology, and when someone would hear about wheelchairs, they automatically would think of more of the standard type of equipment—and those standard wheelchairs are important, but when it comes to Medicare, just as an example, there's about 15% of people that get wheelchairs under the Medicare program who need more complex equipment, they have more complex needs. And in many cases, they may be more active and require more sophisticated technology than your traditional Medicare beneficiary. Unless you have a friend or a family member who has

used this more complex technology, you really don't appreciate what's out there and how beneficial it can be for somebody that has a high level disability.

HOME CARE: Over that same time span, I imagine the technology itself has also changed pretty dramatically.

CLAYBACK: Thankfully there's been a lot of good advancement in terms of the technology. When we talk about complex rehab technology, we typically talk about it in three categories. There's your wheelchair, either your power or manual wheelchair system; then there's the seating and positioning, which is just as important as how someone gets around in their wheelchair, how they're positioned during the course of the day; and then, finally, there's the other adaptive technology—things like standing devices and gate trainers and bathing equipment—that also play a key part in people's lives and all those things have seen different advancements over the years, thanks to the the manufacturers' investment in research and development and their commitment to really try to serve the needs of the disability community with better technology.

HOME CARE: Do you think there will be equally dramatic advancements in the coming years?

CLAYBACK: I think the potential is there. One of the challenges that CRT faces when we talk about access is really the funding system, the foundation that's out there for how this equipment will get paid for, because in almost all cases, the technology's paid for by a person's insurance program. So whether it's a federal program or a state Medicaid program or a commercial program, in almost all cases, people's access comes down to what their insurance plan is going to cover.

And potentially, that could be even a bigger threat as we move forward. That is, that it's not a question of technology not being available to make even bigger differences in people's lives, but rather it's a question of are insurance plans going

to recognize those benefits and fund the type of equipment. And that also goes to the research and development, because manufacturers have to have a sense that if they produce advanced technology, there's going to be a market for it.

HEMOCARE: What big priorities have been checked off recently?

CLAYBACK: We've made a lot of progress, but when it comes to the whole education and awareness effort, there's still a long way to go. We need to continue investing the time and dollars in that. I think we've made improvements within the Medicare program around the payment rates for complex wheelchairs, both the manual and power and the wheelchair accessories. ... Even though our focus was on Medicare, the thing that people need to recognize is Medicare sets the stage for a lot of other payers. So Medicare needs to continue to be a focus of our efforts to make sure that their policies and to some extent their payment rates provide the access that's needed.

Recently, we've done a lot of work around wheelchair accessories. Right now, we're working on getting power seat elevation, power standing systems covered for people who use power wheelchairs. We've been partnering with the consumer organizations and with the Independence Through Enhancement of Medicare and Medicaid (ITEM) coalition, which is a large coalition of different disability groups, to get Medicare to cover these devices. This is another example: The technology's been available for quite a long time, it's got proven medical benefits, but there's not the full coverage from a funding standpoint. So consequently, people who could really benefit from the technology don't have the right access to it.

We've developed some very strong collaborative partnerships with the disability groups and with the clinical groups, kind of combining the industry perspective along with the consumer perspective, which really needs to be front and center.

HEMOCARE: What are the big priorities now? Will telehealth stick?

CLAYBACK: If there are two or three things that are on our radar right now, the first item is the Medicare coverage of seat elevation and standing, and then the next is telehealth expansion. As part of the pandemic, a lot of remote capabilities have been given to physical therapists and occupational therapists and that trickles down into the evaluation of people for certain CRT items. That remote capability has been in place throughout the pandemic, which has been a big positive for people who rely on this equipment. We think it's also got benefits even post-pandemic because ... depending on your disability, you may have transportation challenges, you may not have the expertise in your area, and if you can access all that remotely, it brings all sorts of benefit to that person who relies on the technology. Right now, that's in place through the end of the public health emergency; it actually has been extended temporarily for another 151 days beyond when the public health emergency expires July 15. When it does expire, there certainly are going to be some telehealth provisions that will be made permanent or at least extended for several years so they could be studied further. And we want to make sure that the ability for physical and occupational therapists to use telehealth for CRT evaluations remains in place.

Then the third thing would be on the state level. We're working in a variety of states on issues that impact access to CRT—on the federal level, it's really focused on the Medicare program, but on the state level where you've got 50 different states, it's on the Medicaid level. We've historically made inroads with policymakers on the state level, but that is going to require even more time as things move on because the states are going to be continuing to look for ways they can reduce their health care costs.

HEMOCARE: How did you land in CRT?

CLAYBACK: I was just out of college from Buffalo, New York—where I born and raised—I went into public accounting. I actually was in public accounting for about eight years and was a practicing (certified



Don Clayback

public accountant), but we had a family business—my father-in-law had a DME company in town, so that's how I got in the business, joining his company and then managing that for 10 years.

HEMOCARE: And it became your life's work?

CLAYBACK: I tell people—and certainly anybody that's been involved in the industry knows this—that working with people who rely on this type of equipment is a great service to provide to your community and really helps people make a big difference in their lives.

HEMOCARE: So, what comes next in your career?

CLAYBACK: I'm not sure yet! I would still like to stay involved in the CRT access area, so potentially something within the industry, or maybe related to the industry. Once I decided to pursue something different, I wanted to focus on making sure there was a smooth transition, and then once we get that underway, I'll be able to look at what other options might come after. **HC**

Hannah Wolfson is editor of HomeCare.

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Write It Down & Work It Out

How to avoid common documentation red flags

By Mary Ellen Conway

There are many similarities between accreditors regarding the common areas of deficiencies for durable medical equipment (DME) suppliers, and many of them boil down to documentation. When you become accredited, you agree to maintain those accreditation standards for all three years of the cycle—not just the few months prior to your triennial survey. Every accredited organization should be accreditation-ready for an unannounced survey every day and not just when they “gear up” for an upcoming renewal.

Managing accreditation compliance can be difficult, however, if you’re not organized and you don’t stay prepared. You know

the old saying: “If it wasn’t documented, it wasn’t done.” Ensure you are getting credit for all your hard work by making sure you are always documenting everything.

It doesn’t matter whom your accreditation organization is; it seems that suppliers all have very similar deficiencies cited on survey reports. Here are some common deficiencies that go back to making sure that you are always documenting and that your documentation is correct.

1 Incomplete Prescriber Orders & Prescriber Medical Records

You must have current, correct and complete

orders for each piece of equipment you sell or rent, as well as complete medical records from the prescriber.

The written order prior to delivery (WOPD) has been a requirement in DME since mid-2013. It must be available for review at all times. You cannot provide an item without it. You can’t chase incomplete orders after the item has been provided. This would cause a delay in the delivery and use of the item. If the prescriber’s order is incomplete, clarify the information. For an oxygen order, the prescriber’s order must designate the route of delivery and the duration. If your state requires a new prescriber’s order annually, you must set up a process to ensure you obtain the new order in a timely fashion within the proper time frame. DME providers functioned on dispensing orders for many years and many prescribers think that we still can. Remind your prescribers that you must have a complete and detailed order before delivery.

The prescriber’s medical records must be provided upon audit, so most suppliers require that the documentation be in the file once the order is received. If your audit doesn’t come until years after the order, it can be impossible to get the required records when the patient may not see that provider anymore, or the provider’s office has closed, or various other reasons.

When you bill for an item with a KX modifier, such as a commode—which is the only way you can get paid—you are stating that the item is medically necessary and the justification for use is documented in the medical record, so you must be sure that you have received these records and have them on file. Getting the medical records up front ensures that you have reviewed them



to be sure that they are compliant with the local coverage determination for that item. If they need to be augmented or clarified, then you are getting that done at the time of the referral and not trying to do that years later. Medicare does not accept additions to records that are made a long time after the initial order.

2 Gaps in Patient Records

When your patient records are reviewed, it is very common to see an absence of patient signatures assuring that all the proper documentation has been provided. Often there is no proof that the patient has received such things as:

- The current Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier Standards or permitted statement
- Information on the organization's complaint policy or process

Every accredited organization should be accreditation-ready for an unannounced survey every day and not just when they “gear up” for an upcoming renewal.

- An explanation of the patient's financial responsibility
- Educational materials about the use of the item such as a manufacturer's booklet that educates them on the proper use of a piece of equipment and the safety risks

Use a checklist with all of the required items a patient must receive or acknowledge and get that checklist signed and into the patient's record on every delivery to ensure that all of the necessary paperwork has been provided to the patient. Using a billing and verification software along with electronic

signatures can help prevent this paperwork getting lost in the delivery van or on someone's desk during the billing process.

3 Missing Competency Assessments

Competency is a basic tenet of accreditation and required by all accreditors. Competency assessments have become crucial to ensuring that staff—particularly those providing direct patient services—have the necessary training and skills to perform their job correctly. For DME providers, this concept of assessing and maintaining staff competence is crucial

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and sometimes misunderstood. Supervisors need to observe the performance of tasks to ensure that the employee can correctly perform them before they start working with customers, and then should repeat the process annually to assess whether all tasks are being performed correctly.

A typical DME delivery technician might perform dozens of different deliveries of equipment that requires setup. Ensure that observation of these tasks is completed during orientation before sending the new staff member out into the field independently, and then assess again annually to ensure that bad habits are not developed, to keep skills sharp and to maintain product and skill knowledge levels.

Document competency evaluations individually by item, or in an overall competency evaluation that includes all the items that the staff member provides to a customer as well as those they might troubleshoot, especially after hours. Use a form that can be kept in the staff member's personnel file or keep your completed competencies in one file so that they can be performed annually on everyone.

4 Poorly Maintained Personnel Files

Whether you keep paper or electronic personnel files, you must maintain them in a secure and organized manner so they will be ready for your surveyor during your unannounced survey. A best practice is to audit your personnel files two or three times a year to ensure that the files are complete and up to date. The standards from your accreditor will list all the items your files must contain. These can include:

- A completed application or résumé
- An orientation checklist that shows all the items covered during orientation, especially those required by your accreditor
- Applicable licenses with their initial and renewal verification
- A job description for every employee within the organization (although owners may be exempt)
- A job description for the employee's current job duties that is signed and dated



- Annual or bi-annual (every two years) evaluations—the frequency of these depends on your policy
- Completed competency assessments
- Completed continuing education or in-services

When you audit your files, use a checklist of required items to ensure that everything is complete. Auditing your personnel files on an ongoing basis will help ensure you meet all the requirements for your survey.

5 Insufficient Quality & Performance Improvement

When it comes to DME accreditation, accreditors receive multiple inquiries regarding how to monitor quality continuously and improve the performance of their organization. One of the first questions you should ask yourself is “How do I select the areas I would like to improve?” Most responses center on the Medicare Quality Standards and their guidelines. Medicare requires certain areas be reviewed, so be sure to follow those requirements, but also decide what can be the most beneficial to your operation. The concept of monitoring quality continuously is to locate, identify and correct any company weaknesses you can improve as well as their customer satisfaction.

Most providers are trying to do what is best for their customers but sometimes they don't pay attention to make sure everything is documented. These days it seems like providers have to do more with less reimbursement—thus, administrative positions get cut and monitoring goes by the wayside. Suppliers should always pay close attention to the areas that can be problematic between their on-site triennial accreditation visits and that they are documenting when needed. Integrating the inclusion of documentation requirements a little bit at a time is much easier than trying to do everything all at once ahead of a renewal survey. **HC**

Mary Ellen Conway, RN, BSN, is chief compliance officer for US Med and a member of the HomeCare Editorial Advisory Board. Reach her at meconway@usmed.com.



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A Pivot Point for HME

Helping patients shift from home health brings opportunity

By Mica Phillips

It has become increasingly clear to the health care industry that care in the home, especially home health, is on the rise. Industry leaders are calling homecare the “new frontier,” and it’s estimated that up to \$265 billion worth of Medicare fee-for-service and Medicare Advantage beneficiaries’ care services will shift from traditional facilities to the home in the next three years. This rise in home health services can be attributed to several

factors, including the increasing prevalence of chronic diseases, a growing geriatric population and advancements in the medical device industry.

The number of patients receiving homecare will continue to grow, and it’s predicted that an increase in the quality of in-home care and medical assistance will also occur. This will only come about if the health care industry accomplishes three things: working closely with homecare

services, improving post-acute and long-term care, and continuing to adapt to the homecare trend.

Reasons for Growth

New developments in care technology are a driving factor for the transition to home health. In February 2021, the use of telehealth services was 38 times higher than the year before as COVID-19 continued to cause barriers to in-person care. Thanks to



Many patients don't realize that their benefits may make them eligible for monthly deliveries of HME products directly to their homes.

telehealth services' ease of use, convenience, affordability and safety, many patients now prefer this method of care over in-person appointments, even as safety protocols continue to ease. The transition to telehealth was also aided by new tools, such as digitized data trackers, remote patient monitoring devices and home medical equipment (HME) delivery services, which helped improve the quality of care a patient can receive from their home.

Unfortunately, while new tools and developments continue to increase, the health care industry faces a significant decrease in available labor. Around half a million health care workers have either quit or lost their jobs since 2020, creating a major problem for access to in-person care.

The industry is also seeing an increase in the number of people with chronic diseases and in the geriatric population. A 2019 study revealed that six in 10 people suffered from at least one chronic disease in the United States, with those numbers steadily climbing ever since. Conditions such as heart disease, diabetes, cancer, arthritis, hypertension, stroke and asthma were among the most common in American adults. And these conditions may all require post-acute or

long-term care, increasing the demand for homecare services. Unfortunately, the number of people suffering from a chronic disease is estimated to rise in the following decades, especially as more Americans reach retirement age.

How HME Fits In

Every year, millions of people either start or are discharged from a home health care episode. And while this has been the standard for decades across the health care industry, many patients find themselves without a defined care transition plan. This means that each patient leaving home health has no clear HME supplier to pick up where their home health agency left off with their treatment plan. In addition, some patients have complex needs, such as those who require a catheter or ostomy products when dealing with incontinence, and they may be left searching online or calling their insurance providers without clear or timely answers to their needs. Patients may also feel they must purchase products in person, which can be difficult if they do not have transportation. This causes severe gaps for people receiving care and can worsen their condition if the correct steps are not taken.

HME providers can help alleviate these issues with the right communication. Many patients don't realize that their benefits may make them eligible for monthly deliveries of HME products directly to their homes. Depending on which state a patient resides in, Medicaid programs may also be able to help people who are still in a home health episode receive supplies—especially those who regularly need products brought to them, such as those suffering from bladder health issues. This allows for a more specialized degree of care and a broader selection of products than a home health agency might be able to provide.

Help With the Transition

HME providers should work to partner with their local home health agencies. This builds a relationship with the patient, too, maintaining that business long after the patient is discharged from home health.

Most Americans will need homecare assistance at some point in their lives. As the health care industry continues down the road of value-based care, it will be crucial for providers, medical device suppliers, patients and even patients' families to work together to ensure the highest level of care is available in the home. **HC**

\$265 BILLION

It's estimated that up to \$265 billion worth of Medicare fee-for-service and Medicare Advantage beneficiaries' care services will shift from traditional facilities to the home in the next three years.



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Mica Phillips is director of urology at Aeroflow Healthcare. Visit aeroflowinc.com.

Increased Demand for Memory Care Is Coming Soon

3 populations you should be ready to address

by Rich Paul

It was late afternoon and Dr. Harper reached for his legal pad and clipboard as he began opening and entering every door, prepared to update his patient charts before the end of his shift. Only it had been over a decade since Dr. Harper practiced medicine and he was at home, not at the hospital. He was experiencing sundowning as a symptom of his Alzheimer's disease.

The number of Americans impacted by Alzheimer's and other forms of dementia is projected to increase at a startling pace as the population ages. The Alzheimer's Association recently noted that when the nation's 65-and-up population grows from 58 million today to 88 million by 2050, the number of individuals living with Alzheimer's will more than double, to 13.8 million. In the near term, it will increase by a third by 2030, from 6.1 million today to 8.5 million. This steep rise in the need for care of those experiencing Alzheimer's and other forms of dementia raises the question: Is the health care system—and the homecare industry in particular—adequately prepared?

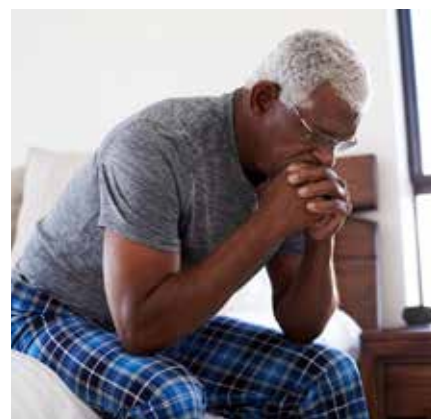
The relatively young homecare industry has earned a critical seat at the continuum of care table. Even if we weren't there before, the pandemic and the aging-in-place

phenomenon certainly put us there. In the coming years, homecare is going to play an even greater role as the baby boomers and then Generation X continue to move towards the later years of their lives. We especially need to focus on dementia-related needs and the specific care required to support this growing segment.

As homecare agencies assess their readiness to address the demand for memory care-related services, there are three important populations a comprehensive memory care program should address.

1 Clients Living With Alzheimer's or Dementia

Alzheimer's disease and other forms of dementia represent a life-changing event for the individual experiencing the symptoms and family members struggling to understand the disease and navigate care for their loved one. At the center of any memory care program is the individual living with cognitive decline. Depending upon the progression of the memory loss, care should include companion care, fall and injury prevention, and personal care. There is no one-size-fits-all in-home support



for clients experiencing memory loss, but a comprehensive memory care program should be grounded in evidence-based, person-centered care that addresses the individual's unique needs and preferences.

2 Family Members

A successful memory care program must also incorporate support for family members and provide them with the resources and knowledge necessary to feel confident in the care plan for their loved one. In addition, services should be designed to reduce the stress of caregiving for family members and provide some much-needed respite support,

The relatively young homecare industry has earned a critical seat at the continuum of care table. Even if we weren't there before, the pandemic and the aging-in-place phenomenon certainly put us there.

which may include live-in or 24-hour care or call for assistance in navigating other care options. In fact, approximately 60% of family caregivers report extremely high emotional stress and 40% report developing depression. Family caregivers may have increased medical costs due to the emotional and physical strain of caring for an older adult.

As a family processes this new reality for their loved one, the effort to understand the disease and research the right resources often leaves families feeling overwhelmed. Guiding them through these uncharted waters should include providing education and information to help promote peace of mind in caring for a loved one experiencing dementia or memory loss. Areas of significant importance include addressing the stages of memory loss, being prepared for behavioral changes, ensuring proper nutrition and hydration, adapting the home environment for optimal safety, learning how to communicate effectively and becoming familiar with various memory care resources.

3 Caregivers

Finally, homecare agencies cannot design or implement a memory care program without ensuring that their caregivers are equipped with the knowledge, confidence and support they need to deliver high quality care. Promoting the client's quality of life, safety and sense of well-being should be the No. 1 priority.

Caregivers serving the needs of those living with Alzheimer's or dementia should receive evidence-based and person-centered training. Ideally this would include training or certification that has been recognized or certified by the Alzheimer's Association, which describes person-centered dementia care as "a way of providing care focused on knowing the unique person through respectful close relationships that foster normalcy, choice, purpose, belonging, security and strengths."

Since millions of Americans are currently living with Alzheimer's or other types of dementia and as the size of the U.S. population age 65 and older continues to grow, so too will the number and proportion of Americans with Alzheimer's or other forms of dementia. As a result of this trend, the homecare industry should anticipate that not only will the demand for memory care-related support services increase, but so will consumer expectations for a comprehensive, evidence-based care solution.

Homecare agencies that prepare now for the more acute and specialized care needs that accompany Alzheimer's and dementia will help elevate the recognition that homecare is a critical resource in the in-demand at-home care individuals have earned and deserve. **HC**

Rich Paul is the chief partnership officer for SYNERGY HomeCare, a nonmedical in-home care provider serving 39 states. Visit synergyhomecare.com.



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Don't Leave Money—or Tax Credits—on the Table

The top 5 things agencies need to know about employee retention refunds & how to access them

By Dean Zerbe

Homecare agencies are now finally realizing that they are eligible for the Employee Retention Credit (ERC), but even those that have filed for it are largely underclaiming and paying unnecessary upfront fees. The credit can be worth six to seven figures in cash refunds to a homecare agency, but there is a lot of misinformation around the credit, which has led to slow adoption and self-censorship. Let's take a moment to walk through the credit and how homecare agencies can claim even more funds from the program.

A Brief History of ERC

First, it's worth taking a brief look at the history of the ERC to understand where the confusion around it lies. The credit was originally introduced as part of the Coronavirus Aid, Relief, and Economic Security (CARES) act in 2020, but at the time you could not claim both ERC and Paycheck Protection Program (PPP) loans. As most businesses opted to claim PPP, ERC was largely ignored.

As the pandemic stretched on, however, Congress recognized that it needed more options to bolster American businesses. With the ERC already in place, lawmakers decided that they needed to allow businesses to claim the credit alongside PPP loans. It took

the Internal Revenue Service (IRS) some time to release guidance that clarified this about-face by Congress, which only caused more confusion.

When guidance was released in December 2020, it seemed clear that the intention was to make the ERC as widely applicable as possible. In fact, Eric Hylton, the former IRS commissioner of the Small Business/Self Employed Division, said at the time that it was expected that 70% to 80% of businesses would be claiming the credit.

And yet it turns out that the number of companies that have actually claimed has fallen short of that projection due to confusion and misinformation.

What You Should Know

Here are some of the most important things your agency should understand about these tax credits.

1 You can claim ERC & PPP together.

One of the most common reasons that I hear that a homecare agency did not claim ERC was because they have already claimed PPP. With the passage of the Consolidated Appropriations Act of 2021, the bar between claiming both ERC and PPP was lifted. The good news is that means you can make claims on both programs.

2 ERC comes in the form of a refund check.

Many businesses have assumed that the ERC is a loan program like PPP. That's not the case, as it is actually a credit against your payroll tax. Since you likely have already paid your payroll taxes for 2020 and 2021, filing for ERC means you will get a check from the government that you can cash and do with as you like.

3 ERC is not WOTC.

Many in the homecare industry have confused the ERC with the Work Opportunity Tax Credit (WOTC). The two are separate credits that can potentially be claimed together. The WOTC provides a credit to businesses that hire workers from a targeted group such as veterans, ex-felons and those on Supplemental Security Income (SSI).

4 There are two ways to qualify for ERC.

Perhaps the biggest reason homecare agencies are not taking full advantage of the ERC is because they are only qualifying based on a decline in revenue. That is only one way to qualify. You can also qualify if your business faced a disruption due to government mandates. For instance, if there were facility restrictions that limited how

Many people have assumed that since you can only claim the credit for the 2020 and 2021 tax years, that the deadline has passed. That simply isn't true, as you can amend your 2020 and 2021 returns for the next couple of years.



many clients you could visit, reduced your ability to market to new clients or caused patient census declines, then your agency can qualify for even more in refunds.

5 You don't need to pay upfront fees to an ERC provider.

There is no legal requirement from the IRS that an ERC provider charge you upfront fees. Many providers have sprung up overnight and some are asking homecare businesses to pay fees to find out how much they can claim. Be wary.

A Case Study

I recently helped a homecare agency claim more in ERC credits than they initially thought they were entitled to. The company had originally claimed the credit due to a decline in revenue in 2020. By 2021, their business was actually up compared to before the pandemic and they assumed they could not qualify for ERC in 2021. It is worth

noting that the 2021 version of the credit is significantly more generous than the 2020 version, as you can claim up to \$7,000 per employee for each quarter versus \$5,000 per employee for the entire year.

Even though the agency was profitable, it still faced restrictions at the facilities where its clients resided. In particular, caregivers could only visit their existing clients and were prevented from entering the facility to market to potential new clients. There was also a significant decline in the number of hours caregivers could be with clients due to restrictions.

These restrictions qualified the agency for multiple quarters in 2021 and the final credit they received was \$2.8 million.

I do want to make one final point, which is that it is not too late to apply. Many people have assumed that since you can only claim the credit for the 2020 and 2021 tax years, that the deadline has passed. That simply isn't true, as you can amend your

2020 and 2021 returns for the next couple of years.

That said, I would encourage every homecare agency to reach out to a reputable credits and incentives provider for help in claiming this powerful refund as soon as possible. If you are claiming based on impacts to your business, then it's better to document and substantiate those impacts as close to the time of the events as possible. There are a lot of things that can happen if you wait too long to claim. The facts and circumstances surrounding the events will start to fade from memory, you may lose employees that may be critical to documenting your qualifications, and the necessary paper trail may get lost in the shuffle. **HC**

Dean Zerbe is the national managing director at [alliantgroup](https://alliantgroup.com) and former senior counsel to the U.S. Senate Finance Committee. Visit alliantgroup.com.

SCHEDULING

Overseeing a Balancing Act

A look at Care Synergy Network’s ‘Take Care of You’ program

by Crystal O’Brien

What could your employees do with more time off? Would they be able to take college classes or pursue new hobbies? Could they be more engaged with their own families? Maybe they could better manage their own health concerns. But whatever they would pursue, many in-home caregivers also want to grab all the hours they can so they can maximize their pay.

At Care Synergy, we have tried to satisfy both those concerns, recently implementing a new work-week schedule for hospice registered nurse (RN) case managers and admissions RNs that seeks to accommodate the demands of the job and to improve their work-life balance.

Care Synergy is a network for not-for-profit community-based home health care, hospice and palliative care providers serving the Front Range of Colorado, including the Colorado Visiting Nurse Association, the Denver Hospice, Pathways, and Pikes Peak Hospice and Palliative Care. The network hopes to balance the care needs of the patients and families as well as time away from work for its RNs.

In my two years as president, the RN group has never been more satisfied and felt more balanced with their time off. Our RN case manager group has never been happier or more satisfied with scheduling.

Take Care of You


The new scheduling program, called “Take Care of You,” compensates RNs with a full-time salary for an 80-hour pay period but only requires them to work a 72-hour schedule in that two-week pay period. This provides greater flexibility at the RN staff level to schedule time to take care of patients and families, and also attend to any personal or family commitments that they have outside of work. The nurses can either schedule half a day off each week or a full day off every other week, with approval from their clinical manager. This equals a total of




26 extra days off per year—in addition to their regular paid time off.

The program was developed as a result of employee engagement and feedback sessions held in the fall of 2021. Take Care of You recognizes the challenges of and rewards the work of nurses and, at the same time, is designed to allow for much better work-life balance and paid time off for employees and team members.

Take Care of You was put in place to help with the recruitment and retention challenges that all health care providers are experiencing and as a way to help our caregivers with fatigue and burn out.

Our approach is not only about scheduling; we strive to find ways to assist employees as a whole with all of the challenges that impact their work-life balance. We also provide robust mental health resources, including access to WorkLife Partners and two employee assistance programs. In addition, because of the specialized care and services each of the affiliates provide in hospice and homecare, they are able to utilize their own counseling staff to help team members with their mental health needs and coping with the stress of their day-to-day work



Take Care of You – Scheduling

RN Case Managers and Admissions RNs can choose between one of the following scheduling options:

Choose 1 afternoon EVERY week off
Work 36 hours per week and get paid for 40 hours per week.

	MON	TUES	WED	THURS	FRI
AM	1	2	3	4	5
PM					
AM	8	9	10	11	12
PM					

OR

Choose 1 day every other week off
Work 72 hours bi-weekly and get paid for 80 hours bi-weekly.

	MON	TUES	WED	THURS	FRI
AM	1	2	3	4	5
PM					
AM	8	9	10	11	12
PM					



How well is the program working thus far? One of the presidents in the network said, “In my two years as president, the RN group has never been more satisfied and felt more balanced with their time off. Our RN case manager group has never been happier or more satisfied with scheduling.”

Challenges

The Take Care of You program works best when additional RNs can be hired to keep caseloads from rising above targeted numbers of 14 to 16 patients per nurse. Many providers in the Care Synergy network struggle to hire additional RNs as caseloads rise. This means RNs are carrying more patients than desired and find less satisfaction with the program. It is a challenging balancing act—juggling hours and caseloads.

The Take Care of You program is a pilot, and the Care Synergy network is trying a number of additional initiatives to increase team member retention and recruitment. As well as providing additional time off, the Care Synergy network also offers improved benefits and mental health support as we focus on taking care of our caregivers. In 2022, we significantly improved our medical plan design and doubled the employer health savings account funding, up to \$2,000 annually, while not passing on any increases to employees.

Care Synergy’s team members perform invaluable work in our communities and our priority will remain to take care of them. **HC**

Crystal O’Brien has more than 15 years of progressively senior roles in human resources, most recently as the vice president of human resources for InnovAge of Denver. She holds a bachelor’s degree in human resources management from Colorado State University and is a certified professional in human resources. In her role of vice president of human resources for Care Synergy, O’Brien collaborates with the Care Synergy affiliates to develop and implement effective, innovative strategies to meet the business needs of the organizations and grow the impact of their services. Visit caresynergynetwork.org.



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The Leading Business Resource for HME & Home Health Professionals

Home Works Better

Why you should partner with an in-home therapy provider

By Ed Gasiewski & Michael Gasiewski

Medicare Parts A and B cover medically necessary skilled services like nursing, home health and therapies such as physical therapy, occupational therapy and speech-language pathology. When patients need these services, the natural transition is from the hospital setting to a sub-acute rehab setting and then to the patient's home—but more and more patients are discharging directly to their homes.

Under Part A, a patient receiving home health services is required to be homebound. Many patients will improve to the point that they no longer meet the homebound requirement, while others show limited improvement, but may still be discharged at the end of the 60-day period of care. Once a patient no longer qualifies for in-home services under traditional Medicare, patients are often encouraged to follow up with an outpatient setting for continued therapies.

The Solution

For home health agencies that do not employ therapists, if a patient has been receiving care in their home, including therapy, it's important to identify and partner with a therapy practice that can continue to provide services in the patient's

home. Under the Part B benefit, the patient does not have to be homebound. So, regardless of patients' homebound status, they can receive therapy services in the comfort of their home.

Home Safety

One major factor that is often dismissed when patients are sent home from skilled nursing facilities, nursing homes or sub-acute rehab facilities is a home safety assessment. A home assessment should be conducted before the patient is discharged home. A proper home safety assessment will identify barriers and help put measures in place to overcome them.

While the Patient Driven Groupings Model (PDGM) for home health agencies has made it more difficult for agencies to provide “therapy only” services, agency-employed occupational and physical therapists can perform the initial intake and assessment if therapy is included on the plan of care, meaning they are in a perfect position to provide home evaluation services as part of the initial patient assessment. The therapist will identify the proper location of grab bars, the correct shower chair and the most cost-effective modifications to accommodate the patient. The goal is to have patients safely enter and function in their home.

Home health agencies without a therapist on staff should consider a partnership that will enable them to provide services.

Benefits of Treating Patients At Home

Home health providers already know well

the benefits of skilled nursing care in the home. Those benefits extend to physical and occupational therapy services provided in the home. A few therapy-specific benefits are listed below.

- **Convenience**—Along with not having to go through the hassle of scheduling transportation and leaving home, patients also benefit psychologically from being seen at home. The comfort of a familiar space can give the patient peace of mind, which leads to greater reception and adherence to their treatment both mentally and physically.
- **Personalized care**—Providing one-on-one service and getting to know the patient allows the therapist to take a more personalized, targeted approach to the way they treat them and train their caregiver if needed. This also allows for greater transparency, resulting in better patient engagement and an improved patient experience overall. When looking for a partner in therapy services, seek a provider that can ensure patients have the same therapist for each visit.
- **In-home vs. clinic treatment**—Patients are less likely to decline treatment when the therapist comes to them. The therapist also gets to help overcome patient barriers identified in the home, which cannot be done in the clinic. With in-home assessments and treatments, therapists get to treat in the patient's actual living environment. They get to work on the patient's own stairs using their railings, do transfers in their bathroom and perform mobility training throughout the home.

Benefiting Partners

As home health agencies look to transition their patients to another level of care or take on a new service line, in-home therapy providers can take the baton and continue with the skilled therapy services. **HC**

Ed Gasiewski, PT, and Michael Gasiewski, OT, are the owners of Therapy Choice, a Medicare Part B provider that specializes in in-home physical, occupational therapy and home safety assessments. Visit therapychoice.com.



RAMPS & LIFTS

In this directory, HomeCare delivers a monthly breakdown of crucial sections of our annual Buyer's Guide, providing the most up-to-date information on the products and services your business needs. This month, we're featuring home access products, specifically ramps, stair lifts and vertical lifts. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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2022 HOMECARE BUYER'S GUIDE LISTINGS

Our 2022 Buyer's Guide is filled with manufacturers' and service providers' contact information to help you find the right mix of products and services for your company. No matter which way you plan to steer your business in 2022, we know that products and services are at the heart of it all, and this comprehensive guide will help you grow and stay on track throughout the year. You can also easily reach these resources online at:

homecaremag.com/buyers-guide.

NEW ON THE MARKET

1 Bouncer 450

21st CENTURY SCIENTIFIC, INC.

The BOUNDER 450 power wheelchair is a Group III power chair, coded for multiple power seating. The BOUNDER 450 has a top speed of six miles per hour. Available options include a high-speed package of up to eight miles per hour and an off-road tire package for navigating challenging terrain. Standard features include four-wheel independent suspension and a choice of either LiNX or R-net electronics. Available power seating systems include tilt, recline and a seat elevator with eight inches of rise. Visit wheelchairs.com.

Check 200 on index.

2 ZipOns

BEFREE

For the millions of adults and children with disabilities and short-term mobility challenges due to accidents, surgery or medical conditions, pulling on a pair of pants can be impossible. ZipOns patented pants are designed with zippers from waist to hem, providing incomparable levels of ease and comfort to those who wear them and their caregivers. Instead of pulling pants up over the legs, zipOns make it possible to zip the pants on around the legs in a standing position or while lying down and the calf and hem of the pant can be vented to accommodate braces, casts and other medical equipment. Visit befreeco.com.

Check 201 on index.

3 CleanPrene

LIFE WEAR TECHNOLOGIES

CleanPrene is made from BIO II Foam, which is made from recycled and sustainable materials including plant oils, oyster shells, recycled polyester and nylon. The use of this foam creates a comfortable and durable splint that supports the wearer with protection and flexibility. CleanPrene's sustainable technology offers compressive and functional splints for the wrist, elbow, knee and ankle that look good, feel great and perform just as highly as their neoprene counterparts. Visit cleanprene.com

Check 202 on index.

4 Sidekick Smart

LIFESTATION

The Sidekick Smart is a custom-designed smartwatch for seniors who need the key benefits of a medical alert system housed in a stylish wearable. Call for emergency help, track steps and monitor heart rate all in one small device. The AT&T 4G-LTE network is the most powerful nationwide service available, allowing LifeStation to monitor anywhere in the United States. This device is water resistant and works with Alexa apps. Visit lifestation.com.

Check 203 on index.

5 SEDEO PRO ADVANCED

SUNRISE MEDICAL

The SEDEO PRO ADVANCED is packed with high-end power functions to provide maximum comfort, improved posture and an incomparable seating experience. Features include 165-degree power recline supported by seven inches of patented biomechanical anti-shear to maintain the positioning of the head support; biometric repositioning, which allows users to effortlessly move from a reclined to seated position through a precise sequence of tilt, recline and powered leg supports; and fully programmable pressure relief alert reminders that notify users it's time to change position to avoid pressure injuries. Immediately available on the Q700-UP M, the SEDEO PRO ADVANCED seat offers a higher standing angle and faster speed when standing and driving. Visit sunrisemedical.com.

Check 204 on index.

Hand picked by the editors of HomeCare, these products are the newest frontrunners shaping the homecare marketplace. Stay tuned in every issue for more industry-leading solutions.



1

3



2



4



5



BATH SAFETY

1



1 Starfish Pro Pediatric Shower Chair

CLARKE HEALTH PRODUCTS

Starfish Pro pediatric shower and commode chairs will fit today and grow for tomorrow. Built with a stainless steel frame, the Starfish comes in three sizes and three chassis models—manual, hydraulic and power assist. Adjust the depth, width, abduction and adduction to fit each bather. An open back and seat design allows a caretaker easy access for bathing assistance and hygiene cleanup. A wide range of accessories allow the chair to be configured for individual requirements. Visit clarkehealthcare.com.

Check 205 on index.

2



2 Bidet Toilet Lift-WL1

DIGNITY LIFTS

The Dignity Lifts Bidet Lift WL-1 is a new toilet lift with an integrated bidet and blow dryer. Toilet lift users often have trouble reaching and stretching, so hygiene issues can arise. With an integrated bidet and dryer, the Bidet Lift WL-1 handles these hygiene issues automatically. The WL1 works with almost all toilets in almost all bathrooms and retails for \$2,999. Visit dignitylifts.com.

Check 206 on index.

3



3 TILT Toilet Incline Lift

EZ-ACCESS

The TILT Toilet Incline Lift from EZ-ACCESS combines the functionality of a heavy-duty commode and a lift chair into one easy-to-use bathroom safety solution. This toileting aid lifts users on and off the commode with the push of a button, offering dignified and independent bathroom use. The unit attaches directly to the bowl for greater stability and can be installed in as little as 15 minutes. The assembly is protected by a removable plastic shield for easy cleaning. Visit ezaccess.com.

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4



4 Wave Designer Grab Bar

GRABDASHBAR

The wave designer grab bar is ideal for walk-in showers, bathrooms or anywhere a safety bar is needed, with a unique design that breaks the institutional look of traditional grab bars. It is constructed of high quality 18-gauge stainless steel and available in a variety of finishes to offer extra support without sacrificing style: polished chrome, brushed nickel, oil-rubbed bronze and matte black. This Americans with Disabilities Act-compliant grab bar will bring a touch of elegance to your client's bathroom while making the home safer to prevent falls. Visit grab-bar.com.

Check 208 on index.

5



5 16-Inch Safe-er-Grip Balance Assist Bar

MHI SAFE-ER-GRIP

The MHI Safe-er-Grip balance assist bar provides extra stability while getting in and out of a wet, slippery tub or shower. The strong suction cup design works on any nonporous flat surface including tile, glass, acrylic and metal, allowing the grab bar to be placed where most needed. Simple tool-free installation makes the bar easy to install or remove from the tub or shower walls with locking latches to secure the bar in place. Visit safe-er-grip.com.

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BEDS



1 Hi-Low Adjustable Beds

ASSURED COMFORT

Assured Comfort Hi-Low Adjustable Beds promote wellness and provide comfort while watching TV, reading or recovering. The hi-low feature is perfect for those requiring therapy, allowing the bed surface to be raised for therapist convenience or allowing for easier transfers. Choose from three models in twin, full, queen and split-king sizes. Beds feature quiet remote control operation. Assured Comfort Hi-Low foundations can typically retrofit an existing bed frame or customers can choose from a line of headboards and footboards. Visit assuredcomfortbed.com.

Check 210 on index.



2 HydroAire Air Fluidized Therapy Bed

AURORA MFG

The HydroAire Air Fluidized Therapy (AFT) bed is designed to treat patients with the most difficult pressure injuries. This bed can help manage patients who are failing Group 2 support surfaces. Providers currently providing patients with support surfaces, negative pressure wound therapy or both can separate their wound care services from their competitors. Visit auroramfg.com.

Check 211 on index.

3 Lightweight Bariatric Homecare Bed

DRIVE DEVILBISS HEALTHCARE

The Lightweight Bariatric Homecare Bed features a lightweight and easy-to-maneuver frame design in 42-inch, 48-inch and 54-inch widths. The easy-to-clean, split slat deck frame offers no-sag mattress support and assembles and disassembles easily without tools. The bed supports a safe working load capacity of up to 1,000 pounds depending on the model and is equipped with a self-contained motor that can be installed and removed while the patient is in bed. Visit drivemedical.com.

Check 212 on index.





4 Patriot Full-Electric Homecare Bed

GRAHAM-FIELD

The Patriot Full-Electric Homecare Bed makes it easier for caregivers to raise and lower the bed for patient care and linen changes. The electric height adjustment also allows the patient to easily position the bed for maximum comfort. All functions are fully integrated into a convenient handheld pendant. Available with fiberboard decorative walnut bed ends or high-impact plastic bed ends. Total assembled bed weighs only 178 pounds including bed and motor. Maximum patient weight of 350 pounds. Visit grahamfield.com.

Check 213 on index.



5 Full-Electric Low Bed

INVACARE

The Invacare Full-Electric Low Bed features a split-spring design incorporated into the standard low bed profile. This combines the easy, one-person delivery of a standard Invacare bed with the benefits of a low bed. The low bed ends are fully compatible with existing Invacare full-electric bed frame inventories and the drive shaft, simplifying inventory management for providers. Durable panels are impact and scratch resistant and washable for easy cleaning. The ergonomic hand pendant features heavy duty strain-relief cord. Convenient access to emergency manual crank for peace of mind. Visit pro.invacare.com.

Check 214 on index.



6 Pediatric Beds

KAYSERBETTEN

For more than 40 years, KayserBetten has been manufacturing beds for children with special needs. Unique features such as doors with vertical hinges, low thresholds and tall safety rails are exclusive to KayserBetten. A KayserBetten bed may be just what your client is looking for to help care for and protect their child. Visit kayserbettenus.com.

Check 215 on index.



7 Protakt 1st Defense Dynamic Hybrid Mattress

PROACTIVE MEDICAL PRODUCTS

The Protakt 1st Defense Dynamic Hybrid Mattress is an alternative to the standard alternating pressure mattress. Recent studies show the major complaints from patients on an alternating pressure mattress are: The air bladder surface is uncomfortable, they feel unsafe due to the constant movement of the mattress, and they cannot easily position themselves or get out of bed. The 1st Defense reduces these issues. The foam insert placed inside the pocket under the top cover provides a more comfortable sleeping surface, reduces drastic drops during alternating cycles, and provides a buffer between bladders, allowing the patient to easily reposition or get out of bed. Visit proactivemedical.com.

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HOME HEALTH BILLING & EHR SOFTWARE



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Axxess has cloud-based solutions for total revenue cycle management. Axxess is a network service vendor with Medicare and is also a clearinghouse so clients can submit electronic claims and get paid up to 33% faster. Axxess's team of certified revenue specialists can efficiently manage all billing operations and deliver custom insights to boost compliance. Axxess offers no-risk recovery services to help providers recoup older claims to increase revenue and grow business. Visit axxess.com.

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2 Carecenta

CARECENTA

Carecenta's new platform has features that speak directly to the bottom line of a medium to large homecare agency. For multibranch agencies with dozens of contracts, Carecenta offers the ability to consolidate scheduling, billing and reporting across multiple state aggregators in a one-stop solution. Visit carecenta.com.

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3 Homecare Homebase

HOME CARE HOME BASE

Homecare Homebase offers hosted, cloud-based solutions to streamline operations, simplify compliance and boost clinical and financial outcomes for home-based care agencies. Customized mobile solutions enable real-time wireless data exchange and communication between field clinicians, physicians and office staff for better care, more accurate reporting and improved revenue cycle management. Visit hchb.com.

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2



Carecenta®

3

homecare  homebase™



4 Healthcare Software

KANTIME

KanTime provides cloud-based enterprise software to home health, hospice, pediatric, palliative and consumer-directed services agencies. Electronic medical record solutions provide agencies with the tools necessary to scale, automate and grow in all lines of business. Built from the ground up, KanTime helps agencies deliver quality patient care 24/7. Visit kantime.com.

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5 Net Health Home Health & Hospice

NET HEALTH

This powerful electronic health record offers an integrated platform with workflows for each care setting, generating a single medical record across home health, hospice, palliative and private duty care. In addition, clinicians are given the flexibility to complete documentation in an intuitive and efficient way so they can better focus on patient care. Executives and administrators find value in 450-plus reports with dynamic and point-in-time metrics, such as value-based purchasing metrics and STAR ratings. Visit go.nethealth.com.

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6 AlphaCollector

NETSMART

Netsmart's AlphaCollector is a new cloud-based collection automation platform built to increase collection rates and reduce human effort. AlphaCollector uses artificial intelligence paired with over 30 years of health care collections data to reduce the time it takes to collect while boosting the effectiveness of providers' revenue cycle teams. The powerful solution drives specific, prioritized workflows to provide the flexibility to respond quickly to changing priorities in the revenue cycle. The result is a flexible, automated collection operation that drives more cash without increasing costs. Visit ntst.com.

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5



6

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- 19 Sales/Marketing Rep, Mgr, Dir
- 20 Other (Please Specify) _____

2. What is your primary type of business? (Check only one)

- 01 Home Medical Equipment Provider
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MAKE-A-WISH

Getting a Lift

Tennessee girl receives wish of home mobility

By Kristin Easterling

A Tennessee teen can now navigate her home with greater ease, thanks to a partnership between Next Day Access Knoxville, Harmar Mobility and Make-A-Wish East Tennessee.

Madison Peak, 15, wished for a stair lift to help her be more independent at home. Previously, her father or brother had to carry her up and down the stairs when she wanted to leave her room.

She submitted her request to Make-A-Wish, a nonprofit organization that fulfills the wishes of children and teens diagnosed with critical illnesses. Make-A-Wish reached

out to Harmar, which makes stair lifts, vehicle lifts and platform lifts. Harmar stepped up to make it happen.

"I'm thrilled this was able to come together so this family can have more freedom in their home. It really shows how much Harmar—and our partners—make sure they go above and beyond to lift lives," said Brigid Sheridan, Harmar territory business manager.

Harmar worked with its local dealer, Next Day Access Knoxville, to evaluate the home and perform the installation. After evaluations, it was determined that the home would need a Helix curved stair lift, which can be more expensive than simpler lifts due to necessary customizations for size and fit.

The two companies decided to donate the lift and installation, freeing up budget for Make-A-Wish to grant future wishes from other children. According to Make-A-Wish's website, the average cost of fulfilling a wish

According to Make-A-Wish's website, the average cost of fulfilling a wish is around \$11,000.



Peak's favorite animal, a penguin, tests the new Helix stair lift in her home.

is around \$11,000. Make-A-Wish relies on cash and in-kind donations to grant wishes, with no expectation that the family contribute anything.

"All of us at Make-A-Wish East Tennessee are so glad and grateful for the partnership between Harmar, Next Day Access and our chapter to provide a life-changing wish to Madison and her family," said Christina Sayer, director of Wish Granting for Make-A-Wish East Tennessee.

"We are so glad to partner with Harmar and Make-A-Wish East Tennessee to provide this family with a safe and custom solution to help get Madison up and down the stairs," said Josiah Tillett, Next Day Access Knoxville branch manager. "It's always heartwarming to see how accessible solutions can impact a family's day-to-day life." **HC**



Pictured L-R: Josiah Tillett, branch manager at Next Day Access Knoxville; Garrett Wagley, CEO of Make-A-Wish East Tennessee; Brigid Sheridan, Harmar territory business manager; Christina Sayer, director of wish granting; and Jesse Landenberg and Stephen Landry, Next Day Access technicians

Kristin Easterling is managing editor of HomeCare.

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