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JULY 2021

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When it's time to say goodbye

Tim Rutti of Valley
Medical Supply on selling
his HME company

The
Medtrade
Issue

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Using home
accessibility &
incontinence to boost
retail sales

HME:
Why internal
audits matter

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Dear HomeCare Readers,

It all felt a little silly back in March of 2020 when we were avoiding handshakes and elevator buttons at Medtrade Spring. I think it's safe to say that most of us had no idea what was to come.

When we returned from Las Vegas, our CEO shut down work travel for the entire company—and soon after sent everyone out of the office. (Well, almost everyone: Our own Jim Harmon kept sneaking in.)

Now, as we're preparing for Medtrade West, it feels very strange to look back at those days and at everything that has happened in the interim. We figured out how to work remotely as a team, how to manage meetings on Zoom and how to publish a monthly print magazine at a distance. We also added a third weekly issue of HomeCare Now, covered all of the changes that came with COVID-19 (so many waivers!), and created our HomeCare Heroes feature, which will return this fall.

Our challenges were minor compared to what you in the field handled—everything from reassuring terrified clients to protecting staff health to tackling telehealth to sourcing sanitizer and personal protective equipment.

We know that a few providers have decided “enough” and decided to move on. In this issue's cover series, we've profiled Tim Rutti, a great retailer who talks about his own decision to sell his company, Valley Medical Supplies. We're not saying this is the right path for most—in fact, in the same series we also propose two other routes for boosting retail sales and bringing in more cash.

Also inside: what you need to know about internal audits, interoperability, bath safety, wound care and so much more. We've got three great columns this month so check them out! Meanwhile, we're packing again for Medtrade and looking forward to giving out hugs instead of hand sanitizer this time. Come look for us at Booth 420.

Thank you for reading,



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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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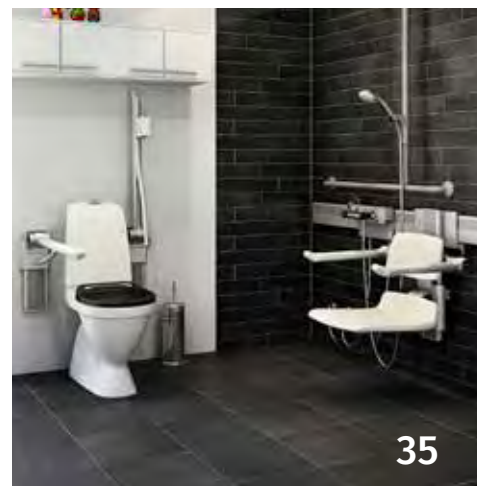
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Split Decisions?

Sleep better together.

Signature Series

These images show the Hi-Low adjustable base without the mattress. Several mattress choices are available.



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ConcertoCare Named Direct Contracting Entity for CMMI

ConcertoCare, a risk-bearing in-home primary care provider for seniors, was named a Direct Contracting Entity by the Center for Medicare & Medicaid Services (CMS) Innovation Center. As a DCE, ConcertoCare will now be able to offer its care solution to Medicare patients who would benefit from advanced primary care in the home.

The first performance year started on April 1, 2021. ConcertoCare will initially provide care in Massachusetts, New York, Ohio and Washington, with additional states expected to join over the coming months.

Composed collaboratively with patients, three individualized care programs are supported by a combination of in-home medical, behavioral and social services and enhanced via advanced proprietary technologies. With the ConcertoCare Partners program, patients with complex care needs keep their existing doctors and health plans while benefiting from additional in-home care, supports and coordination. The geriatric primary care model offers in-home primary care for patients without an ongoing primary care physician. PACE (Program of All-Inclusive Care for the Elderly) is for participants who wish to remain independent and in their homes, but need nursing home-level care.

The direct contracting model is aimed at reducing expenditures and preserving or enhancing quality of care for beneficiaries in Medicare fee for service. The model creates opportunities for companies like ConcertoCare to participate with CMS in testing the next evolution of risk-sharing arrangements to produce value and high-quality health care.

concertocare.com

Relias Launches Home Health Aide Certification Program

Relias, a partner to more than 11,000 health care organizations and 4.5 million caregivers around the world, announced the launch of a new solution to help home health agencies take control of staffing shortages by developing a pipeline of home health aides.

Relias' new Home Health Aide Certification Program uses educational technology to help agencies meet the growing demand for home health services. The virtual learning environment equips agencies with the tools to run their own training programs and creates a pool of candidates to hire. With an in-house training program, agencies can recruit individuals from outside of the home health market.

The COVID-19 pandemic has amplified the already growing demand for home health services as hospitals discharge more patients directly to the home, bypassing other care settings. With turnover rates

ranging from 35% to more than 80%, agencies are struggling to meet the ever-increasing demand for home health services.

The Home Health Aide Certification Program gives agencies the infrastructure needed to build their own home health aide training programs. The program also gives agencies the opportunity to build closer relationships with students and, in turn, students have a more intimate understanding of the company's values and culture. Upon graduation from the program, this helps them make a smooth transition into employment and increases retention.

relias.com

Vynca Acquires ResolutionCare

Vynca, a national provider of advance care planning services, announced that it has acquired California-based ResolutionCare, a provider of home-based palliative care and telemedicine. With the addition of ResolutionCare's comprehensive board-certified, physician-led palliative care model, Vynca is positioned to expand its support services to the seriously ill.

Vynca has one of the largest advance care planning networks across the United States and works to help caregivers and clinicians navigate the complex advance care planning process and ensure that patients' voices are heard. To date, almost 1 million individuals across all 50 states have care plans in the Vynca solution.

ResolutionCare was founded with the mission to provide human-centered support when individuals are facing serious illnesses. Providing a combination of in-home and virtual palliative care, the board-certified, physician-led interdisciplinary team works with the existing care team to deliver comprehensive, high-quality and standardized treatment resources to meet the needs of critically ill patients.

Through this acquisition, Vynca will introduce to the market its serious illness management platform that couples the company's technology and analytics with ResolutionCare's virtual care capabilities, including palliative care, advance care planning, care coordination,

UPCOMING EVENTS

We want to make sure our readers know about upcoming event opportunities, both in person and virtual. Here is what is coming up in the next few weeks. Did we miss an event? Send info to keasterling@cahabamedia.com.

JUL 12-14 Medtrade West
Phoenix, Arizona
medtrade.com

AUG 1-3 NAHC Financial
Management Conference 2021
Chicago, Illinois
nahc.org

AUG 9-13 HiMSS 2021
Las Vegas, Nevada
himss.org

AUG 11-13 Big Sky AMES
Conference
Anaconda, Montana
bigskyames.org

SEPT 13-15 VGM Heartland
Waterloo, Iowa
vgmheartland.com

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symptom management, whole-person care and provider engagement. Offering a comprehensive range of tech-enabled services, Vynca will work with health care organizations and support the hundreds of physician organizations seeking to participate in Direct Contracting, Medicare's newest population health payment model.

Joining the Vynca leadership team will be ResolutionCare Founder and CEO Dr. Michael Fratkin, who will serve as Vynca's chief medical officer. ResolutionCare President and Chief Operating Officer Brian Mistler will join Vynca as chief people officer and will head up clinical services operations.

vyncahealth.com

Private Equity Groups Make \$30B Investment in Medline

Medline Industries, Inc., a privately held manufacturer and distributor of health care supplies with 2020 revenue of \$17.5 billion, has entered into a definitive agreement through which it will receive a majority investment from a partnership comprised of funds managed by Blackstone, Carlyle and Hellman & Friedman. GIC, Singapore's sovereign wealth fund, is also investing as part of the partnership. Those close to the deal valued it at \$30 billion, including debt.

Medline will continue to be led by the Mills family, which will remain the largest single shareholder. The senior management team will remain in place. The company plans to use the new funding to expand its product offerings, accelerate international expansion and to make continuing infrastructure investments to strengthen its global supply chain.

The investment is expected to be completed in late 2021 and is subject to regulatory approvals and closing conditions.

medline.com

Acuity Medical Recognizes Top HME Retailers

Acuity Medical recently announced winners of its 2021 Excellence in Retail Award. Several retailers in Maryland and Virginia were recognized for Outstanding Customer Service, Product Selection, Merchandising,

Staff Training and Community Service. Also recognized were key retail vendors Golden Technologies, Nova, EZ-ACCESS, ARJO, Stander and others.

"The pandemic created tremendous pressure on the entire supply chain, including our dealers, manufacturers, and sales team," said Acuity Medical President Mark Tomchik. "The purpose of this event was to support and recognize all HME dealers in the region who served customers during a very difficult time."

The Acuity Medical 2021 Excellence in Retail Award winners were:

- Annapolis Healthcare Supplies, Annapolis, Maryland
- Austin Pharmacy, Cockeysville, Maryland
- Comfort Medical, Fredericksburg, Virginia
- Freedom Mobility, Hanover, Maryland
- Mid Atlantic Medical, Reisterstown, Maryland
- Northern Pharmacy, Baltimore, Maryland
- Simple Comforts, Charlottesville, Virginia
- Simple Comforts, Warrenton, Virginia

acuitymedical.com

Permobil Names New CFO

Permobil announced that Charlotta Nyberg has been appointed the new chief financial officer of the company. Nyberg will be responsible for the financial management of the group and will play a pivotal role in driving sustainable long-term business growth and success through corporate development and profitability management. Group accounting, group finance, corporate development and IT will report to the CFO.

Nyberg brings 20 years of experience in finance, new and emerging businesses and change management. Nyberg joins from Swedish telecommunications multinational Telia, where she is vice president for corporate control. Before that, she had leadership positions in Ericsson and Business Sweden and she began her career with 10 years at Accenture.

"I am delighted to be joining Permobil, a company synonymous with innovation. I am looking forward to working with my new team to help execute on Permobil's priorities of sustainable growth, product

and geographic expansion and continued excellence," Nyberg said.

Reporting to CEO Bengt Thorsson, Nyberg replaces Carl Bandhold, who leaves Permobil after more than 10 years.

permobil.com

Sentara Medical Expands Hospital at Home

Patients with COVID-19 and other conditions have been recovering in the comfort of their homes instead of the hospital through a partnership between Sentara Medical Group and Sentara Home Care Services. The program provides hospital-level care at home and operates under the existing hospital pharmacy transition program, called Sentara To Home.

"We've had success keeping appropriate COVID-19 patients safe at home and we see opportunities for patients with other diagnoses," such as congestive heart failure, chronic obstructive pulmonary disorder, deep vein thrombosis and other conditions, said Dr. Colin Findlay, clinical chief for Sentara Medical Group's hospitalist program. Hospitalists are physicians who manage patient care during hospital admissions, and hospitalists are responsible for Sentara To Home patients.

Sentara Home Care Services uses tablet-based technology to enhance patient engagement and involvement in their own care. Hospitalists receive vital signs and assessments from the nurse digitally and see patients via video chats. Patients also use the tablets to record their own blood pressure, weight, heart rate and other data, which a nurse can view remotely, allowing clinical staff to address developing issues promptly. The software includes medication reminders and education modules to promote self-care.

sentara.com



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The PACE Plus Act

S. 1163

By Kristin Easterling

Programs of All-Inclusive Care for the Elderly (PACE) help medically complex low-income seniors and people with disabilities age in their homes and communities. Many of the seniors in PACE are dual-eligible for both Medicare and Medicaid.

PACE serves as an alternative and complement to Medicaid-covered home- and community-based services. PACE provides comprehensive care for low-income seniors and people age 55 and up with disabilities by integrating Medicare coverage and Medicaid long-term services and supports.

While PACE programs have helped many seniors stay in their homes, the programs have not received the support needed to expand. The United States Senate Special Committee on Aging, led by Sen. Bob Casey (D-Pennsylvania), recently introduced the PACE Plus Act to help increase seniors' access to PACE.

LEGISLATION

The PACE Plus Act would bolster the PACE model of care by:

- Increasing the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers;
- Expanding the number of seniors and people with disabilities eligible to receive PACE services by ensuring individuals needing a high level of care are eligible for PACE, and incentivizing states to grow their PACE programs; and
- Reducing the administrative burden on PACE programs through improved technical assistance and streamlined application processes.

The legislation provides 30 grants for new PACE locations, particularly in rural or underserved areas. The grants for these new PACE locations can be up to, but not exceeding, \$1 million. Providers must provide a plan to partner with their local or state area agency on aging.

States without active PACE providers can apply for grants of up to \$100,000 to help establish a provider in their state.

WHAT THE INDUSTRY IS SAYING:

“Our experience during the pandemic has highlighted the need for home- and community-based long-term care options. PACE has a long track record of success caring for individuals in their homes and communities even as their long-term needs change. We are thankful for Sen. Casey’s visionary leadership in introducing The PACE Plus Act, which will allow more individuals and families the choice to access PACE and receive long-term care in their homes in the future.”

—Shawn Bloom, president and CEO of the National PACE Association.

DID YOU KNOW?

The interdisciplinary approach and wraparound care that PACE provides allows 55,000 individuals across 30 states to remain in their homes.

WHAT HAPPENS NEXT? »

The PACE Plus Act was introduced on April 15, 2021. It has been referred to the Senate Committee on Finance.

LEARN MORE » Read the full text of the bill at [congress.gov](https://www.congress.gov/bills/116/senate/1163).

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HME: REFERRALS

Beyond Stark: A Legal Look

How to keep your referrals compliant

By Cara Bachenheimer & Jeffrey S. Baird



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An important component of a successful home medical equipment (HME) supply business is and has always been a strong relationship with referral sources. This article discusses some of the ways that arrangements with referral sources can be structured in order to comply with applicable federal laws, and what to know about those laws and policies.

Federal Statutes

There are several federal statutes in place that define what an illegal referral looks like and the penalties for violating the statute. They include:

The Anti-Kickback Statute (AKS), which makes it a felony to knowingly and willfully offer, pay, solicit or receive any remuneration in order to induce a person or entity to refer (or arrange for the referral of) an individual for an item or service that is covered by a federal health care program.

The Physician Self-Referral Statute, also known as the Stark Law, which states that if a physician (or one of their immediate family members) has a financial relationship with an entity providing designated health services—including HME—then the physician may not refer patients to them unless an exception is met.

The Beneficiary Inducement Statute, which imposes civil monetary penalties upon any person or entity that offers or gives something of value to prospective customers who are covered by a government health care program.

Federal Safe Harbors

The Health and Human Services (HHS) Office

of Inspector General (OIG) has issued several safe harbors to the Anti-Kickback Statute. If an arrangement falls within a safe harbor, then, as a matter of law, the arrangement does not violate the AKS. However, if the arrangement does not fall within a safe harbor, it does not mean that the AKS is violated. Rather, it means that a stringent analysis of the arrangement must be made.

Two important safe harbors are:

- **The Employee Safe Harbor**—Prohibited remuneration does not include any amount paid by an employer to a bona fide employee “for employment in the furnishing of any item or service for which payment may be made in whole or in part under [federal health care programs].”
- **The Personal Services and Management Contracts Safe Harbor**—Prohibited remuneration does not include any payment made to an independent contractor as long as a number of conditions are met, including: the parties must sign an agreement with a term of at least one year; the methodology to calculate the compensation paid must be fixed one year in advance; and the compensation must be the fair market value equivalent of the payee's services.

Seeking OIG Guidance

A HME supplier may make a request to the OIG for an advisory opinion concerning whether a current or future arrangement will violate the AKS.

The OIG also publishes alerts and bulletins that discuss types of business arrangements that the OIG believes may be abusive. HME suppliers should check these communications frequently.

Arrangements With Referral Sources

What makes a referral partnership compliant with federal regulations? These arrangements fall within the law's scope:

- **Use of Employees**—An HME supplier can pay bona fide employee marketing representatives as follows: base salary plus discretionary bonuses based on a number of factors.
- **Use of Independent Contractors**—Under a Stark exception, the supplier can compensate 1099 independent contractors for marketing to government program patients as long as the arrangement complies with the Personal Services and Management Contracts Safe Harbor.
- **Expenditures for Physicians**—Under a Stark exception, the supplier can spend up to \$429 in 2021 on a physician for non-cash equivalent items such as meals and golf.
- **Expenditures for Physicians' Staffs, Hospital Discharge Planners & Other Referral Sources**—It is permissible for the supplier to provide non-cash equivalent items to non-physicians as long as the amount spent is modest.
- **Medical Director Agreement**—It is permissible for a supplier to enter into a Medical Director Agreement (MDA) with a referring physician as long as the MDA complies with the Personal Services and Management Contracts Safe Harbor and the personal services exception to Stark.
- **Employee Liaison**—The supplier can place an employee liaison at a facility as long as the liaison does not perform services that the facility would normally have to perform.
- **Waiver of Copayments**—A supplier must make a reasonable attempt to collect copayments. The supplier can waive a patient's copayment only if the patient's financial condition justifies the waiver.
- **Charitable Contributions**—The OIG will approve charitable contributions as long as they are for a bona fide charitable purpose, are made in a manner that do not take into account the value or volume of referrals, and that the arrangement

What makes a referral partnership compliant with federal regulations?

incorporates safeguards to ensure that contributions are not tied to referrals or other business generated between the organizations.

- **Joint Venture with Referral Source**—A supplier and a hospital can jointly own an HME supplier as a joint venture. The joint venture will preferably comply with the Investment Interest Safe Harbor to the AKS; if that's not possible, it must comply with the OIG's 1989 Special Fraud Alert called "Joint Ventures" and the OIG's April 2003 Special Advisory Bulletin called "Contractual Joint Ventures."
- **Gifts to Prospective Customers**—Under an exception to the Beneficiary Inducement Statute, a supplier can provide gifts of minimal value (\$15 or less) to prospective customers.

On the other hand, these arrangements can land providers in hot water:

- **Improper Use of Independent Contractors**—If an independent contractor is generating government program patients for the supplier, then the supplier cannot pay percentage compensation to the independent contractor.
- **Patient Recruiters**—Paying patient recruiters violates the AKS.
- **Improper Use of Marketing Companies**—If a marketing company is generating government health care program patients for the supplier, and if the supplier is paying production-based compensation to the marketing company, then the AKS will likely be violated.
- **Expenditures for Physicians**—The supplier cannot give cash or cash equivalents to physicians. In 2021, the supplier cannot give non-cash-equivalent gifts to physicians worth more than \$429.
- **Expenditures for Non-Physician Referral Sources**—The supplier should not spend

more than a modest amount on non-cash equivalent items on physicians' staffs, hospital discharge planners, and other referral sources.

- **Medical Director Agreements**—The compensation paid by the supplier to a medical director cannot vary based on the number of referrals from the medical director to the supplier.
- **Sham Clinical Studies**—If a clinical study is not associated with a hospital, medical school, or institutional review organization, there is a risk that the study is a subterfuge designed to funnel money to referring physicians.
- **Sham Telehealth Arrangements**—If a supplier receives physician orders from telehealth encounters between patients and physicians, the supplier cannot directly or indirectly pay the telehealth physician.
- **Sham Copayment Insurance Programs**—In a sham copayment insurance program, patients pay a small monthly amount to suppliers or intermediaries. These monthly payments are called insurance premiums and are designed to allow the patients to obtain insurance to pay copayments. In reality, this type of program is a sham designed to routinely waive copayments.
- **Gifts to Prospective Customers**—The supplier cannot provide gifts to prospective government program customers in which the value of the gift exceeds \$15.

This article provides an overview of potentially applicable federal laws. We recommend that providers and/or suppliers entering into arrangements with referral sources consult a health care attorney to ensure that their arrangements are structured in compliance with all applicable laws. **HC**

IN-HOME CARE: OASIS

Get Your Assessment Data Right From the Beginning

5 reasons you need the information to be accurate

By Lisa McClammy



Lisa McClammy, BSN, RN, COS-C, HCS-D, is a senior clinical education consultant with MAC Legacy and has more than 24 years of diverse nursing experience. Her background, including as director of customer success for a home health software company, director of patient care and alternate administrator, gives her a unique perspective and understanding of the challenges homecare agencies face. Visit askmaclegacy.com.

When a clinician completes an OASIS assessment it contains a lot of important information, but it is complex and time-consuming for field clinicians to complete. What you really need to understand is the importance of the data generated by the OASIS assessment and what that means to your agency.

The OASIS data elements—along with the comprehensive assessment—should paint a current picture of the patient and be the basis for the plan of care. It should also serve as the justification for all disciplines involved in the care of the patient. The data collected is used to calculate home health process measures, most of the home health outcome measures, potentially avoidable events, Care Compare Quality of Patient Care Star rating, and the functional impairment element of the Patient Driven Groupings Model (PDGM). Ensuring the OASIS is completed accurately and in a timely manner should be a priority for any agency.

What OASIS Data Means

The data reported in the OASIS assessment is a direct reflection of your agency and how it measures up to other agencies. It is crucial that you collect accurate data, so the data reported is a true picture of the care you provide. Let's talk about a few of the ways your data is used.

1 Process Measures

The process measures evaluate the rate of use of specific evidence-based processes of care. These measures all come from the

OASIS and they are not risk adjusted—you either did these or you didn't—meaning that the population of patients you serve should not affect your processes. There are a lot of process measures, but a few examples would include:

- Timely initiation of care
- Depression screening conducted
- Multifactor fall risk assessment conducted

2 Outcome Measures

Outcome measures assess the result of the health care patient experience. Unlike process measures, these are risk adjusted based on the population of patients that your agency serves. Outcome measures mostly come from OASIS items, but some also come from claims data. Just as there are many process measures, there are also a lot of outcome measures. Here are just three possible examples:

- Improvement in upper and lower body dressing
- Improvement in bathing
- Improvement in ambulation

3 Potentially Avoidable Events

Potentially avoidable events are one important outcome measure to consider. These are patient events that could—as the name suggests—have been avoided. There are currently 10 potentially avoidable events that are reported, and each of them are determined by OASIS data:

- Emergent care for improper medication administration, medication side effects
- Emergent care for hypo/hyperglycemia

- Development of a urinary tract infection
- Increase in the number of pressure ulcers or injuries
- Substantial decline in three or more activities of daily living
- Substantial decline in the management of oral medications
- Discharged to the community needing wound care or medication assistance
- Discharged to the community needing toileting assistance
- Discharged to the community with behavioral problems
- Discharged to the community with an unhealed stage 2 pressure ulcer

4 Care Compare

Care Compare (formerly Home Health Compare) uses OASIS data to report 23 quality measures, and seven of those measures determine the Quality of Patient Care Star rating. Anyone can go to that website and see how your agency compares to others. If your data does not appear to be on par with industry standards, you may lose out on referrals. This is where potential patients or family members go if they want to be informed about the care you have provided. Your Quality of Patient Care Star rating comes from these seven OASIS items:

- Timely initiation of care
- Improvement in ambulation
- Improvement in bed transferring
- Improvement in bathing
- Improvement in shortness of breath
- Improvement in management of oral medications
- Acute care hospitalization

5 PDGM

As important as OASIS items are for quality reporting, they are also used in the calculation of your 30-day billing period reimbursement for PDGM. Out of all the OASIS items, eight are used to determine the functional impairment level of the patient. The functional impairment level is just one part of the calculation that determines your reimbursement under PDGM. Each patient has a Health Insurance Prospective Payment System, or HIPPS, code with a



unique reimbursement amount depending on the admission source and timing, clinical grouping, comorbidity adjustment and functional impairment level. Each clinical grouping has thresholds for functional impairment ranking the patient with no, low or high functional impairment based on the total points from the eight OASIS items. These eight items can potentially have a significant impact on your reimbursement as well as quality measures. The OASIS items that affect functional impairment are:

- M1800—Grooming
- M1810—Current ability to dress upper body
- M1820—Current ability to dress lower body
- M1830—Bathing
- M1840—Toilet transferring
- M1850—Transferring
- M1860—Ambulation and locomotion
- M1033—Risk for hospitalization

Where to Start

It is clear that OASIS data is important to your agency and to both current and potential clients. Are your quality measures where you want them to be? Do your potential patients see your agency as the agency of choice when they are deciding who to call? Are you leaving reimbursement on the table? As you look at your OASIS data and how important it is to your agency,

think about how much emphasis you put on training and providing clinicians with the resources they need to be successful.

If you are reading this and wondering where to start, you will notice that there are some trends in the OASIS items that affect quality reporting, outcomes and reimbursement. I would suggest trying these steps:

1. Look at the OASIS items that are common among various areas, and begin your focus there.
2. Assess your quality reports and Care Compare to see where you are currently and then focus on items that have the most impact.
3. Make a plan and get buy-in from staff for improvement—staff ownership is the best way to be successful.
4. Provide your clinicians with the training and resources they need to be successful—listen to your staff and accommodate as much as possible.
5. Reevaluate regularly to see if your plan is working and make changes as needed.

Make sure your data is an accurate reflection of the care your agency is providing and take the steps necessary to improve. You will see the benefits in your quality reporting, outcomes, reimbursement and even in your staff as you invest and empower them to make a difference. **HC**

ROAD MAP: PROFESSIONAL DEVELOPMENT

Are Your Employees Ready for the New (Virtual) Reality?

Why it's time to reimagine the way you train your team

By Mike Sperduti



Mike Sperduti is an internationally recognized inventor, business growth expert and turnaround artist. He is CEO of The Mike Sperduti Companies; his entities sell health care products, services and technology in 47 countries through retail, online and clinical facilities. Visit mikesperduti.com.

The health care world has been flipped on its head. The pandemic has driven changes in the way our sales, operations and financial teams do their jobs. As a result, owners and managers are faced with re-inventing existing business models, adapting new technology and re-imagining every aspect of patient care and customer interactions.

This new world requires new skills and talents and the ability to train sales teams at a hyperfast pace to survive and thrive in the years ahead. You simply cannot operate your business or be successful at your job by doing things the way you did before COVID-19. Successful homecare providers, owners and employees are now required to transition to—and excel at—new work-from-home, hybrid and virtual work models.

Taking on New Skills

Whether you have been in the business for years or are just starting out, professional development and training in this virtual world can feel intimidating, but it's critical for your patient care, revenue cycle and sales teams. New skills must be mastered, or you will have to face the fact that your practices are antiquated, which may make you yet another casualty of one of the toughest business climates of our lifetime.

It is important to reimagine every job in your company and take a close look at the training programs that support the changing learning needs of a remote workforce, to address reskilling or upskilling needs, and to provide a digital transformation for your company. By being involved in

strategic conversations up front, leaders can facilitate a well-planned, impactful learning strategy that enjoys increased stakeholder buy-in and results in a better experience for learners. When learning strategy is an afterthought, it is harder to make effective—jeopardizing the overall outcome and the sustainability of an offering.

Addressing Management Needs

While all teammates must adapt to being productive at home, managers will need to rethink the ways they work with their teams, measure performance and engage remote colleagues. Human resource and training professionals have an opportunity to provide training in alignment with their organization's shifts in strategic direction, as well as offering up policies to address any gaps they observed in 2020 and the first quarter of 2021.

Consider creating training on the following topics:

- Creating outstanding customer virtual interactions
- Measuring productivity when managers can't monitor employees in person
- Resetting expectations in a remote team environment
- Supporting colleagues and being flexible with them to enable success
- Building predictable and repeatable outcomes in every aspect of the business

What I love about this new virtual world is that we can produce predictable, repeatable and scalable results that provide better



patient experiences and care along with sales growth for your company. Since all virtual encounter platforms can record every patient and customer interaction, you can now address customer service issues like never before.

The industry has an amazing opportunity to standardize all patient and customer interactions and follow-up procedures—just by recording interactions.

Modeling Business Excellence

Each owner or manager now has the ability and responsibility to use a modeling approach for business excellence. Modeling in a business context is the ability to regularly reproduce successful outcomes and excellence. During the last 14 months, I have been part of some high-performance modeling projects in sales, patient care and revenue cycle management that have seen tremendous impacts in all areas, including improving patient satisfaction scores, cash flow, sales and profitability and reducing readmissions.

The Irish playwright George Bernard Shaw said, “If you have an apple and I have an apple and we exchange these apples then you and I will still each have one apple. But if you have an idea and I have an idea and we exchange these ideas, then each of us will have two ideas.” This is the essence and spirit of modeling.

Modeling is also the process of finding the very best way to do something—the activity, the methodology, the language patterns, the resources and the key performance metrics necessary to producing the best achievable outcome. Modeling is the process of taking a complex event such as a sales call or a patient setup and breaking it down into small chunks so that it can be systemized, documented and then taught to every member of the team in order to consistently produce the best outcomes.

Modeling is collaborative, generative and fun! Bring in your teams—let them be a part of this process and create the ultimate way of doing everything in every aspect of your business. Companies using the modeling approach to their business delivered the highest level of patient care while increasing shareholder value to record highs during the disruptions and turmoil of the pandemic. Companies that embrace this philosophy often experience the demise of the 80/20 rule, which posits that 80% of all success of the company is driven by 20% of the team.

Once the model is created, trained, tested, vigorously roleplayed, mastered, monitored and recorded—and the team is held accountable it—you will immediately see that:

- All teammates perform each aspect of their job with a high degree of excellence and consistency.

- Results in all areas become predictable because training and skills are consistent.
- Each teammate handles problems and opportunities the same way, getting the best outcomes.
- All customers are given the same excellent experience, no matter whom they interact with.
- All teammates know what is considered acceptable performance and are held accountable for delivering that performance because they have the proper skills and training.

The bottom line is that training new skills for this new era of health care is a focus for everyone. Developing models and training programs for these new skills will enable you to train new and existing team members faster and better. This guarantees that your organization will build a new high-performance culture of excellence, accomplishment and accountability. Each team member will know exactly what to do and say in every situation to guarantee the highest probability of success, which creates confidence and low stress levels because everyone is getting excellent results.

This commitment will take your business to levels that will make you stand out from the competition, provide significant financial rewards and make you a leader in homecare going forward. **HC**

Parting Is Such Sweet Sorrow

How to know when to sell your retail location

By Kristin Easterling

According to Grand View Research, the United States' home medical equipment (HME) market size was valued at \$52.9 billion in 2020. It is expected to expand at a compound annual growth rate of 6% between 2021 and 2028. Even with this rapid growth, 2020 was a year of turmoil for many in the industry. With hospitals pausing elective procedures, patients didn't need walkers, rollators or compression garments; some providers ran into an overwhelming demand for oxygen supplies and personal protective equipment (PPE) that they struggled to meet. Surviving in the midst of this meant some providers had to get creative—and some ended selling their businesses and moving on.

It's never easy to leave behind something you created, whether it's your family home or the business you poured blood, sweat and tears into.

Tim Rutti built Phoenix-based Valley Medical Supplies from the ground up, founding the company in 2016 and growing from one location to three before selling earlier this year. The company focused on the retail side of home medical equipment sales, along with e-commerce and mobility equipment repair. Valley Medical also had a robust rental business, capturing traffic generated by NASCAR, the Arizona State

Fair and Fan Fusion, a local pop culture convention—until the pandemic put it all on hold.

When the Phoenix area went into lockdown, Rutti—like homecare providers around the country—found himself having to pivot quickly.

"I started getting orders from all over the nation, as well as locally," Rutti said. "Schools, governments and big corporations were seeking personal protective equipment (PPE). I have a lot of contacts beyond our traditional vendors that we were using for retail, so I started reaching out to all of

Tim Rutti, former owner of Valley Medical Supplies

them, and luckily I was able to gain access to everything that was in high demand.”

Rutti said he was lucky to have a warehouse for his rental fleet and repair orders; he was able to move some rental items to offsite storage to create in-store shelf space for PPE.

Within a few weeks, he had created a new wholesale line of business. The new service line was a windfall for the company, Rutti said. Through the wholesale service, Valley Medical Supplies was able to provide some of Arizona’s largest school districts with PPE and helped medical facilities in the Navajo Nation, which struggled to access supplies.

Despite those successes, Rutti still had to make some tough business calls during the early days of the pandemic.

“I had to make some really hard decisions with reducing staff, reducing hours for remaining staff and operations, covering equipment in stores, cleaning daily, and the



The Valley Medical Supplies storefront and delivery van in 2017.

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Rutti answers customer calls at Valley Medical Supplies in 2016.

fear of staff, customers and myself becoming exposed to the virus,” he said.

Through the Paycheck Protection Program and the Economic Industry Disaster Loan, however, Rutti was able to bring back many of his staff and even hire a few new people to help with wholesale orders.

The Decision to Sell

Even when they started the company five years ago, Rutti said, he and his wife didn’t believe they would always work in retail HME. But selling Valley Medical wasn’t on his radar for 2020.

“2020 was all about survival and trying to redefine what your business is all about,” he said.

Then a meeting with Korey Johnston, the owner of fellow Arizona-based HME provider Copper Star Home Medical, started the wheels turning.

That initial conversation led to multiple phone and Zoom calls with the CEO and chief financial officer of Caddis Capital

Management, the company that oversees Copper Star Home Medical and two additional HME brands in the Southwest. Soon, there was an offer on the table and a decision to be made.

“My wife and I came to a number that was important to us,” Rutti said of the deal-making process. “Caddis also saw the value in what we had done pre-pandemic, building our retail company from scratch.”

One concern Rutti had was ensuring that his 14 employees would be treated well after the sale.

“I knew everything about them,” he said. “I could give a real good interview on their behalf, so Caddis could understand the value of the employees I had working for my company, and so they could feel more confident about the transition.”

During the due diligence process, Rutti said the acquiring teams at Caddis and Copper Star reassured him that his employees would be cared for and their company cultures seemed to mesh;

transitioning into a larger organization also meant better benefits for staff.

The transaction closed in early January 2021, with Copper Star acquiring all three Valley Medical locations in the Phoenix area. Valley Medical has now been rolled into the Copper Star brand.

Lessons Learned

Due diligence is a critical part of any merger; both companies need to be comfortable with the transaction. The process also turns up any debts or fines against the selling company. Rutti’s biggest takeaway is to have solid financials and customer sales data from the start, which in his case made all the difference during due diligence.

“A specific comment that I picked up early on during the process of selling is that there was no funny business in my numbers,” he said.

Having someone else in charge of the financials also allowed him to see where the business was growing beyond the register.

"It was very clean, is what I was told, that they had never seen anything like that before. And that helped them make a good offer for Valley. But also, I had confidence during the due diligence period that everything was going to go shake out correctly because I knew what the data was," Rutti said.

The Next Big Thing

On the other hand, Rutti wishes he had focused more on what he would do after the sale was completed.

"I know I should have probably spent a little more time thinking through my exit strategy," he said; he is currently regional marketing director for the capital management company that purchased his company, helping develop branding and marketing strategies and sharing lessons learned at Valley with the other companies under the Caddis umbrella.

"In the end, Caddis was gracious enough to bring me on and put me on salary and give me some really great opportunities to try to help their company. That's what I'm doing, and I'm loving that because there's a lot of stuff I was doing that they weren't."

While the majority of his time is spent on the Valley Medical transition and rebranding, Rutti has also worked to grow the web and social media presence of other Caddis brands. He helped transition another recent Caddis acquisition, Denver-based You Can Home Medical, to a new storefront, including rebuilding the website and incorporating the e-commerce platform he developed for Valley Medical.

Building a homecare business and selling it in a five-year time span may seem short to many in the industry. But Rutti says it was time to move on—even though it was a difficult decision.

"I do have moments where it's hard for

me to let go of what we did and what we worked so hard on," Rutti said. "I knew we could continue doing what we were doing," he said, but with the right offer on the table, it was time to say goodbye. **HC**

Listen to Rutti talk about his experience selling his company—with tips for other providers—on the HomeCare Podcast at homecaremag.com/podcasts.



Kristin Easterling is managing editor of HomeCare magazine.

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Making Cash Sales Work in the Home Accessibility Market

4 areas to focus on to help clients stay home safely

By Cindi Petito

In 2020, approximately 17% of adults had a mobility disability that included difficulty walking, climbing stairs, dressing and bathing. In 2021, the youngest baby boomer will be 57 years old, while the oldest will turn 75. There are an estimated 54 million seniors over the age of 65, many living with some level of functional disability—and most will prefer to stay in their homes.

Why are these statistics so important? Considering recent studies that report a total wealth transfer as high as \$70 trillion coming to the generations following the baby boomers and the ongoing limitations in insurance benefits for accessibility products, they represent opportunities in self-pay and alternative funding for home accessibility and home modifications. Generation X and millennials are increasingly making purchasing decisions for their aging parents and grandparents when it comes to home modifications.

Coverage for Home Modifications

The question I receive most often from clients focuses on insurance coverage: Before I pay out of pocket, does insurance cover home accessibility products and home modifications?

There is a lot of confusion around Medicare, Medicaid and commercial insurance benefits and the coverage of products needed to remain safe at home. This is primarily because insurance does cover some durable medical equipment (DME) that may be used as accessibility products, such as three-in-one commode

seats. Medicare beneficiaries have difficulty understanding why Medicare will cover some DME and mobility products that assist them in accessing their home environment, but not cover other products like ramps and grab bars. While traditional Medicare does not cover home accessibility products or structural modifications such as ramps, stairlifts, grab bars or curbless showers, there are state Medicaid and home and community based services programs that offer covered benefits of home accessibility and home modifications. These programs and covered benefits vary by state.

The most recent addition for coverage of home modifications includes a Medicare Advantage (MA) Supplemental Benefit federal rule that became effective Aug. 3, 2020, called the Special Supplemental Benefits for the Chronically Ill (SSBCI) (§ 422.102). Individuals must meet three criteria to qualify for the SSBCI benefit:

1. Has one or more comorbid and medically complex chronic conditions that are life threatening or significantly limit the overall health or function of the enrollee;
2. Has a high risk of hospitalization or other adverse health outcomes; and
3. Requires intensive care coordination.

Providers should know their state and federal programs and discuss funding options and limitations with clients. Clear communication will help customers understand why they may need to resort to self-pay in order to make their homes safe and accessible.

Maximizing Home Safety & Independence in the Self-Pay Market

The most common home accessibility products and structural modifications clients need to remain safe and independent at home will be funded either out of pocket or by state Medicaid programs. These include:

1 Entrance & Egress

People of all ages with physical disabilities and mobility limitations need two safe ways to enter or exit their homes. Threshold ramps, modular aluminum ramps and custom wood ramps offer a wide array of choices. In situations where space is limited or clients cannot safely and functionally negotiate long ramp runs, vertical platform lifts (VPL) should be recommended with a cost comparison and explanation of the advantages over large ramps. For example, if a paraplegic lacks the upper body strength to self-propel a manual wheelchair up a 25-foot ramp run to accommodate a 25-inch rise to their front entrance, a VPL may offer a safer and more functional solution.

2 Stairs

Stairs inside and outside the home present challenges. Providers must assess clients' abilities to transfer on and off of stairlifts before making their final recommendations. If clients have caregivers who help with mobility and transfers throughout the day, the caregivers' ability to safely manage transfers is vital to ensuring a stairlift is the safest recommendation. When safety may be compromised by the

installation of a stairlift, alternative products should be recommended such as a VPL or an incline platform lift.

3 Interior Doors

Interior doors typically have a clear opening width of 21 to 30 inches inside the door frame. When fully open, traditional interior swing doors can take up to 1.5 inches of the user's space inside the frame, creating barriers to safely accessing bedrooms, bathrooms, laundry areas and other rooms in a home while using a wheelchair or rollator. Standard rolling walkers have an overall width of 22 to 24 inches, and the standard 18-inch-wide seats of manual or power wheelchairs will have an overall width of 25 to 30 inches rim-to-rim depending on the manufacturer and configuration. One low-cost option for creating accessible doors includes installing swing-clear hinges and doorknob gobblers.

The next levels of options would include structurally widening doors and installing wider swing doors, barn doors or pocket doors. Barn doors have become popular because they can accommodate a large frame without additional space.

4 Bathrooms

Bathrooms are the most common place for falls to occur, and also where the costliest mistakes are made. Consider whether the recommended products and structural changes for bathrooms will meet clients' needs for a lifetime. If the client can't modify a tub or shower or install a curbless shower, there are a wide array of grab bar styles and configurations, super poles, PT rails, sliding shower chair system and tub cutouts to meet short-term needs.

Selling a step-in shower unit (any rise of 1/4 inch or more) to replace a tub may not meet clients' future safety needs; if

they have a progressive condition and will require a wheeled mobility device in the future, installing a curbless shower should be discussed. While installing low-cost options in the short term, customers will have time to financially plan for the appropriate bathroom remodel. By taking this approach, the provider will gain client trust.

In summary, the number of people living with disabilities and seniors who want to age in place continues to rise in the United States. Providers need to understand how to navigate the challenges and opportunities in the home accessibility market to meet the demands of various client populations. **HC**

Cindi Petito, OTR/L, ATP, CAPS, CEAC, is a 25-year practicing occupational therapist and wheeled mobility and home modifications specialist. She is the centralized operations manager for access and workers' compensation at National Seating & Mobility.



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Product	Item #	Description
3000	80030	with standard mattress
3500	83500	with 3" safety base mattress
3600	83600	with cell-on-cell mattress
3600AB	83600AB	with side air bolsters

PROTEKT® AIRE 4000 SERIES DIGITAL LOW AIR LOSS/ALTERNATING PRESSURE MATTRESS SYSTEM



- Digital pump with "Auto Compressor Sleep Technology".
- 400 lb. weight capacity.
- 2 Year non-prorated warranty.

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4000DX	80040DX	with standard mattress
5000DX	80050DX	with 3" safety base mattress
4600DX	84600DX	with cell-on-cell mattress
4600DXAB	84600DXAB	with side air bolsters

PROTEKT® AIRE 6000 SERIES DELUXE DIGITAL LOW AIR LOSS MATTRESS SYSTEM WITH CELL-ON-CELL TECHNOLOGY



- Deluxe digital pump offers (4) alternating cycles (10, 15, 20, 25 min.)
- 450 lb. weight capacity.
- 2 Year non-prorated warranty.

Product	Item #	Description
6400	86400	with standard mattress
6450	86450	with 3" safety base mattress
6000	80060	with cell-on-cell mattress
6000AB	80060AB	with side air bolsters

PROTEKT® AIRE 7000 LATERAL ROTATION/LOW AIR LOSS/ALTERNATING PRESSURE AND PULSATION MATTRESS SYSTEM



- Lateral turn up to 40° - 10 to 95 minute cycle times.
- (5) Alternating cycle times (10, 15, 20, 25, 30 min.)
- Low air loss reduces moisture and perspiration.
- 660 lb. weight capacity.
- 2 Year non-prorated warranty.

Product	Item #	Description
7000	80070	standard mattress 36"
7000-42	80070-42	bariatric mattress 42"

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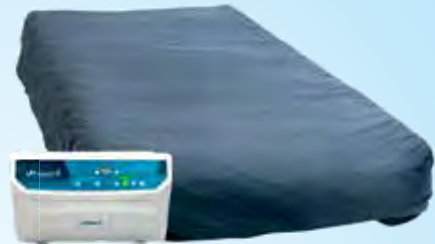


- Digital dual compressors offer greater airflow.
- 660 lb. weight capacity.
- 2 Year non-prorated warranty.

Item #	Description
80080	bariatric mattress 42"
86080AB-42	bariatric mattress w/ side air bolsters 42"
80085	bariatric mattress 48"
86080AB-48	bariatric mattress w/ side air bolsters 48"
80080-54	bariatric mattress 54"

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- "On Demand" side air bolsters mitigate accidental patient roll out.
- Side air bolsters quickly deflate to allow easy exit from mattress.
- (5) Alternating cycle times (10, 15, 20, 25, 30 min.)
- Low air loss reduces moisture and perspiration.
- 660 lb. weight capacity.
- 2 Year non-prorated warranty.

Item #	Description
80089	standard mattress 36"

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WITH ALTERNATING PRESSURE AND PULSATION



- True low air loss blower system.
- (6) Alternating pressure cycle times (5, 10, 15, 20, 25, 30 min.)
- Pulsation adds gentle stimulation to increase blood flow.
- 1000 lb. weight capacity.
- 2 Year non-prorated warranty.

Item #	Description
81090-36	standard mattress 36"
81090-36AB	standard mattress w/ side air bolsters 36"
81090-42	bariatric mattress 42"
81090-42AB	bariatric mattress w/ side air bolsters 42"
81090-48	bariatric mattress 48"
81090-48AB	bariatric mattress w/ side air bolsters 48"

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94001	non-powered self adjusting 35"
94003	non-powered self adjusting 42"
94004	non-powered self adjusting 48"
94001P	powered self adjusting 35"
94003P	powered self adjusting 42"
94004P	powered self adjusting 48"

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Overcoming E-comm-itis

How to reposition your incontinence aisle as the go-to source

By Ken Edmunds

At first, the symptoms were subtle: a slowing rate of sales, a dull pain at the cash register, maybe increased anxiety at the end of the month. But when they worsened, you looked for a formal diagnosis only to find your worst fears recognized. You have E-comm-itis. This disease affects the incontinence section of your store and is brought on by the increasing presence of online retailers selling incontinence products. Left untreated, the disease can easily spread to other areas. Many home medical equipment dealers accept their diagnosis and opt for elective surgery in the form of the complete removal of their incontinence section. Some stores decided to fight the disease, but still don't have healthy incontinence sales to this day.

Before we write the obituary for incontinence sales, let's look at some home remedies to see if E-comm-itis is reversible.

Pick a Winner

Selecting your go-to brand of incontinence products isn't as easy as just finding the least expensive products and lining your shelves with them. Whether you're focused on the Medicaid channel or cash sales, you need to offer a unique choice to your customers. This will require some research. Take a look at your:

- **Cash Sales:** Visit your competitors and take note of the brands they carry.

You will often find that they limit their selection to two or three brands. Those will be the brands you put at the bottom of your product candidate list.

- **Medicaid Sales:** Find out what your competitors offer to their Medicaid clientele. Chances are there are other brands out there they aren't offering. These will be the brands that go to the top of your candidate list.

It takes a little work, but you may be able to find a unique cash sale brand that also works in your Medicaid channel from a reimbursement standpoint. Most often, due to the limitations that thinner reimbursements create, you may find that you need to choose the brand's economy line for Medicaid and pivot to their moderate or premium lines for your cash sales.

Once you've narrowed down your list of potential brands that are unique to your market, you've got a little qualifying to do before making a final selection. Ask yourself:

- Does the brand set online pricing high enough that you can compete with these prices when it comes to cash sales?
- Does the brand offer a sample program so that you can offer people visiting your store products to try?
- For the specific products you intend to offer Medicaid recipients, will the

brand offer you or your distributor lower contract pricing that allows you to enjoy this stream of business and remain solvent?

- Will the brand carve out a small geography for your store where they will not market to your competitors?
- Will the manufacturer's representatives offer any sales support to identify and pursue local businesses that might purchase incontinence products?

If the brand or brands that you've discovered are somewhat unique to your market and can answer these questions to your satisfaction, you may have found a winner!

Training Associates

So, you've chosen your fighting brand. Congratulations and welcome to the next hurdle to clear before sending that pesky E-comm-itis into remission. Now, you need to train everyone to be a salesperson.

As store traffic slowly climbs back to pre-pandemic levels, it is vital that all needs are explored for every person visiting your store. The No. 1 reason you aren't getting all the incontinence sales possible is because you and your associates aren't consistently asking for them.

In my experience, the main reason visitors aren't asked this question is because store employees feel awkward about bringing up the topic. The second reason is that store employees don't feel that selling is part of their job description. Here are some ways to clear this hurdle and edge closer to healthy incontinence sales:

- Don't make the question about the customer in your store; instead, make it

The No. 1 reason you aren't getting all the incontinence sales possible is because you and your associates aren't consistently asking for them.

about someone they may possibly know. For example, ask something like “Do you have a family member or friend who might like to try free samples of one of our new products?”

- Make sure that your staff at least tries to have a conversation with each visitor. Most people reveal needs beyond the one that led them to your store if you just talk with them.
- Put a flyer in every bag that invites customers to take home free incontinence samples.
- Put your sample display in a position where all visitors will see it.

Sales must be a priority for everyone on your team. Sometimes getting into this mindset requires hitting an imaginary reset button, but you won't recognize your full sales potential until everyone in your shop has embraced the challenge.

New Referral Sources

We all know the usual suspects when it comes to connecting with traditional referral sources in your community. Chances are you've got a contact at your local hospital and have a few general practitioners on file. If you haven't lately, revisit these sources and see if there are any new contacts with whom you need to get acquainted. Sometimes just reminding them that you are there to help restores a flow of referrals. In fact, it's not a bad idea to put a reminder on your calendar to do this every two to three months.

Don't stop there, though! There are other referral sources that you may not have identified, yet. Here are a few that are specific to incontinence to help broaden your thought process:

- **Urologists:** Offer to provide them with samples of your go-to brand, and make sure to have a sticker with your store's

name on every package.

- **OB/GYNs:** These doctors often deal with bladder-related issues, particularly for women who have recently given birth.
- **Rehabilitation Clinics:** Surgeries often result in periods of temporary incontinence. For example, a hip replacement might require limited or restricted mobility immediately after surgery. Incontinence products will be helpful to these people.
- **Area Council on Aging:** Let them know that you are a resource for incontinence products and willing to provide samples.
- **Home Health Agencies:** While many of these agencies don't distribute incontinence products, they serve a client base that often needs these products.

These are just a few of the connections that can be made to better engage with the business community in your area.

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Home Is Where the Start Is

The other two avenues often overlooked for finding new customers are intermediate care facilities (ICFs) and assisted living facilities (ALFs). While the “F” in these acronyms stands for facility, it is important to remember that those communities have become the home of the resident or client. Here are some ways to engage with these types of opportunities:

- **ALFs:** In most states, the population living here falls in the private pay or private insurance category. In these situations, incontinence products are an out-of-pocket expense. If your go-to brand can be introduced to these cash customers, you may be able to grow sales. Creating a program where your samples can be provided to new residents (along with your purchasing information) could open up a new revenue stream. In some states, the ALF population is reimbursed under

Medicaid. By choosing a unique brand, you will have an alternate option to provide to the ALF that your competitors aren't offering.

- **ICFs:** Often referred to as group homes, this important segment often serves a client base living with developmental disabilities. While there are no guarantees, the payer source is typically Medicaid. Again, because you chose a unique product, you can approach these homes with a new story to tell. Providing samples for these homes to try is a good way to introduce your product and see if its unique characteristics offer a benefit.

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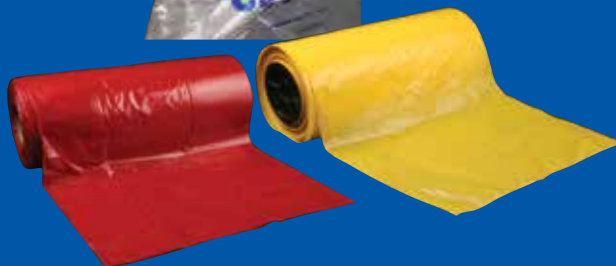
As you can probably tell by now, choosing the right brand is of critical importance when it comes to battling E-comm-itis. One of the things you will want to pay attention to is how this brand performs versus the

traditional products your competitors are selling. While it is important to be the right choice from a price perspective, it is equally crucial to be the compelling choice from a performance standpoint as well.

The good news is that there is nothing preventing you from reclaiming these sales and improving the health of your incontinence business. While it does require a “roll-up-your-sleeves” mindset, remember that every new incontinence sale is an opportunity to showcase all the other products you offer. **HC**

Ken Edmunds has been active in the adult incontinence industry for more than 22 years and continues to be one of the leading advocates for person-centered incontinence care. Edmunds's expertise has been shaped by years in long-term care and the memory care world and now extends to the homecare realm as key account manager for Abena North America.

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The More You Know, the Better off Your Business Will Be

Why internal audits matter to investors & more

By Miriam Lieber

A company's value and operational success are directly impacted by its compliance performance. The potential buyer of a home medical equipment (HME) company is more interested in audit success to ensure protection of their investment than ever before. In this article, we will explore proactive audits, risk management, compliance plans, culture and marketing in a compliance-focused company.

Internal Audits for Optimal Risk Management

In a recent analysis of HME compliance officers, I learned that most, if not all, HME companies conduct internal audits. Results determine training needs and corrective actions. In many cases, compliance is considered a risk management function. Measures based on denials establish risk factors and expectations. If, for example, you expect that all medical necessity documentation might take up to two weeks to receive, your software will track and report if the medical necessity documentation doesn't arrive by the end of the second week. This will indicate that it is unlikely that it will be sent at all, based upon previous data analysis. Conduct this type of exercise for all compliance-related issues to help you determine where to focus your training efforts and priorities.

Use data analysis and predictive analytics to determine the specific areas of concern (products, payers, documents) and your expectations. By managing your risk, you should be able to spend time on your

core compliance matters and resolve issues when they first arise. Some companies use compliance-specific software for general compliance training.

In addition, a regularly scheduled audit will dictate your specific training needs and will impose adherence to your compliance plan. Key risk areas to consider are accreditation, marketing practices, billing, medical necessity documentation and referral relationships.

Finally, many providers elect to have an outside consulting firm conduct an audit to see if their audit corroborates the findings from the internal audits conducted by the compliance team. That also bodes better for the company when trying to mitigate damages found by Medicare or other payers.

Compliance Plans & Programs

More than 20 years ago, the Centers for Medicare & Medicaid Services (CMS) published compliance guidance for HME suppliers. The guidance identifies and discusses numerous compliance risk areas and should be incorporated into your compliance program. An effective plan should also help mitigate negative action that might be taken against a supplier. Whether you are large or small HME provider, it behooves you to have an up-to-date compliance plan that you follow consistently. As company size and scope differ, your compliance program and team will vary based on size and business type. But regardless of size, the chief compliance officer or designated compliance personnel

at your company should be responsible for the plan and its effectiveness.

Many companies will require a dedicated compliance team, especially once there are several hundred employees on staff. The compliance officer and team should communicate the consequences of failing compliance audits to all employees in writing. Employees should also document their understanding of compliance requirements.

The compliance officer is responsible for following through on disciplinary and corrective actions when a violation is discovered. This also highlights what training topics are needed. For some companies, the executive team, together with the compliance officer, decide on the key training areas to address any deficiencies

COMPLIANCE GUIDANCE SHOULD INCLUDE:

- Written policies and procedures
- Designation of a compliance officer and a compliance committee
- Conducting effective training and education
- Developing effective lines of communication
- Enforcing standards through well-publicized disciplinary guidelines
- Auditing and monitoring
- Responding to detected offenses and developing corrective action initiatives



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Whether you are a large or small HME provider, it behooves you to have an up-to-date compliance plan that you follow consistently.

found in the previous quarter. For others, compliance works with training and human resources departments to determine what training efforts are needed based upon the results of the most recent audit.

Compliance & Company Culture

Part of having a formal compliance program is to prevent, detect, respond to and report any violations of laws, government regulations or ethical rules. This translates into a culture of compliance, in which the entire staff understands the importance of having an upstanding position regarding compliance—and of taking swift action when missteps are found. Moreover, proactively ensuring compliance with regular internal audits sends a clear message to staff that you consistently and constantly pursue quality and improvement.

When each employee understands and respects the demands of the compliance team and the reasons for their directed compliance measures, the company's culture should improve. If the compliance staff doesn't gain and elicit respect from the staff, back-and-forth blaming and resentment often ensue. Instead, focus on a message throughout the organization that compliance protects the company and risk analysis is used as a basis for their activities. Although you don't want compliance to be typecast as a scare tactic, you need employees to understand its importance to the bottom line and to the professional image and culture of the company. This can be a fine balance.

Compliance's Role in Marketing

If you create a corporate culture that appreciates the role of compliance—along with honoring ethics—the reputation you earn inside the organization as well as in the community is something you can use in marketing to referral sources. Businesses want to work with companies that they trust and respect, and that work to provide best-in-class service while adhering to rules and regulations. Use your audit outcome statistics to demonstrate this to the community. After all, you only want to use a doctor who is considered ethical in their

practice and who scores highly on reviews. The same is true for an HME provider who is seen as a partner in, if not a part of, the health care provided by the physician and/or health system.

Company Valuation

As you can see, the role of compliance runs deep inside an HME operation. It is also one of the key considerations during a company valuation. In fact, Brad Smith, managing director and partner at VERTESS, says that “In 99% of all valuations, it is assumed that the charts and/or regulatory compliance is at an industry acceptable standard level.” Compliance audits are conducted as part of due diligence.

“Typically, the due diligence phase of a transaction is when compliance is addressed and becomes an issue. This is after a purchase price has been agreed upon,” Smith added. If the result of the audit shows poor compliance results on the part of the seller, Smith said, this will “increase post-transaction risk for the buyer and result in a reduction of the valuation and/or purchase price.” This means that your company should proactively conduct audits as though you are selling your business. This type of simulation exercise demonstrates that you take internal audits seriously and mitigate potential damage before it is encountered.

Weighing in on the issue of valuation and compliance, Wayne van Halem, president of the van Halem Group, said, “The entities looking to acquire HME suppliers, in particular larger entities or private equity firms, are not interested in bringing on unnecessary risk.” This means that your records should be reviewed before engaging in a buy/sell encounter.

Van Halem added that when his team discovers significant issues while conducting due diligence audits, one of two scenarios typically occurs.

“The first is that the buyer loses interest and walks away from the deal and, depending on the severity of the issues identified, it is not completely uncommon for this to happen,” he said. “The second is that the prospective target company is devalued significantly due to the risk now associated with the transaction.”

So be certain that you take compliance seriously and assess and manage risk accordingly. Educate and train staff when errors occur to prevent future issues. Maintain a compliance program or plan that incorporates the key elements found in compliance requirements. Create a culture that encourages compliance excellence and use your audit outcomes for marketing and outstanding reputation assurance. You will not just rest better at night, you will make your success certain and not just for the short-term but the long-term profitability of your company. **HC**

Miriam Lieber is president of Lieber Consulting, LLC, and a member of HomeCare's Editorial Advisory Board. Visit lieberconsulting.com.

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INTEROPERABILITY

A Funeral for the Fax Machine?

Interoperability survey reveals that referrers value connectivity

By Hannah Wolfson

Just how dead is the fax machine, really?

It's not quite gone yet—but it may be on life support, at least when it comes to communicating with referral sources in post-acute care, according to a 700-person survey on the state of interoperability in post-acute care conducted by MatrixCare and Porter Research. Following up on a similar 2019 interoperability survey, the study polled health systems, physician groups and home-based care organizations.

THE REPORT FOUND:

- 74% of health systems and physician groups would refer to post-acute care providers with more electronic data capabilities, up from 60% in the 2019 study.
- 15% or fewer acute care providers were satisfied with their referral partners' ability to receive electronic data.
- Nearly 100% of acute and ambulatory providers do their business electronically and expect homecare and other post-acute care providers to do the same.
- 95% of home-based care respondents said that interoperability mattered for referrals, up from 34%.
- 85% of homecare providers said they can accept admission, discharge and transfer feeds digitally; 72% reported they can accept clinical information. Last year, just 34% said they were able to receive these types of data.

HomeCare talked with Nick Knowlton, vice president at ResMed, MatrixCare's parent company, and a champion of interoperability—he's chairman of the board of the Commonwell Health Care Alliance, a not-for-profit trade association focused on sharable health IT data—about the study results and what it could mean for home medical equipment (HME) providers and others in post-acute care.

HOME CARE: The report started in 2019 and this was the first follow-up. What did you find changed from year to year?

NICK KNOWLTON: One of the surprising data points—at least it was interesting to see it move forward, was this: the first survey identified that 60% of referring physicians were apt to change post-acute care partners to those who could more effectively interoperate with them. And in 2020, that actually grew to 74%. In the 2019 survey, I'd say the 60% was eye opening. It was already higher than I would've guessed going into the survey, but seeing it move up to 74% is a really powerful data point for us as an industry to look at.

HOME CARE: Does that mean that if homecare providers think they can continue to do things the old way, good luck?

NICK KNOWLTON: That's right. And they appear to be waking up to that fact, too. Probably the biggest change from the 2019 to the 2020 survey was that in 2019, 34%

of post-acute care providers understood the importance of interoperability for their referral source. And now, for the survey conducted in 2020, 95% of those post-acute care providers report that they believe interoperability is important to their referral sources. So that's a big shift in one year, in terms of the knowledge within our industry about how important interoperability with referral sources is.

HOME CARE: Do you think there's a chance people are more aware of it because you—even in doing this survey—have pointed it out to them?

NICK KNOWLTON: If the first survey got very wide readership, I guess we might be able to claim a little bit of credit for that, but I think it is more testament to how important interoperability is becoming, not just in post-acute care, but across the rest of the care continuum—that it has to be in place and that it can work. And now that it is in place and working in many other care segments, a lot of the trends in shifting care to home naturally have referral sources asking for the same level of interoperability with post-acute care that they have seen in other care settings. As soon as we can prove to some of those referral sources that this actually exists and works, they start asking all of their post-acute care provider relationships about the capabilities for interoperability. So I think a lot of it has to do with some of the the bigger trends out there in terms of care shifting to home, and also a knowledge amongst both referral forces and post-acute care providers of what is possible.

HOME CARE: So we're looking at a cycle where the more post-acute care providers have interoperability, the easier it is for the referral sources to say, "No, I've got lots of options who can do what I need them to do."

NICK KNOWLTON: Yes, that's exactly right. As soon as they see that it's possible, they begin to expect it because it solves all the pain points that we see in post-acute care. Our providers do not like having to make 500 phone calls when they know that information can be accessed electronically, and referring providers don't like that either. They reported a lot of the same pain points: too much practice time, too much paperwork, too many phone calls to chase down what was going on with patients. So now that they know that those problems can be solved, they increasingly look for that with their post-acute care partners.

HOME CARE: We've been talking about the shift to care in the home and the professionalization of the industry that is coming with it—how important is interoperability to that?

NICK KNOWLTON: I think interoperability is of paramount importance to the shift to care in the home. There are a lot of workarounds that can be put in place when care is occurring in a facility or in physician practice settings. But when you start decoupling the care location from where some of the care providers are, interoperability becomes even more important for those care providers. And that has everything to do with not just traditional modalities of interoperability, but with the ability to bring in data from remote patient monitoring and telehealth encounters—which, as I'm sure you know, were up over tenfold, at least according to Optum, since the pre-pandemic days. I think

that the trend of care shifting to home is going to stay and increase. And I do think that that is going to drive further calls for interoperability.

HOME CARE: What impact has the past 12 months had on interoperability?

NICK KNOWLTON: We definitely see that the pandemic only accelerated the drive for interoperability. That, combined with the federal rules, are both going to be very significant tailwinds for more interoperability reaching all care settings, including post-acute care ... We certainly saw an uptick in not just demand, but also the level of value that providers across the care ecosystem place on interoperability. And that's not being reversed. We may see, for example, where some visits that were handled by telehealth naturally could—and maybe should—go back to face-to-face



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encounters with a care provider. But the interoperability genie's not going back in the bottle at all.

HOME CARE: What are you seeing on the home medical equipment (HME) side of things?

NICK KNOWLTON: We're seeing very similar trends in the HME space, certainly a large uptick in the use of interoperability tools such as e-prescribe. We see that not just in terms of conversations with HME providers, but also in the data—in what we bring into our system—we can see a large uptake in the number of orders that are flowing through e-prescribe mechanisms versus fax and other paper-based ordering workflows.

HOME CARE: We've been talking for years about how it's time to ditch the fax machine. Do you feel like it has now reached kind of a critical mass?

NICK KNOWLTON: In certain areas? Yes. I still feel that we as an industry have a little bit more work to do both in terms of understanding of the benefits as well as some still-emerging technical trends for solving additional complex workflows. But we certainly see this in terms of some of the large customers who are very readily moving forward and adopting the prescribed workflows ... Specifically on the home health and hospice side, we saw that more than half of post-acute care providers believe that their electronic health record (EHR) management system has made interoperability progress. Still, almost 80% were not satisfied with what their EHR was doing to enable them to connect. It was a little bit surprising to still see that as a source of pain for care providers.

HOME CARE: Is there one thing that providers should look at doing in the next year?

NICK KNOWLTON: I think that they should be having very open conversations with their referral sources about expectations, and I think they should be doing the exact same thing with their technology vendors. It is clear that referral sources feel the pain when interoperability is not in place. And the survey results bring some strong data to show that those referring providers will do something to solve those pain points. Provider organizations on the post-acute side, regardless of care setting, who move forward with interoperability have the opportunity to solidify or gain new referral source relationships and those who do not move forward and do not talk about interoperability with their referral sources—they will likely see the pain of diminishing referral patterns. **HC**

Hannah Wolfson is the editor of HomeCare magazine.

BATH SAFETY

Making the Bathroom a Safer Place for Older Adults

Simple solutions to prevent falls

By Jon Winer & Amy Villars

Most people use the bathroom every day without incident. But for the elderly, it can be the most dangerous place in the home. The bathroom is where the majority of falls—many of which cause serious injuries that require a trip to the hospital—occur.

The danger is alarmingly common. See the infographic on page 36 for important statistics from the Centers for Disease Control and Prevention (CDC).

While the CDC study focused on nonfatal injuries, other studies have shown that falls that result in hip or pelvic fractures for women over age 50 create a greater risk of death than breast, uterine and ovarian cancer combined. Thirty percent of older people will die within a year of these injuries, and 40%-60% will not regain their prior mobility level.

Easy Options for Bathroom Safety

Protecting older people from bathroom falls doesn't require an expensive, complicated fix. A new investigation published in the March 22, 2021, issue of JAMA Internal Medicine found that approximately 12 million Americans over the age of 65 who were living in their own homes could benefit from equipment that helps them bathe and use the toilet safely. Unfortunately, close to 5 million of these people don't have these aids in their home.

Adding grab bars and making a few other changes to the bathroom can reduce the risk of falls and injuries and allow more people to choose to age in place. Many seniors already wanted to remain in their own homes, but the choice increased in popularity during the pandemic as people saw the impact COVID-19 had on people living in nursing homes and assisted living communities. Many facilities faced high death rates from the virus and most communities enacted restrictions to protect residents that also left them isolated for more than a year.



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Potential solutions to increase bathroom safety include:

1 Grab Bars

Grab bars are the simplest way to improve safety. They should be used in the shower, on either side of the toilet and next to the sink. They come in many shapes and sizes. Some are slip proof, antibacterial and even glow in the dark. For the shower, a grab bar or pole that reaches to at least a six-foot height allows more support. For the toilet, some grab bars retract when not needed, can have a toilet paper dispenser on the end and are longer for more support. Grab bars and/or a walking rail can be used in all other areas to ensure there is an available bar to hold on to at all times.

2 Higher Toilets

Most toilets are too low to the ground, requiring users to stoop down using their legs and abdominal muscles, which tend to be weaker than their arms. One solution uses an inexpensive pad that sits on top of the toilet, making the seat higher from the ground so less bending is needed. Another solution is to raise the entire toilet with a relatively simple kit. Taller toilets are available in home improvement stores. There are also devices that lower and raise the seat, which is the safest but most expensive option.



3 Sinks With Integrated Grab Bars

There are sinks available that function as grab bars with holes cut out that also help prevent falls (example above).

4 Walking Rails

Adding walking rails to the walls leading into the bathroom and in the bathroom itself ensures that wherever the person stands, there's a grab bar or rail they can use.

5 Shower/Bathtub

To prevent slips and falls, remove any obstructions to getting in and out of tubs and showers. This may require potentially larger renovations to add a tub and a lift to bring the person in or a barrier-free shower a person can walk or be wheeled into without climbing over a tub ledge.

In the shower, a wall-mounted height-adjustable shower chair with or without arms improves safety, especially for people who aren't stable on their feet. Another option is a rolling shower chair that's like a waterproof wheelchair. Some can be raised, lowered and tilted to allow easier bathing.



Images provided by Inovi Healthcare.

For people with very limited mobility, there are mechanical devices to assist with walking and bathing. A ceiling-mounted lift is the most efficient way to safely move someone from bed to chair to the bathroom and even into the shower or tub. However, these devices are expensive.

6 Slip-proof Mats & Lighting

Using slip-proof bathmats on the floor and in the tub or shower to reduce fall risk is also helpful as long as they do not create a tripping hazard. Motion-activated night lights that provide adequate illumination for the path to the bathroom can be helpful, too.

Although many of the solutions that would make it safer for people to remain at home as they age are relatively inexpensive, for many people those costs, which are not covered by Medicare, are still out of reach. Doctors, caregivers and community groups can help seniors add these safety devices to their homes by connecting them with community organizations and nonprofits that will provide the equipment and do the installation for little or no cost to the homeowner.

Other resources that will make aging in place easier and safer include new products and innovations coming from start-ups focused on meeting these needs. These companies are not only working on new adaptations to improve bathroom safety and access, they're also developing products to meet the needs of older people in a wide range of financial situations. The goal: making sure everyone who wants to stay home as they grow older can do so safely and with confidence. **HC**

Jon Winer is the president and founder of Inovi Healthcare. Amy Villars is the vice president of clinical services and general manager of Inovi Healthcare's Barrier Free Division. Inovi Healthcare is a safe patient handling company that serves the acute care, long-term care and home care industries. Inovi provides solutions that help organizations lower costs, reduce injuries and elevate their quality of care. Winer and Villars both have decades of experience working with health care organizations to make care as safe as possible for both patients and those providing care.



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WOUND CARE

3 Subtle Mistakes in Wound Care & How to Avoid Them

Protect patients & your business with better documentation

By Michele Carr

Even though wound patients may have achieved celebrity status in home health under the Patient Driven Groupings Model (PDGM), there are some cautionary concerns agencies must consider before shifting their patient focus. Agencies cannot afford to overlook the fact that a wound patient is a high-risk patient—financially, medically, legally and administratively. This higher liability is due to several factors, including, but not limited to:

- Wounds may worsen, leading to negative outcomes. Too often, wounds become infected, resulting in tissue damage, pain, osteomyelitis, gangrene, sepsis, amputation and even death.
- In comparison to other patient groupings, wound patients frequently sue facilities, providers and their caregivers—including home health and hospice staff. In fact, lawsuits involving wound care issues are the second most common medical lawsuit, accounting for 25% of cases, according to an article published on the CME4Life blog.
- The resources expended to treat a wound appropriately, both in terms of materials and utilization costs, can exceed the reimbursement for the payment period.
- Wound charts are frequent targets of audits and state surveys.

Although concerning, each of the above risks can be mitigated with education and training. This article will focus on three subtle, yet common documentation mistakes I have seen often as a wound

consultant, educator and auditor over the past two decades.

1 The treatment provided is inconsistent with wound care orders.

Wound treatment provided by a home health clinician must match the physician's orders exactly. When evaluating a medical record, an auditor will compare each component of the physician's wound care orders against the care provided by the home health clinician. Any deviation from the order (frequency, products used, treatments given, etc.) can be cited as noncompliance. This may seem obvious, but there are a couple of ways clinicians that may fail to realize they are out of compliance.

For example, when a physician requests a specific product by name and the home health agency (HHA) substitutes a comparable or equivalent product, this is an error. It is tempting to justify the substitution if the ordered wound care product is not on the formulary or the distributor cannot obtain it. Do not fall into that trap. An excuse for product substitution doesn't matter; the HHA is out of compliance unless it either obtains the specific product requested by the physician or gets a physician's order clarifying that an equivalent or alternative product may be substituted.

Another frequent error occurs when home health clinicians treat wounds before receiving the doctor's orders. As clinicians, it is in our nature to want to provide the

best care for our patients, and that usually means starting effective wound treatment as soon as possible. It is so tempting to jump the gun and apply advanced wound care products while waiting for orders. However, a clinician should only be providing first aid measures (gauze, tape, etc.) to wounds until physician orders are received—even if they have samples of the perfect wound care product in their trunk or bag.

Finally, be cautious about using name brands in wound documentation. Wound clinicians have become accustomed to using brand names to represent a category of products, such as stating that a "Wound VAC" is going to be placed rather than using the appropriate generalized term of "negative pressure wound therapy." In this case, "Wound VAC" and "VAC" refers to a specific product from KCI/Acelity. If the KCI product is being used, there is no problem. But if that term is written and a different negative pressure device is used, then the case would be out of compliance. Try to avoid using brand names when referring to a general category of wound product.

2 Care coordination is absent.

Wounds are ever changing in size and appearance. When their characteristics change, especially if they worsen or new wounds occur, the treating physician should be informed promptly and a corresponding care coordination note should be placed in the chart that documents the interaction. That note should include what information was relayed, to whom it was given, when

the discussion occurred and the provider's response to the information. Without that information in the chart, a referring physician can easily blame a home health provider for a poor wound outcome by stating that they were never informed when new wounds presented or when the wound worsened. More importantly, good communication ensures that a patient's wound care adapts as their wound changes, leading to improved outcomes.

3 Wound documentation is not consistent.

Defensible and accurate documentation is perhaps the most important thing a clinician can use to achieve a successful survey. A clinician's documentation of their thorough assessment and treatment of a wound is their proof that the physician's orders were followed, that treatment was provided and that the wound was evaluated. Encourage clinicians to take credit for their hard work by making sure that this information is detailed in the medical record.

Wound measurements are an essential part of the assessment and too frequently, they are omitted. Photographs can also be very helpful. Each HHA will have its own policy regarding the frequency of wound assessments. However, it is generally accepted in the industry that wounds should be evaluated at least weekly. Education should be offered to ensure that inconsistencies in wound assessments are minimized between clinicians.

Missing wound assessments may occur when a HHA is sharing a patient with a wound care center. The agency may mistakenly defer to the wound care center for the wound assessment and measurements and omit that information in their documentation. However, the HHA needs to include weekly assessments and measurements as well, especially when "skilled wound assessment" is being used to qualify the patient for home health services. A completed and documented assessment is proof that the skilled wound assessment occurred.

In addition, skilled education and



It is generally accepted in the industry that wounds should be evaluated at least weekly. Education should be offered to ensure that inconsistencies in wound assessments are minimized between clinicians.

instruction given to the patient and caregiver is a key component of the medical record that may be missed. For example, a patient with a pressure ulcer might be educated on the need for frequent changes in positioning, pressure relief, support surfaces, moist wound healing, moisture management and good nutrition. Each time a principle is discussed, include it in the chart. If it is not in the chart, there is no way to prove that it ever happened. Skilled education can also be a justification for home health services.

Don't forget to address the wound etiology in the chart. It is easy to miss the big picture as we hyperfocus on the wound. For example, since pressure injuries are caused by—you guessed it—pressure, document how the patient is positioned when the clinician enters the room, the patient's mobility level, what pressure-relieving devices are present, if they are being used appropriately, if they are in

good condition, etc. Including this type of information in the documentation indicates that a clinician is not just looking at the wound or replacing a wound dressing but is also addressing the root cause of the wound.

Following the above suggestions does not guarantee that you will survive a wound audit unscathed and uncited, but doing so will help you to avoid some of the sneaky documentation pitfalls. You may not have even thought of these mistakes, but you can bet that your surveyor has. Excellent wound care, documented accurately and thoroughly in the medical record, is best for the agency and best for the patient. **HC**

Michele Carr, RDN, DPM, NWCC, is an adjunct professor with Healiant Training Solutions and has dedicated her career to home health and hospice, with a focus in wound care, nutrition and OASIS coding. As both a registered dietitian and podiatrist, her expertise and experience give her a relevant and unique perspective in the ever-changing home health and hospice markets. Learn more at healiant.com.

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1



2



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4



5



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1



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3 Sock Ox

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4 EZ-SHAMPOO Hair Washing Basin

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Yunga Tart walker glides are contoured to better traverse surface changes. Easy to install and replace with a positive dual-ID locking feature, they are rugged and long-lasting with a 20% thicker glide surface. The glides fit one-inch and 1 1/8-inch tube walkers and are packaged in a four-color retail bag. A percentage of all sales goes to improve the human condition. Visit yungatart.com.

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2 PASSPORT Vertical Platform Lift

EZ-ACCESS

The PASSPORT Vertical Platform Lift is a home access solution for any difficult porch, deck or other raised entry. The PASSPORT features an all-aluminum design, making it one of the lightest residential vertical platform lifts on the market. The PASSPORT's operating system was designed with safety plus ease of operation and installation in mind; the tower and accessories are pre-wired using automotive style connectors (no additional wiring needed) and the DC-powered unit requires only a 120V outlet for trickle charging. It also features a self-diagnostic LED control board and plug and play wiring technology. Visit ezaccess.com.

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3 Vertical Home Lifts

MAC'S LIFT GATE

Mac's Vertical Home Lift, models PL-50, PL-72 and PL-90, are designed and engineered for everyday use. They are easy to operate, easy to install and virtually maintenance free. The Mac Lifts have a 750-pound weight capacity and will accommodate electric wheelchairs and scooters. Mac lifts will operate in all weather conditions, from -30 degrees to +120 degrees, and are weather-proof and sealed. Each operates on a 110 VAC and draws seven amps when in use; it also comes standard with an emergency manual hand crank and five year limited warranty. Made in the United States. Visit macshomelif.com.

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4 Highlander Vertical Platform Lifts

HARMAR

Harmar Highlander vertical platform lifts offer customers a great option for accessibility both indoors and outdoors. The commercial unit offers lifting heights of up to 14 feet with a 750-pound weight capacity. Units have a top-mounted motor and electrical box to protect from standing water and a speed of 10 feet per minute. Available in AC and DC models; ETL listed. Visit harmar.com.

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The LiteRider Envy Power Wheelchair is stylish and durable with a tubular design that is unique to the Golden LiteRider family. A dynamic LiNX controller comes standard, and the traditional style makes driving simple and reliable. The new premium seat offers contoured support with an increased back height of 17 inches for longer seating tolerance and added comfort. The Envy, featuring two 22-amp-hour batteries for an operating range of up to 15.5 miles, is Golden's retail power wheelchair offering. It has a larger footplate, a turning radius of 28.5 inches, and disassembles quickly and easily for transport. Visit goldentech.com.

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The all-new Medicare-reimbursable Jazzy EVO 613 Li has a narrow base width of only 22 inches and uses a lithium-ion battery that is lighter weight and provides longer life and more convenient charging. The Jazzy EVO 613 Li features a comfort-style memory foam seat that swivels for greater access. Enjoy maximum speeds up to 5.1 miles per hour, 13-inch mid-wheel-drive tires and removable matte-finish color-through shrouds. Visit pridemobility.com.

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GIVING BACK

The Trip of a Lifetime

CEO bikes across country to draw attention to needs of seniors

By Kristin Easterling

Jeff Salter doesn't describe himself as a cyclist. But when the founder and CEO of Caring Senior Service was looking for a way to celebrate the company's 30th anniversary, he decided to hop on an e-bike and ride 9,000 miles cross-country to visit as many of the company's 43 locations as he could. Salter's journey began in McAllen, Texas on April 5 and is expected to conclude in San Antonio, Texas, on Aug. 1, 2021.

When HomeCare checked in with Salter, he was outside Peru, Indiana, on his way to Milwaukee, Wisconsin; he had travelled roughly 3,600 miles and visited 20 states. He opened up about the road so far and why he's hoping to close the gap in senior care through this campaign.

Supporting Each Other

The phrase "closing the gap" comes from a cycling term describing how cyclists close gaps in their line or formation and ride closer together—reducing wind resistance and allowing the group to bike farther, faster. Salter is speaking with local leaders around the country about the goals of the Close the Gap initiative, which are:

- To inspire individuals to become caregivers and help alleviate the shortage;
- To inspire technology companies to steer their attention towards the needs of seniors and helping seniors remain independent and at home for as long as possible; and
- To inspire entrepreneurs to consider starting a senior care business.

The Close the Gap initiative is a multi-year project, Salter said, and another focus of the ride is to help raise funds to install



grab bars in seniors' homes—the Grab the Bars Initiative.

Grab the Bars

Falls are a leading cause of injury and death in the United States, and because 80% of falls occur in the bathroom, a simple grab bar can help keep seniors (and others) safe from a slip.

"For every \$250 we've raised, we're able to install two grab bars in a senior's home," Salter said.

The company has partnerships with VGM Live at Home and Evekare, a manufacturer of grab bars. Licensed installers through VGM Live at Home are performing the grab bar installs. The company had raised \$15,000 of its \$100,000 goal as of press time.

The Road So Far

Salter said he is experiencing much of rural America that many don't get to see. And while he couldn't choose a favorite stop along his route, he did say that crossing the Cumberland Gap on the Appalachian Trail "was just incredible."

He's making the trip on an bicycle with an electric assist system that helps add more power to the rider's pedaling. He said the e-bike itself helps represent his mission.

"The electric bike is kind of a symbol of assistance," Salter said. "It allows me to go on this trip where I wouldn't be able to normally do that. And it's kind of like what senior care companies do for seniors. They help them stay at home longer than they would be without that help. Those two things were very much in sync with the message we're trying to convey—with just a little bit help, you can do things and that you didn't think you could before." **HC**

You can follow
Salter's ride at
grabthebars.com



Kristin Easterling is managing editor of HomeCare magazine.

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